DHCW Y Pwyllgor Archwilio a Sicrwydd

Mon 03 July 2023, 09:30 - 12:20

Agenda

09:30 - 09:35
5 min

1. PRELIMINARY MATTERS

1.1 Croeso a chyflwyniadau

I'w Nodi *Cadeirydd*

1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi *Cadeirydd*

1.3 Datganiadau o Fuddiannau

I'w Nodi *Cadeirydd*

09:35 - 09:45
10 min

2. AGENDA GYDSYNIO

2.1 Cofnodion cyfarfod 18 Ebrill 2023 heb eu cadarnhau - Cofnodion cryno Cyhoeddus/Preifat

I'w Cymeradwyo *Cadeirydd*

- 2.1 DHCW Meeting-en-cy-C (4).pdf (22 pages)
- 2.1ii ABRIDGED Private DHCW Meeting-en-cy-C.pdf (5 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi *Cyfarwyddwr Gweithredol Cyllid*

- 2.2 SSPC Assurance Report 23 March 2023.pdf (4 pages)

2.3 Blaengynllun Gwaith

I'w Nodi *Ysgrifennydd y Bwrdd*

- 2.3 Forward Workplan.pdf (4 pages)
- 2.3i A&A FWP 2023-24.pdf (2 pages)

2.4 Polisïau:

I'w Cymeradwyo *Ysgrifennydd y Bwrdd*

- 2.4 Policy Report.pdf (5 pages)

2.4i Polisi Iechyd Meddwl, Llesiant a Rheoli Straen

- 2.4i Existing Policy Revision Cover Sheet_POL-WFOD-022.pdf (1 pages)

2.4ii Pecynnau Amheus a Bygythiadau Bom

- 2.4ii Existing Policy Revision Cover Sheet POL-CG-011.pdf (1 pages)

2.4iii Polisi ar Ddefnyddio'r Iaith Gymraeg yn Fewnol

2.4iii NEW Using Welsh Internally.pdf (11 pages)

2.5 Diweddariad Ymholiad COVID-19

I'w Nodi *Cyfarwyddwr Cynllunio, Perfformiad a Phrif Swyddog Masnachol*

2.5 Covid-19 Inquiry Update.pdf (6 pages)

2.6 Datganiad Datgarboneiddio ar Drafnidiaeth a Chaffael

2.6 Transport and Procurement Decarbonisation Return (DCR).pdf (4 pages)
2.6i HB Trust DCR Reporting Template v1.1 - DHCW.pdf (9 pages)

2.7 Adroddiad Cylchlythyr Iechyd Cymru

Er Sicrwydd *Pennaeth Llywodraethu Corfforaethol*

2.7 WHC Compliance update report.pdf (4 pages)

09:45 - 09:50
5 min

3. BUSNES Y CYFARFOD

3.1 Cofnod Gweithredu

I'w Nodi *Cadeirydd*

3.1 Action log.pdf (1 pages)

09:50 - 10:50
60 min

4. ARCHWILIO AC ATAL TWYLL

4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Nodi *Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru*

4.1_DHCW_2023-24_Internal Audit Progress Report Cover Sheet.pdf (4 pages)
4.1i_DHCW_2023-24_Internal Audit Progress Report - July 2023.pdf (4 pages)

4.2 Adroddiadau Adolygiad Archwilio Mewnol

Er Sicrwydd *Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru*

4.2_DHCW_2022-23_Internal Audit Reports Cover Sheet.pdf (3 pages)

4.2i Canolfan Ragoriaeth

Er Sicrwydd *Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru*

4.2i DHCW Centre of Excellence_Final Internal Audit Report.pdf (14 pages)

4.3 Diweddariad Archwilio Cymru i'r Pwyllgor

Er Sicrwydd *Archwilio Cymru*

- Blaenraglen Waith
- Cynllun Asesu Strwythuredig

4.3 DHCW Audit and Assurance Committee Update - July 2023.pdf (12 pages)
4.3i Appendix 1 - GPX-programme-of-events-2023.pdf (7 pages)

4.4 Cyfleoedd Asesu Strwythuredig ar gyfer Dysgu

I'w Nodi *Pennaeth Llywodraethu Corfforaethol*

4.4 Structured Assessment Opportunities for Learning Action Plan.pdf (4 pages)

4.5 Cofnodion Gweithredu Archwilio

I'w Nodi *Pennaeth Gwasanaethau Corfforaethol*

4.5 REP-DHCW Audit Action Log Public Jun 23-v1.0.pdf (6 pages)
4.5i DHCW Audit Log Public Jun 23.pdf (5 pages)

4.6 Adroddiad Diweddaru ar Atal Twyll Lleol

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

4.6 DHCW Quarter 1 COUNTER FRAUD Progress Report Cover Sheet PUBLIC.pdf (3 pages)
4.6i Q1 COUNTER FRAUD PROGRESS REPORT - DHCW (Public).pdf (11 pages)
4.6ii Supplementary to CF PROGRESS - NHS CFA Thematic Engagement Exercise (Public) (003).pdf (16 pages)

Egwyl – 10 munud

10:50 - 12:20
90 min

5. ADRODDIADAU LLYWODRAETHU

5.1 Adroddiad y Bwrdd Rheoli Risg Corfforaethol

I'w Drafod *Ysgrifennydd y Bwrdd*

5.1 Risk Management Report.pdf (9 pages)
5.1i Appendix A DHCW Corporate Risk Register.pdf (4 pages)

5.2 Meysydd i'w Harchwilio'n Ddwfn ar gyfer Fframwaith Sicrwydd y Bwrdd

I'w Trafod *Cyfarwyddwr Gweithredol Cyllid*

- Cenhadaeth 5

5.2 Board Assurance Framework Report.pdf (4 pages)
5.2i BAF Dashboard Master Copy Reviewed 2023.pdf (10 pages)

5.3 Adroddiad laith Gymraeg gan gynnwys Adroddiad Blynyddol Mwy Na Geiriau

Er Sicrwydd *Pennaeth Llywodraethu Corfforaethol*

5.3 Welsh Language Report including More Than Just Words Annual Report.pdf (6 pages)

5.4 Adroddiad Safonau Ymddygiad

I'w Nodi *Pennaeth Llywodraethu Corfforaethol*

5.4 Standards of Behaviour Report.pdf (4 pages)

5.5 Diweddariad ar Lafar ar Gyllid

I'w Nodi *Cyfarwyddwr Cyswllt Cyllid*

5.5 Report Cover Sheet- High Value Purchase Orders 12th June 2023 F-01.pdf (5 pages)
5.5i Appendix A - High Value Purchase Orders Tracker 12th June F-01.pdf (1 pages)
5.5ii Appendix B - Cumulative High Value Transactions Tracker 12th June F-01.pdf (1 pages)
5.5iii Appendix C - Cumulative High Value Spend by Supplier.pdf (1 pages)

5.6 Diweddariad am Golledion a Thaliadau Arbennig

I'w Nodi *Cyfarwyddwr Cyswllt Cyllid*

5.7 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

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

5.8 Diweddariad Cydymffurfiaeth Ansawdd a Rheoleiddio ac Adroddiad yr Uned Seibergadernid

I'w Nodi *Pennaeth Ansawdd a Rheoleiddio*

5.8 DHCW Quality and Regulatory Update Report 3 July 2023.pdf (6 pages)

5.9 Adroddiad Datgarboneiddio, Ystadau a Chydymffurfiaeth

I'w Nodi *Pennaeth Gwasanaethau Corfforaethol*

5.9 REP-DHCW Decarbonisation Estates Compliance Report-v1.0.pdf (11 pages)
5.9i External Estates Compliance Report - May 2023.pdf (15 pages)

12:20 - 12:20
0 min

6. MATERION I GLOI

6.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w Drafod *Cadeirydd*

6.2 Unrhyw Faterion Brys eraill

I'w Trafod *Cadeirydd*

6.3 Dyddiad y cyfarfodydd nesaf: 17 Hydref 2023

I'w Nodi *Cadeirydd*

Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

09:00 – 12:10 18/04/2023

MS Teams

Cadeirydd	Alistair Neill

Yn Bresennol (Aelodau)		Teitl	Sefydliad
Alistair Neill (Cadeirydd)	AN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru
Paul Evans	PE	Pennaeth Ansawdd a Rheoleiddio Dros Dro	Iechyd a Gofal Digidol Cymru
Darren Griffiths	DG	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Krisztina Kozlovszky	KK	Archwilio Mewnol	Archwilio Mewnol Partneriaeth

			Cydwasanaethau GIG Cymru
Gareth Lavington	GL	Arbenigwr Atal Twyll Lleol Arweiniol	Atal Twyll Lleol Caerdydd a'r Fro
Sara Leahy	SL	Archwilio Mewnol	Archwilio Mewnol Partneriaeth Cydwasanaethau GIG Cymru
Carwyn Lloyd-Jones	CL-J	Cyfarwyddwr TGCh	Iechyd a Gofal Digidol Cymru
Shikala Mansfield	SM	Pennaeth Pobl a Datblygiad Sefydliadol	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Rheolwr Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Mike Whiteley	MW	Archwilio Cymru	Archwilio Cymru
Sabel Wiliam	SW	Archwilio Cymru	Archwilio Cymru
Ymddiheuriadau			
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Marilyn Bryan-Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Nathan Couch	NC	Arweinydd Archwilio Perfformiad (Iechyd)	Archwilio Cymru

Acronymau			
DHCW	Iechyd a Gofal Digidol Cymru	NWIS	Gwasanaeth Gwybodeg GIG Cymru
SHA	Awdurdod Iechyd Arbennig	A&A	Archwilio a Sicrwydd
KPI	Dangosydd Perfformiad Allweddol	PAPAC	Y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus
SO's	Rheolau Sefydlog	SFI's	Cyfarwyddiadau Ariannol Sefydlog
AaGIC	Addysg a Gwella Iechyd Cymru	FCP	Gweithdrefnau Rheoli Ariannol
ADS	Cymhwyso, Datblygu a Chefnogi	AfC	Agenda ar gyfer Newid

WCCIS	System Wybodaeth Gofal Cymunedol Cymru	PSED	Dyletswydd Cydraddoldeb y Sector Cyhoeddus
PSPP	Polisi Taliadau'r Sector Cyhoeddus	AGDP	Adolygiad Gwerthuso a Datblygu Perfformiad

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	**Croeso a Chyflwyniadau** Croesawodd yr Is-Gadeirydd, Alistair Neill, bawb i'r Pwyllgor Archwilio a Sicrwydd, gan roi gwybod i'r Aelodau bod Marian Wyn-Jones, y Cadeirydd, wedi ymddiheuro oherwydd salwch. Rhoddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda. Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio ac y byddai'n cael ei bostio ar wefan Iechyd a Gofal Digidol Cymru yn dilyn y cyfarfod.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau absenoldeb** Nodwyd yr ymddiheuriadau canlynol:- • Marian Wyn Jones, Cadeirydd ac Aelod Annibynnol • Marilyn Bryan Jones, Aelod Annibynnol • Nathan Couch, Arweinydd Archwilio Perfformiad, Archwilio Cymru	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Ni wnaed unrhyw ddatganiadau o fuddiannau.	Nodwyd	Dim i'w nodi
2	AGENDA CYDSYNIO - I'W CHYMERADWYO		
2.1	**Cofnodion cryno cyfarfod 14 Chwefror 2023 heb eu cadarnhau – Cyhoeddus a Phreifat.** **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** cofnodion fel cofnod cywir o'r drafodaeth a fyddai ar gael i'r cyhoedd.	Cymeradwywyd	Dim i'w nodi

2.2	**Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru** **Penderfynodd** y Pwyllgor: **NODI** Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru	Nodwyd	Dim i'w nodi
2.3	**Blaengynllun Gwaith** **Penderfynodd** y Pwyllgor: **NODI** cynnwys Blaengynllun Gwaith y Pwyllgor.	Nodwyd	Dim i'w nodi
2.4	**Adroddiad Datgarboneiddio** **Penderfynodd** y Pwyllgor: **NODI** Ffurflen Datgarboneiddio Ansoddol Llywodraeth Cymru.	Nodwyd	Dim i'w nodi
2.5	**Polisïau** **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** pum polisi: • POL-CG-006 Rheoli Contractwyr • POL-CG-012 Polisi Rheoli Asbestos • POL-CG-17 Polisi Diogelwch Tân • POL-CG-018 Polisi Amgylcheddol a Chynaliadwyedd • NEWYDD – Polisi Di-fwg a pheidio â defnyddio e-sigaréts	Cymeradwywyd	Dim i'w nodi
2.6	**Cynllun Blynyddol Atal Twyll Lleol (gan gynnwys Cynllun Gwaith 23/24)** **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** Cynllun Blynyddol Atal Twyll Lleol (gan gynnwys Cynllun Gwaith 23/24)	Cymeradwywyd	Dim i'w nodi
2.7	**Adroddiad Blynyddol y Gwasanaeth Atal Twyll 2022-2023** **Penderfynodd** y Pwyllgor: **NODI** Adroddiad Blynyddol y Gwasanaeth Atal Twyll Lleol 2022-2023	Nodwyd	Dim i'w nodi
2.8	**Adroddiad Cynnydd Dyletswyddau Gonestrwydd ac Ansawdd mis Chwefror** **Penderfynodd** y Pwyllgor: **NODI** Adroddiad Cynnydd Dyletswyddau Gonestrwydd ac Ansawdd mis Chwefror	Nodwyd	Dim i'w nodi
2.9	**Cynllun Blynyddol Ansawdd a Rheoleiddio 2023/24**	Nodwyd	Dim i'w nodi

	Penderfynodd y Pwyllgor: **GYMERADWYO** Cynllun Blynyddol Ansawdd a Rheoleiddio 2023/24		
2.10	**Cynllun Blynyddol yr Uned Seibergadernid** **Penderfynodd** y Pwyllgor: **NODI** Cynllun Blynyddol yr Uned Seibergadernid	Noder	Dim i'w nodi
RHAN 3 – BUSNES Y CYFARFOD			
3.1	**Cofnod Gweithredu** Gwahoddwyd Chris Darling, Ysgrifennydd y Bwrdd (CD) i gyflwyno'r Cofnod Gweithredu. Nododd y Pwyllgor fod tri cham gweithredu wedi'u nodi o'r cyfarfod diwethaf, ac roedd y tri wedi'u cwblhau gyda'r camau gweithredu wedi'u dogfennu yn y Cofnod Gweithredu. **Penderfynodd** y Pwyllgor: **NODI** statws y Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
RHAN 4	ARCHWILIO AC ATAL TWYLL		
4.1	**Cynllun Archwilio Blynyddol Archwilio Mewnol 2023/24** Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol Interim Partneriaeth Cydwasanaethau GIG Cymru (StC) Cynllun Archwilio Blynyddol Archwilio Mewnol 2023/24:- • Roedd dwy flynedd gyntaf cynlluniau archwilio Iechyd a Gofal Digidol Cymru yn canolbwyntio ar eu sefydlu e.e. Rheolau Sefydlog a Llywodraethu Corfforaethol ond roedd y ffocws bellach yn symud oddi wrth yr adolygiadau cychwynnol hyn i ddull cylchdro nodweddiadol a risgiau allweddol perthnasol. • Roedd y cynllun wedi'i drafod gyda'r Swyddogion Gweithredol ac roedd eu hadborth wedi'i ystyried. Diolchodd Chris Darling, Ysgrifennydd y Bwrdd (CD) i Archwilio Mewnol am eu hymgysylltiad â'r Swyddogion Gweithredol a nododd mai trwy ymgysylltu â'r Archwilwyr Mewnol y cynhaliwyd yr adolygiad Rheoli Stoc yn ystod 2022/23 nad oedd yn y cynllun yn wreiddiol. Gofynnwyd i StC a oedd hyblygrwydd yn y cynllun pe byddai'r Pwyllgor yn nodi maes i'w adolygu yn ystod y flwyddyn. Rhoddwyd sicrwydd i'r Pwyllgor fod Archwilio Mewnol wedi adeiladu tîm sylweddol cryf ag arbenigedd dros y ddwy flynedd ddiwethaf ac y byddai ganddynt yr adnoddau i gyflawni'r cynllun. Yn ogystal, roedd amser wrth gefn wedi'i gynnwys yn y cynllun h.y. i gynnal dau archwiliad	I'w Cymeradwyo	Dim i'w nodi

	ychwanegol heb eu cynllunio. Mae nifer o archwiliadau yn rhai a fydd yn cael eu hailadrodd ar draws GIG Cymru gyfan felly byddent yn ceisio meincnodi'r rhain os ydynt yn dod ar draws argymhelliad penodol a'i feintioli gan fod nifer o heriau yn rhai cyson ar draws GIG Cymru. **Penderfynodd** y Pwyllgor: **GYMERADWYO** Cynllun Archwilio Blynyddol Archwilio Mewnol 2023/24		
4.2	**Adroddiad Cynnydd yr Archwiliad Mewnol** Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol Interim Partneriaeth Cydwasanaethau GIG Cymru (StC) y Cynllun Cynnydd Archwilio Mewnol. Darparodd StC yr uchafbwyntiau o'r adroddiad cynnydd gan gynghori:- • Bod y rhan fwyaf o'r cynllun wedi'i gyflawni, gyda dau ddarn o waith wedi'u cwblhau gan fwyaf ond yn aros i gael eu cymeradwyo. Bydd Barn Ddrafft y Pennaeth Archwilio Mewnol ar gyfer eleni yn gadarnhaol, ar yr amod nad yw'r gwaith sy'n weddill yn nodi unrhyw feysydd pryder sylweddol. • Nid oedd unrhyw adroddiadau sicrwydd cyfyngedig. • Byddai'r pedwar archwiliad terfynol a gwblhawyd yn ddiweddar yn cael eu trafod yn fanwl yn yr eitem nesaf ar yr agenda. **Penderfynodd** y Pwyllgor: **NODI'R** diweddariad Archwilio Mewnol ar gyfer **SICRWYDD**.	Ar gyfer Sicrwydd	Dim i'w nodi
4.3	**Adroddiadau Adolygiad Archwilio Mewnol** **Llywodraethu Corfforaethol** Cafodd yr adolygiad sgôr Sicrwydd ***Sylweddol***. Amlinellodd Stephen Chaney (StC), Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru, y gwaith a wnaed yn yr adolygiad. Llongyfarchodd y Pwyllgor Ysgrifennydd y Bwrdd a'r tîm Llywodraethu Corfforaethol am sicrhau sgôr sicrwydd sylweddol ac am sefydlu Iechyd a Gofal Digidol Cymru cystal o safbwynt llywodraethu. Cadarnhaodd Laura Tolley, Rheolwr Llywodraethu Corfforaethol (LT) fod y cyfle a nodwyd yn yr adroddiad yn debyg i'r hyn a nodwyd yn yr Asesiad Strwythuredig a gynhaliwyd gan Archwilio Cymru a oedd yn ymwneud â rheoli fersiynau a byddai'r mater hwn yn cael ei liniaru wrth	Ar gyfer Sicrwydd	Dim i'w nodi

i Iechyd a Gofal Digidol Cymru symud i iPassport.

Cydymffurfiaeth Ystadau - Rheoli Gwastraff

Cafodd yr adolygiad sgôr Sicrwydd ***Sylweddol.***

Cadarnhaodd StC fod yr adolygiad wedi canolbwyntio ar reoli gwastraff a oedd yn faes allweddol a godwyd drwy drafodaethau gyda rheolwyr. Roedd rhai argymhellion wedi'u codi ond o ystyried ehangder yr adolygiad roedd yn dal i gael sgôr sicrwydd sylweddol.

Cadarnhaodd Julie Ash (JA) Pennaeth Gwasanaethau Corfforaethol fod yr adroddiad wedi bod yn ddefnyddiol a rhoddodd sicrwydd i'r Pwyllgor fod yr holl argymhellion ar y ffordd i gael eu cwblhau.

Rheoli Risg

Cafodd yr adolygiad sgôr Sicrwydd ***Sylweddol***.

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

- Dangosodd yr adolygiad fod y polisïau a'r prosesau yn cael eu hymgorffori yn y sefydliad drwy drafodaethau gweithredol.
- Roedd cyfathrebu da gyda staff a hyfforddiant, ynghyd â dogfennaeth i helpu staff i ddeall risg.

Diolchodd Chris Darling Ysgrifennydd y Bwrdd (CD) i Bethan Walters, Swyddog Risg a Rheoleiddio, gan gadarnhau na fyddai'r diwylliant risg wedi'i ymgorffori mor llwyddiannus o fewn y sefydliad heb ei mewnbwn. Roedd yr adolygiad allanol ar y maes hwn yn ddefnyddiol iawn ac yn dilysu'r gwaith a wnaed gan y sefydliad ar reoli risg.

Cynllunio'r Gweithlu: AGDP

Cafodd yr adolygiad sgôr Sicrwydd ***Rhesymol***.

Cyflwynodd StC yr Adolygiad AGDP a oedd wedi edrych ar ansawdd AGDP trwy sampl eang o adolygiadau.

Cadarnhaodd Shikala Mansfield, Pennaeth Pobl a Datblygiad Sefydliadol (SM) fod yr argymhellion a'r canfyddiadau wedi bod yn ddefnyddiol iawn. Sicrhaodd SM y Pwyllgor fod y camau gweithredu ar y ffordd i gael eu cwblhau o fewn yr amserlen darged.

Cadarnhaodd Ruth Glazzard Aelod Annibynnol (RG) ei fod yn archwiliad da gyda chyfraddau ymgysylltu a chwblhau gwell na llawer o sefydliadau eraill ond holodd a oedd ESR yn gymaint o rwystr i'r broses ag yr oedd ar gyfer cwblhau hyfforddiant. Cadarnhawyd bod hyfforddiant ar gael i gefnogi Rheolwyr mewn perthynas ag uwchlwytho AGDP i ESR ond cydnabuwyd nad oedd yn broses hawdd.

	Cytunodd y Pwyllgor ei fod yn adolygiad gweithdrefnol da ond y gwir brawf mewn gwerthusiad ansawdd oedd gofyn i'r unigolyn am ei brofiad a fyddai'n ategu'r adroddiad. Byddai archwilio mewnol yn defnyddio profiad yr adolygydd a thestun yr adolygiad yn y dyfodol gan y byddai hyn yn cynorthwyo Iechyd a Gofal Digidol Cymru i fireinio'r profiad. Yn ogystal â'r awgrymiadau uchod, roedd yn werth nodi mai un o gryfderau sefydliad sy'n cynnal AGDP effeithiol oedd eu bod yn edrych yn allanol yn ogystal ag yn fewnol. Cadarnhaodd Paul Evans (PE), Pennaeth Ansawdd a Rheoleiddio Dros Dro eu bod, fel rhan o'r gwaith ar Ddyletswydd Ansawdd, yn edrych ar bob tîm yn y sefydliad i weld sut olwg sydd ar ansawdd ar hyn a byddai staff yn rhoi adborth ar brosesau ac ati yn y sefydliad. **Penderfynodd** y Pwyllgor: **DDERBYN** y pedwar adroddiad ar gyfer **SICRWYDD**.		
4.4	**Cynllun Archwilio Amlinellol Archwilio Cymru 2023/24** Cyflwynodd Mike Whiteley (MW) a Sabel Wiliam (SW) o Archwilio Cymru Gynllun Archwilio Amlinellol Archwilio Cymru 2023/24 a chyflwyno'r uchafbwyntiau a ganlyn:- • Roedd yr archwiliad o'r Datganiadau Ariannol wedi'i nodi yn y ddogfen. • Nodwyd y cynllun ffioedd archwilio manwl ar gyfer Mai 2023 a'r tîm archwilio ar gyfer y flwyddyn ynghyd â'r safonau archwilio diwygiedig. • Amlinellodd Darren Griffiths gwaith archwilio perfformiad:- o Ymgymryd â'r gwaith Asesiad Strwythuredig arferol a fyddai'n canolbwyntio ar bedwar maes yn benodol. o Craffu ar drefniant penodol - trefniadau Digidol eleni oedd hyn ac yn benodol sut roedd cyrff y GIG yn buddsoddi yn y maes hwn. o Gwaith prosiect lleol – adolygiad o ddull yr SHA o ymgysylltu â rhanddeiliaid. o Adolygiad o systemau TG ariannol cenedlaethol a gynhelir ac a reolir gan yr SHA. • Amserlen archwilio – Adroddiad Archwilio Blynyddol 2023 a fyddai'n cael ei gwblhau ym mis Ionawr 2024. • Roedd Atodiad 1 yn amlinellu'r newidiadau	I'w Cymeradwyo	Dim i'w nodi

	allweddol i ISA 315. Nododd y Pwyllgor fod awydd i fuddsoddi mewn meysydd digidol ar draws GIG Cymru ond byddai'n dda deall beth yw'r rhwystrau gan nad yw'r model ariannu presennol yn cefnogi buddsoddiad digidol. Felly, byddai unrhyw beth y gallai'r Pwyllgor edrych arno i helpu i ddatblygu'r naratif digidol yn ddefnyddiol. Rhoddwyd sicrwydd i'r Pwyllgor fod gan Archwilio Cymru y gallu i gyflawni'r cynllun gan ei fod yn gweithredu ar system reoli matrics fel y gallent ddefnyddio adnoddau mewn modd hyblyg i gefnogi gwaith lle'r oedd ei angen fwyaf. Cadarnhaodd Mike Whiteley, Archwilio Cymru (MW) y cymerwyd ymagwedd debyg o safbwynt archwilio datganiadau ariannol, er ei bod yn amserlen gywasgedig, trwy drafodaethau cynllunio ag adran Gyllid Iechyd a Gofal Digidol Cymru y dylid cwblhau'r gwaith archwilio erbyn diwedd mis Mehefin. Nid oedd unrhyw bryderon ar hyn o bryd ond byddai'r Pwyllgor yn cael gwybod am unrhyw faterion posibl drwy gydweithwyr yn y tîm cyllid. Rhoddodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid (MC) ddiweddariad ar ISA 315 a'r effaith bosibl ar amserlenni. Diolchodd CD i'r timau ac ychwanegodd at sylwadau cynharach ar adeiladu Digidol fel maes o ymchwil dwys o fewn yr Asesiad Strwythuredig, a oedd yn thema ar draws holl gyrff y GIG gan nodi y byddai'n darparu golwg wrthrychol o safbwynt y system. Canmolodd Claire Osmundsen-Little Cyfarwyddwr Gweithredol Cyllid (CO-L) yr adroddiad am y ffordd yr oedd wedi'i strwythuro ond holodd sut y byddai Archwilio Cymru yn ysbrydoli Iechyd a Gofal Digidol Cymru i wella, yn enwedig o ystyried yr heriau ariannol. Cadarnhaodd Archwilio Cymru y byddent yn ceisio ysbrydoli trwy nifer o fentrau, gyda'r gwaith o lunio rhaglen archwilio wedi'i theilwra i weithio'n briodol ac ychwanegu gwerth at sefydliadau gyda chyfres o argymhellion yn un ohonynt. Roedd Archwilio Cymru hefyd yn weithgar yn y maes dysgu ac yn cynnal rhaglen o ddigwyddiadau GPX sy'n dod â sefydliadau'r sector cyhoeddus ynghyd i rannu arfer gorau. **Penderfynodd** y Pwyllgor: **GYMERADWYO** Cynllun Archwilio Amlinellol Archwilio Cymru 2023/24		
4.5	**Diweddariad Archwilio Cymru i'r Pwyllgor** Cyflwynodd Darren Griffiths (DG), Archwilio Cymru Ddiweddariad Pwyllgor Archwilio Cymru a oedd yn rhoi'r wybodaeth ddiweddaraf am y gwaith archwilio ariannol a	Ar gyfer Sicrwydd	Dim i'w nodi

	pherfformiad cyfredol ac a gynlluniwyd a thynnodd sylw at y pwyntiau allweddol canlynol: - • Roedd dau ddarn o waith archwilio perfformiad ar waith 1) Roedd Archwilio Cymru wrthi'n adolygu trefniadau cynllunio'r gweithlu yn Iechyd a Gofal Digidol Cymru a 2) roedd darn lleol o waith yn edrych ar y trefniadau llywodraethu ar gyfer Bwrdd Rhaglen Gwasanaethau Digidol Gofal Sylfaenol. Bydd yr adroddiadau yn cael eu cyhoeddi dros yr wythnosau nesaf. • Allbynnau Cenedlaethol - Cynhwysiant Digidol - Ymunodd Sara Leahy i gyflwyno diweddariad ar Gynhwysiant Digidol. Roedd yr adroddiad yn ymdrin â Chynhwysiant Digidol yng Nghymru h.y. y rheini sy'n fodlon ac yn gallu defnyddio'r rhyngrwyd yn hyderus. Ni edrychodd yr adolygiad yn benodol ar ddigido Iechyd a Gofal Digidol Cymru na chyrff sector cyhoeddus. Cwmpas y gwaith oedd edrych ar y darlun cyffredinol o gysylltedd digidol yng Nghymru gan gynnwys buddsoddiad Llywodraeth Cymru mewn prosiectau Cynhwysiant Digidol a buddsoddiad mewn seilwaith band eang. Gwelodd y canfyddiadau nifer cynyddol o gartrefi bellach â mynediad i'r rhyngrwyd, ond mae rhai dinasyddion yn cael eu gadael ar ôl. Roedd problemau i'r rhai nad ydynt yn gallu cael mynediad at wasanaethau digidol. Roedd gan Lywodraeth Cymru genhadaeth ynghylch cynhwysiant digidol yn ei Strategaeth Ddigidol i Gymru ac roedd yn buddsoddi mewn prosiectau cynhwysiant digidol. Roedd Iechyd a Gofal Digidol Cymru wedi llofnodi'r Siarter Cynhwysiant Digidol ac roedd canllaw cynhwysiant digidol ar gyfer Iechyd a Gofal yng Nghymru a gyhoeddwyd yn 2019. Roedd llawer o fanteision i ddigideiddio gwasanaethau cyhoeddus tra'n bodloni anghenion y rhai a oedd wedi'u hallgáu. Ni ddarparwyd unrhyw argymhellion ffurfiol o'r adroddiad. Nododd y Pwyllgor fod Cynhwysiant Digidol i fod i fynd gerbron y Bwrdd SHA nesaf fel eitem gwrando a dysgu ar y cyd. **Penderfynodd** y Pwyllgor: **NODI** Diweddariad Archwilio Cymru i'r Pwyllgor ar gyfer **SICRWYDD**.		
4.6	**Adroddiad Cynllun Gweithredu Adolygiad Asesiad Strwythuredig / Llywodraethu Sylfaenol**	Nodwyd	Dim i'w nodi

	Cyflwynodd Chris Darling, Ysgrifennydd y Bwrdd, (CD) y Cynllun Gweithredu Adolygiad Asesiad Strwythuredig / Llywodraethu Sylfaenol a thynnodd sylw at rai pwyntiau allweddol:- • Roedd cynllun 'Cyfleoedd ar gyfer Gwella' ar gyfer yr Adolygiad Llywodraethu Sylfaenol wedi'i ddatblygu ac roedd yr holl gamau gweithredu bellach wedi'u cau. • Roedd tri argymhelliad ffurfiol o'r Asesiad Strwythuredig yn cael eu holrhain yn ffurfiol ond yn dilyn cais o'r cyfarfod diwethaf, roedd cynllun gweithredu Cyfleoedd i Wella ar gyfer yr Asesiad Strwythuredig wedi'i ddatblygu, byddai cynnydd yn erbyn y camau gweithredu yn cael ei gofnodi a'i rannu gyda'r Pwyllgor yn barhaus. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Cynllun Gweithredu Adolygiad Asesiad Strwythuredig a Llywodraethu Sylfaenol		
4.7	**Traciwr Camau Gweithredu Archwilio** Cadarnhaodd Julie Ash (JA), Pennaeth y Gwasanaethau Corfforaethol, fod 16 o gamau gweithredu wedi'u hadolygu yn y cyfarfod diwethaf, lle cafodd 15 eu cau, gan adael cyfanswm o un cam gweithredu agored. Derbyniodd y Pwyllgor chwe adroddiad newydd yn y cyfarfod diwethaf a oedd yn cynnwys 52 cham gweithredu newydd. Roedd y rhain wedi'u hychwanegu at y cofnod a oedd bellach yn cynnwys cyfanswm o 53 o gamau gweithredu agored. O'r camau hyn, ystyriwyd bod 21 wedi'u cwblhau, 31 ar y trywydd cywir i'w cwblhau erbyn eu dyddiad targed ac un nad oedd ar y trywydd cywir i'w gwblhau erbyn y dyddiad targed ond nid oedd cais am estyniad gan fod disgwyl ei gwblhau o fewn y mis nesaf. Oherwydd eu cynnwys technegol byddai saith cam gweithredu yn cael eu hadolygu yn y sesiwn breifat. Cadarnhaodd CO-L, oherwydd nifer y camau gweithredu, fod y cofnod Gweithredu Archwilio wedi'i uwchgyfeirio i'r Cyfarwyddwyr Gweithredol Wythnosol ar gyfer monitro a sicrwydd. Roedd y Pwyllgor yn falch ac wedi'u calonogi o nodi'r cynnydd a wnaed o ran cwblhau'r camau gweithredu a oedd yn weddill. **Penderfynodd** y Pwyllgor: **NODI'R** Traciwr Gweithredu Archwilio	Nodwyd	Dim i'w nodi

4.8	**Adroddiad Diweddaru ar Atal Twyll Lleol** Derbyniodd y Pwyllgor yr Adroddiad Diweddaru ar Atal Twyll Lleol ar gyfer y cyfnod 1 Ionawr 2023 i 31 Mawrth 2023. Yn ystod y cyfnod, roedd y gwaith canlynol wedi'i wneud: • Cyflwyno 89 diwrnod o waith Atal Twyll i Iechyd a Gofal Digidol Cymru a oedd uwchlaw'r gwaith a gynlluniwyd a rhoi sicrwydd i'r sefydliad y gellid ymdrin ag unrhyw faterion mewn modd priodol. • Ni wnaed unrhyw atgyfeiriadau newydd yn y chwarter hwn. • Roedd sesiynau ymwybyddiaeth atal twyll wedi'u cynnal mewn sesiynau ymsefydlu corfforaethol. • Roedd Iechyd a Gofal Digidol Cymru bellach yn rhan o'r Fenter Twyll Genedlaethol ac roedd ymchwiliadau wedi cychwyn i unrhyw waith paru data a nodwyd. Diolchodd CO-L i'r tîm Atal Twyll am y flwyddyn ddiwethaf a'u gallu i ystwytho eu gwaith i gynnal yr ymchwiliad. Roedd y tîm Atal Twyll wedi gwneud llawer o waith i godi ymwybyddiaeth o dwyll corfforaethol yn y sesiynau ymsefydlu ac roedd hwn yn faes o fewn y cynllun yr aethpwyd i'r afael ag ef. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Diweddaru ar Atal Twyll.	Nodwyd	Dim i'w nodi
RHAN 5	ADRODDIADAU LLYWODRAETHU		
5.1	**Rheoli Risg a Sicrwydd y Bwrdd** Cyflwynodd Chris Darling, (CD) Ysgrifennydd y Bwrdd, drosolwg o'r sefyllfa Rheoli Risg a rhoddodd yr uchafbwyntiau canlynol: • Roedd gwaith ar y derbynioldeb risg a goddefiant risg yn mynd rhagddo ac roedd yn cynnwys sesiwn Datblygu'r Bwrdd a gynhaliwyd ddechrau mis Mawrth i adolygu'r derbynioldeb risg gyda gwaith pellach yn cael ei symud ymlaen gan yr arweinwyr Gweithredol. Byddai'r derbynioldeb risg diwygiedig yn cael ei ddwyn yn ôl i'w gymeradwyo gan Fwrdd SHA ym mis Mai. • Roedd 31 o risgiau ar y Gofrestr Risg Gorfforaethol, sef y nifer uchaf ers dechrau'r	Nodwyd	Dim i'w nodi

	gofrestr ac roedd yn adlewyrchu'r cyd-destun yr oedd Iechyd a Gofal Digidol Cymru yn gweithredu ynddo ar hyn o bryd. Roedd 11 o risgiau wedi'u neilltuo i'r Pwyllgor, gydag un wedi'i nodi'n un preifat, felly byddai'n cael ei drafod yn y sesiwn breifat. • Ers cyfarfod diwethaf y Pwyllgor, ychwanegwyd 15 o risgiau newydd (4 preifat 11 cyhoeddus). Roedd nifer o'r rhain yn risgiau ariannol. Gofynnwyd i aelodau'r Pwyllgor nodi bod 7 risg wedi'u dileu h.y. 2 risg preifat a 5 risg cyhoeddus. Roedd y risg o swyddi gwag staff wedi gostwng ers y cyfarfod diwethaf a oedd yn adlewyrchu'r camau lliniaru a'r gwaith a oedd wedi digwydd. **Penderfynodd** y Pwyllgor: **NODI** statws y Gofrestr Risg Corfforaethol a **THRAFOD** y Risgiau Corfforaethol a neilltuwyd i'r Pwyllgor Archwilio a Sicrwydd		
5.2	**Fframwaith Cydymffurfio a Gwella'r Gymraeg** Cyflwynodd Eleri Jenkins, Rheolwr yr Iaith Gymraeg yr adroddiad a rhoddodd yr uchafbwyntiau a ganlyn:- • Roedd problem gyda mewngofnodi i ap y GIG yn Gymraeg sy'n dibynnu ar adnoddau allanol i'w datrys. Cynhaliwyd cyfarfod gyda Swyddfa Comisiynydd y Gymraeg i drafod eithriad o'r rhan hon o'r Cynllun Iaith Gymraeg am ddwy flynedd. Nid oedd cymeradwyaeth derfynol wedi'i derbyn eto ond roedd hyder mawr y byddai'r eithriad yn cael ei dderbyn. • Sefydlwyd grŵp newydd o'r enw Grŵp Technegol yr Iaith Gymraeg a oedd yn sicrhau bod yr ap yn ddwyieithog. • Nodwyd cynnydd ar y cynllun gweithredu cydymffurfio â'r Gymraeg o gyfarfod diwethaf y Pwyllgor, fodd bynnag, nid oedd rhai meysydd cyflenwi gwasanaethau yn cwrdd â'r disgwyliadau ar hyn o bryd h.y. nid oedd digon o siaradwyr Cymraeg ar y ddesg wasanaeth ond y gobaith oedd y byddai hyn yn gwella yn y ddwy flynedd nesaf. • Roedd system newydd ar gyfer e-byst yn cael ei hadolygu a fyddai'n cofnodi dewis iaith rhanddeiliaid. • Nodwyd gostyngiad o 6% yn lefel 0 Sgiliau Iaith Gymraeg	Ar gyfer Sicrwydd	Dim i'w nodi

	• Derbyniwyd y gofynion ar gyfer Adroddiad Blynyddol Mwy na Geiriau. Roedd yr Adroddiad Blynyddol i'w gyflwyno ym mis Mehefin ar ôl i'r Bwrdd Rheoli ei gymeradwyo. • Roedd ymgysylltu â staff i ddod yn sefydliad dwyieithog yn parhau a byddai EJ yn mynychu diwrnodau cwrdd i ffwrdd y Gyfarwyddiaeth. **Penderfynodd** y Pwyllgor: **DDERBYN** Fframwaith Cydymffurfiaeth a Gwella'r Iaith Gymraeg ar gyfer **SICRWYDD.**		
5.3	**Adroddiad Safonau Ymddygiad** Dywedodd Laura Tolley, y Rheolwr Llywodraethu Corfforaethol, wrth y Pwyllgor fod yr Adroddiad Safonau Ymddygiad yn amlinellu'r Datganiadau o Fuddiant a'r gofrestr Rhoddion, Nawdd a Lletygarwch ar gyfer Iechyd a Gofal Digidol Cymru. Amlygwyd y pwyntiau allweddol o'r adroddiad:- • Ar adeg ysgrifennu'r adroddiad hwn, roedd 94% o staff band 8a ac uwch wedi llenwi ffurflen Datganiad o Fuddiannau, a ragorodd ar y targed. Yn ogystal, mae 20% o'r rhai sydd ym mand cyflog 2-7 wedi llenwi ffurflen Datganiad o Fuddiant. • Yn ystod y cyfnod, gwrthodwyd un cynnig o rodd • Derbyniwyd 13 cynnig o letygarwch. • Parhaodd gwaith i hyrwyddo'r Safonau Ymddygiad yn rhagweithiol. Roedd y Pwyllgor yn falch o nodi'r gwaith rhagweithiol sy'n digwydd ar Safonau Ymddygiad. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Datganiadau Buddiannau, Rhoddion a Lletygarwch ar gyfer **SICRWYDD**.	Nodwyd	Dim i'w nodi
5.4	**Adroddiad Archebion Prynu Gwerth Uchel** Rhoddodd Mark Cox (MC), Cyfarwyddwr Cyswllt Cyllid, fanylion am y tair archeb oedd wedi cyrraedd y trothwy o £750,000 a drafodwyd yn ystod y cyfnod adrodd. Hysbyswyd y Pwyllgor y codwyd pedair archeb dros £0.75m yn ystod y cyfnod 19 Ionawr 2023 i 31 Mawrth 2023, a darparwyd y manylion er gwybodaeth. Cyfanswm cronnus yr holl archebion gwerth mwy na £0.75m oedd £4.946 ers y dyddiad adrodd diwethaf, a £43.414m ar gyfer y flwyddyn	Nodwyd	Dim i'w nodi

	ariannol. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Archebion Prynu Gwerth Uchel a'r Archebion Cronnus.		
5.5	**Diweddariad am Golledion a Thaliadau Arbennig** Cyflwynodd MC y Diweddariad am Golledion a Thaliadau Arbennig a nododd y canlynol:- • Yn unol â'r Cyfarwyddiadau Ariannol Sefydlog roedd yn ofynnol i Iechyd a Gofal Digidol Cymru hysbysu'r Pwyllgor am unrhyw golledion a thaliadau arbennig. Bu dau achos; roedd y cyntaf yn ymwneud â cholli offer (£18,393.00) a'r ail yn ymwneud â thaliad ex-gratia (£36,847.62). **Penderfynodd** y Pwyllgor: **NODI'R** Diweddariad o'r Colledion a'r Taliadau Arbennig ar gyfer **SICRWYDD.**	Nodwyd	Dim i'w nodi
5.6	**Rhestr Wirio Hunanwerthuso y Fenter Twyll Genedlaethol** Cyflwynodd MC restr Wirio Hunanwerthuso'r Fenter Twyll Genedlaethol (NFI) a chadarnhaodd fod hyn yn dilyn y diweddariad Atal Twyll y byddai Iechyd a Gofal Digidol Cymru yn cael ei ymgorffori yn y Fenter Twyll Genedlaethol. Roedd hwn yn cynnwys 29 o gwestiynau ac roedd yn ymarfer defnyddiol a nododd gamau yr oedd angen eu cymryd. Cydnabuwyd bod Iechyd a Gofal Digidol Cymru yn sefydliad cymharol newydd o hyd a disgwylid y byddai angen mynd i'r afael â rhai meysydd. Cytunwyd i gwblhau'r holl gamau gweithredu erbyn diwedd Chwarter 1. **Penderfynodd** y Pwyllgor: **NODI** Rhestr Wirio Hunanwerthuso y Fenter Twyll Genedlaethol	Nodwyd	Dim i'w nodi
5.7	**Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo** Cyflwynodd Julie Francis (JF), Pennaeth Gwasanaethau Masnachol, yr adroddiad rhwng 1 Ionawr 2023 a 31 Mawrth 2023 a gofynnodd i'r Pwyllgor nodi: • Roedd tri Cham Gweithredu Tendr Sengl yn ystod y cyfnod hwn gwerth £233,580.18 • Roedd un nodyn rheoli Newid gwerth £48,012.50 **Penderfynodd** y Pwyllgor: **NODI** cynnwys yr Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo	Nodwyd	Dim i'w nodi

5.8	**Cynllun Gweithredu'r Ddeddf Dyletswydd Ansawdd a Gonestrwydd** Rhoddodd Paul Evans (PE), Pennaeth Ansawdd a Rheoleiddio Dros Dro gyflwyniad i'r Pwyllgor Archwilio a Sicrwydd ar y Cynllun Gweithredu a thynnodd sylw at y canlynol:- • Cyflwynwyd Dyletswydd Ansawdd ym mis Ebrill 2023. Mae'r Ddyletswydd Ansawdd yn golygu bod dyletswydd ar y GIG a Gweinidogion Cymru i: o greu diwylliant o ansawdd o fewn sefydliadau. o canolbwyntio ar wella ansawdd gwasanaethau iechyd a chanlyniadau i'r boblogaeth yn barhaus; a o monitro cynnydd gwelliant yn weithredol a rhannu'r wybodaeth hon â'u poblogaeth yn rheolaidd. Mae'r Ddyletswydd yn berthnasol i bob rhan o'r sefydliad ac nid adrannau clinigol yn unig. • Er mwyn cyflawni hyn, bydd angen i gyrff y GIG sicrhau bod gwasanaethau iechyd yn ddiogel, yn amserol, yn effeithiol, yn effeithlon, yn deg ac yn canolbwyntio ar yr unigolyn (STEEEP). • Mae'r galluogwyr ansawdd yn sicrhau dull system gyfan o wella ansawdd. • Roedd Iechyd a Gofal Digidol Cymru yn y broses o ddiweddaru'u holl dempledi i gyd-fynd â'r Ddyletswydd. • Y camau nesaf yn unol â'r model busnes ansawdd oedd estyn allan at bob tîm o fewn y sefydliad i fapio pa weithgareddau y maent yn eu cynnal, beth yw eu busnes fel arfer, sut olwg sydd ar ansawdd yn y prosesau hynny a'u helpu i alinio eu gweithgareddau â'r safonau ansawdd. • Byddai'r Adroddiad Blynyddol yn cael ei ddatblygu drwy gydol y flwyddyn. • Roedd angen diffinio beth yw'r System Rheoli Ansawdd ar gyfer Iechyd a Gofal Digidol Cymru. Trafododd y Pwyllgor faint o her y gallai'r Ddeddf hon ei chynrychioli a'r newid diwylliant y byddai ei angen. Y chwe cham ar gyfer y sefydliad, yn enwedig *'sicrhau cefnogaeth sefydliadol ehangach a chyd-greu gweledigaeth* a '*chynnal ymagwedd sefydliad cyfan*' yw'r heriau gwirioneddol mewn rhaglen o ansawdd fel hon, holwyd a oedd hyder roedd yn	Nodwyd	Dim i'w nodi.

	cael ei drin yn y fath fodd fel bod dealltwriaeth o'r hyn y gallai graddfa'r newid ei gynrychioli. Sicrhaodd PE y Pwyllgor mai'r ymagwedd oedd datblygu partneriaid busnes o safon ac estyn allan i bob un o'r Cyfarwyddiaethau a byddai gweithio gyda nhw yn dod â nhw ar y daith gyda'r tîm Ansawdd. Cytunodd CD fod hon yn ddeddfwriaeth newydd a bod Iechyd a Gofal Digidol Cymru yn gweithio fel system i ddeall beth mae'n ei olygu ar y cyd ac yn sefydliadol. Byddai'r ymateb i'r Ddeddf yn un iteraidd a fyddai'n cymryd peth amser i'w ddehongli i'r sefydliad. **Penderfynodd** y Pwyllgor: **NODI** Cynllun Gweithredu'r Ddeddf Dyletswydd Ansawdd a Gonestrwydd		
5.9	**Adroddiad Diweddaru Cydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid** Cyflwynodd Paul Evans, Pennaeth Rheoleiddio Dros Dro, yr adroddiad a chyflwynodd y prif bwyntiau allweddol i'r Pwyllgor:- • Cwblhawyd blwyddyn gyntaf y rhaglen archwilio mewnol ISO newydd seiliedig ar risg gyda'r flwyddyn yn dod i ben gyda 100% cydymffurfiaeth. • Cynhaliwyd dau archwiliad allanol yn Chwarter 4 lle codwyd un mân gydymffurfiaeth. Roedd dau archwiliad ISO wedi'u cynllunio ar gyfer Chwarter 1. • Roedd y broses o ymuno ag iPassport yn mynd rhagddo ar draws y sefydliad. Roedd y tîm Ansawdd yn gweithio gyda chydweithwyr ar y Strategaeth Rheoli Dogfennau. • Roedd nifer o bolisïau ar eu ffordd drwy'r system cymeradwyo polisïau. • Roedd croeso da yn dal i fod ar gyfer y porth Ansawdd ac ers ei gychwyn y llynedd roedd wedi cael 150,000 o ymweliadau. • Roedd yr Uned Seiber Seibergadernid wedi cyhoeddi bwletin i OES (Gweithredwyr Gwasanaethau Hanfodol) ynghylch cydymffurfio â'r Gyfarwyddeb NIS (Gwasanaethau Rhwydwaith a Gwybodaeth) o systemau etifeddol. Roedd cyfathrebiadau pellach yn cael	Nodwyd	Dim i'w nodi.

	eu paratoi ynghylch gweithdrefnau gorfodi. • Parhaodd y gwaith o gydymffurfio â'r Rheoliadau Dyfeisiau Meddygol. Roedd yr asesiad cychwynnol o bortffolio gwasanaeth presennol Iechyd a Gofal Digidol Cymru yn erbyn gofynion y Rheoliadau Dyfeisiau Meddygol wedi'i gwblhau. Roedd hyn wedi nodi pum gwasanaeth posibl fel dyfeisiau meddygol posibl ac roedd gwaith ar y gweill gyda Microsoft 365 i ddatblygu offeryn gan ddefnyddio Power Apps. Trafododd y Pwyllgor, os oedd Iechyd a Gofal Digidol Cymru yn cael ei ystyried yn allanol, sut yr aethpwyd ati i gydymffurfio â'r Ddyletswydd Ansawdd. Pennwyd trefniadau llywodraethu mewnol ac allanol ac aethant i'r Bwrdd Rheoli ym mis Ionawr i'w cymeradwyo. Yn ogystal, byddai dull gweithredu triphlyg ar ffurf trafodaethau ag Archwilio Cymru ynghylch craffu allanol ychwanegol ar adrodd ar ansawdd a gydag Archwilio Mewnol PCGC, ac yn olaf, byddai adolygiad gan gymheiriaid yn cael ei gynnal gan adran ansawdd GIG arall (Gwasanaeth Gwaed Cymru). Cadarnhaodd CO-L fod Iechyd a Gofal Digidol Cymru bob amser wedi bod ar flaen y gad o ran gyrru ansawdd yn ei flaen, a sut yr oedd y meddylfryd wedi'i ddilysu gan safonau ISO. Rhoddwyd sicrwydd i'r Pwyllgor fod gan Iechyd a Gofal Digidol Cymru systemau ansawdd a oedd yn destun craffu annibynnol. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Diweddaru ar Gydymffurfiaeth yr Uned Ansawdd a Rheoleiddio a Seibergadernid.		
5.10	**Fframwaith Sicrwydd Deddfwriaethol** Cyflwynodd Laura Tolley, Rheolwr Llywodraethu Corfforaethol (LT) y Fframwaith Sicrwydd Deddfwriaethol a dywedodd fod y gofrestr yn cael ei hadolygu bob mis gan Grwpiau Sicrwydd a Rheoleiddio Ansawdd IMS. Gofynnwyd i aelodau'r Pwyllgor nodi bod pum darn o ddeddfwriaeth yr ystyrir eu bod yn berthnasol i Iechyd a Gofal Digidol Cymru wedi'u hychwanegu at y gofrestr a bod dau ddarn o ddeddfwriaeth wedi'u tynnu oddi ar y gofrestr. Yn ogystal, bu cais i ddileu tri darn arall o ddeddfwriaeth oddi ar y gofrestr ac roedd y rhain yn cael eu hystyried gan y Grŵp Ansawdd a Rheoleiddio, a byddai'r canlyniad yn cael ei adrodd yn ystod y cyfnod nesaf. **Penderfynodd** y Pwyllgor: **NODI'R** Fframwaith Sicrwydd Deddfwriaethol	Nodwyd	**Dim i'w nodi**

5.11	**Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth** Cyflwynodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol, y prif bwyntiau canlynol o'r adroddiad: • Roedd y gweithgor Datgarboneiddio wedi dechrau asesu maint y gwaith a lle'r oedd orau i ganolbwyntio adnoddau. • Roedd hyfforddiant wedi'i gwblhau i fynd i'r afael â'r bwlch sgiliau ac roedd rôl newydd wedi'i chreu hefyd h.y. Hwylusydd Datblygu Amgylcheddol a Chydymffurfiaeth Ystadau. • Parhaodd y gwaith hybrid gyda 87% o'r gweithlu yn manteisio ar y trefniant gweithio hwn. • Roedd gosod goleuadau LED mewn dwy swyddfa wedi'i gwblhau. • Edrychwyd ar yr ystadau yn eu cyfanrwydd a phenderfynwyd gadael swyddfeydd Mahamilid a manteisio ar y cyfle i rannu gofod llai gyda PCGC. • Roedd camau gwella ansawdd yn cael eu datblygu gyda naw ar y trywydd cywir a 35 wedi'u cau. • Roedd yr ystadegau ar gyfer hyfforddiant Gwastraff Amgylcheddol ac Ynni yn 94%. Roedd ystadegau cydymffurfiaeth 98% ar y blaen i'r targed o 90%. • Roedd ystadegau ataliol arfaethedig yn ôl i fyny i uwch na'r targed o 90%. • Bu pedwar digwyddiad yn ymwneud ag Iechyd a Diogelwch ac roedd pob un ohonynt wedi'u hymchwilio'n llawn ac wedi'u cau. • Roedd y datganiad Datgarboneiddio Ansoddol wedi'i gwblhau a'i gyflwyno i Lywodraeth Cymru mewn pryd ddydd Gwener diwethaf. Dywedodd JA fod arolwg teithio wedi'i gynnal ac y byddai hyn yn cael ei gysylltu â'r cyfrifiadau allyriadau sy'n ymwneud â chymudo. Mae rhan o'r map ffordd ar gyfer datgarboneiddio yn cynnwys codi ymwybyddiaeth o faterion amgylcheddol yn y cartref a byddai cylchlythyrau amgylcheddol misol gydag awgrymiadau yn cael eu hanfon fel mater o drefn. Ychwanegodd JA y gallai hyn gael ei gynnwys mewn adroddiad yn y dyfodol pe bai'r Pwyllgor yn teimlo ei fod yn ddefnyddiol. **Cam Gweithredu: 2030418-A01** Adrodd ar allyriadau carbon gweithio gartref a beth oedd yn cael ei wneud i annog staff i wneud dewisiadau carbon isel.	Nodwyd	**Cam Gweithredu:** Adrodd ar allyriadau carbon gweithio gartref - beth oedd yn cael ei wneud i annog staff i wneud dewisiadau carbon isel.

	Penderfynodd y Pwyllgor: **NODI'R** Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth.		
RHAN 6	DIWEDDARIAD ARIANNOL		
6.1	**Diweddariad Cyllid** Rhoddodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (CO-L) gyflwyniad a chyd-destun y sefyllfa gyllid bresennol a rhoddodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid ddiweddariad ar gynnydd y cyflwyniad manwl a oedd yn cynnwys: • Diwedd y Flwyddyn 22/23 – y perfformiad ariannol, y rhagolygon ariannol drafft, a'r heriau sy'n gysylltiedig â chynhyrchu'r datganiadau ariannol. o Chwefror 2022/23 a Rhagolwg o berfformiad o Eitemau Perthnasol Cyfrifon Blynyddol o Amserlen o Risgiau a Phryderon • Wrth fyfyrio ar y targedau craidd i'w cyflawni o ran cyllid ar gyfer y flwyddyn, y peth cyntaf y gellid ei gyflawni oedd aros o fewn y terfyn adnoddau refeniw; yn yr un modd aros o fewn y terfyn cyllid cyfalaf; ac i aros o fewn targed Polisi Taliadau'r Sector Cyhoeddus (PSPP) h.y. talu anfonebau nad ydynt yn ymwneud â'r GIG o fewn 30 diwrnod i'w derbyn. Y pedwerydd targed tybiannol oedd cario balans uchaf o £2 filiwn yn y cyfrif banc ar ddiwedd y flwyddyn. Cafwyd cadarnhad bod yr holl dargedau ariannol yn cael eu cyrraedd ar gyfer diwedd y flwyddyn ariannol. • Roedd y broses Archwilio wedi cychwyn ac roedd Iechyd a Gofal Digidol Cymru yn ymgysylltu ag Archwilio Cymru o ran ansawdd y papurau a derbyniwyd peth adborth cadarnhaol y llynedd ynglŷn â chynnwys ac amseroldeb y papurau a'r bwriad oedd gwella arnynt eleni. • Bydd ystyriaethau ar gyfer eleni yn cynnwys:- o Darpariaeth Dyled Ddrwg; o Colledion a Thaliadau Arbennig; o y Trefniadau Taliadau'r Cynllun; a o chyfraniadau Cyfraddau Pensiwn	Nodwyd	Dim i'w nodi

ychwanegol

- Bydd IFRS16 a ddaeth i fodolaeth yn y flwyddyn ariannol ddiwethaf a'r addasiadau yn y cyfrifon yn cael eu cymhwyso eto yn ystod y flwyddyn ariannol hon.
- Cynllun Blynyddol

Cyflwynodd CO-L y Rhagolygon Ariannol ar gyfer 23/24 a oedd yn cynnwys:

- Edrychwyd ar rai ffactorau allweddol a fyddai'n dylanwadu ar y cynllun a'r rhagolygon ar gyfer 2023/24 a sut yr eir i'r afael â'r rhain.
- Roedd mwyafrif y dyraniadau ariannol wedi'u cadarnhau.
- Un o feysydd allweddol y ffrwd ariannu yw drwy'r cytundebau lefel gwasanaeth gyda Byrddau Iechyd ac Ymddiriedolaethau ac roedd y sefyllfa ar y rhain yn cael ei chadarnhau ar hyn o bryd.
- Y bwlch rhwng incwm a threuliau oedd £1.9miliwn ar gyfer y flwyddyn ariannol nesaf gyda £3m dilynol a £2m yn yr ail a'r drydedd flwyddyn. Chwyddiant, yn enwedig o fewn y sector ynni, oedd yn gyrru'r bwlch ariannu hwn.
- Roedd llythyr Swyddog Cyfrifyddu wedi'i gyflwyno i Lywodraeth Cymru yn nodi anallu Iechyd a Gofal Digidol Cymru i gydbwyso'r Cynllun Tymor Canolig Integredig ac roedd yr ymateb yn cael ei ystyried ar hyn o bryd o ran beth i ganolbwyntio arno yn y 12 mis nesaf.
- Arbedion ac effeithlonrwydd – byddai Iechyd a Gofal Digidol Cymru yn canolbwyntio ar hyn drwy nifer o grwpiau rheoli.
- Amlinellwyd y Strategaeth Gwireddu Manteision Alinio'r canlyniadau a'r buddion strategol.

Canmolodd y Pwyllgor Claire a Mark am y cyflwyniad a chael canlyniad mor dda yn ystod cyfnod mor gythryblus. Yn ogystal, roeddent yn falch ac yn sicr o weld y cysylltiad rhwng gwireddu ariannol a buddion ac awgrymwyd y gellid treulio amser penodol ar wireddu buddion i Iechyd a Gofal Digidol Cymru fel yr edrychwyd arno o feddylfryd Cyfarwyddwyr Cyllid a Chyfarwyddwyr Digidol. Nodwyd bod y rheolau a'r strwythurau wedi'u pennu gan Iechyd a Gofal Digidol Cymru felly y dylent gael eu cyflawni, a gallai Rhwydwaith Digidol IM Cymru Gyfan fwrw ymlaen â hyn.

Cadarnhaodd CO-L y byddai pwysau pellach y flwyddyn

	nesaf ac y byddai angen edrych ar y cynaliadwyedd ac ystyried cynnwys hyn ar agenda yn y dyfodol er mwyn mynd at wraidd y mater. **Penderfynodd** y Pwyllgor: **NODI'R** Diweddariad Ariannol.		
RHAN 7	MATERION I GLOI		
7.1	**Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd** Nododd y Cadeirydd yr eitemau a gafodd eu cymeradwyo, eu cefnogi a'u trafod i'w cynnwys yn adroddiad y Cadeirydd i'r Bwrdd. • Cymeradwyo cynllun archwilio mewnol • Cynllun Archwilio • Camau gweithrediadau archwilio yn cael eu rhoi ar waith • Nifer uchel o dasgau corfforaethol • Y Gymraeg • Mynd at wraidd y mater o ran Dyletswydd Gonestrwydd • Datgarboneiddio a gwaith ystadau	Trafodwyd	Dim i'w nodi
7.2	**Unrhyw Faterion Brys eraill** Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
7.3	**Dyddiad ac Amser y Cyfarfod Nesaf:** • 4 Mai 2023 (adolygiad o gyfrifon - i'w gadarnhau) • 3 Gorffennaf 2023 • 12 Gorffennaf 2023 cyfrifon archwiliedig	Nodwyd	Dim i'w nodi

Pwyllgor Archwilio a Sicrwydd - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

12:00 – 12:30 18/04/23

Galwad Teams

Cadeirydd	Alistair Neill

Yn bresennol		Teitl	Sefydliad
Alistair Neill	AKN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	Iechyd a Gofal Digidol Cymru
Simon Cookson	SC	Pennaeth Archwilio Mewnol	PCGC
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
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	Iechyd a Gofal Digidol Cymru
Darren Griffiths	DG	Arweinydd Archwilio	Archwilio Cymru
Krisztina Kozlovszky	KK	Rheolwr Archwilio Mewnol	PCGC
Gareth Lavington	GL	Pennaeth Atal Twyll	Caerdydd a'r Fro

Shikala Mansfield	SM	Pennaeth Pobl a Datblygiad Sefydliadol	Iechyd a Gofal Digidol Cymru
Stephen Price	SP	Rheolwr Cymwysiadau (Corfforaethol)	Iechyd a Gofal Digidol Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru
Paul Owen	PO	Uwch Arbenigwr Cynnyrch	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad a Phrif Swyddog Masnachol	Iechyd a Gofal Digidol Cymru
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru
Mike Whiteley	MW	Rheolwr Archwilio	Archwilio Cymru
Sabel Wiliams	SW	Arweinydd Archwilio	Archwilio Cymru
Ymddiheuriadau		Teitl	Sefydliad
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Marilyn Bryan Jones	MBJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru
Nathan Couch	NC	Arweinydd Archwilio Perfformiad, (Iechyd)	Archwilio Cymru

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

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu

1	MATERION RHAGARWEINIOL		
1.1	**Croeso a chyflwyniadau** Croesawodd y Cadeirydd bawb i gyfarfod preifat y Pwyllgor.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau absenoldeb** Cafwyd ymddiheuriadau absenoldeb oddi wrth: • Marian Wyn Jones, Cadeirydd ac Aelod Annibynnol • Marilyn Bryan Jones, Aelod Annibynnol • Nathan Couch, Archwilio Cymru	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Ni chafwyd unrhyw Ddatganiadau o Fuddiannau.	Nodwyd	Dim i'w nodi
2	BUSNES Y CYFARFOD		
2.1	**Cofnodion y cyfarfod preifat a gynhaliwyd ar 14 Chwefror 2023** Byddai newidiadau a dderbyniwyd gan y Cyfarwyddwr Gweithredol Cyllid yn cael sylw. **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** cofnodion fel rhai cywir, yn amodol ar y newidiadau a dderbyniwyd gan y Cyfarwyddwr Gweithredol Cyllid.	Cymeradwywyd	Dim i'w nodi
2.2	**Log Gweithredu** Casglwyd tri cham gweithredu o'r cyfarfod diwethaf ac roedd y Pwyllgor yn falch o nodi eu bod i gyd wedi'u cwblhau. **Penderfynodd** y Pwyllgor: **NODI'R** tri cham gweithredu a gwblhawyd.	Nodwyd	Dim i'w nodi
3	ARCHWILIO, ATAL TWYLL A RISGIAU		
3.1	**Cofrestr Risg Preifat** Cadarnhaodd Chris Darling, Ysgrifennydd y Bwrdd (CD) statws yr un risg breifat ar y Gofrestr Risg Gorfforaethol a neilltuwyd i'r Pwyllgor. • **DHCW0286 Cyllid Seiberddiogelwch**. Mae'n bosibl y bydd y risg yn cael ei israddio ar ôl cyflwyno'r achos busnes i sicrhau cyllid Y Gronfa Buddsoddi mewn Blaenoriaethau Digidol (DPIF) i symud yr achos busnes yn	Sicrwydd	Dim i'w nodi

	ei flaen. **Penderfynodd** y Pwyllgor: **NODI** y Gofrestr Risg Breifat ar gyfer **SICRWYDD.**		
3.2	**Cynnydd Adolygiad Stoc TG o ran Argymhellion Archwilio Mewnol** Rhoddodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid ddiweddariad ar lafar ar y cynnydd a wnaed ar argymhellion yr archwiliad mewnol:- • Roedd 31 o argymhellion, ac roedd 10 ohonynt yn ymwneud â Stoc TG. • Roedd adolygiad o'r stoc wedi'i gynnal ar ddiwedd y flwyddyn ariannol. **Penderfynodd** y Pwyllgor: **NODI** er **SICRWYDD** yr Adolygiad Cynnydd Stoc TG ar Argymhellion Archwilio Mewnol.	Sicrwydd	Dim i'w nodi
3.3	**Camau Gweithredu Archwilio (Preifat)** Cyflwynodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol y Camau Archwilio ar gyfer y sesiwn breifat a thynnodd sylw at y canlynol: • Yn dilyn yr adolygiadau diweddar, darparwyd 52 o gamau archwilio newydd, saith ohonynt yn breifat ac yn deillio o'r Archwiliad Gadernid Technegol ac archwiliad TG a Gynhelir yn Genedlaethol gan Archwilio Cymru. Roedd dau argymhelliad wedi'u cwblhau ac roedd y pump arall ar y trywydd iawn i'w cwblhau. **Penderfynodd** y Pwyllgor: **NODI'R** diweddariad ar Gamau Archwilio ar gyfer **SICRWYDD**.	Nodwyd.	Dim i'w nodi
3.4	**Diweddariad Rhaglen Rhwydwaith Gwybodaeth Labordai Cymru (LINC) – Diweddariad llafar** Darparodd Michelle Sell (MS), Cyfarwyddwr Cynllunio, Perfformiad a Phrif Swyddog Masnachol y diweddariad llafar ar Raglen LINC a thynnodd sylw at y canlynol:- • Trosglwyddwyd y Rhaglen LINC o Gydweithrediaeth y GIG i DHCW ym mis Ionawr eleni. • Rhoddodd Bwrdd Rhaglen LINC ystyriaeth i'r adolygiad diweddaraf o gynllun gweithredu diwygiedig diweddaraf y cyflenwr a daeth i'r casgliad nad oedd y cynllun yn dderbyniol. • Roedd penderfyniad i'w wneud ar derfynu'r contract ond roedd hyn i'w wneud gan y byrddau statudol/GIG yn ei gyfanrwydd.	Sicrwydd	Dim i'w nodi

	• Roedd cyfarfod Bwrdd Eithriadol i'w gynnal ar y cyd rhwng Bwrdd Iechyd Prifysgol Caerdydd a'r Fro a Byrddau DHCW i drafod y sefyllfa cyn i'r Byrddau unigol gytuno ar y ffordd ymlaen. • Byddai dogfen Gwersi a Ddysgwyd yn cael ei chynhyrchu a'i rhannu â'r Pwyllgor. Yn ogystal, roedd DHCW wedi cyfarwyddo Blake Morgan ynghyd â chwnsler allanol a gyflogwyd trwy Blake Morgan i sicrhau'r cyngor gorau ar y camau nesaf a gymerwyd. Rhoddwyd sicrwydd pellach a chadarnhaodd MC bod cyfarfod yn cael ei gynnal yn ddiweddarach yn yr wythnos i drafod y goblygiadau ariannol. **Penderfynodd** y Pwyllgor: **DDERBYN** y diweddariad ar Raglen LINC ar gyfer **SICRWYDD**.		
4	**Materion i Gloi**		
4.1	**Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd** Pwyntiau allweddol a phenderfyniadau i'w hystyried:- • Diweddariad ar LINC ac ystyried y camau nesaf (os gellir eu rhannu'n gyhoeddus ar hyn o bryd) • Adolygiad Stoc TG ac argymhellion, gan gynnwys sicrwydd ar gynnydd camau gweithredu	Trafodwyd	Dim i'w nodi
4.2	**Unrhyw Faterion Brys Eraill** Ni thrafodwyd unrhyw faterion Busnes Brys eraill.	Nodwyd	Dim i'w nodi
43	**Dyddiad ac Amser y Cyfarfod Nesaf:** 3 Gorffennaf 2023 Daeth y cyfarfod i ben am 12:30pm.	Nodwyd	Dim i'w nodi

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	23 March 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising – Recruitment Update

The Recruitment Modernisation Plan is positively impacting performance, with the time to hire for new recruits effectively being halved at the initial sites where the changes have been fully implemented. Actions have included the training of over 1800 Recruitment Managers across NHS Wales in the last twelve months and the provision of regular and dedicated communications. One area still in need of improvement is to receive more comprehensive forecast information from Health Boards, Trusts, and Special Health Authorities, in terms of recruitment plans for the medium and longer term.

The Committee **NOTED** the update.

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also confirmed the dates of further Committee development sessions, on the 9th of June and the 10th of November.

The Committee **NOTED** the update.

Managing Director Update

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

- The number of fleet electric vehicles has increased but the UK Government trial of electric HGVs is stalled.
- Consultation with staff has started regarding the move from Companies House to Cathays Park.
- Brecon House accommodation in Mamhilad continues to have structural issues

with the concrete roof structure which means that we will need to look for alternative accommodation to store the primary care records.
- Welsh Government have confirmed that the required capital is not available to support the OBCs for the Laundry Service, and we are therefore working on an alternative "do minimum" plan which will allow us to refurbish three of the existing sites but within a substantially reduced capital envelope.
- There is an ongoing conversation with colleagues in Welsh Government around PPE storage, stock management, ordering, delivery, and the links to supplies to Primary Care and Social Care.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Duty of Quality

The Committee discussed and **APPROVED** a paper setting out the proposed approach that NWSSP will adopt to take forward compliance with the Duty of Quality. This includes the role of the Partnership Committee to provide oversight and the twofold role NWSSP will have in providing evidence under Duty of Quality.

Chair's Action – Telephony and Contact Centre

This relates to a joint procurement led by DHCW to award a new contract for telephony and contact centre systems that just missed the deadline for the January Committee. Approval had been given under Chair's Action on behalf of both the Committee and the Velindre Trust Board.

The Committee **RATIFIED** the contract award.

Energy Procurement

Eifion Williams attended to present this item. Following the withdrawal of British Gas from the commercial energy market, alternative options had been presented to Directors of Finance and a decision taken to establish a revised procurement arrangement with Crown Commercial Service (CCS), due to their substantial presence in the energy market across the public sector. The new arrangements will come into force in October of this year, NHS Wales would participate in fixed price energy baskets to cover the first 18 months of the contract removing financial uncertainty. Existing forward purchases with British Gas will be sold back to the supplier generating a surplus for NHS Wales. The Directors of Finance also suggested a change in governance arrangements and consequently the Energy Price Risk Management Group will be replaced by the Welsh Energy Group and the Welsh Energy Operating Group, with the former being a sub-committee to the Partnership Committee.

The Committee **APPROVED** the transfer to CCS, the fixed purchase price of energy, the sale back of existing forward purchase to British Gas, and the establishment of the Welsh Energy Group and the Welsh Energy Operating Group.

Items for Noting

Chair's Appraisal

The Chair's appraisal was conducted earlier in the month and included feedback by Committee members. A summary of the appraisal was provided to Committee members.

The Committee **NOTED** the paper.

Overpayment Policy

The Committee Members discussed the Overpayments update report presented by the Director of Finance. It was agreed that further work was needed to develop an all-Wales Overpayment policy as well as to review the end-to-end processes and streamline procedures which would make it easier for managers to submit termination documentation. It was agreed that further updates would be provided to the Committee members once the various Task and Finish Groups and Service Improvement Team had looked into the issues in more detail.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The position at M11 forecasts a break-even position with £2m re-distributed to Health Boards. The Welsh Risk Pool forecast outturn position remains as forecast in the IMTP, and all allocated capital funding should be utilised by the end of March.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. The only area of concern is staff turnover, which is higher than expected, and a review is being undertaken to investigate the reasons for this.

Performance – The in-month (January) performance was generally good with 32 out of 37 KPIs achieving target. The one red-rated indicator was Payroll call-handling, but steady improvements are now being noted in this area.

IMTP Q3 Progress Report - 78% of required actions are either complete or on-track, with those actions that are off track are assessed during the quarterly review process within NWSSP.

Project Management Office Update – The Case Management System and the Laundry Transformation Projects remain red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

Corporate Risk Register – There remain seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon

House that may require the lease to be terminated. The Committee **NOTED** the above Reports.
Papers for Information
The following items were provided for information only: • Audit Committee Assurance Report; • Finance Monitoring Returns (Months 10 and 11).
AOB
N/a
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.
Matters referred to other Committees
N/A

Date of next meeting	18 May 2023

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN REPORT

Agenda Item	2.3

Name of Meeting	Audit and Assurance Committee
Date of Meeting	03 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

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

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

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

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

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

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 Health Circular Annual Report
- Welsh Language Annual Report
- Policy on Use of Welsh Language Internally
- Policies:

  Policy on Use of Welsh Language Internally
  Mental Health, Wellbeing and Stress Management Policy
  Suspect Packages & Bomb Threats

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

- Legislative Assurance Framework Register
- Board Assurance Framework Escalations
- Corporate Risk Trending Analysis
- Decarbonisation Return

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

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

Audit and Assurance Committee Forward Workplan

Standing Items	Lead	Type	03-Jul-23	17-Oct-23	13-Feb-24
Welcome and Introductions	Chair	Preliminary Matters	✓	✓	✓
Declarations of interest	Chair	Preliminary Matters	✓	✓	✓
Minutes	Chair	Consent	✓	✓	✓
Forward Work Programme	Board Secretary	Consent	✓	✓	✓
Policy Report approval of policies	Board Secretary	Consent	✓	✓	✓
NWSSP Assurance Report	Executive Director of Finance	Consent	✓	✓	✓
Action log	Board Secretary	Main	✓	✓	✓
Corporate Risk register	Board Secretary	Main	✓	✓	✓
Corporate Risk register - Private Risks	Board Secretary	PRIVATE	✓	✓	✓
Committee Highlight Report to SHA Board	Chair	Main	✓	✓	✓
Standards of Behaviour Report	Board Secretary	Main	✓	✓	✓
Losses & Special Payments Report	Executive Director of Finance	Main	✓	✓	✓
Procurements & Scheme of Delegation Report	Executive Director of Finance	Main	✓	✓	✓
Audit Recommendations Tracker	Board Secretary	Main	✓	✓	✓
Local Counter Fraud Update	Head of Local Counter Fraud	Main	✓	✓	✓
Decarbonisation and Estates Compliance Report	Executive Director of Finance	Main	✓	✓	✓
Quality and Regulatory Compliance	Executive Director of Finance	Main	✓	✓	✓
Internal Audit Progress Report	Head of Internal Audit	Main	✓	✓	✓
Internal Audit Review Reports	Head of Internal Audit	Main	✓	✓	✓
Audit & Assurance Committee Update	Audit Wales	Main	✓	✓	✓
Audit Wales Review Reports (as relevant)	Audit Wales	Main	✓	✓	✓
Additional Items	**Executive Lead**	**Type**	**03-Jul-23**	**17-Oct-23**	**13-Feb-24**
Audit & Assurance Committee Annual Report	Board Secretary	Main			✓
Audit & Assurance Committee Effectiveness Self-Assessment	Board Secretary	Main			✓
Audit & Assurance Committee Terms of Reference	Board Secretary	Main			✓
Audit & Assurance Committee Cycle of Business	Board Secretary	Main			✓
Legislative Assurance Framework Register	Board Secretary	Main		✓	
Welsh Health Circular Report	Board Secretary	Main	✓		✓
Welsh Language Scheme Update including Welsh Language Annual Report	Board Secretary	Main	✓		
COVID-19 Inquiry Updates	Board Secretary	Main	✓	✓	✓
Annual Financial Accounts	Executive Director of Finance	Main			
Accountability Report	Board Secretary	Main			
Board Assurance Framework Escalations	Board Secretary	Main		✓	
Corporate Risk Trending Analysis	Board Secretary	Main		✓	
Annual Audit Themes and Learning Report	Board Secretary	Main			✓
Counter Fraud Annual Report 22/23	Head of Local Counter Fraud	Main			
Counter Fraud Annual Self Review	Head of Local Counter Fraud	Main			
Counter Fraud Draft Work plan 23/24	Head of Local Counter Fraud	Main			
Quality and Regulatory Annual Plan 2023/24	Executive Director of Finance	Main			
Annual Cyber Resilience Unit Plan	Executive Director of Finance	PRIVATE			
Internal Audit Annual Audit Plan 23/24	Head of Local Counter Fraud	Main			
Head of Internal Audit Opinion and Annual Report	Head of Internal Audit	Main			
Audit Wales Annual Audit Report	Audit Wales	Main			✓

Audit Wales Outline Audit Plan 2023	Audit Wales	Main			
Audit Wales Audit of the Financial Statements (ISA 260) Report (Including the letter of representation and Audit Opinion)	Audit Wales	Main			
Structured Assessment	Audit Wales	Main			✓
Audit of Financial Statements Addendum Report (if required)	Audit Wales	Main			
Audit Enquiries Q&A	Audit Wales				
Cyber Security Audit Review	Head of Internal Audit	PRIVATE	✓		
Policy on use of Welsh Language Internally	Board Secretary		✓		
National Fraud Initiative Self Assessment	Executive Director of Finance				
Duty of Quality Implementation Plan	Executive Director of Finance				
Duty of Candor & Quality Progress Report	Executive Director of Finance				
Finance Update - Year end	Executive Director of Finance				
Programme Governance	Board Secretary	PRIVATE	✓		
Decarbonisation Return	Board Secretary	Main		✓	

DIGITAL HEALTH AND CARE WALES
POLICY REPORT

Agenda Item	2.4

Name of Meeting	Audit & Assurance Committee
Date of Meeting	03 July 2023

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

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

Purpose of the Report	For Approval

Recommendation

Audit & Assurance Committee are being asked to:

NOTE the contents of the report and the updates provided.
APPROVE the policies as noted in 3.3

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Controlled documents underpin a quality approach to organisational management.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Controlled documents have roles and responsibilities outlined within them.
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	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 The Corporate Governance team have undertaken an audit of all organisational policies listed on the Integrated Management System, and along with a number of new policies that have been progressed through the Corporate Governance process of approval, DHCW currently have 88 policies across the organisation, 53 of which are out of date and require review (as at 12.06.2023) with 16 of these being all-Wales policies.

2.3 As part of the approval process, policies will be presented to Management Board for review, discussion and endorsement, prior to being submitted for approval at the assigned Committee.

2.4 All policies are shared with 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 53 existing organisational policies that are currently either in review / progressing through the approval process or require immediate review can be found in the table below, as noted per Directorate:

Operational Area	Number of existing DHCW policies currently in review / approval process	Number of existing DHCW policies out-of-date that require review	Number of all-Wales policies out of date	Executive Lead
Clinical	1	0	0	Rhidian Hurle, Executive Medical Director
Corporate	0	0	1	Chris Darling, Board

Governance				Secretary
Communications	0	1	2	
Corporate Services	5	0	0	
Finance & Business Assurance	0	2	0	Claire Osmundsen-Little, Executive Director of Finance
Service Management	0	12	0	Sam Lloyd, Executive Director of Operations
Operations	3	4	0	
People and Organisational Development	2	6	13	Sarah-Jane Taylor, Director of People and Organisational Development
Strategy	0	1	0	Ifan Evans, Executive Director of Strategy
Total out of date (53)	**37 DHCW**		**16 all-Wales**	

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

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

App. ID	Type	Document ID	Policy	Executive Lead	Endorsed by Management Board	Next steps
i	Existing – no changes of note	POL-WFOD-022	Mental Health, Wellbeing and Stress Management Policy	Sarah-Jane Taylor	24/04/2023	Approval by the assigned Committee, translated, published to DHCW Welsh and English websites, and uploaded to IMS/iPassport.
ii	Existing – no changes of note	POL-CG-011	Suspect Packages &	Claire Osmundsen-	12/05/2023	

			Bomb Threats	Little		
iii	NEW		Using Welsh Internally	Chris Darling	12/05/2023	

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 Audit & Assurance Committee are being asked to:

NOTE the contents of the report and the updates provided.
APPROVE the policies as noted in 3.3

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Leads (as noted per policy)		Approved policies pre-consultation
Management Board	Specific per policy as noted in 3.5	Endorsed the policies as outlined in 3.5

EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-WFOD-022
Policy Title:	Mental Health, Wellbeing and Stress Management
Document Author:	Claire Heirene
Executive Lead:	Sarah-Jane Taylor
Number of revisions:	1
Link to Policy:	Mental Health Wellbeing and Stress Management
Purpose:	Approval from Audit and Assurance Committee
Date:	03/07/2023
Current Status:	Endorsed by Management Board
Committee Outcome:	

Detail of Revisions:

Inclusion of Director of People & OD under Roles and Responsibilities
Change of terminology to People & OD (from Workforce & OD)
Updated and hyperlinked all links under useful websites, contacts and supporting resources
Added reference to compassionate leadership and its impact on mental health, wellbeing and stress
Benchmarking against other NHS Wales organisations to ensure relevance and consistency

EXISTING POLICY REVISION COVER SHEET

Policy ID:	POL-CG-011
Policy Title:	Suspect Packages & Bomb Threats
Document Author:	Julie Ash
Executive Lead:	Claire Osmundsen-Little
Number of revisions:	0
Link to Policy:	Suspect Packages & Bomb Threats
Purpose:	Approval from Audit and Assurance Committee
Date:	03/07/2023
Current Status:	Endorsed by Management Board
Committee Outcome:	
Detail of Revisions:	
No changes of note, update only as review period overdue.	

DHCW-POL-7.

DIGITAL HEALTH AND CARE WALES
Policy On Using Welsh Internally

DHCW is committed to the use and promotion of the Welsh language. This policy ensures the Welsh language is embedded into all aspects of DHCW's work and outlines our responsibility under the Welsh Language Scheme.

Document Version	1.0

Status	Draft

Document author:	Eleri Jenkins, Welsh Language Manager
Approved by:	Chris Darling, Board Secretary
Date approved:	
Review date:	

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

STRATEGIC OBJECTIVE	All Objectives Apply

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
Yes, applicable	Outcome:
Statement: This policy is a requirement of the Welsh Language Scheme. This policy promotes and encourages the use of the Welsh language and therefore contributes greatly to the goal of 'A Wales of vibrant culture and thriving Welsh Language'. The aim is for Digital Health and Care Wales to be a bilingual organization that considers the Welsh language and culture in all aspects of its work. This policy outlines how using the Welsh language internally will positively impact staff, stakeholders as well as the citizens of Wales.	

PUBLIC POLICY EXCEMPTION STATEMENT	No, (detail included below as to reasoning)
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
Welsh Language Group	3rd April 2023	
Management Board	July 2023	
Audit and Assurance Committee	July 2023	

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
	This policy is a requirement of the DHCW Welsh Language Scheme
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Additional funding is required to ensure staff are able to access Welsh language training. Translation and interpretation costs are increasing each year
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Welsh language training requires commitment from staff and managers. Standard Operating procedures referenced in this policy require commitment in relation to the recruitment of staff. The aim is to recruit and retain 20% Welsh speaking staff to reflect the population of Wales
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Increasing staff awareness of the importance of the Welsh language in healthcare benefits the citizens of Wales.

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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Eleri Jenkins		
Role:	Welsh Language Manager		
Signature:	28/03/2023 X Eleri Jenkins Eleri Jenkins Welsh Language Manager Signed by: Eleri W Jenkins (El209939)	**Date:**	28/3/2023

Approver's Name:	Chris Darling		
Role:	Board Secretary		
Signature:	28/03/2023 X Chris Darling Chris Darling Board Secretary Signed by: Andrea Harris (An286780)	**Date:**	28/03/2023

1.4 DOCUMENT LOCATION

Type	Location
Electronic	IMS / iPassport

2 POLICY STATEMENT

2.1 Digital Health and Care Wales are a national organisation committed to the use and promotion of the Welsh language. The Welsh Language Scheme builds on the previous work undertaken when a hosted organisation under Velindre University NHS Trust and allows us to demonstrate our commitment to the use and promotion of Welsh across our organisation and in the development of stronger bilingual services as the requirements across the NHS change and diversify.

2.2 This policy includes processes which enable DHCW to continuously look for ways to improve its use and promotion of the Welsh language internally.

3 SCOPE OF POLICY

3.1 This policy applies to all staff including contractors and students.

4 AIMS AND OBJECTIVES

4.1 The aim is to increase the use of Welsh in the DHCW's workplaces by encouraging and supporting staff to use Welsh and ensure that the Welsh language flourishes as a language for work

4.2 DHCW will continue to implement its Bilingual Skills Strategy and will keep a record of the language levels of staff through the Electronic Staff Record (ESR), giving them the opportunity to update them as they develop their skill.

4.3 Managers will have a good understanding of the requirements of the Welsh Language Standards and will play a practical role in promoting the commitments of this Policy when promoting the use of Welsh in the workplace

4.4 Further information about the Welsh Language Scheme can be found here . Guidelines on the use of Welsh internally can be found here and these will be updated on a regular basis.

5 ROLES AND RESPONSIBILITIES

5.1 The Board Secretary is the lead director for Welsh Language.

5.2 The Head of Corporate Services and the Welsh Language Services Manager are responsible for developing plans and processes to support the Welsh Language.

5.3 The Head of People and Organisational Development is responsible for learning and development and recruitment in relation to the Welsh language.

5.4 Managers have a key role in encouraging staff to learn and use Welsh in the workplace.

5.5 Individual members of staff are responsible for registering on a suitable Welsh language learning to match their abilities.

6 DEFINITIONS

TERM	DEFINITION
DHCW	Digital Health and Care Wales
ESR	Electronic Staff Record
SHA	Special Health Authority

7 IMPLEMENTATION/POLICY COMPLIANCE

7.1 Correspondence

DHCW welcomes correspondence from staff in both Welsh and English. Written official correspondence, by letter or e-mail, sent to groups of staff or to individual members of staff will be bilingual, or in the preferred language of the individual if known. A translation service is available to ensure staff receive accurate and timely correspondence.

Individual members of staff will have the right to correspond in Welsh with DHCW and to receive a response to that correspondence in Welsh.

DHCW is committed to ensuring that correspondence through the medium of Welsh will not lead to delay in receiving a reply. A translation service is available to ensure staff receive accurate and timely correspondence.

7.2 Meetings with individuals including Job Interviews

Staff will have the right to use Welsh in meetings in relation to the following, and DHCW will make the appropriate arrangements throughout the process:

- Performance Review and Management
- Complaints
- Disciplinary matters
- Job interview

If the persons responsible for holding the meetings above cannot do so in Welsh, then arrangements will be made so that another appropriate Welsh speaking member of staff can do so. Where this is

impossible or in situations where it would be inappropriate, a simultaneous translation service will be provided.

7.3 Meetings with Groups of Staff

If an invitation is issued to all members of staff to attend a particular meeting or a special in person meeting (e.g. staff conference) will have the right to use Welsh in that meeting. Simultaneous translation will be provided to facilitate this.

7.4 Committees and SHA Board Meetings

Committees and the Special Health Authority (SHA) Board Meetings can operate bilingually. Any Committee or SHA Board Meeting may prepare its minutes or documents bilingually and

may request simultaneous translation. DHCW will encourage the use of Welsh in internal meetings.

7.5 Staff Training

DHCW will offer staff training in Welsh in the following areas:

- Recruitment and interviewing;
- Performance management;
- Complaints and disciplinary procedures;
- Induction;
- Dealing with the public; and
- Health and Safety

When an external provider is used to provide training, DHCW will consider the importance and relevance of providing the training in Welsh (if different to those listed above). As part of the tendering process, DHCW will request information regarding a third party's ability to provide training services in Welsh and every effort will be made to hold a corresponding course in Welsh. The external provider will be responsible for arranging and paying for translation and providing Welsh speaking facilitators where necessary.

7.6 DHCW Website and Intranet

DHCW will ensure all of its website pages and relevant documents are available in Welsh. DHCW's intranet homepage will be available in Welsh and every Welsh language page on the intranet will be fully functional. DHCW will designate and maintain an intranet page which provides services and support material to promote the Welsh language and assist staff to use their language skills. DHCW's website and intranet will not treat the Welsh language less favourably than the English language.

7.7 Welsh Language Training

DHCW will provide an opportunity for staff to complete Welsh language awareness training as part of the e-learning, mandatory training programme on the Electronic Staff Record.

Information about the Welsh Language Scheme and opportunities to learn Welsh will form part of the induction session for new staff.

Staff will have the right to attend free Welsh language courses, from beginner level to improving Welsh and building confidence courses. A prospectus of courses will be available on the dedicated Welsh language intranet site. Courses will be promoted throughout the year via staff information sessions and away days. A Bilingual Skills Strategy including standards operating procedures for staff Welsh language training is available on the Integrated

Management System. This provides guidelines for managers to enable staff to attend classes during working hours.

DHCW will set up and promote staff learning networks, these will include Duolingo and Say Something in Welsh Yammer groups and a Building Confidence group will meet regularly. DHCW will hold events to promote Welsh and to acknowledge the contribution of Welsh speakers and learners (e.g. NHS Wales Eisteddfod, Dydd Gŵyl Dewi).

Staff will be encouraged to show their ability to speak Welsh, either as a fluent speaker or as a learner, by wearing a badge or lanyard and by displaying the relevant logo as a background on Microsoft Teams and as part of their e-mail signature.

Computer software for checking Welsh language spelling and grammar (Cysgliad) is available on work computers for every member of staff as required

DHCW will implement the Bilingual Skills Strategy which is the foundation for language planning of the workforce across the organisation. Directorate Reviews will be held to ensure senior leaders are aware of the Welsh language skills of staff.

8 EQUALITY IMPACT ASSESSMENT

Attached at Appendix A

9 REFERENCES

DOCUMENT	VERSION
DHCW Welsh Language Scheme	1.0
Developing the Welsh Language Skills of Staff	1.0
Recruitment Process – Assessing Welsh Language Skills	1.0
Recruitment Protocol	1.0
Arranging External Events	1.0
Arranging External Meetings	1.0
Accessing Translation Services	1.0
Bilingual Skills Strategy	1.0
Welsh Language Group Terms of Reference	1.0
Welsh Language Standards (No. 7) Regulations 2018	
Welsh Language (Wales) Measure 2011	
Welsh Language Commissioner's Website	
More Than Just Words Five Year Plan 2022-2027	

10 GETTING HELP

The Welsh Language SharePoint page offers help and guidance on using the Welsh language internally.

11 RELATED POLICIES

DHCW Welsh Language Scheme 2022-2025

12 INFORMATION, INSTRUCTION, TRAINING

Recording the Welsh Language Skills of Staff on ESR

Welsh Language SharePoint page

Staff Guides on using Welsh internally

13 MAIN RELEVANT LEGISLATION

Welsh Language Act 1993
Welsh Language Measure 2011
Welsh Language Standards No 7 2018
More Than Just Words Plan 2022-2027

DIGITAL HEALTH AND CARE WALES
COVID-19 INQUIRY UPDATE

Agenda Item	2.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to: NOTE the latest position on the UK inquiry into Covid-19	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: This is a retrospective Inquiry, there is no impact on protected groups.	

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The Inquiry will explore Quality and Safety implications associated with Covid-19.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	DHCW are required by law to contribute to Modules of the Inquiry when requested. DHCW have instructed a solicitor and external counsel to assist with their response.
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			
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 would take place in Spring 2022.

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

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

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

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

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

2.2 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.

2.3 The Chair also outlined a schedule for the Inquiry. The Inquiry will begin hearing evidence for Module 1 in public hearings on 13 June 2023. Public hearings will begin for Module 2 (decision-making across the UK) in October 2023. This will be followed by public hearings for Module 2A (decision-making in Scotland) in January 2024, Module 2B (decision-making in Wales) in February 2024 and Module 2C (decision-making in Northern Ireland) in April 2024. We expect Module 3 hearings to begin in autumn 2024.

2.4 The Welsh Government has agreed to establish a Senedd Covid-19 Inquiry Special Purpose Committee, co-chaired by Joyce Watson and Tom Gifford. The remit and full implications are not yet known but it is anticipated that the Committee will consider any issues arising from the UK Covid-19 Inquiry that require further examination in Wales.

2.5 DHCW along with other Health Bodies in NHS Wales have engaged with NWSSP Legal and Risk Services to prepare for the inquiry. DHCW have instructed NWSSP Legal and Risk Services to represent DHCW and have held a number of meetings with the solicitor allocated to DCHW to review progress to date and agree specific next steps. DHCW have also now instructed external counsel.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 On 17th May 2023, our Chief Executive received a notice from the Covid-19 Inquiry Team Solicitors writing on behalf of the Inquiry, specifically Module 2B which is looking at the Welsh Governments' core political and administrative decision making in relation to the Covid-19 pandemic. The notice contains a request for a statement/evidence under Rule 9 of the Inquiry Rules 2006. The deadline for receipt of our response is 4pm on 28 June 2023 and we were required to confirm our progress to the Inquiry's solicitors by 4pm on 7 June 2023 which was submitted by our solicitor on our behalf and read as follows:

"Further to your letter dated 17th May, 2023 (previously acknowledged) in connection with the above-mentioned matter, I am writing to update you on my client's progress towards completing the witness statement by the deadline of 4pm on 28th June, 2023.

The current position is that the statement is being drafted and has been reviewed by myself (as the lawyer acting for Digital Health and Care Wales) and has been sent to counsel for guidance on any further amendments/suggestions that may be deemed necessary. My client is reasonably confident that the deadline of 4pm on 28th June, 2023 can be met. However, may DHCW please reserve its position and request an extension (with reasons) if absolutely necessary and if requested within good time of the original deadline?"

3.2 The request contained a number of specific questions requiring responses from a range of sources across DHCW and will need to be presented in statement form. A core response group led by the Director of Planning & Performance, with the Head of Corporate Services and Board

Secretary have drafted the initial response in conjunction with other subject matter experts.

3.3 This initial version has been reviewed by our solicitor and is currently with external counsel for further review.

3.4 Some further work on the response will be required, prior to formal agreement with the Chief Executive to submit. At the time of writing this report, we anticipate that we will be able to submit the response by the deadline of 28th June 2023.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 A formal request under Module 2B of the Inquiry which focuses on Welsh Government activity has been received. A response has been drafted and is under review. The submission deadline is 28 June 2023.

4.2 We anticipate being asked for more detailed information as part of Module 3 which focuses on activities/decisions undertaken by NHS organisations.

4.3 DHCW have instructed NWSSP Legal and Risk Services to represent DHCW and have held a number of meetings with the solicitor allocated to DCHW to review progress to date and agree specific next steps. We have also instructed external counsel.

5 RECOMMENDATION

5.1 The Committee is asked to NOTE the latest position on the UK inquiry into Covid-19.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Director of Planning & Performance/Chief Commercial Officer	09/06/2023	Approved
Board Secretary	09/06/2023	Approved
Management Board	15/06/2023	Noted

DIGITAL HEALTH AND CARE WALES
DECARBONISATION CO-ORDINATION REPORT (DCR) – TRANSPORT AND PROCUREMENT

Agenda Item	2.6

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Compliance with Welsh Government Decarbonisation Targets issued via a Welsh Health Circular
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	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.

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

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

2 SITUATION/BACKGROUND

2.1 A new Decarbonisation Reporting regime has been launched. The new NHS Wales Decarbonisation Reporting process has been discussed within the following meetings:

- 14th April 2023 - Directors of Planning Meeting
- 17th April 2023 - Health and Social Care Climate Emergency Transport and Procurement National Project Board
- 24th April 2023 - Health and Social Care Climate Emergency Programme Board

2.2 The discussions proposed launching the reporting process with a pilot, covering only Transport and Procurement (TaP) Initiatives progress for Q4 2022 for each NHS Organisation, against the Strategic Delivery Plan.

2.3 A Decarbonisation Reporting Team has been set up with the NHS Wales Shared Services Partnership (NWSSP) to manage the reporting process on behalf of Welsh Government. The team issued us with the template to report upon progress against the initiatives contained in the All Wales Plan and was required to be submitted by 7 June 2023.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The DHCW Highlight Report and full supporting details are at item 2.6i.

3.2 DHCW have no actions on the NHS Wales Plan relating to Procurement but have nine actions against the Transport element.

3.3 Of the nine actions relating to Transport, DHCW are reporting eight as green and one as amber. The amber action relates to the implementation of telematics solutions in our fleet vehicles to monitor and improve driver behaviour. DHCW vehicles do not have telematics installed but we

are able to monitor usage via fuel usage/mileage. Client Services will monitor the position and if deemed necessary, we will investigate future options for using telematics.

3.4 Actions complete or on target for completion by the target date include:

- EV Charging Facilities
- Electric Vehicles as part of fleet
- Central Fleet Management
- Use of All Wales Lease Scheme – for fleet
- Use of All Wales Lease Scheme – for staff
- Sustainable Travel Initiatives
- Completion of a Travel Survey/Travel Plan
- Monitoring of grey fleet

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There is one risk associated with achievement of the targets and that is if EV capabilities/infrastructure (battery capacity/charging facilities) do not improve (restricting journey length) by 2030, that DHCW may not be able to fully transition to electric fleet vehicles.

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
Weekly Executive Directors	31 May 2023	Approved

Transport

Guidance for users

This sheet contains all initiatives relating to transport. If initiatives are incorrectly attritbuted / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information

Instructions for users

- Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
- RAG data entered in the 'RAG' column should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action.
- Please use bullet points in comments relating to an action

Initiative 17 - NWSSP will work with Health Boards and Trusts to develop the best practice approach for EV charging technology, procurement, and car park space planning this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
17.1	NWSSP will facilitate the development of the best practice approach for electric vehicle (EV) uptake across NHS Wales sites…	NWSSP					Amber		*2021*	-		Amber
17.2	Health Boards and Trusts will engage with NWSSP to develop the best proactive approach for EV charging infrastructure…	HB & Trusts	Action 17.1	Estates and Compliance Team	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator Client Services Business Lead	DHCW CEO	Green	*03/12/2021*	*2022*	*100*	All DHCW premises are leased; as of May 2023 DHCW have installed x4 EVPCs at our North Wales office and x8 EVPCs at our Cardiff office. At our other premises where it is not possible for DHCW to install EVPCs, we have liaised with our landlords to request that they explore options for installing EVPCs. DHCW are now part of the Transport and Procurement Group that NWSSP have formed featuring NHS wide participation.	
17.3	Explore localised opportunities for low carbon transport infrastructure as they arise (e.g. hydrogen) and implement if deemed feasible.	HB & Trusts	None	Estates and Compliance Team	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator Client Services Business Lead	DHCW CEO	Green	*03/12/2022*	*Ongoing*	*30*	DHCW currently have 3 out of our 11 fleet vehicles as EVs. Vehicle leases at DHCW operate on a year-by-year basis, each of these leases will be exmamined at the appropriate time.	

Initiative 18 - A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance this will entail central fleet management oversight within each organisation. This will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
18.1	Develop an NHS-wide procurement, operation, financial management and maintenance system to standardise fleet practices across the service.	NWSSP					Amber		*2023*	-		Amber
18.2	Ensure each Health Board and Trust has a single Fleet Manager in place with oversight of all Health Board / Trust fleet vehicles. They should put in place a central fleet management approach.	HB & Trusts	None	Client Services	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator Client Services Business Lead	DHCW CEO	Green	*03/12/2021*	*2023*	*100*	DHCW lease a small number of (11)vehicles in line with best practice for NHS Wales. Our fleet is centrally controlled by one team. When a standardised system of vehicle management is communicated to us we will comply with its content.	
18.3	Implement / continue to implement telematics solutions to analyse and improve driver behaviour.	HB & Trusts	None	Client Services	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator Client Services Business Lead	DHCW CEO	Amber	*03/12/2021*	*2023*	*10*	Confirmation has been received that our vehicles do not currently have any telematics devices installed. However, we are able to capture the amount of fuel used for journeys. This will continue to be monitored, and if deemed necessary will be implemented.	

Initiative 19 - All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured. Carbon Impact 3/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG

19.1	Continue with existing vehicle procurement schedule, prioritising battery electric vehicle fleet where practically possible from March 2022. In justifiable instances where this is not suitable (e.g. range issues), ultra low emission vehicles can be procured. Exceptions will be made where technology is not market-ready	HB & Trusts	Action 18.2	Client Services	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator Client Services Business Lead	DHCW CEO	Green	03/12/2021	*2022*	*30*	DHCW currently have 3 out of our 11 fleet vehicles as EVs. DHCW has a policy of leasing vehicles for staff business use through the NWSSP All Wales Lease Scheme.	Amber
19.2	Evaluate the advantages of obtaining corporate membership to local car clubs that utilise battery-electric and hybrid vehicles. Implement if deemed valuable.	HB & Trusts	None	Estates and Compliance Team	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator Client Services Business Lead	DHCW CEO	Green	03/12/2021	*2022*	*30*	DHCW has a policy of leasing vehicles for staff business use through the NWSSP All Wales Lease Scheme. This is continuously reviewed as and when leases are due to expire. Options for switching to BEVs/ULEVs will continue to be explored.	

Initiative 20 - All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class. Carbon Impact 3/10 .

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
20.1	Develop an approach to decarbonise fleet emissions…	HB & Trusts					Amber		*2023*	-	Initiative relates to the procurement of medium and large freight vehicles and is therefore not applicable to DHCW.	Amber
20.2	Conduct an annual review to assess how emerging medium / large freight technologies can be incorporated into the fleet	NWSSP					Amber		*2022*	-		
20.3	Procure ultra-low emissions freight vehicles across NHS Wales from 2025.	HB & Trusts					Amber		*2025*	-	Initiative relates to the procurement of medium and large freight vehicles and is therefore not applicable to DHCW.	

Initiative 21 - All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport. Carbon Impact 3/10 .

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
21.1	Consult staff to establish appropriate actions that can be taken to encourage wider uptake of BEVs/ULEVs and disincentivise high emission travel…	HB & Trusts	None	Finance and Business Assurance	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator Head of Financial Services	DHCW CEO	Green	*N/A*	*2023*	*75*	DHCW employees are able to access BEVs/ULEVs via the Fleet Solutions scheme, which offers the leading salary sacrifice lease car scheme for the NHS and other public sector organisations. Parking for ICE vehicles has been decreased and spcaes are now being used for EV charging. Sustainable travel pages have been developed on our intranet, that feature how to find a nearby charging point.	Amber
21.2	Update business travel policies to implement a travel hierarchy that encourages/incentivises sustainable travel and reduces the use of high emission vehicles.	HB & Trusts	None	Estates and Compliance Team	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator	DHCW CEO	Green	*03/12/2021*	*2022*	*100*	A Travel Survey has been conducted. Data extracted from the results has been used to enhnace our commuting reporting methodology. An updated Travel Plan has also been produced.	
21.3	Evolve existing accounting systems to improve records of grey fleet journeys…	HB & Trusts	None	Estates and Compliance Team	Estates and Compliance Manager Environmental Development and Estates Compliance Facilitator	DHCW CEO	Green	03/12/2021	*2022*	*100*	Fuel type, mileage, and type of vehicle are captured as part of data recorded by our internal Finance department. Emissions data is then gererated and reported to Welsh Government. Any further developments that can be made will be considered at the appropriate time.	

Initiative 22 - The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles. Carbon Impact 3/10 .

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG

22.1	Determine the spare Authorised Service Capacity (kVA) available at each site, accounting for predicted future changes to the site…	WAST					Amber		*2021*	-		Amber
22.2	Continue to develop the existing WAST EV charging implementation plan in anticipation of plug-in hybrid and electric rapid response vehicle procurement from 2022 and electric emergency ambulances by 2028. It's acknowledged that in some rural areas this technology may not be feasible yet.	WAST					Amber		*2022*	-		
22.3	Apply for funding and install as appropriate to ensure the infrastructure is in place to accommodate electric rapid response vehicles by 2022 and electric emergency ambulances by 2028.	WAST					Amber		*2022/2028*	-		

Initiative 23 - The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations. Carbon Impact 5/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
23.1	Continue to engage with vehicle manufacturers to participate in trials and assess the suitability of battery-electric technology for rapid response vehicles (focusing on vehicle range, charge times, and battery longevity).	WAST					Amber		*Ongoing*	-		Amber
23.2	Transition procurement to battery-electric rapid response vehicles by 2022 as planned where possible. Where this is considered non-feasible, plug-in hybrid vehicles should be procured until fully electric vehicles can be reliably utilised.	WAST					Amber		*2022*	-		

Initiative 24 - The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028. Carbon Impact 6/10.

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
24.1	Continue to engage closely with vehicle manufacturers and the wider NHS to participate in trials and assess the suitability of low carbon technology (e.g. battery-electric) emergency ambulances.	WAST					Amber		*Ongoing*	-		Amber
24.2	Report annually on the readiness of emerging technologies in WAST's Sustainability Report.	WAST					Amber		*Annually from Mar 2023*	-		
24.3	Implement fully-electric emergency ambulances as soon as reasonably practicable and by 2028 if possible.	WAST					Amber		*2028*	-		

Procurement

Guidance for users
This sheet contains all initiatives relating to procurement. If initiatives are incorrectly attritbuted / not attributed to your organisation, please contact nwssp.dcr_team@wales.nhs.uk to amend.

Please see section 3 of the NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information

Instructions for users
• Input information into the light blue cells. Light yellow cells are for information. Grey cells should not be edited. Where full Task information is not provided further explanatory text can be found in the Strategic Delivery Plan.
• RAG data entered in the 'RAG' column should be calculated using the guidance on the instruction page. An overall RAG initiative should be set, based upon the RAG for each key action.
• Please use bullet points in comments relating to an action

Initiative 25 - NWSSP will transition to a market-based approach for supply chain emissions accounting. Carbon Impact 2/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
25.1	Undertake an analysis activity to understand the supplier emissions breakdown for pharmacy, which is >30% of total emissions.	NWSSP Procurement					Amber		*2022*	-		Amber
25.2	Develop a template for approaching suppliers that provide services/products over a set value to establish product-specific carbon emission information. Approach suppliers annually from March 2022 to collect emissions data.	NWSSP Procurement					Amber		*2022*	-		
25.3	Establish a system for engaging with major suppliers periodically (e.g. two-yearly) to undertake due diligence on supplier carbon emissions calculations.	NWSSP Procurement					Amber		*2022*	-		
25.4	Introduce a standard procurement template for all procurements and tenders above Official Journal of the European Union (OJEU) requirements…	NWSSP Procurement					Amber		*2022*	-		
25.5	Update the carbon footprint methodology to recognise the market based carbon emission data collection.	NWSSP Procurement					Amber		*2023*	-		

Initiative 26 - NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers. Carbon Impact 6/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
26.1	NWSSP Procurement Services will work with the All Wales Medicines Strategy Group to develop a strategy to effectively ensure carbon emission reductions are accurately reflected in tender and other procurement documents…	All Wales Medicine Strategy Group & NWSSP Procurement					Amber		*2022*	-		Amber
26.2	Develop guidance and provide additional training for procurement staff outlining best practice assessments of sustainability credentials specific to their procurement categories…	NWSSP Procurement					Amber		*2022*	-		

Initiative 27 - Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services. Carbon Impact 4/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
27.1	Undertake an activity to determine air / shipping / land transport miles for services / products over a set value.	NWSSP Procurement					Amber		*2023*	-		Amber
27.2	Target specific activities that are deemed suitable to champion the local supply chain. Challenge the local supply chain to produce sustainable products to encourage and develop the local circular economy. Score a reduction in transport mileage as a way of reducing carbon.	NWSSP Procurement					Amber		*Mar 2023*	-		

Initiative 28 - 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030. Carbon Impact 1/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
28.1	Purchase 100% REGO-procured electricity by 2025, and continue to procure renewable electricity thereafter. (In 2018/19, 93% of all electricity purchased by NHS Wales was REGO certified).	NWSSP Procurement					Amber		*2025*	-		Amber
28.2	In instances where it has not been possible to electrify heat by 2030, NWSSP Procurement and/or Health Boards and Trusts must purchase 100% offset gas from December 2030.	NWSSP Procurement					Amber		*2030*	-		

Initiative 29 - NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise. Carbon Impact 10/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
29.1	Set threshold values to contractually mandate suppliers to proactively decarbonise. Embed this in procurement requirements for suppliers as deemed appropriate…	NWSSP Procurement					Amber		*2024*	-		Amber
29.2	Include in the Supplier Relationship Management (SRM) template a specific reference to NHS Wales's decarbonisation ambition and the role suppliers will have to take.	NWSSP Procurement					Amber		*2022*	-		

29.3	Develop and regularly update an area of the website which expresses NHS Wales's goals and requirements, and signpost suppliers to use materials and resources.	NWSSP Procurement					Amber		*2021*	-		Amber
29.4	Undertake an outreach programme to engage with suppliers to create case studies of decarbonisation improvements to champion the message.	NWSSP Procurement					Amber		*2022*	-		

Initiative 30 - Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport. Carbon Impact 10/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
30.1	Reflect progress made on the Delivery Plan within annual service reviews. This will be a key focus point for the governance of delivery.	NWSSP Procurement					Amber		*2022*	-		Amber
30.2	Integrate progress against the Delivery Plan within annual reporting against the Well-being Objectives.	NWSSP Procurement					Amber		*2022*	-		
30.3	Assign overall responsibility for Sustainable Procurement to a dedicated Senior Manager (with a support group as required)…	NWSSP Procurement					Amber		*2022*	-		
30.4	Ensure the Procurement Services Management Team (PSMT) collaboratively work to support the ambition to decarbonise – for the key individual, this will be included within the formal responsibility within their job roles…	NWSSP Procurement					Amber		*2022*	-		

Initiative 31 - NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport. Carbon Impact 3/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
31.1	Evolve stock management approach to utilise IP5 storage. Put in place a smart delivery system to minimise carbon emissions from transport.	NWSSP Procurement					Amber		*2023*	-		Amber
31.2	Optimise deliveries to minimise supply chain transport emissions. Focus on maximising bulk deliveries to IP5 and improve onward distribution via Health Courier Service. Ensure effective engagement with suppliers is undertaken to support this.	NWSSP Procurement					Amber		*2023*	-		

Initiative 32 - NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan. Carbon Impact 10/10

Action	Task	Task Lead	Dependencies	Action Owner	Responsible	Accountable	RAG	Start	Implemented	% Complete	Comments	Initiative Overall RAG
32.1	Engage Health Boards to assess the need for specific frameworks, for example: • Electric vehicles and infrastructure • Renewable power • Low carbon heat…	NWSSP Procurement					Amber		*2022*	-		Amber
32.2	Collaborate with the Welsh public sector to put in place procurement mechanisms (such as frameworks) for the benefit of Health Boards and Trusts (and as appropriate the wider Welsh public sector)	NWSSP Procurement					Amber		*2022*	-		

Issue Log

Guidance for users

Use this sheet to maintain a log of all issues relating to the delivery of your Strategic Delivery Plan initiatives.

Instructions for users

- Set a unique Issue ID for each identified issue. This should start with your organisation acronym e.g. Swansea Bay University Health Board Issue 1 would be SBUHBI1 / Public Health Wales Issue 23 would be PHWI23
- Complete each field in light blue and target rating. Autocalculated Rating and Score will forumlate based upon Priority / Severity designated

Priority / Urgency to Resolve						
Severity		Very Low	Low	Medium	High	Very High
	Negligible	Green	Yellow	Amber	Amber	Amber
	Minor	Yellow	Yellow	Amber	Amber	Amber
	Moderate	Yellow	Yellow	Amber	Red	Red
	Significant	Amber	Amber	Amber	Red	Red
	Severe	Amber	Amber	Amber	Red	Red

Rating Guidance	
Green	No significant impact on Project timescales, budget or scope
Yellow	Minor Impact on Project timescale, budget or Scope
Amber	Significant Impact on Project timescale, budget or Scope
Red	Major Impact on Project timescale, budget or Scope

Issue Ref	Description/Issue	Issue Type	Status	Priority	Severity	Autocalculated Rating	Target Rating	Target Date	Date Identified	Date of Last Update	Decision Date	Closure Date	Raised By	Responsibility /Owner	Workstream	Comments/Notes	Autocalculated Score	Category
EXAMPLE DATA NWSSPI1	E-HGV's – UK GOV will not currently approve vehicles for use due to significant safety issue.	Problem/Concern	Open	Medium	Significant	Amber	Yellow	01/10/2023	06/04/2023	06/04/2023	TBC	TBC	Tony Chatfield	Tony Chatfield	Transport	NWSSP decision may be required – What next steps should be taken? DfE and BEIS funded.	26	Operational
DHCWI1	The current electric vehicle charging National instrastructure is not currently fit to support the needs of DHCW fleet vehicles.	Problem / Concern	Open	Medium	Moderate	Amber	Yellow	31/12/2024	25/05/2023	25/05/2023	TBC	TBC	Environmental Development and Estates Compliance Facilitator	Client Services Business Lead	Transport	Progress will need to be monitored closely as part of the DHCW Decarbonistaion Working Group and TaP project board.	9	Operational
DHCWI2	Current EV lease options are not feasible due to limitng factors such as vehicle ranges, battery charging speeds and lack of Hybrid options available from suppliers under current framework.	Problem / Concern	Open	Medium	Moderate	Amber	Yellow	31/12/2024	25/05/2023	25/05/2023	TBC	TBC	Environmental Development and Estates Compliance Facilitator	Client Services Business Lead	Transport	Progress will need to be monitored closely as part of TaP project board and internal DHCW Decarbonisation Working Group meetings.	9	Operational
DHCWI3	Pan-initiative progress is somewhat inhibited due to limited internal resources availability.	Problem / Concern	Open	High	Moderate	Red	Amber	31/12/2024	25/05/2023	25/05/2023	TBC	TBC	Environmental Development and Estates Compliance Facilitator	Estates and Compliance Manager	All	This will need to be discussed internally in the DHCW Decarbonistaion Working Group to decide on steps to be taken.	12	Strategic
DHCWI4	Current fleet vehicles do not have telematics installed, it is not fully understood if the current vehicle type support such a function.	Problem / Concern	Open	Medium	Moderate	Amber	Green	31/12/2024	25/05/2023	25/05/2023	TBC	TBC	Estates and Compliance Manager	Client Services Business Lead	Transport	Client services who are currently managing our leased fleet will need to liaise with suppliers to progress this issue.	9	Operational
DHCWI5	The current methodology for calculating Supply Chain (Procurement) Emissions is not fit for purpose as it is based only on value and generic not always approriate SIC codes. Without developments in this key area then emissions will continue to rise.	Request for Change	Open	Medium	Significant	Amber	Amber	31/12/2024	25/05/2023	25/05/2023	TBC	TBC	Environmental Development and Estates Compliance Facilitator	Estates and Compliance Manager	Transport	Continue to discuss potential changes to methodologies within our internal Decarbonisation Working Group, COE meeting and also the Transport and Procurement Board. Meetings are held regulalry.	12	Governance
						#N/A											0	
						#N/A											0	
						#N/A											0	
						#N/A											0	
						#N/A											0	
						#N/A											0	
						#N/A											0	

Risk Register

Guidance for users

Use this sheet to maintain a log of all risks relating to the delivery of your Strategic Delivery Plan initiatives.

Instructions for users

•Set a unique Risk ID for each identified Risk. This should start with your organisation acronym e.g. Swansea Bay University Health Board Risk 1 would be SBUHBR1 / Public Health Wales Risk 23 would be PHWR23
•Complete each field in light blue, threat or opportunity, target met / yet to achieve. Risk scores and Risk Threshold will autocalculate based upon Likelihood / Impact designated
•Certain fields have guidance in the top right corner, indicated by a red triangle. Hover over this for further detail.

		Impact				
		Insignificant	Minor	Moderate	Major	Catastropic
Likelihood	Rare	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
	Almost Certain	5	10	15	20	25

									Risk Assessment and Score Prior to Risk Response and Actions completed				Risk Assessment on current position with some actions completed or mitigations applied				Target Risk Detail -Target score post ALL actions completed or mitigation applied								
Risk Id.	Raised By	Description (Cause, Effect and Event that could occur)	Date Registered	Date last update	Category	Threat or Opportunity	Risk Response Category	Response Action	Likelihood	Impact	Proximity	Inherent Risk Score	Likelihood	Impact	Proximity	Residual Risk Score	Target Risk Rating	Target Date	Target Met or Yet to Achieve	Comments	Risk Actionee	Risk Owner	Status	Risk Above Threshold	Project / Programme / Operational Risk
EXAMPLE DATA NWSSPR1	National Clinical Logistics Manager - Tony Chatfield	If market constraints do not change then types of vehicles that require replacement now are not suitable or available for lease or purchase. This will impact upon longer term fleet replacement plans.	06/04/2023	06/04/2023	Strategic	Threat	T-Reduce	Meetings with vehicle suppliers to review monitor changes in vehicle technology. Require a reduced capital depreciation period of newly purchased diesels to avoid their operational use beyond 2030.	likely	catastrophic	over 12 months	20	likely	catastrophic	over 12 months	20	10	01/09/2023	Target Not Met	NHS are included in the Category Framework Group (NPS) (PS National Procurement)	National Clinical Logistics Manager	National Clinical Logistics Manager	Open	Above Risk Threshold	Project
DHCWR1	Environmental Development and Estates Compliance Facilitator - Cameron Morgan	There is a risk that if EV capabilities do not improve ie battery capacity, journey length ability etc by 2030, that DHCW may need to retain using fossil fuelled fleet vehicles. However the 2025 minimum of Hybrid vehicles may still be achieved through amendments to current framework, allowing for hybrid fleet leasing.	25/05/2023	25/05/2023	Operational	Threat	T-Fallback	In the event that this should occur we will need to continually monitor the situation for alternative options.	likely	moderate	over 12 months	12	likely	moderate	over 12 months	12	8	31/12/2024	Target Not Met	Regular internal reporting and communication with suppliers and stakeholders.	Environmental Development and Estates Compliance Facilitator	Environmental Development and Estates Compliance Facilitator	open	Below Risk Threshold	Project
						Opportunity						0				0			Target Achieved				open	Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
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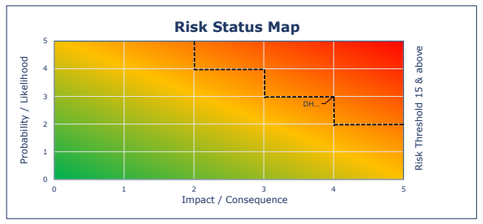
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	

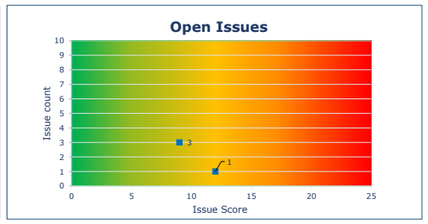
Risk Id.	Raised By	Description (Cause, Effect and Event that could occur)	Date Registered	Date last update	Category	Threat or Opportunity	Risk Response Category	Response Action	Likelihood	Impact	Proximity	Inherent Risk Score	Likelihood	Impact	Proximity	Residual Risk Score	Target Risk Rating	Target Date	Target Met or Yet to Achieve	Comments	Risk Actionee	Risk Owner	Status	Risk Above Threshold	Project / Programme / Operational Risk
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	
						Opportunity						0				0			Target Achieved					Below Risk Threshold	

Graphs for Highlight Report

Guidance for users to produce the graphs for your highlight report, please complete the following:☐
- ☐mplete relevant Risk Register and Issue Log sheets
- ☐lick 'Data' Tab
- ☐lick 'Refresh all' Icon
- ☐reen print into Highlight Report

See NHS Wales Decarbonisation Strategic Delivery Plan 2021 - 2030 for more information





For consultant's use only:

DIGITAL HEALTH AND CARE WALES
WELSH HEALTH CIRCULARS COMPLIANCE UPDATE REPORT

Agenda Item	2.7

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

Purpose of the Report	For Assurance
Recommendation	
The Audit and Assurance Committee is being asked to: NOTE the update provided and take ASSURANCE on the process for recording and monitoring the organisation's compliance with Welsh Health Circulars.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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 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
WG	Welsh Government	WHC	Welsh Health Circular
MD	Ministerial Directive		

2 SITUATION/BACKGROUND

2.1 The purpose of this report is to provide an update to the Management Board on the organisations compliance with Welsh Health Circulars (WHCs) and Ministerial Directives that are issued by Welsh Government.

2.2 The Corporate Governance Team maintain a tracker for monitoring and recording the WHCs and MDs that are received by DHCW. The WHC's are sent to the Weekly Executive Directors' meeting for review and to agree the relevant Executive Lead for action.

2.3 A monthly progress report is presented to the Weekly Executive Directors for information, monitoring and assurance purposes.

2.4 A bi-annual report will be presented to the Audit and Assurance Committee to provide assurance of compliance with WHC's.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The WHC Register details the WHCs and MDs received in the period 2022/2023, these have been reported to Weekly Executive Directors and Management Board.

3.2 All WHCs are completed and have been signed off by the Executive Leads. There were no outstanding circulars on the register for the 2022/2023 period at the time of reporting.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no key risks or matters for escalation to the Committee.

5 RECOMMENDATION

5.1 The Audit and Assurance Committee is asked to:

NOTE the update provided;

Be ASSURED on the process for recording and monitoring the organisation's compliance with the Welsh Health Circulars and Ministerial Directors received from Welsh Government.

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	07/06/2023	Noted
Management Board	15/06/2023	Noted
Audit and Assurance Committee	03/07/2023	

Agenda item 3.1

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20230418-A01	18/04/2023	Reporting on home working carbon emissions what was being done to encourage staff to make low carbon emissions.	Julie Ash (DHCW - Corporate Services)	15/06/2023	23.5.23 JA updated - Home Working emissions are reported within our returns and our environmental awareness campaign includes advice on reducing home working carbon footprint	Complete			Public

DIGITAL HEALTH AND CARE WALES
INTERNAL AUDIT PROGRESS REPORT 2022/23 & 2023/24
NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.1

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	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 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

2 SITUATION/BACKGROUND

2.1 This document sets out a summary of the completed Internal Audit Plan for 2022/23 for Digital Health and Care Wales (DHCW), detailing the final assurance ratings and a summary of recommendation priorities. It also provides a summary position statement of progress towards delivering the 2023/24 Internal Audit Plan.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The Committee is asked to note the Progress Report.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year and is being delivered in accordance with required quality standards. The report provides the final position of the audit and assurance reports from the 2022/23 Internal Audit Plan. In total we provided substantial assurance on five reports, reasonable assurance on seven reports and two reports were not rated.

4.2 Furthermore, the report contains the current status of the planned audits for 2023/24, including assurance and priority ratings, when completed.

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

July 2023

Digital Health and Care Wales

NWSSP Audit and Assurance Services

Contents

1. Introduction *3*

2. Completion of the 2022/23 Internal Audit Plan *3*

3. Progress of the 2023/24 Internal Audit Plan *3*

4. Other Activity *3*

5. Recommendation *3*

Appendix A: Completion Summary of the 2022/23 Internal Audit Plan 4

1. Introduction

The purpose of this report is to:

- highlight the completion of the 2022/23 Internal Audit Plan for DHCW;
- provide a position update on the 2023/24 Internal Audit Plan for DHCW; and
- provide an overview of other activity undertaken since the previous meeting.

2. Completion of the 2022/23 Internal Audit Plan

There were 14 individual reviews to be reported within the 2022/23 Internal Audit Plan and a further four audits undertaken at NWSSP that are relevant, each of which were rated as reasonable assurance (Accounts Payable, Payroll, Recruitment Services and Procurement).

All 2022/23 DHCW audits have been finalised, with the assurance ratings and recommendation priorities summarised within Appendix A. In total, we provided substantial assurance on five audits; reasonable assurance on seven audits and two reviews were not rated. This concludes our reporting in relation to the 2022/23 Internal Audit Plan.

3. Progress of the 2023/24 Internal Audit Plan

We have commenced the 2023/24 Internal Audit Plan and the table below provides the current status.

Total number of reviews in plan	13
Draft reports	1
Work in progress	2
Planning	2

4. Other Activity

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

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

5. Recommendation

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

Appendix A: Completion Summary of the 2022/23 Internal Audit Plan

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

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

Agenda Item	4.2

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	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 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

2 SITUATION/BACKGROUND

2.1 The remaining audits have been completed in line with the Internal Audit Plan for 2022/23 for DHCW and include:

- Cyber Security Improvement Plan (substantial assurance); and
- Centre of Excellence (reasonable assurance).

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

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

5 RECOMMENDATION

5.1 The Committee is asked to **RECEIVE** the Internal Audit reports which have been agreed with the Executive Leads 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

Centre of Excellence
Final Internal Audit Report

June 2023

Digital Health and Care Wales

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

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

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Review reference:	DHCW-2223-07
Report status:	Final
Fieldwork commencement:	20th April 2023
Fieldwork completion:	23rd May 2023
Debrief meeting:	16th May 2023
Draft report issued:	6th June 2023
Management response received:	15th June 2023
Final report issued:	19th June 2023
Auditors:	Stephen Chaney, Interim Head of Internal Audit Emma Rees, Deputy Head of Internal Audit Lisa Harte, Audit Manager
Executive sign-off:	Sam Lloyd, Executive Director of Operations
Distribution:	Carwyn Lloyd-Jones, Director of ICT Ian Cox, Interim Assistant Director of ICT Claire Osmundsen-Little, Director of Finance Lyn Rees, Head of Microsoft 365 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 and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Executive Summary

Purpose

To provide an opinion over the controls for the establishment of the Office 365 Centre of Excellence.

Overview

We have issued reasonable assurance on this area.

We did not identify any significant matters arising in our audit. Other matters requiring management attention include:

- strengthening key project management documentation and governance arrangements for future projects and programmes; and
- improving the mechanism for receiving work requests.

Our full recommendations are set out in Appendix A.

Report Classification

Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary [1]

Assurance objectives		Assurance
1	Appropriate Project Governance	Reasonable
2	Centre of Excellence Design	Substantial
3	Robust Work Requests Process	Reasonable

[1] We do not necessarily give equal weighting to the objectives and associated assurance ratings when formulating the overall audit opinion.

Key Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Project Management Learning	1	Design	Low
2	Robust Mechanism for Service Requests	3	Design	Medium

1. Introduction

1.1 NHS Wales organisations collectively invested in an all-Wales Microsoft Enterprise Agreement during 2019 to move away from multiple contracts, creating a cost saving of £11.7m over the 3-year term. A Programme Board was created to monitor the rollout of Microsoft 365 across NHS Wales, which was accelerated by the Covid-19 pandemic. A new Microsoft Enterprise Agreement, approved by health boards and trusts during June 2022, provides additional functionality and further opportunities for digital transformation, which is a key strategic priority for Digital Health and Care Wales (DHCW), as outlined in their Integrated Medium-Term Plan (IMTP).

1.2 Consultants were used to assist with the Microsoft 365 rollout. Welsh Government funding was provided to DHCW until March 2023 to reduce the reliance on external resource and set up a national Microsoft 365 Centre of Excellence (CoE). This aims to develop new and innovative solutions that meet clinical and user needs including Power Platform, which allows staff to build applications to automate processes and improve data capture and reporting.

1.3 The CoE Programme Board was established in January 2022 to oversee the implementation, and a Head of the CoE was appointed in June 2022 followed by a Programme Manager in July 2022.

1.4 During August 2022, the CoE was involved in creating an urgent primary care technological solution for NHS 111 Wales after its supplier's IT systems had been shut down following a cyber-attack. We were informed that, through working collaboratively with partners from other health boards and trusts, the new operating model was delivered in a short space of time with training and live chat support being provided.

1.5 The objectives of our review focused on:

- project governance arrangements over the development of the CoE;
- business as usual governance arrangement for the CoE (including reporting and escalation, risk management, and budgetary control); and
- the robustness of the process in place to deal with work requests.

1.6 The key risks considered in this review were:

- ineffectiveness of arrangements resulting in wasted resources;
- failure to deliver strategic objectives; and
- a lack of value for money.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	0	1	1	2
Operating Effectiveness	0	0	0	0
Total	0	1	1	2

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in Appendix A.

Objective 1: Appropriate project governance mechanisms are in place over the development of the Centre of Excellence

Programme Approval

2.3 Some members of the Microsoft 365 Rollout Programme Board remained on the Microsoft 365 Centre of Excellence (CoE) Programme Board, including the Senior Responsible Officer (Chief Executive for Welsh Ambulance Services NHS Trust), providing continuity of knowledge and experience.

2.4 The new Board had a clearly defined role in monitoring the CoE's implementation through its terms of reference.

2.5 Beyond the Programme Board, we were unable to evidence the documentation of wider roles and responsibilities for the Microsoft 365 Programme (the 'Programme'). Usually, this is contained in a Project Initiation Document (PID), but this was not developed for this Programme. This would have effectively scoped the Programme and helped to evaluate its success (see **Matter Arising 1, Appendix A**).

2.6 An external consultant prepared a detailed business case for the Programme. However, the DHCW template was not used, and the business case was not sufficiently robust to provide an effective framework for delivery and performance monitoring, e.g., risks, options appraisal, outcomes etc. were not included.

2.7 The business case was approved by the Office 365 Rollout Programme Board and Welsh Government (who provided funding to establish the CoE based on the business case).

2.8 Whilst DHCW senior management was involved in its review, the business case was not approved by the DHCW Board or committees. We were informed that was

because the Programme was to be fully funded by Welsh Government and subsequent business as usual funding is to come from Welsh health bodies.

2.9 However, as DHCW is responsible for managing the associated operational and financial risks of the Programme and ongoing running of the CoE, any decision to approve this Programme (and other significant programmes), we feel that approval should have gone through the Board. Consideration should be given to extending DHCW's governance arrangement to designate a sub-committee with approval of business cases that carry significant risks or require significant funding (see **Matter Arising 1**).

2.10 All Programme costs were ultimately covered by Welsh Government funding and there was an underspend of approximately £72,000 (primarily due to difficulties in resourcing the CoE). However, we note that actual non-pay costs were double those estimated (not including consultants' costs). A more robust business case may have better identified the costs upfront (see **Matter Arising 1**).

2.11 Through discussions with the DHCW Commercial Services, we were informed that procurement of external consultants complied with Procurement Contract Regulations 2015 and all necessary approvals were obtained in line with Standing Financial Instructions.

Programme Oversight

2.12 There was good oversight over the Programme's progress with regular reporting to the Programme Board and Welsh Government, and reporting to DHCW's Board and senior management.

2.13 The monthly Programme Board meetings included a good representation of stakeholders, and all meetings were quorate. The information reported was sufficiently detailed to provide clarity over the programme delivery. However, we identified that meeting minutes did not always reflect the scrutiny of decision making (see **Matter Arising 1**).

2.14 Whilst the Programme's RAG status was green overall and there were no major issues, there were no internal documented procedures to provide clarity when to escalate and enable proactive reporting of any problems so they can be addressed promptly (see **Matter Arising 1**). We note that the Welsh Government had its own escalation process as part of funding requirements.

Programme Closure

2.15 A Programme closure report is planned but had not been prepared by the conclusion of our review.

2.16 We verified that the programme closure phase was discussed at the last Programme Board meeting (March 2023) and at the Service Management Board, where it was reported that there had been no significant changes to the Programme from when it was conceived.

2.17 Benefit targets and their measurement were approved by the Programme Board in February 2023.

2.18 The Programme Manager is permanently employed by the CoE so provides continuity in closing the programme and monitoring benefit realisation.

2.19 We identified that lessons learnt were not logged as the programme progressed, which is not in line with project management good practice (see **Matter Arising 1**). We were informed that the Programme closure report will include lessons learnt.

Programme Documentation / Audit Trail

2.20 We experienced delays in receiving some of the Programme documentation / audit trail requested as part of our review. As part of programme closure, record-keeping should be reviewed to ensure that key documentation is captured and retained effectively (see **Matter Arising 1**).

Programme / Project Management Framework

2.21 DHCW does not have a formal programme / project management framework for the development of new services.

2.22 We were informed that there is a DHCW Programmes and Projects Professional Network, templates, and project management guidance to support programme and project managers. However, we identified that it is not always easy to locate the information on Sharepoint.

2.23 If there had been clearer corporate project management guidance, this would have provided clarity over approvals and documentation required, which may have addressed the points we have raised within this objective (see **Matter Arising 1**).

Conclusion:

2.24 Overall, the CoE Programme delivery has been well managed, resulting in the CoE moving out of programme status and into business as usual from April 2023. There was a dedicated programme manager, and regular reporting to the Programme Board.

2.25 We have raised one low priority matter arising relating to strengthening key project management documentation and governance arrangements. These points did not adversely affect the programme delivery, but will enhance future projects and programmes. We have provided **reasonable** assurance for this audit objective.

Objective 2: The Centre of Excellence is adequately designed – consideration of governance, risk management and budgetary control arrangements

Governance

2.26 Business as usual (BAU) for the Centre of Excellence is at an early stage having only come into effect from April 2023.

2.27 We found that the necessary governance arrangements are in place with a Service Management Board (SMB) to provide oversight, advice, and review performance. A representative from each Welsh health organisation is on the SMB, which has approved terms of reference. Independent oversight of setting up the SMB was provided by the Service Management Lead from the separate Service Management team.

2.28 The SMB terms of reference detail that escalation of issues arising will be to the Infrastructure Management Board (IMB) and the Microsoft 365 CoE Programme Board. There is an IMB highlight report that prompts for recording escalations from the SMB.

2.29 The CoE Target Operating Model, Service Catalogue, and 2023/24 plan have been approved, and provide the necessary framework to support the delivery of the CoE in line with the DHCW IMTP.

Risk Management

2.30 To comply with the DHCW corporate risk management policy, a departmental risk register is maintained and has been updated to reflect the CoE.

2.31 Risks are discussed at the ICT directorate leadership meetings and are a standing agenda item for both the SMB and IMB. A Microsoft 365 CoE monthly Governance, Risk and Compliance (GRC) review is also planned, which should ensure good oversight of the CoE risks.

2.32 We were informed that, as part of the Programme closure process, any outstanding Programme risks have been transferred to the CoE risk register.

Budgetary Control

2.33 The CoE implementation was purely funded by the Welsh Government. During the Programme, there were:

- frequent budget discussions between the Finance Business Partner and the Programme team; and
- regular reporting to the Welsh Government, the Programme Board and DHCW's Board.

2.34 Welsh Government quarterly monitoring reports included a statement from the Programme's Senior Responsible Owner.

2.35 Going forward, health boards and trusts will be recharged for the costs of the CoE, which we verified as having been apportioned correctly based on the number of Microsoft 365 users in each organisation. Signed Microsoft Enterprise Agreements are in place to confirm the recharge.

2.36 The standard DHCW budgetary control arrangements (audited by us in 2021/22) will now be followed by the CoE, including monthly meetings with the Finance Business Partner and access to financial information via Power BI dashboards.

Conclusion:

2.37 The CoE has been adequately designed as the appropriate governance arrangements are in place. No matters were identified for reporting, therefore we have provided **substantial** assurance over this objective.

Objective 3: There is a robust process in place for work requests to be submitted to, and dealt with by, the Centre of Excellence

2.38 Work has been undertaken to clarify the roles and responsibilities of the CoE, e.g., developing the Target Operating Model and Service Catalogue. Quarterly meetings with health boards and trusts are planned going forward to assist with managing expectations along with developing further documentation for CoE staff.

2.39 We were informed that, once recruited, a new communications and engagement resource will review and develop the website content.

2.40 From our review of the work request process, we identified that further guidance is needed for both service users and CoE staff to clarify responsibilities and assist with embedding processes. A solution process flow chart was presented to SMB in March 2023, but the process for submitting work requests is not currently robust as requests can be requested via several mechanisms, and information is not easy to locate on Sharepoint. The Target Operating Model does detail prioritisation criteria, but this has not yet embedded. Documented guidance is planned to strengthen this area, which will be made available on Sharepoint (see **Matter Arising 2**).

2.41 We were informed that the Director of ICT had already highlighted this as an area for improvement.

2.42 Our sample testing on work requests was limited due to the few service requests that have been submitted under the new process.

Conclusion:

2.43 Whilst work has been undertaken to clarify roles and responsibilities, further work is required to ensure the work request process is clear, robust for service users and CoE staff. We have raised a medium priority matter arising relating to this. Therefore, we have provided **reasonable** assurance for this audit objective.

Appendix A: Management Action Plan

Matter Arising 1: Project Management Learning (Design)	Impact
While the overall Microsoft 365 Centre of Excellence (CoE) programme delivery was well managed, we identified several areas of learning for the management of future DHCW programmes and projects: • Programme Business Case: the business case was not robust as it did not detail risks, constraints, options, critical success factors, and outcomes. Forecasted financial costing should have incorporated additional non-pay costs relating to system development, training and marketing; • Decision-Making: the business case was approved by the Microsoft 365 Rollout Programme Board and Welsh Government, and senior management was involved in its review, but there was no wider approval. Additionally, meeting minutes did not always reflect the scrutiny of decision making throughout the programme lifecycle; • Documentation: there was no documented Project Initiation Document (PID), nor a log of lessons learned maintained throughout the Programme duration (despite the Welsh Government's grant funding quarterly monitoring report prompting for the latter); • Procedure: no documented escalation procedure to confirm the reporting of significant changes, issues, or risks to the Programme; and • Document Retention: we experienced delays in receiving some of the Programme documentation / audit trail we requested due to the documents not being retained in the Programme folders on SharePoint. We consider that these gaps in project governance are likely symptomatic of a lack of robust programme / project management guidance for service development. While there are some templates and guidance that encompass elements of the project management methodology, DHCW does not have any overarching Project Management Framework.	Potential risk of: • programmes and projects being managed inconsistently resulting in outcomes not being clear or achieved • roles and responsibilities are unclear resulting in a lack of accountability and oversight; and • failure to deliver key programmes and projects.

Recommendations		Priority
1.1	Management should incorporate the following learning into overarching DHCW project management guidance and ensure all project managers are aware of the learning: a. Programme Business Case: the business case should be prepared using the corporate template to ensure it incorporates the key elements and can be used as an effective measurement of outcomes. b. Decision-Making: wider project or programme oversight and approvals is needed for business cases that carry significant risks (financial and operational) to DHCW, e.g. by a designated DHCW committee. c. Documentation: Programme/project managers should ensure that adequate documentation is maintained to efficiently measure outcomes and capture ongoing learning. d. Procedure: Programme/project managers should ensure that the escalation process is documented and effectively communicated so that there is adequate oversight of key issues and risks. e. Document Retention: all project documentation should be stored in a centralised location.	**Low**

Agreed Management Action		Target Date	Responsible Officer
1.1	M365 CoE Programme Closure report to include recommendations on project management learnings	July 31st 2023	Interim Assistant Director of ICT/Head of Microsoft 365 Services
1.2	Programme Closure Report, including Project Management Learning, to be shared with DHCW's Incident Review Learning Group (which is the agreed forum for DHCW project lessons learnt and follow-on actions)	September 30th 2023	Interim Assistant Director of ICT/Head of Microsoft 365 Services

Matter Arising 2: Robust Mechanism for Service Requests (Design)	Impact
Work has been undertaken to clarify roles and responsibilities within the CoE. However, further work is required to ensure the work request process is clear, robust for service users and CoE staff. Particularly: • service requests can be submitted via a number of routes, and there is also a solution backlog to record requests for building technological capabilities. Only the service requests section of SharePoint has a designated form outlining the nature of the request and prompting for supporting evidence; and • there is no documented guidance to clarify the process for users and CoE staff and confirm how cases are prioritised. A solution request process flow chart has been developed but there needs to be clarity over the process for other service requests.	Potential risk of: • inefficient use of staff resources; • not meeting customer's expectations or delivering value for money; • lack of accountability and oversight.

Recommendations		Priority
2.1	Continue developing a robust mechanism for recording work requests submitted to, and dealt with by, the Centre of Excellence, including: • determining the route to assessment and approval; • a designated form to clearly record the nature of the request; • a clear audit trail of how the request was handled upon receipt (e.g., prioritisation, options explored, key dates, individuals / groups involved and the outcome); and • clear, documented guidance for customers and CoE staff detailing the work request process and clarifying the roles and responsibilities of CoE.	**Medium**

Agreed Management Action		Target Date	Responsible Officer
2.1	Publish the M365 CoE Service Request process and guidance, ensuring alignment with established DHCW governance	August 31st 2023	Interim Assistant Director of ICT/Head of Microsoft 365 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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Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

Archwilio Cymru
Audit Wales

Audit and Assurance Committee Update – Digital Health and Care Wales

Date issued: June 2023

Document reference: 3504A2023

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

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

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Appendix 1 – Good Practice Exchange Programme of Events

About this document

1 This document provides the Audit and Assurance Committee with an update on our current and planned accounts and performance audit work at Digital Health and Care Wales.

2 We also provide additional information on:

- Other relevant examinations and studies published by the Audit General.
- Relevant corporate documents published by Audit Wales (e.g. fee schemes, annual plans, annual reports), as well as details of any consultations underway.

3 **Appendix 1** outlines our Good Practice Exchange (GPX) programme of events for 2023-24. Further details of future and past events are also available on our website.

Accounts audit update

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

Exhibit 1 – Accounts audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of 2022-23 financial statements	Claire Osmundsen-Little – Executive Director of Finance	Planning and risk assessment work under International Standard on Auditing (ISA) 315 and audit of the draft financial statements.	Planning and risk assessment work completed. Audit of the draft financial statements is in progress. Audit Report to be presented to the	Findings to be presented to the Committee on the 12th of July 2023.

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
			Audit & Assurance committee on the 12th of July.	

Performance audit update

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

Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Structured Assessment 2023 – Core	Helen Thomas – Chief Executive Officer	• Our structured assessment work is designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2023 Structured Assessment work will review: Board and committee effectiveness, cohesion, and transparency; • Corporate systems of assurance; • Corporate planning arrangements; and • Corporate financial planning, management, and performance arrangements.	Set-up stage	To be confirmed
Structured Assessment	To be confirmed	In addition to the core structured assessment work described above, we will	Planning	To be confirmed

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
2023 – Deep Dive		also review certain arrangements at NHS bodies in more depth. This year, we will examine digital arrangements, with a particular focus on how NHS bodies are investing in digital technologies, solutions, and capabilities to support the workforce, transform patient care, meet demand, and improve productivity and efficiency		
GMS Digital Programme Board Governance and Financial Management Review	Sam Hall – Director of Primary, Community Care, and Mental Health Digital Services	This review will specifically focus on the governance and financial management arrangements of the GMS Digital Programme Board.	Reporting	Findings to be presented to committee in October 2023
All-Wales thematic on workforce planning arrangements	Sarah-Jane Taylor – Director of People and Organisational Development	This work will examine the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It will examine how local and national workforce planning activities are being taken forward to manage those risks and address	Reporting	Findings to be presented to committee in October 2023

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

Other relevant publications

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

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

Title	Publication Date
Orthopaedic Services in Wales – Tackling the Waiting List Backlog	March 2023
Digital Inclusion in Wales and Key questions for public bodies	March 2023

7 There have been no relevant examinations and studies published since the last committee update.

Additional information

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

Exhibit 4 – Audit Wales corporate documents

Title	Publication Date
Forward work programme | Audit Wales	May 2023
Audit Wales Annual Plan 2023-24	April 2023

9 There are no relevant Audit Wales consultations currently underway.

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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.

Good Practice Exchange programme of events 2023-24

We will inspire and empower Welsh public services to improve.

We will do this by sharing knowledge, ideas and providing opportunities to talk to each other about the big issues facing public services in Wales.

Our programme of work will have a focus on prevention, sharing and exploring examples of approaches taken to prevent escalation of demand on public services. We will provide a safe space for you to share and learn from colleagues across Wales and beyond.

Date	Event	Location	Time	About the event
20 June 2023	**Together we can: Creating the conditions to empower our communities to thrive**	Online	10:00 – 12:00	In the last 15 years, local government in Wales has faced significant pressures, dealing with crisis after crisis, which has changed the way services are provided. Local authorities adapted well in responding to this challenge, devising and implementing a range of efficiency measures that reduced the cost of services, but also finding innovative ways of working. However, public services now face their most significant challenges in a generation. Wales already has some of the greatest and deepest levels of poverty in Great Britain and communities are facing a cost-of-living crisis. Coupled with a challenging financial outlook and an aging population, it's clear that public services will need to find

				different ways of maintaining services and continuing to support the wider community and in particular those most in need.
June 2023	**Unscheduled Care**	Video outputs to be published during June	-	During 2022, Audit Wales began a programme of work that assesses the extent to which the system and its leadership structures are responding to the pressures in the unscheduled system. Our work includes an examination of the actions being taken by NHS bodies, local government, and Regional Partnership Boards to secure timely and safe discharge of patients from hospital to help improve patient flow. We will also be reviewing progress being made in managing unscheduled care demand by helping patients access services which are the most appropriate for their unscheduled care needs.
20 July 2023	**Public services working in partnership**	Cardiff	09:00 – 13:00	Partnership working remains a priority for public services to deliver services against the increasing financial challenges. This event will look at how public bodies ensure value for money in these arrangements whilst providing high quality, meaningful, services to the public. Walking away from this event, delegates will be equipped with the tools and knowledge to help overcome the barriers to successful collaboration.
26 July 2023	**Public services working in partnership**	North Wales	09:00 – 13:00	
21 Sept 2023	**How to develop and implement your Digital Strategy**	Cardiff	09:00 – 13:00	The Covid pandemic has demonstrated the importance of digital in delivering modern services at pace. We have seen digital acting as a major catalyst in adapting to the

27 Sept 2023	**How to develop and implement your Digital Strategy**	North Wales	09:00 – 13:00	challenges we have faced. Public services need to continue with this agile and responsive mind set as the norm and not the exception. Working in partnership with Digital Communities Wales and Centre for Digital Public Services, this event will help equip public services with the practical tools and knowledge they need to successfully implement a Digital Strategy within their organisations.
11 Oct 2023	**How public services are managing increased costs of energy**	Online	10:00 – 12:00	The cost of living crisis is affecting many people across Wales. A new survey by Public Health Wales (Jan 23) has highlighted that people in Wales are increasingly worried about money, with 37 per cent agreeing that they are 'only just managing' and a further 11 per cent 'not managing' to make ends meet. This event will look at how public services are managing increased costs of energy and how this is affecting service delivery.
24 Oct 2023	**Housing and Homelessness**	Online	10:00 – 12:00	Homelessness services are under significant pressure. This is partly a result of the pandemic and the policy decisions taken by the Welsh and UK governments to suspend evictions from rented housing and to keep people living transitory lifestyles off the streets. The outcome of these decisions has however resulted in significant increases in demand. This event will share examples of approaches taken by organisations in Wales (and beyond) to meet the demand.

8 Nov 2023	**Financial Sustainability to include Medium Term Financial Planning**	Cardiff	09:00 – 13:00	Public services continue to face significant budget challenges. The need to respond to these pressures and the unprecedented speed with which the funding position and outlook has worsened, and the level of savings that may be required poses a significant risk to councils closing their medium-term funding gaps in a way which ensures value for money and appropriate application of the sustainable development principle. This event will provide practical advice and guidance to public services in managing these challenges going forward.
29 Nov 2023	**Financial Sustainability to include Medium Term Financial Planning**	North Wales	09:00 – 13:00	
5 Dec 2023	**Integrity in the public sector**	Online	10:00 – 12:00	Integrity is essential to public trust. 'Trust is built and maintained through competence, reliability, and honesty, as well as the building of genuine and sound relationships between the public sector and the public it serves. That means the public sector must be accountable for the management and delivery of public services and outcomes, for the direction and control of the work it does, the resources it manages, and for its behaviour and ethics.' [1] This event will look at how public services can promote a culture of integrity.

[1] Putting integrity at the core of how public organisations operate - https://oag.parliament.nz/good-practice/integrity/integrity-framework/preface.htm

23 Jan 2024	**Commissioning and Contract Management**	Online	10:00 – 12:00	As public services seek to close funding gaps in response to significant financial pressures the importance of commissioning and subsequent contract management in ensuring value for money and that the sustainable development principle is applied is likely to grow.
13 Feb 2024	**Key issues from Financial Accounts**	Cardiff	09:00 – 13:00	An opportunity to bring together Directors of Finance/ Society of Welsh Treasurers to network and share what they have learnt from the accounts audit process and provide useful insight to organisations present, in particular discussing challenges and successes.
21 Feb 2024	**Key issues from Financial Accounts**	North Wales	09:00 – 13:00	
19 March 2024	**Active Travel**	Online	10:00 – 12:00	The Active Travel (Wales) Act 2013 aims to make Wales a walking and cycling nation. Its purpose is to enable more people to undertake active travel for short journeys instead of using motorised vehicles where it is suitable for them to do so. This event will share examples of innovative approaches to active travel across Wales and beyond.

TBC	**Workforce Challenges**	Online	10:00 – 12:00	The challenge of recruiting staff to roles within the public sector is not new. But the added pressures of the COVID-19 pandemic and the cost-of-living crisis will continue to have a lasting impact on public services. As well as this, staff are becoming increasingly fatigued from responding to crisis after crisis. This event will showcase examples of innovative approaches to recruiting and retaining staff, as well as supporting staff through challenging times.

How our work fits with the wider audit programme

Tackling inequalities	Together we can: Creating the conditions to empower our communities to thrive A Wales of vibrant culture and thriving Welsh language Housing and Homelessness
Responding to the climate and nature emergency	Active Travel
Service Resilience and Access	Unscheduled Care Workforce challenges Public services working in partnership How to develop and implement your Digital Strategy How public services are managing increased costs of energy

Well managed public services	Financial Sustainability to include Medium Term Financial Planning Commissioning and Contract Management Integrity in the public sector Key issues from Financial Accounts

DIGITAL HEALTH AND CARE WALES
STRUCTURED ASSESSMENT OPPORTUNITIES FOR LEARNING ACTION PLAN

Agenda Item	4.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

Purpose of the Report	For Noting
Recommendation	
Audit and Assurance Committee are being asked to: NOTE the content of the report.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Workforce EQIA page

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 DHCW completed its first formal Structured Assessment 2022 in January 2022 where overall Audit Wales concluded that *''DHCW is embedding good governance arrangements and must now seek to further develop its role as a trusted digital partner to exploit digitally enabled service opportunities across Wales''.*

2.3 Supporting this conclusion, the Structured Assessment work found that DHCW:

- is well led and has made positive progress in establishing and embedding appropriate arrangements to support good governance;
- has effective planning approaches, but further work is required to develop its longer-term strategy and to include milestones and targets in some plans to enable effective progress monitoring;
- has a generally effective approach to financial planning, monitoring, and reporting, the organisation's funding model presents risks that need to be actively managed in the medium- to long-term; and
- has a good commitment to supporting staff well-being and good strategic approaches in place for managing its digital resources and the estate. However, its arrangements

for managing physical assets require strengthening.

2.4 The review identified a small number of areas for improvement, specifically around the lack of target dates and milestones in some corporate plans and strategies; a lack of visibility at Board-level of the organisation's arrangements for managing medium- to long-term funding and savings risks; and Board-level oversight of the management of physical assets. Audit Wales subsequently raised three recommendations, all of which have been accepted by DHCW management, with appropriate actions and implementation dates. These recommendations are being tracked internally and reported to the Audit & Assurance Committee.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 In addition to the three Audit Wales recommendations, opportunities for learning and further development have been identified by the DHCW Corporate Governance and Executive Team and will be taken forward. These are also monitored by the Audit & Assurance Committee.

3.2 Structured Assessment Opportunities for Learning Actions have been updated by the relevant Executive lead. In summary, out of 18 actions:

- 9 are marked as complete
- 9 are marked as underway

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 Audit and Assurance Committee are being asked to NOTE the content of the report.

6 APPROVAL / SCRUTINY ROUTE

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

DIGITAL HEALTH AND CARE WALES
AUDIT ACTION LOG

Agenda Item	4.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Workforce EQIA page

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

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

Acronyms			
DHCW	Digital Health and Care Wales	NHAIS	National Health Application and Infrastructure Service
DR	Disaster Recovery	IT	Information Technology
SMT	Senior Management Team	IMTP	Integrated Medium Term Plan
NWSSP	NHS Wales Shared Services Partnership	IOPR	Integrated Operational Performance Report
BAF	Board Assurance Framework	IOP	Integrated Operational Performance
PADR	Personal Appraisal and Development Review	SMB	Service Management Board
PPMG	Planning & Performance Management Group	BI	Business Intelligence
DG&S	Digital Governance & Safety	NDR	National Data Resource

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 53 actions reviewed at the last meeting where 21 were closed leaving a total of 32 open actions. The Committee received 5 reports at the last meeting (listed below) which contained a total of 22 new actions. These have been added to the log which now contains a

total of 54 actions.

- Corporate Governance (Substantial Assurance) – 8 actions
- Estates Compliance (Substantial Assurance) – 6 actions
- Risk Management (Substantial Assurance) – 0 actions
- Workforce PADRs (Reasonable Assurance) – 5 actions
- Structured Assessment (Audit Wales Report, no rating) – 3 actions

The status of the 54 open actions is shown in the table below:

Number	RAG	Status
33	GREEN	Complete
19	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
1	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 33 actions:

<u>System Development x 1</u>
DHCW-2122-10 2.1

<u>Financial Sustainability x 3</u>
DHCW-2223-01 2.3
DHCW-2223-01 3.1
DHCW-2223-01 5.1a

<u>Stakeholder Engagement x 6</u>
DHCW-2223-06 1.2
DHCW-2223-06 1.3
DHCW-2223-06 2.1
DHCW-2223-06 2.2
DHCW-2223-06 3.1
DHCW-2223-06 4.1

<u>Organisational Performance x3</u>
DHCW-2223-04 1.4
DHCW-2223-04 2.1
DHCW-2223-04 2.4

<u>Switching Service x 1</u>
DHCW-2223-10 2.1b

Corporate Governance x 8
DHCW-2223-05 1
DHCW-2223-05 2a
DHCW-2223-05 2b
DHCW-2223-05 3a
DHCW-2223-05 3b
DHCW-2223-05 3c
DHCW-2223-05 4a
DHCW-2223-05 4b

Estates and Compliance x 5
DHCW-2223-14 1.1
DHCW-2223-14 1.2
DHCW-2223-14 1.3
DHCW-2223-14 3.1
DHCW-2223-14 3.2

Workforce PADRs x 3
DHCW-2223-01 2.1
DHCW-2223-01 2.2
DHCW-2223-01 3.1

Structured Assessment x 3
3274A2022 R1
3274A2022 R2
3274A2022 R3

- The following action is not on target for completion by the agreed target date and a formal request for an extension will be presented to the next Committee meeting:

  3367A2023 2021-22 2022.3 ** Private status.

- One action is overdue with a red status allocated:

  DHCW-2223-10 4.1b A DR plan should be defined for the Switching Service and subjected to testing.

  It is expected that this action will have been completed by the end of June 2023 therefore a formal extension is not sought.

- The remaining 19 actions are being reported as on track for completion by target date.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Due to their technical nature, five actions have been classed as “private” and have sensitive details redacted.

4.2 Excellent progress has been made over the period with a total of 33 actions completed. Progress against remaining actions will continue to be monitored by the Head of Corporate Services in conjunction with Lead Directors on a regular basis.

5 RECOMMENDATION

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

6 APPROVAL / SCRUTINY ROUTE

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

DHCW AUDIT ACTION TRACKER
Live

Action Complete
Action on Target
Action not on Target
Action Overdue

Audit Committee Date	Audit Title	Reference	Public/ Private	Assurance Rating	Priority	Recommendation(s)	Lead	Target Date	Status	Outcome	Themes
May-22	System Development	DHCW-2122-102.1	Public	Reasonable	Medium	All code management should be in TFS.	Amanda Carter	Mar-23	**Action Complete**	S&BA SQL code (stored procedures, etc) will be migrated to TFS as part of release 2.5. A significant loss of resource in the WRIS development team and the inability to identify Test resource has delayed development. Extension to March 23 approved by Committee. [AC] 09/03/23 - 2.5 release has been moved to Q1 23/24 [AC] 25/04/23 - Development work for 2.5 release now complete, moving on to SIT	Software Development
Feb-23	Financial Sustainability	DHCW-2223-012.3	Public	Reasonable	Low	The terms of reference and membership of the Planning & Performance Group is currently under review, typically finance updates are for information with any action where the issues/risks have a direct impact on individual deliverables within lead control (as opposed to organisation wide risk). Whilst the DCP risk is currently reviewed and managed as part of the Risk Management Group we will further review the role of PPMG in areas such as this.	Michelle Sell	Apr-23	**Action Complete**	Finance are represented on PPMG and the Terms of Reference have recently been updated and now include the following statement "Own the strategic and business planning process for the organisation to arrive at an achievable plan where delivery demand and resource capacity are aligned within budget" recognising the current climate of cost pressures.	Financial
Feb-23	Financial Sustainability	DHCW-2223-013.1	Public	Reasonable	Medium	DHCW liaises with Welsh Government consistently via monthly finance catch up sessions, as part of the All Wales Directors of Digital Peer Group and the half yearly Joint Executive Team meetings. Any prioritisation of projects would be considered, approved and communicated within those settings. A request will be made to formally incorporate as a standard agenda item.	Claire Osmundsen - Little	Apr-23	**Action Complete**	Complete. This is part of the finance agenda item in Directors of Digital Peer Group.	Financial
Feb-23	Financial Sustainability	DHCW-2223-015.1a	Public	Reasonable	Medium	Medium and long-term plans should be formally set for the organisation and adjusted as and when needed. There will be an ongoing exercise and whilst DHCW can control and manage delivery and governance surrounding the internal position the All Wales view can be more challenging to keep refreshed. However broad proxies can be applied to give an indicative view of future cost pressures over the longer term, a more sensitive model (possibly incorporating economic forecasts).	Mark Cox	Apr-23	**Action Complete**	As stated as part of the ongoing exercise DHCW has constructed a medium term financial view and also an indicitive 10 year projection. This will continue to be revisited to incorporate the Cloud transistion plan, product approach and individual product roadmaps.	Financial
Feb-23	Stakeholder Engagement Plan	DHCW-2223-061.2	Public	Reasonable	Medium	Measures of success have been defined for the monthly IOP report and a six monthly engagement update report will be provided to the Management Board	Nadine Payne	Mar-23	**Action Complete**	Paper prepared for DHCW Management Boardfor March 2023 and SHA Board which outlines governance and reporting measures.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-061.3	Public	Reasonable	Medium	Appropriate success measures on engagement activity aligned to the action plan have been developed for the IMTP, monthly IOP report, and the six monthly engagement update report to Management Board and DHCW board.	Nadine Payne	Mar-23	**Action Complete**	The streamlined action plan outlines the deliverable for each action and approproriate measure of success aligned to the action plan are outlined in the stakeholder engagement paper prepared for DHCW Management Board for March 2023 and SHA Board.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-062.1	Public	Reasonable	Medium	The engagement action plan will be subject to six monthly engagement update reports for the Management Board and amends and monthly updates on outputs will be provided to the Management Board as part of IOP report. Updates and amends to the plan will be brought before the Management Board as needed at monthly management meetings	Nadine Payne	Mar-23	**Action Complete**	Paper prepared for DHCW Management Board March 2023 and SHA Board which outlines governance and reporting measures, which include six monthly updates to DHCW Management Board.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-062.2	Public	Reasonable	Medium	The measures of success within the engagement plan include outputs and impact to assess effectiveness of the activities against delivery of DHCW objectives and this will be reviewed by the Management Board on a bi-annual basis as part of the six monthly engagement update report.	Nadine Payne	Mar-23	**Action Complete**	The streamlined action plan includes measurement of outputs and impact which will be reported as part of the agreed governance strcuture to DHCW Management Board.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-063.1	Public	Reasonable	Medium	A refined and streamlined action plan, with all information completed, has been prepared for presentation to the Management Board February 2023, and the DHCW Board March 2023	Nadine Payne	Mar-23	**Action Complete**	A streamlined action plan has been developed, which includes SMART performance measures, with deliverables and timelines, but due to Board agenda availabity is scheduled for DHCW Management Board March 2023.	Engagement
Feb-23	Stakeholder Engagement Plan	DHCW-2223-064.1	Public	Reasonable	Medium	We recommend that DHCW develop and implement a performance framework as a priority, to enable effective monitoring and tracking of the progress of detailed Plan actions and wider engagement objectives.	Nadine Payne	Mar-23	**Action Complete**	A streamlined action plan has been developed, which includes SMART performance measures, with deliverables and timelines and will be reported regularly to Management Board for review and input as per the outlined governance.	Engagement
Feb-23	Organisational Performance	DHCW-2223-041.3	Public	Reasonable	Medium	The format of the monthly IOP Report is continually revised, with the aim of standardising across the document as much as possible. A summary for each section covering risks, key decisions/actions and matters for escalation will be included.	Alyson Smith	Jun-23	**Action on Target**	This will be included consistently from the first 2023-24 report.	Performance
Feb-23	Organisational Performance	DHCW-2223-041.4	Public	Reasonable	Medium	The IOPM Framework will be reviewed and updated in 2023-24 to describe how actions will be escalated to Management Board and the Board, setting out their respective roles and responsibilities.	Ifan Evans	Sep-23	**Action Complete**	Completed	Performance

Feb-23	Organisational Performance	DHCW-2223-04 1.5	Public	Reasonable	Medium	Directorates will be required to consider performance matters at monthly meetings, using the IOPM Framework and IOP Report to ensure a consistent approach across the organisation, with clarity on roles responsibilities and escalation to Management Board.	Ifan Evans	Jun-23	**Action on Target**	Process under development.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.1	Public	Reasonable	Medium	Challenge on matters of fact made by the Performance Team to the Management Groups on IOP Report related information and their resolution be evidenced and retained to provide assurance of this control. A method of tracking challenges on matters of fact and their resolution will be introduced.	Alyson Smith	Mar-23	**Action Complete**	A form has been developed to capture the challenge; this populates a spreadsheet which is then updated with the response /resolution.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.2	Public	Reasonable	Medium	The Scorecard will be developed to reflect trends and changes in RAG status over time, including comment where appropriate.	Alyson Smith	Jun-23	**Action on Target**	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.3	Public	Reasonable	Medium	The Scorecard will be developed to include comment against red or amber status scores summarising actions being undertaken, and an anticipated timeline for improvement.	Alyson Smith	Jun-23	**Action on Target**	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.4	Public	Reasonable	Medium	The Corporate Planning Section of the IOP Report will be developed to include a six monthly retrospective review of delivery milestones aligned to six monthly Directorate Review meetings.	Ruth Chapman	Sep-23	**Action Complete**	Close action. 1st 6 months of 23/24 will be drafted Oct but reports already produced looking at qtrly / year to date stats. Forward look of delivery risks has been presented to May management board. DIrectorate review milestones stats feed from same source as milestone progress for other	Performance
Feb-23	Organisational Performance	DHCW-2223-04 2.5	Public	Reasonable	Medium	The IOP Report format be developed so that each section contains a summary of key matters, for example key risks, significant Directorate actions/decisions, matters for escalation to the Management Board due to their importance and projected impact on DHCW objectives.	Alyson Smith	Jun-23	**Action on Target**	This will be included consistently from the first 2023-24 report.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.1	Public	Reasonable	Medium	Each monthly Directorate meeting held should provide a record of the meeting with agenda, papers and minutes retained, with the agenda having a standing item on performance management topics. Directorates will be required to consider performance matters at monthly meetings, using the IOPM Framework and IOP Report to ensure a consistent approach across the organisation, with clarity on roles responsibilities and escalation to Management Board.	Ifan Evans	Jun-23	**Action on Target**	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.2	Public	Reasonable	Medium	There will be formal written feedback on all matters escalated to Management Board and to the Board. A proportionate method of providing general feedback on the IOP Report will be developed, noting that directors participate in and/or can review recordings of meetings of Management Board, the Board and Committees.	Alyson Smith	Jun-23	**Action on Target**	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.3	Public	Reasonable	Medium	Directorates will be required to document and track performance related actions arising from monthly Directorate meetings, alongside other actions, with appropriate accountability, monitoring and management.	Ifan Evans	Jun-23	**Action on Target**	Under development, on track.	Performance
Feb-23	Organisational Performance	DHCW-2223-04 3.4	Public	Reasonable	Medium	Actions from the six monthly Directorate Reviews will be documented and tracked, including performance related actions, with appropriate accountability, monitoring and management.	Alyson Smith	Jun-23	**Action on Target**	Under development, on track.	Performance
Feb-23	Switching Service	DHCW-2223-10 2.1b	Public	Reasonable	High	Work should continue with the NDR to seek to move functionality there with confirmation sought that the functionality will sit with the NDR in the future. The move of the service to the cloud should be enacted. Initially, this new risk will be owned by the Clinical Directorate with the action being to agree an implementable plan to address these recommendations with the NDR programme as the preferred mitigation and way forward.	Rhidian Hurle	Mar-23	**Action Complete**	Update provided to May 2023 DG&S Committee in the ISD report to say that the short-term approach is to tolerate the responsive development and succession risks as a level of mitigation is already in place, while working on the longer-term plan to replace the functionality of the Switching Service within the NDR.	Information
Feb-23	Switching Service	DHCW-2223-10 2.1d	Public	Reasonable	High	Prioritisation and timescales need to be determined based on full requirements analysis and subject to agreement through the programme governance as it is an all Wales programme with separate governance to core functions within DHCW.	Rebecca Cook	Dependent upon Programme Timetable (TBC)	**Action on Target**	It is assumed that an alternative to the Switching Service will be developed and delivered as part of the NDR Programme's data acquisition work, but this needs to be formally built into the programme.	Information
Feb-23	Switching Service	DHCW-2223-10 3.1b	Public	Reasonable	Medium	Work to move the functionality into the NDR should continue. Initially, this will be owned by the Clinical Directorate with the action being to agree an implementable plan to address these recommendations with the NDR programme as the preferred mitigation and way forward.	Rhidian Hurle and Rachael Powell	Jul-23	**Action on Target**	Discussions continuing between Exec Medical Directors, Exec Director of Operations, NDR Programme Director and Associate Director of Information, Intelligence and Research.	Information
Feb-23	Switching Service	DHCW-2223-10 4.1a	Public	Reasonable	Medium	Encourage additional staff to maintain and develop the service in order to disseminate the knowledge to support the service and have less reliance on key individuals, including completing current upgrade and introducing the warm standby resilience solution.	Ken Leake	Jun-23	**Action on Target**	Preparation of updated documentation is underway, and additional members of the National Operational Database & Information team are being engaged to disseminate knowledge regarding the system.	Information
Feb-23	Switching Service	DHCW-2223-10 4.1b	Public	Reasonable	Medium	A DR plan should be defined for the Switching Service and subjected to testing.	Ken Leake	Mar-23	**Action Overdue**	Work is underway, but completion delayed due to ongoing MI incident. Anticipated to be completed by end of June 2023.	Information
Feb-23	Tehnical Resilience	DHCW-2223-11 1.1	Private	Substantial	Low	Redacted	Matt Palmer	Jan-24	**Action on Target**	Redacted	Infrastructure

Feb-23	Tehnical Resilience	DHCW-2223-112.1	Private	Substantial	Medium	Redacted	Kimberly Chapman	Mar-24	**Action on Target**	Redacted	Infrastructure
Feb-23	Tehnical Resilience	DHCW-2223-113.1	Private	Substantial	Medium	Redacted	Kimberly Chapman	Mar-24	**Action on Target**	Redacted	Infrastructure
Feb-23	Nationally Hosted IT Systems	3367A2023 2021-22 2022.1	Private	None (Audit Wales)	Medium	Redacted	Stuart Davies	Jul-23	**Action on Target**	Redacted	Software Development
Feb-23	Nationally Hosted IT Systems	3367A2023 2021-22 2022.3	Private	None (Audit Wales)	Medium	Redacted	Kimberly Chapman	Oct-23	**Action not on Target**	Redacted	Infrastructure
Apr-23	Corporate Governance	DHCW-2223-051	Public	Substantial	Low	The radial botton on the DHCW Internet Page linking to DHCW Standing Orders needs to be checked as it does not appear to allow the public to access the Standing Orders adopted by DHCW	Chris Darling	Jan-22	**Action Complete**	Complete, link checked and working.	Governance
Apr-23	Corporate Governance	DHCW-2223-052a	Public	Substantial	Medium	The Board should be provided with assurance on the level of implementation of Standing Orders and should receive periodic reports.	Chris Darling	Mar-22	**Action Complete**	Complete.Progress reporting in place nad an annual review is included in the Boar's Annual Cycle of Business	Governance
Apr-23	Corporate Governance	DHCW-2223-052b	Public	Substantial	Medium	The Boaard should consider any gaps or delays to full implementation of Standing Orders and whether additional measures are sought until full implementation is achieved	Chris Darling	Mar-22	**Action Complete**	Complete. Formally monitored by the Board with no significatn gaps identified.	Governance
Apr-23	Corporate Governance	DHCW-2223-053a	Public	Substantial	Medium	The Board should approve the DHCW mission, vision and strategic objectives	Chris Darling	Mar-22	**Action Complete**	Complete, Board Development Day held.	Governance
Apr-23	Corporate Governance	DHCW-2223-053b	Public	Substantial	Medium	The status of key supproting strategies, frameworks and programmes should be assessed, identifying what is in place and whethere it is fit for purpose	Chris Darling	Mar-22	**Action Complete**	Assessment complete, OFI raised	Governance
Apr-23	Corporate Governance	DHCW-2223-053c	Public	Substantial	Medium	Once the Board has approved its revised mission, vision and strategic objectives, they should receive assurance that the current strategic objectives remain valid or are amended, as required.	Chris Darling	Mar-22	**Action Complete**	Complete, approved by Board March 2022.	Governance
Apr-23	Corporate Governance	DHCW-2223-054a	Public	Substantial	Low	The Audit and Assurance Committee should provide the Board with assurance on compliance with the Health and Care Standards for the 2021-2022 period.	Chris Darling	Mar-22	**Action Complete**	Complete, reports went to Committees and Board	Governance
Apr-23	Corporate Governance	DHCW-2223-054b	Public	Substantial	Low	Future IMTPs and annual plans should comment on planned compliance with the Health and Care Standards, linking to key evidence.	Chris Darling	Mar-22	**Action Complete**	Complete, links to HCS included in 2022-25 IMTP	Governance
Apr-23	Estates & Compliance	DHCW-2223-141.1	Public	Substantial	Medium	Policies relating to Waste Management should be checked to ensure that they are up to date	Michael McGrath	Jun-23	**Action Complete**	Complete, review undertaken	Estates Management
Apr-23	Estates & Compliance	DHCW-2223-141.2	Public	Substantial	Low	The Waste Management Policy should reference Duty of Care activities	Michael McGrath	Jun-23	**Action Complete**	Complete, reference included	Estates Management
Apr-23	Estates & Compliance	DHCW-2223-141.3	Public	Substantial	Low	The Waste Management Policy redraft should be approved promptly and made available to staff	Michael McGrath	Jun-23	**Action Complete**	Complete, now published	Estates Management
Apr-23	Estates & Compliance	DHCW-2223-142.1	Public	Substantial	Low	Waste Management Services for the management of gernal office waste and IT hardware should be reviewed annually to assess the cumulative value of services provided by each contractor and where appropriate competitive quotes sought	Michael McGrath	Jun-23	**Action on Target**	In progress	Estates Management
Apr-23	Estates & Compliance	DHCW-2223-143.1	Public	Substantial	Low	Review Waste Licences and Information spreadsheet to ensure it is complete and details of all licences are included	Michael McGrath	Jun-23	**Action Complete**	Complete, spreadsheet now checked and up to date.	Estates Management
Apr-23	Estates & Compliance	DHCW-2223-143.2	Public	Substantial	Low	The contractor listing of the waste licences should be independently reviewed to ensure updates have been included	Michael McGrath	Jun-23	**Action Complete**	Complete, part of ISO 14001 assessment.	Estates Management
Apr-23	Workforce PADRs	DHCW-2223-011.1	Public	Reasonable	Low	DHCW should consider if PADR documents should be uploaded to ESR and if so, promote this position	Sarah Brooks	Sep-23	**Action on Target**	The Appraisal Development and Review Policy has been updated to include a Values based appraisal template and the policy states that the appraisal date is to be recorded on ESR and the form saved on the staff e-file. Continuing to investigate logging of PADR form on employee record.	People and OD
Apr-23	Workforce PADRs	DHCW-2223-011.2	Public	Reasonable	Medium	Quality checks should be carried out on a regular basis and the need to carry out these checks should be formally documented in the Policy.	Sarah Brooks	Sep-23	**Action on Target**	Internal Audits on Appraisals are part of the Internal Audit programme of work. An audit is planned in July 2023 and six monthly thereafter.	People and OD
Apr-23	Workforce PADRs	DHCW-2223-012.1	Public	Reasonable	Low	Management should promote the importance of accurate recording by the delivery of training and use of internal communications.	Sarah Brooks	Jul-23	**Action Complete**	Complete - Regular reminders in the Insider newsletter, Staff Briefing and management reporting. Pay Progression Appraisal (PPA) workshops are delivered and the importance of recording is included in the session.	People and OD
Apr-23	Workforce PADRs	DHCW-2223-012.2	Public	Reasonable	Low	Bespoke management reports should be created and monitored to identify anomolies.	Sarah Brooks	Aug-23	**Action Complete**	Complete - This is part of the POD Dashboard and presented on monthly basis. This is also discussed at Directorate Performance Reviews.	People and OD
Apr-23	Workforce PADRs	DHCW-2223-013.1	Public	Reasonable	Low	Management should emphasize the importance that the Policy is adhered to, including the setting of objectives e.g. SMART, linkable to the job description and organisation's strategies. Skill development, learning and training should be clearly identified with clear actions for the staff member to complete	Sarah Brooks	May-23	**Action Complete**	Complete - This is included in the policy and PPA workshop. This will be addressed as part of the Internal Audit in July 2023.	People and OD
Apr-23	Structured Assessment	3274A2022 R1	Public	None (Audit Wales)	N/A	Whilst the IMTP 2022-25 and associated Business Plan are supported by clear target dates and milestones, this information is not available for other corporate plans and strategies. DHCW, therefore, should ensure that all corporate plans and strategies are underpinned by detailed delivery plans that include target dates and milestone to facilitate effective progress monitoring and ensure appropriate Board-level assurance and scrutiny.	Chris Darling	Dec-23	**Action Complete**	Head of CG will review agendas for Plans, Strategies etc and before they are presented for approval will link in with the author to ensure milestones are included	Governance

Apr-23	Structured Assessment	3274A2022 R2	Public	None (Audit Wales)	N/A	Arrangements for managing medium- to long-term funding and savings risks need to be more visible at Board-level. DHCW, therefore, should put arrangements in place to: a. demonstrate, via its Board Assurance Framework, that it is actively managing the mediumand long-term risks associated with the sustainability of the Digital Priorities Investment Funding model; and b. provide greater assurance to the Board on the development and delivery of recurrent savings in the medium- to long-term to strengthen the future financial sustainability of the organisation.	Claire Osmundsen - Little	Mar-23	**Action Complete**	Complete. Sustainable funding model has been included within the Board Assurance Framework under strategic mission 5. Progress against key control and assurance gaps and required actions will be monitored by the SHA Board through the BAF reporting.	Governance
Apr-23	Structured Assessment	3274A2022 R3	Public	None (Audit Wales)	N/A	Aside from Internal Audit reports in this area, the Board or its committees do not receive other assurances over the management of DHCW's physical assets. DHCW, therefore, should periodically provide assurance reports to the Board or the relevant committee that its physical assets (over a certain value and / or at risk of misappropriation) are being well managed	Sam Lloyd/Claire Osmundsen-Little	Jan-23	**Action Complete**	Complete. DHCW will ensure that Estates and Compliance reports continue to be a standing item at the Audit and Assurance Committee meeting. In addition to ensuring DHCW continue to undertake an annual validation of all current capital assets. We will also look to provide twice yearly reports to the Audit & Assurance Committee highlighting additions and disposals assets.	Governance

Third Party Action

Audit Committee Date	Audit Title	Reference	Assurance Rating	Priority	Recommendation(s)	Lead	Target Date	Status	Outcome	Themes
Submitted to Velindre University NHS Trust as host organisation	Nationally Hosted IT Systems	2016.1	N/A - Audit Wales report	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/ Ken Leake	Jul-22	**Action Overdue**	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.	Systems Replacement

DIGITAL HEALTH AND CARE WALES
COUNTER FRAUD PROGRESS REPORT

Agenda Item	4.6

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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			
NHSCFA	NHS Counter Fraud Authority	DHCW	Digital Health and Care Wales

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 first quarter of 2023-2024 (1st April 2022-19th June 2022)

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no matters to escalate to the Committee.

5 RECOMMENDATION

5.1 The Audit and Assurance Committee is being asked to NOTE the contents of the report that relate to the Counter Fraud work carried out in period one of the financial year 2023-2024.

6 APPROVAL / SCRUTINY ROUTE

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

NHS WALES

Counter Fraud Progress Report

01/04/23 – 19/06/2023

Public Meeting

GARETH LAVINGTON
COUNTER FRAUD MANAGER
CARDIFF & VALE UNIVERSITY HEALTH BOARD

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1. Introduction

In compliance with the Secretary of State for Health's Directions on Countering Fraud in the NHS, this report provides details of the work carried out by the Cardiff and Vale University Health Board's Local Counter Fraud Specialists on behalf of Digital Health and Care Wales (DHCW).

This report relates to activity for the reporting period 01/04/2023 – 19/06/2023.

2. Progress

Infrastructure/Annual Plan

Work has continued in maintaining the Counter Fraud infrastructure in order to maintain compliance with the Counter Fraud Plan for 2023-2024, and the NHS CFA functional standards. The below activity has taken place -

i. Continued maintenance and development of a comprehensive local activity database which is vital in maintaining a detailed and accurate record of work undertaken and activity reported in order to inform areas of future work.

ii. Continued maintenance of Counter Fraud digital platform – Members of the Audit Committee are encouraged to visit the site at the link/QR code here

Counter Fraud - Home (sharepoint.com)

Promotion and Awareness and Educational Activity

Corporate Induction– DHCW now fully incorporates Counter Fraud Awareness training into all Corporate Inductions. Two sessions have been held in this Quarter at, Ty Glan yr Afon. Awareness provided to 28 new employees.

Bespoke Staff training- arrangements are underway to provide specific fraud awareness training to the People and OD Team in order not only to provide learning to the team but to foster engagement between the two departments in order to achieve a more cohesive relationship in dealing with allegations of fraud against staff members

Fraud Pop Ups- A further fraud pop up event has been held during this quarter. This has involved the team attending Ty Glan yr Afon, with the aim of promoting the Counter Fraud Team, engaging with staff members and visitors, and handing out promotional materials. A flyer/bulletin has been developed and has been handed out to staff at these sessions and left in key places around the estate to encourage staff to attend Webinar events, book fraud awareness sessions, undertake e-learning and report fraud. A copy of this bulletin is at Appendix 1.

Webinar Events – During this period a total of 6 webinar events have been held. These sessions are held once a month and are advertised for staff to book into. Two sessions are held – General fraud Awareness and Mandate Specific Fraud Awareness. Two members of staff from DHCW have attended the webinars in this Quarter.

Intranet Site- during this Quarter the intranet site has received 409 visits.

Other/Ad Hoc/Trial promotional activity- A quarterly newsletter has been produced, disseminated and published on the intranet site. This can be found at the following link - Counter Fraud Newsletter - May 2023 (sharepoint.com) or via the QR Code provided above.

A promotional email has been shared with Department Heads and Fraud Champions in order that it is cascaded to as many staff as possible which aims to increase the uptake of e-Learning, the Counter Fraud App and the uptake of Fraud Awareness sessions. A copy of this is at Appendix 2

E- Learning – The new E-Learning package is available on ESR. In this Quarter one member of staff from DHCW has undertaken the learning. During the same time period across NHS Wales as a whole 1192 members of staff have completed the learning. Liaison has been made with the Organisational Development team in order to assess if it is possible to make this training mandatory.

Prevention

Local Bulletins/Alerts – There have been no local alerts required in this Quarter

Iburn – One Iburn notice has been disseminated by the NHS Counter Fraud Authority in this Quarter. This related to a person believed to be multiple working/subcontracting out their work for multiple NHS organisations as a Finance Manager, possibly through an agency. Checks conducted on organisations ESR with no results found for details or alias. Checks conducted with organisations Fraud champion/finance department who confirmed that no person by the given details was currently or previously employed by the organisation. Results recorded on CLUE database.

FPN – No FPN's have been issued by the NHS Counter Fraud Authority in this Quarter.

Referrals

During this reporting period there have been a total of 1 referral made to the team. This referral relates to an allegation of an employee falsely reporting sickness and has been promoted to investigation accordingly.

Investigations

During this reporting period 1 new formal investigation commenced by the team as above. Further detail provided in closed session. At the time of reporting this investigation remains open, no cases have been carried over from the previous reporting period and therefore 1 investigation is ongoing at DHCW.

Fraud Risk

A total of 2 Fraud Risk Assessments have been completed in this period. These have been disseminated to nominated stakeholders and Executive leads for review, and to the Corporate Governance Risk Manager team consideration for recording on the local risk register (DATIX), as per the Risk Management Policy.

The areas that the risk assessments have been submitted:

- Staff Sickness – False reporting
- Staff Sickness – Working Elsewhere whilst sick

Copies of these assessments have been submitted in the papers for the private meeting along with the live Risk Fraud Profile that provides up to date reporting of the current situation.

National Fraud Initiative

Report Type	Total No. of Matches	No. Cleared
Payroll to Payroll - NI	8	6
Payroll to Payroll - Tel. No.	4	4
Payroll to Payroll - Email	0	NA
Payroll to Pension	8	8
Payroll to Company Director/Trade Creditor	1	1
Payroll to Creditor	1	1

3. Other

NHS Counter Fraud Thematic Engagement Exercise – Fraud Risk

This document is submitted as supplementary to this report. There are factual inaccuracies within the report in relation to the organisation. This has been raised with the NHS Counter Fraud Authority and assurance can be provided that this will be rectified in due course. The report deals with Fraud Risk assessment and whilst DHCW have not been addressed directly, assurance can be provided that the NHS Requirements measured against the 'Government Functional Standard GovS 013: Counter Fraud' are being successfully met. In relation to the generic recommendations made in the report the responses (where appropriate) can be seen below in red.

- NHSCFA to provide continued support and training to organisations via workshops or webinars in order to increase knowledge and understanding of both fraud risk assessments and LPEs.

- NHSCFA to reinforce the importance of fraud risk assessments and the targeted approach to LPEs so that LCFS resources are best spent more effectively.

- NHSCFA to explore the possibility of allowing access to Ngage for key staff within an organisation for eg deputy directors of finance, head of governance and head of risk.

- Organisation must record FRAs in-line with their own risk management policies to achieve an amber rating and once evidence supports review and evaluation in-line with those policies then a green rating would apply for requirement 3 – This is already being carried out. All Fraud Risk Assessment work is recorded on the local form created for the purpose and is reported to nominated stakeholders and Executive leads for review, recording on the local risk register, consideration for escalation, and any recommended remedial action to be undertaken. In the case of DHCW, all identified fraud risks are now subject to dissemination to the Corporate Governance Risk Manager in addition to departmental stakeholders for inclusion on the DATIX system utilised for the purpose of reporting risk. Further to this a Live Fraud Risk Profile document is held within the Counter Fraud Department that monitors the risks and has timed reviews built in.

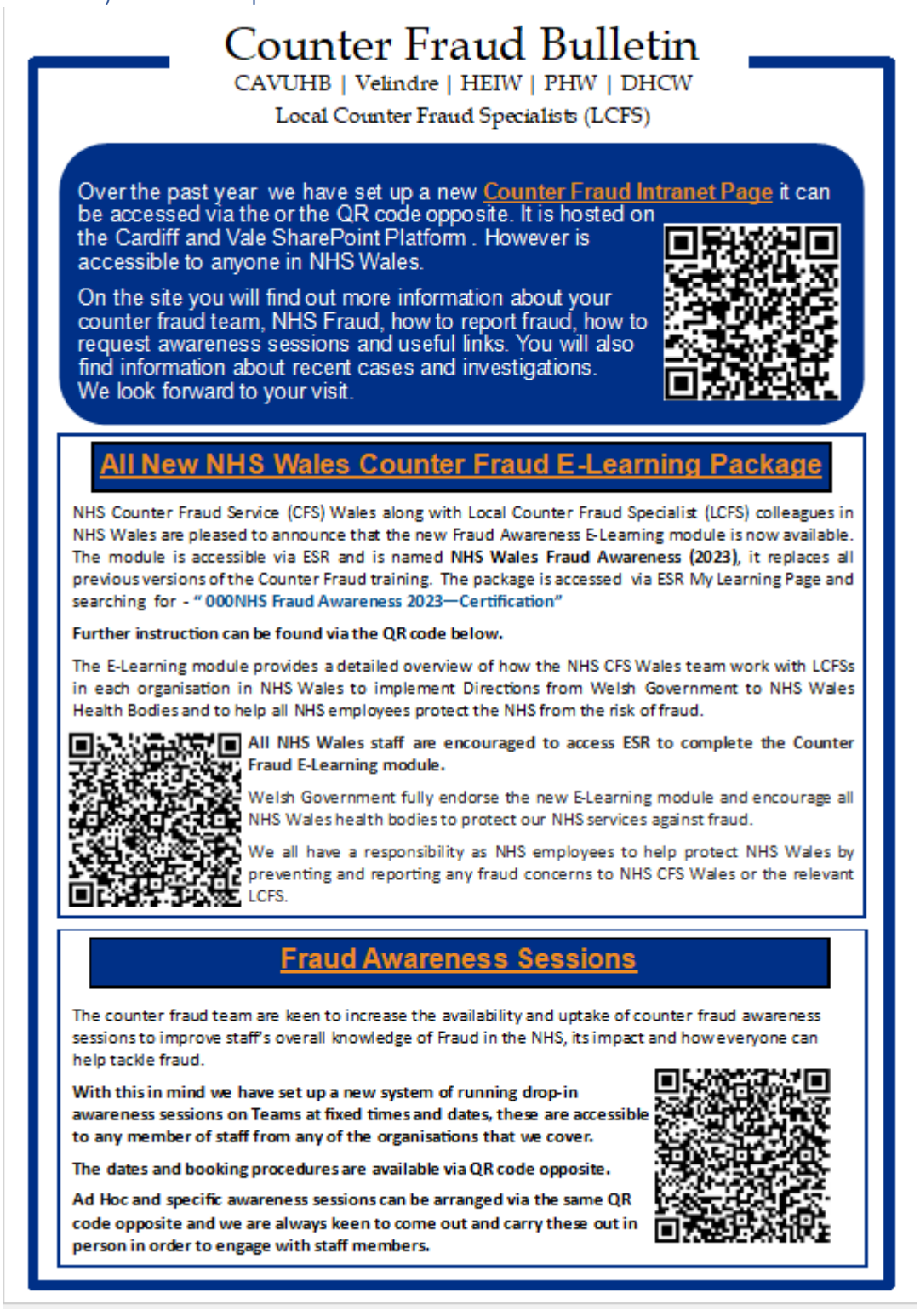
- Organisations to undertake comprehensive fraud risk assessments at a local level which should be reviewed and updated in line with the organisations own policies and procedures – as above with the addition that a local live Fraud Risk Profile is held by the Counter Fraud Team with review dates and actions to be completed.

- Organisations must ensure that all FPNs are recorded on Clue as this will ensure the benchmarking dashboards accurately reflect the work being done to counter fraud at a local level. Failure to do so would result in a red rating for requirements 6, 8 and 10. – this is already being completed.

- Organisations to ensure outcomes from LPEs must be accurately recorded even if this is some time after the proactive exercise has concluded. For example, following recommendations it would be beneficial to revisit the exercise to review outcomes. – this is completed as an when appropriate. All LPE records remain live on the clue system and contain regular dates of review.

4. Appendices

Appendix 1 – Flyer used for promotion



Counter Fraud Bulletin

CAVUHB | Velindre | HEIW | PHW | DHCW

Local Counter Fraud Specialists (LCFS)

Over the past year we have set up a new Counter Fraud Intranet Page it can be accessed via the or the QR code opposite. 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.

All New NHS Wales Counter Fraud E-Learning Package

NHS Counter Fraud Service (CFS) Wales along with Local Counter Fraud Specialist (LCFS) colleagues in NHS Wales are pleased to announce that the new Fraud Awareness E-Learning module is now available. The module is accessible via ESR and is named **NHS Wales Fraud Awareness (2023)**, it replaces all previous versions of the Counter Fraud training. The package is accessed via ESR My Learning Page and searching for - **" 000NHS Fraud Awareness 2023—Certification"**

Further instruction can be found via the QR code below.

The E-Learning module provides a detailed overview of how the NHS CFS Wales team work with LCFSs in each organisation in NHS Wales to implement Directions from Welsh Government to NHS Wales Health Bodies and to help all NHS employees protect the NHS from the risk of fraud.

All NHS Wales staff are encouraged to access ESR to complete the Counter Fraud E-Learning module.

Welsh Government fully endorse the new E-Learning module and encourage all NHS Wales health bodies to protect our NHS services against fraud.

We all have a responsibility as NHS employees to help protect NHS Wales by preventing and reporting any fraud concerns to NHS CFS Wales or the relevant LCFS.

Fraud Awareness Sessions

The counter fraud team are keen to increase the availability and uptake of counter fraud awareness sessions to improve staff's overall knowledge of Fraud in the NHS, its impact and how everyone can help tackle fraud.

With this in mind we have set up a new system of running drop-in awareness sessions on Teams at fixed times and dates, these are accessible to any member of staff from any of the organisations that we cover.

The dates and booking procedures are available via QR code opposite.

Ad Hoc and specific awareness sessions can be arranged via the same QR code opposite and we are always keen to come out and carry these out in person in order to engage with staff members.

NHS Wales Counter Fraud APP

We are pleased to announce the launch of the new NHS Wales Counter Fraud App, available to all NHS Wales staff. Our goal with this app is to increase awareness and education of fraud in the workplace and to make reporting fraud as accessible as possible for all NHS Wales staff.

Features include the latest news, fraud reporting, convictions in Wales, and resources such as the fraud awareness toolkit.

Additionally, the app will feature fraud awareness videos and a section where you can easily contact your local counter fraud specialist.

We encourage you to download the app and take advantage of the resources and tools it offers. (Power Apps is required for this and you may need to request this access from your IT Team)

For more information on how to download the NHS Wales Counter Fraud Service App please visit the NWSSP Intranet Pages or scan the QR code below

Thank you

Your Local Counter Fraud Team.

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 by scanning the QR Code below. There is also a new generic email inbox which can be used to contact the team. Any information provided is treated **confidentially**.

Counter Fraud Enquiry Form

CounterFraudEnquiries.CAV@wales.nhs.uk

Gareth Lavington
Tel: 029218 36265
Gareth.Lavington2@wales.nhs.uk
Counter Fraud Manager

Henry Bales
Tel: 029218 36264
Henry.Bales@wales.nhs.uk
Deputy Counter Fraud Manager

Nicola Tillings
Tel: 029218 36481
Nicola.Tillings2@wales.nhs.uk
Local Counter Fraud Specialist

Office: Counter Fraud Department, 1st Floor Woodland House, Maes-Y-Coed Road, Cardiff, CF14 4HH

Appendix 2 – Promotional Email sent to Dept. Heads, Fraud Champions

"Dear Colleagues

We are pleased to announce that the new Fraud Awareness E-Learning module is now available. The module is accessible via ESR and is named **NHS Wales Fraud Awareness (2023)**, it replaces all previous versions of the Counter Fraud training.
The package is accessed via ESR My Learning Page and searching for -

" 000NHS Fraud Awareness 2023—Certification"

Full instruction on accessing and completing the course can be found here: Online Learning (sharepoint.com)

The E-Learning module provides a detailed overview of how the NHS CFS Wales team work with LCFSs in each organisation in NHS Wales to implement Directions from Welsh Government to NHS Wales Health Bodies and to help all NHS employees protect the NHS from the risk of fraud.
All NHS Wales staff are encouraged to access ESR to complete the Counter Fraud E-Learning module.
Welsh Government fully endorse the new E-Learning module and encourage all NHS Wales health bodies to protect our NHS services against fraud. We all have a responsibility as NHS employees to help protect NHS Wales by preventing and reporting any fraud concerns to your Local Counter Fraud Specialists. (Counterfraudenquiries.Cav@wales.nhs.uk)

In addition, the counter fraud team are keen to increase the availability and uptake of counter fraud awareness sessions to improve staff's overall knowledge of Fraud in the NHS, its impact and how everyone can help tackle fraud.
With this in mind we have set up a new system of running drop-in awareness sessions on Teams at fixed times and dates, these are accessible to any member of staff from any of the organisations that we cover.
We will be running general fraud awareness sessions and specific mandate fraud awareness sessions (Finance Staff). These will be half hour sessions with a presentation and time for questions and answers at the end.
There is a registration form (click on the date you wish to attend) which you will need to complete in order to receive the link to the session and add it to your calendar.

The dates and booking procedures are available here: Fraud Awareness Sessions (sharepoint.com)

Ad Hoc and specific awareness sessions can be arranged also at the above link and we are always keen to come out and carry these out in person in order to engage with staff members.

Finally, we are pleased to announce the launch of the new NHS Wales Counter Fraud App, available to all NHS Wales staff. Our goal with this app is to increase awareness and education of fraud in the workplace, and to make reporting fraud as accessible as possible for all NHS Wales staff. Features include the latest news, fraud reporting, convictions in Wales, and resources such as the fraud

awareness toolkit. Additionally, the app will feature fraud awareness videos and a section where you can easily contact your local counter fraud specialist.
We encourage you to download the app and take advantage of the resources and tools it offers. (Power Apps is required for this and you may need to request this access from your IT Team)
For more information on how to download the NHS Wales Counter Fraud Service App please click the link below

Counter Fraud Service Wales app (sharepoint.com)

Best wishes

The Cardiff and Vale UHB Counter Fraud Team

As requested above, please could you assist with dissemination of this email/or the information contained within, in order that it filters through to Departmental/Directorate Managers within your organisation in order to assist with the uptake of Fraud Awareness and Education. We will be arranging dates in the near future to get out and about to spend a day at each organisation visiting and engaging with staff, delivering promotional materials and holding Counter Fraud surgeries. Dates and locations will be confirmed in due course.

Many Thanks for your assistance in advance, “”

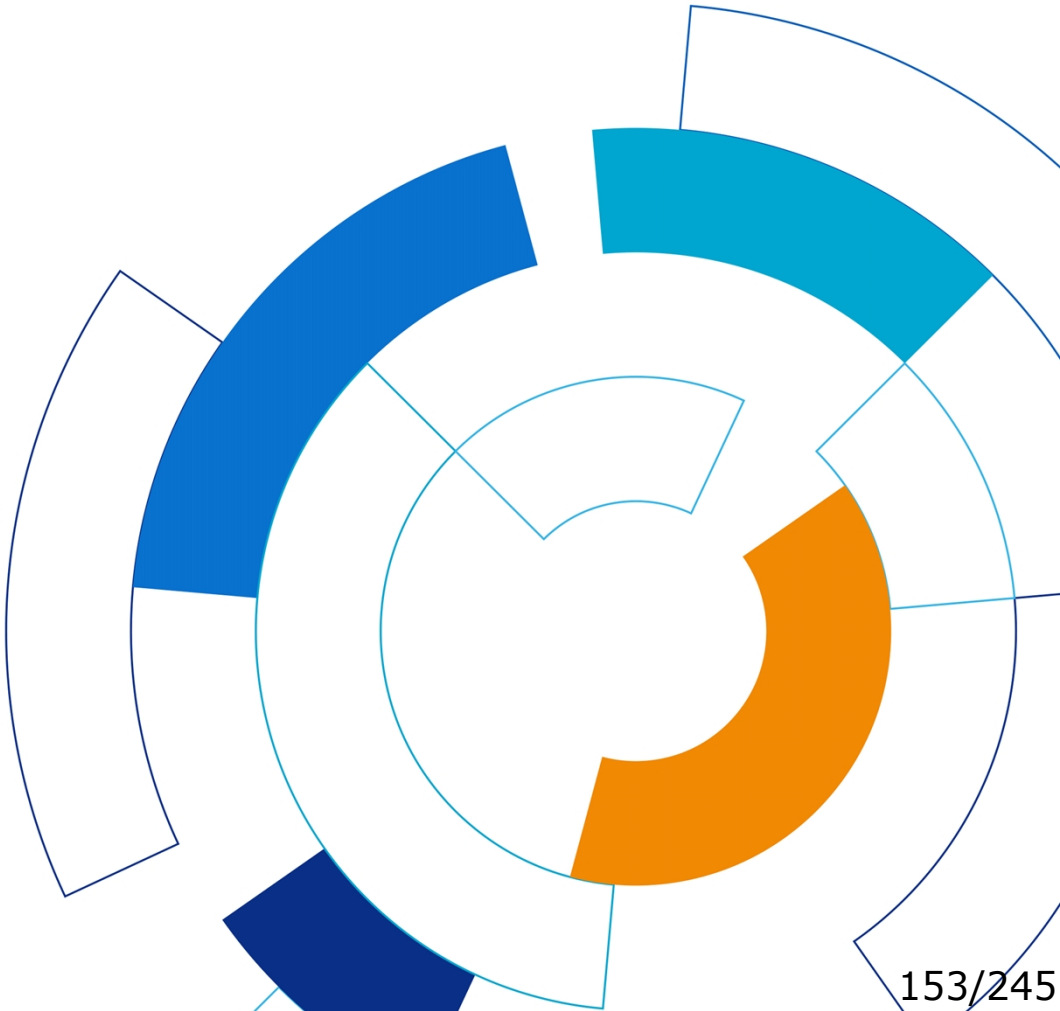
NHS Counter Fraud Authority

RISK BASED LOCAL PROACTIVE WORK

Thematic Engagement Exercise

JUNE 2023

Version 1.0 Final version



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

Version control

Version	Name	Date	Comment
0.1	T Barlow	30 May 2023	Initial draft
0.2	J Gall	01 June 2023	Proof read and comment
1.0	T Barlow	01 June 2023	Final

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Executive summary

Background

Since April 2021 all NHS funded services have been required to provide assurance against the Government Functional Standard GovS 013: Counter Fraud. To enable NHS funded services to meet the Government Functional Standard the NHSCFA released a suite of NHS Requirements in January 2021.

The NHS Counter Fraud Authority (NHSCFA) describe the requirements for these counter fraud arrangements in a set of fraud, bribery, and corruption requirements within the Functional Standard, which are published annually for both NHS funded organisations and commissioners. Welsh Government has adopted the same stance and the NHS Counter Fraud Service Wales supports compliance with the NHS Requirements.

The NHS Requirements include in component 3 the need to undertake detailed local fraud risk assessments in line with the Government Counter Fraud Profession (GCFP) standards and methodology. Furthermore, the component requires health bodies to record and manage those risk assessments in line with their own risk management policies.

The NHS Requirements include in component 6 the need to identify and report on outcome-based metrics, informed by national and local risk assessment. The outcomes to be recorded on the approved NHS case management system.

The NHS Requirements include in component 8 the need to use the case management system to record all fraud, bribery, and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during investigations and/or proactive prevention and detection exercises.

The NHS Requirements include in component 10 the need to undertake proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery, and corruption.

There is a requirement for the NHSCFA to seek assurance of compliance with these requirements from the sector and this thematic exercise will feed into the assurances sought. The findings will in turn inform future fraud landscape reports produced by the department.

Summary of findings

Firstly, we would like to thank those involved in the fraud risk assessment work and local proactive exercise (LPE) work undertaken to date and we have been encouraged by the progress made. Fraud risk assessment underpins how organisations can strategically counter fraud and more importantly at a local level ensure they have appropriate resources in place to mitigate fraud risk.

It was evident that in most cases organisations with the support of their counter fraud service provider had grasped the concepts of local fraud risk assessments and the process for conducting and recording local proactive exercises along with linking associated outcomes resulting from that work and this was encouraging.

It was pleasing that some LCFSs had worked closely with key staff at a local level to help support fraud risk work and some examples of how working closely with risk managers had expedited the fraud risk assessment process. It should however be noted that not all health boards had embraced the fraud risk assessment process and in some cases were in breach of their own policies as well as the NHS Requirements. This is reflected in both this general overarching recommendations made in this report and, in the organisation specific reports issued directly to those organisations included in the thematic exercise.

All health boards and trusts in Wales were covered in the exercise and face to face meetings were held with the LCFS leads responsible for the counter fraud provision. We would like to thank those LCFS leads for their professionalism in their approach to the exercise and their honesty of the position their organisation were in with fraud risk assessment and LPEs at the time of the exercise. We appreciate that progress will continue to be made in this area of counter fraud work and it may well be prudent to revisit the position in the future.

Suggested Next Steps

We (NHSCFA) will assist and continue to support organisations with the development of local FRAs and LPE activity through a variety of means (webinars, forums, guidance).

We (NHSCFA) will look to engage with those key members of staff responsible at a local level for fraud risk activity (Risk managers).

Organisations should continue to manage FRAs in line with their organisations risk management policy whilst ensuring the content of FRAs falls in line with the standards set by the Government Counter Fraud Profession.

Organisations should continue to undertake and record fraud risk based local proactive exercises.

Organisations should ensure fraud prevention notices are recorded as local proactive exercises on Clue in a timely manner ensuring all outcomes are recorded as appropriate.

Objectives

To undertake an exercise applied to all Health Boards and Trusts in Wales who submitted a CFFSR in June 2022, to assess the level and detail of risk-based counter fraud proactive work undertaken, with specific focus on GovS013 component 3, GovS 013 component 6, GovS 013 component 8 and GovS component 10.

To support the sector with guidance and share good practice with stakeholders to promote the benefits of shared learning and ensuring the best possible return on investment for proactive counter fraud work undertaken across the sector.

- To understand the risk based counter fraud procedures in use across NHS Provider organisations for proactive work.
- To test compliance of NHS provider organisations with regards to the four GovS 013 components relevant to this exercise (3, 6, 8 and 10) for proactive work.
- To consider appropriate guidance and continued support that the NHSCFA could provide the sector.
- Highlight good practice within the sector and communicate the findings with our stakeholders
- To report on our findings to NHSCFA and to those NHS provider organisations who formed part of the exercise (Directors of Finance, Audit Committee Chairs, Fraud Champions and Local Counter Fraud Specialists). To publicise the findings of the thematic exercise across the sector.

Purpose

The purpose of the exercise was to provide assurance to Welsh Government that appropriate measures to prevent fraud, bribery and corruption within Health Boards and Trusts for those areas of fraud risk assessment, risk based proactive exercises, outcome-based metrics and appropriate usage of the NHSCFA approved case management system (Clue) were place. Where they were not in place, to make appropriate and meaningful recommendations to address any identified vulnerabilities.

Scope / Out of Scope

The exercise engaged with all Health Boards and Trusts in Wales. Those NHS organisations that commission services (Commissioners) and any organisation falling outside the mandatory requirements of the NHS Requirements (components) were out of scope.

Methodology

Organisation Selection

There are a total of 12 organisations in Wales however Digital Health Care Wales fall under Velindre NHS Trust for reporting. Therefore 11 were selected for the exercise and those selected were.

Aneurin Bevan University LHB
Betsi Cadwaladr University LHB
Cardiff and Vale University LHB
Cwm Taf Morgannwg University LHB
Health Education and Improvement Wales
Hywel Dda University LHB
Powys Teaching LHB
Public Health Wales NHS Trust
Swansea Bay University LHB
Velindre NHS Trust
Welsh Ambulance Service NHS Trust

NHS Wales Shared Services Partnership were included under the Velindre NHS Trust findings.

The organisations were asked to provide their risk management policy and evidence of local fraud risk assessments undertaken. All organisations engaged fully with that request and submitted the required material in a timely manner which was welcomed.

In addition, Shared Services Wales took part in the exercise given they had recently appointed their own LCFS lead and the organisation carried a high level of responsibility for higher risk fraud areas such as procurement, human resources and some finance functions such as payroll for the whole of Wales.

NHS Requirements Relevant to the Exercise

NHS Requirement 3 - The organisation has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risk analysis is undertaken in line with Government Counter Fraud Profession fraud risk assessment methodology and is recorded and managed in line with the organisation's risk management policy and included on the appropriate risk registers, and the risk assessment is submitted upon request. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).

3 organisations (27%) had rated themselves as **Green** and meeting the requirement.

8 organisations (73%) had rated themselves as **Amber** and partially meeting the requirement.

Zero organisations (0%) had rated themselves as **Red** and not meeting the requirement.

NHS Requirement 6 - The organisation identifies and reports on annual outcome-based metrics with objectives to evidence improvement in performance. This should be informed by national and local risk assessment, national benchmarking and other comparable data. Proactive and reactive outcomes and progress are recorded on the approved NHS fraud case management system.
Metrics should include all reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.

8 organisations (73%) had rated themselves as **Green** and meeting the requirement.

3 organisations (27%) had rated themselves as **Amber** and partially meeting the requirement.

NHS Requirement 8 - The organisation uses the approved NHS fraud case management system to record all incidents of reported suspect fraud, bribery and corruption, to inform national intelligence and NHS counter fraud functional standard return submission by the NHSCFA. The case management system is used to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during investigations and/or proactive prevention and detection exercise.

10 organisations (91%) had rated themselves as **Green** and meeting the requirement.

1 organisation (9%) had rated themselves as **Amber** and partially meeting the requirement.

NHS Requirement 10 - The organisation undertakes proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action, including local exercises and participation or response to national exercises. Results of this work are evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption.
Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and NHSCFA led loss measurement exercises. The findings are acted upon promptly.

7 organisations (64%) had rated themselves as **Green** and meeting the requirement.

4 organisations (36%) had rated themselves as **Amber** and partially meeting the requirement.

Findings

Risk

We found that in most cases organisations with the continued support of their counter fraud service provider had begun to understand the concepts of local fraud risk assessments and in some instances, we were encouraged to hear that the LCFS had engaged with risk managers. It should however be noted that this was not the case for all organisations in Wales. An organisational summary is included within this report.

It was evident that there were varying degrees of compliance with NHS Requirement 3 with some organisations being at the beginning of their local fraud risk assessment work whilst others had grasped the understanding of the GCFP standard for fraud risk assessment and the importance of conducting local fraud risk assessments which would assist and inform their local proactive exercise activity and ensuring that fraud risk mitigation is undertaken and supported by hierarchy of the organisation.

Of the organisations we looked at for the thematic exercise all used Datix software to record risk assessments not all organisations had recorded their risk assessments in line with their local risk management policies and as such would be rated red for requirement 3. None of the organisations had rated themselves red on the annual CFFSR return submitted to NHSCFA. This was the area of most concern in general terms. Fraud risks should be treated and managed in the same way as any other risk formally recorded at a local level and local policies should be followed. It was also apparent that fraud was not referenced as a consideration in the local risk management policies.

We found that further support for our stakeholders will be required to reinforce the importance undertaking detailed FRAs in-line with standards and working closely with the organisations risk teams in order to better equip the organisation to fully understand their local risk areas and how then those risks can be addressed with actions.

We would encourage stakeholders to utilise the NHSCFA NGAGE platform to support their local fraud risk assessments to ensure that both the NHS Requirements and GovS013 functional standards are met.

Local Proactive Exercises (LPEs)

It was evident from the records held on Clue that the recording of LPEs and Outcomes resulting from fraud risk based LPEs was limited at the time of the assessment.

For the year 2021/22 across the 11 organisations a total of 35 LPEs had been recorded however 20 of those recorded were for 2 organisations, leaving some organisation without any recorded LPEs.

Organisations must remember that it is a requirement to record action against fraud prevention notices (FPNs) including no action required or a “not relevant” response. FPNs have been assessed centrally as posing a potential risk and therefore should be recorded locally to offer assurance to the organisation that FPNs are being actioned appropriately.

Organisations who do not record activity against FPNs could be in breach of NHS Requirements 6, 8 and 10 and the return on the CFFSR would suggest the majority of organisations would not have actually been compliant with these requirements.

We can say that more work must be undertaken to reinforce and publicise the importance of conducting fraud risk based LPEs so that limited resources are best spent more effectively with the aim of preventing and deterring fraud at a local level.

We can say that for those organisations who had recorded LPEs on Clue that the data entry was positive, and we were encouraged by the level of detail on some LPEs recorded (e.g. investigator notes). This can of course be improved with further support.

Recommendations

- NHSCFA to provide continued support and training to organisations via workshops or webinars in order to increase knowledge and understanding of both fraud risk assessments and LPEs.
- NHSCFA to reinforce the importance of fraud risk assessments and the targeted approach to LPEs so that LCFS resources are best spent more effectively.
- NHSCFA to explore the possibility of allowing access to Ngage for key staff within an organisation for eg deputy directors of finance, head of governance and head of risk.
- Organisation must record FRAs in-line with their own risk management policies to achieve an amber rating and once evidence supports review and evaluation in-line with those policies then a green rating would apply for requirement 3.

- Organisations to undertake comprehensive fraud risk assessments at a local level which should be reviewed and updated in line with the organisations own policies and procedures.
- Organisations must ensure that all FPNs are recorded on Clue as this will ensure the benchmarking dashboards accurately reflect the work being done to counter fraud at a local level. Failure to do so would result in a red rating for requirements 6, 8 and 10.
- Organisations to ensure outcomes from LPEs must be accurately recorded even if this is some time after the proactive exercise has concluded. For example, following recommendations it would be beneficial to revisit the exercise to review outcomes.

Individual organisational summaries

Organisation	Summary of findings	Recommendations
Aneurin Bevan University LHB	FRAs had been undertaken broadly in-line with GCFP methodology and had been recorded locally according to the local risk management policy. Which included recording risks on the organisations risk management software, Datix. LPE's and FPNs had been recorded and at the time of the assessment a total of 16 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded and all FPNs should be actioned and recorded.
Betsi Cadwaladr University LHB	FRAs had been undertaken broadly in-line with GCFP methodology and had been recorded locally according to the local risk management policy. Which included recording risks on the organisations risk management software, Datix. LPE's and FPNs had been recorded and at the time of the assessment a total of 5 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Cardiff and Vale University LHB	A number of FRAs had been written however at the time of the assessment no FRAs had been recorded on Datix which was a policy requirement. The LCFS lead did confirm that plans had been put in place to rectify this issue. The FRAs we had sight of were	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements.

	broadly written in line with GCFP methodology. LPE's and FPNs had been recorded and at the time of the assessment a total of 7 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• FRAs should be recorded in-line with local policy as at the time of the assessment a red rating would have applied for requirement 3. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Cwm Taf Morgannwg University LHB	FRAs had been undertaken broadly in-line with GCFP methodology and had been recorded locally according to the local risk management policy. LPE's and FPNs had been recorded and at the time of the assessment a total of 2 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Health Education and Improvement Wales	We did not have sight of FRAs for the organisation. LPE's and FPNs had been recorded and at the time of the assessment a total of 5 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• The organisation should ensure that FRAs are completed, recorded and managed in-line with local policy. A red rating will apply for requirement 3 until

		this work is completed. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Hywel Dda University LHB	We had sight of a number of FRAs that had been written broadly using the GCFP methodology. At the time of the assessment only 1 FRA had been recorded on the organisations Datix system. LPE's and FPNs had been recorded and at the time of the assessment a total of 2 had been recorded on Clue for the period 01/04/2021 to 01/09/2022	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Powys Teaching LHB	The risk management policy for Powys Teaching LHB stated that all risks rated 9 and below should be managed locally and intimated there was no requirement to record these risks on Datix. We had sight of a comprehensive spreadsheet of FRAs completed by the LCFS which broadly utilised the GCFP methodology.	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements. I would also be prudent to ensure fraud risk ownership is relevant and department specific and therefore to

	The concern would be the local ownership of the FRAs which should be owned where the risk is relevant. For example a risk relating to procurement should be owned by the procurement team and it was not clear if this was the case. LPE's and FPNs had been recorded and at the time of the assessment a total of 2 had been recorded on Clue for the period 01/04/2021 to 01/09/2022	comply with their own policy fraud risks should be included on local departmental registers. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Public Health Wales NHS Trust	We did not have sight of FRAs for the organisation. LPE's and FPNs had been recorded and at the time of the assessment a total of 4 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• The organisation should ensure that FRAs are completed, recorded and managed in-line with local policy. A red rating will apply for requirement 3 until this work is completed. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Swansea Bay University LHB	We had sight of a comprehensive spreadsheet of FRAs completed by the LCFS which broadly utilised the GCFP methodology. However, when it came to recording risks on Datix and in-line with their own policy the LCFS had found it	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local policy requirements.

	challenging at the time of the assessment to enable FRAs to be recorded on the Datix system. This meant that at that time the organisation would be rated red for requirement 3. It is important that the organisation treat fraud risks in the same way as all other risks. LPE's and FPNs had been recorded and at the time of the assessment a total of 1 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• FRAs should be recorded in-line with local policy as at the time of the assessment a red rating would have applied for requirement 3. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Velindre NHS Trust	We did not have sight of FRAs for the organisation. However we did engage with the LCFS for Shared Services Wales and expect FRAs to be written and recorded for this service arm of Velindre. LPE's and FPNs had been recorded and at the time of the assessment a total of 4 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• The organisation should ensure that FRAs are completed, recorded and managed in-line with local policy. A red rating will apply for requirement 3 until this work is completed. • Outcomes from LPEs should be accurately recorded. • All FPNs should be actioned and recorded. At the time of the assessment this was not the case and would have led to a red rating for requirements 6, 8 and 10.
Welsh Ambulance Service NHS Trust	LPE's and FPNs had been recorded and at the time of the assessment a total of 17 had been recorded on Clue for the period 01/04/2021 to 01/09/2022.	• The organisation should continue to develop the detail of the local FRAs during their review being mindful of GCFP required content and local

		policy requirements, including the recording of FRAs on Datix. • Outcomes from LPEs should be accurately recorded and all FPNs should be actioned and recorded.

DIGITAL HEALTH AND CARE WALES
RISK MANAGEMENT REPORT

Agenda Item	5.1

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

Purpose of the Report	For Discussion/Review
Recommendation	
The Audit and Assurance Committee is being asked to: **NOTE** the status of the Corporate Risk Register. **DISCUSS** The Corporate Risks assigned to the Audit and Assurance Committee	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	All are relevant to the report

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

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

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.	

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 outlines the approach the organisation will take to managing risk and Board assurance.

2.2 A full review of the BAF took place during April 2023 and was approved by the SHA Board in May 2023.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 Committee members are asked to consider risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.

3.2 The Board considered DHCW's risk appetite statement and risk appetite tolerances during a Board Development session held in March 2023. The appetite and tolerances were approved by the Board in May 2023

3.3 DHCW's Corporate Risk Register currently has 28 risks on Register, 7 of which are allocated to the Audit and Assurance Committee. 5 are detailed at item 5.1i Appendix A for consideration by this Committee, 2 are private and will be reviewed during the private session. The remaining 21 are assigned to the Digital Governance and Safety Committee in public/private session as per the Committee assignment approach.

3.4 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores) since the last report:

NEW (7) 3 Private, 4 Public
A number of risks have been escalated to the Corporate risk register since the last meeting, these are as below:

Risk Ref	Risk Title	Risk Description	Committee Assigned
DHCW0316	Technical Debt Accumulation	IF DHCW is unable to reduce and/or prevent further accumulation of technical debt, THEN DHCW will be unable to embrace latest technologies and	Audit & Assurance

		modernise working practices, RESULTING IN increasing challenges to deliver high quality digital services and meeting customer demands within reasonable timescales.	
DHCW0317	**PRIVATE	PRIVATE	Digital Governance & Safety
DHCW0318	**PRIVATE	PRIVATE	Audit & Assurance
DHCW0319	**PRIVATE	PRIVATE	Audit & Assurance
DHCW0320	Citizen and stakeholder trust in uses of Health and Social Care data	IF (i) DHCW does not articulate a costed plan to deliver citizen and stakeholder engagement and involvement around uses of Health and Social Care data, and (ii) Resources are not available to deliver the plan… THEN it is less likely that stakeholders and patients be assured that current and proposed uses of Health and Social data in Wales are trustworthy… RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy	Digital Governance & Safety
DHCW0321	Sustainable funding for WASPI	IF a sustainable financial position cannot be found for funding to support the development and implementation of the WASPI Code of Conduct THEN key organisation stakeholders are unlikely to sign up to become code member organisations as DHCW would not be able to discharge Code responsibilities RESULTING IN a missed opportunity for enhancing data sharing standards across Wales and reducing missed opportunities with data sharing between agencies.	Digital Governance & Safety
DHCW0322	NDR Phase 3 funding	IF funding requested to deliver Phase 3 of the NDR Programme is not confirmed THEN resources cannot be committed to delivery RESULTING IN changes to the Phase 3 Business Justification Case, slower delivery, delayed benefits, and reduced value for money	Digital Governance & Safety

REMOVED (10) 2 Private, 8 Public

Risk Ref	Risk Title	Risk Description	Statement	Committee
DHCW0286	**PRIVATE	PRIVATE	Downgraded for management at Directorate level	Audit & Assurance
DHCW0288	Data Centre Migration Revenue Funding - Directorate	IF Data Centre migration activity takes place in 2023/24 THEN additional cost pressures will emerge RESULTING IN a requirement to source additional funding.	Downgraded for management at Directorate level	Audit & Assurance
DHCW0311	Digital Cost Pressure – Supplier Price Model Changes	IF suppliers revise product charging methodology with a resulting increase in costs, THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	Downgraded for management at Directorate level given the strengthened account management arrangements	Audit & Assurance
DHCW0314	Digital Cost Pressures – Supply Chain Risk	IF supply chain issues such as the chip shortage and underlying digital price pressures and contract renewals have a negative impact upon prices THEN there will be additional equipment and maintenance contracts price increases RESULTING IN an increased risk to the organisations ability to reach a break-even position.	Downgraded for management at Directorate level	Audit & Assurance
DHCW0284	Increased Utility Costs Financial Pressures	IF utility costs increase significantly as expected THEN costs will exceed those normally budgeted for RESULTING IN increased facilities costs and a financial pressure	Downgraded for management at Directorate level	Audit & Assurance
DHCW0306	Switching Service - Succession	IF there is no succession plan for the Switching Service, and a continued reliance on an architecture design and software which is 20+ years old and beyond end-of-life with limited / diminishing skills in the IRAT team to support it THEN the service will become obsolete and any development of new mechanisms	Downgraded to Directorate level for management once the roadmap for NDR and DHCW0269 has been shared	Digital Governance & Safety

		and automation for the acquisition of data to embrace the latest technologies enabling flexible local configuration will not be achievable RESULTING IN the potential for ISD being unable to make data available to WG, HBs, FDU and SAIL, as a key function of the Switching Service is to provide reports for Welsh Government. This would cause significant reputational damage to DHCW and particularly so depending on when (date) it happens. It would also have knock-on effects to these agencies (FDU, DU etc.)		
DHCW0307	Switching Service - Responsive Development	IF Welsh Government requirements for more in-depth data are requested, it may not be possible as the Switching Service is too complex to modify and amend in order to meet any new demands made upon it, as there is a reliance on legacy software (20+ years old) and limited / diminishing skills in the IRAT team to support it THEN any amendments to reflect changing service requirements or design cannot be made, and will therefore hold back any development and enhancement of the service to meet future needs RESULTING IN the service becoming obsolete and any development of new mechanisms and automation for the acquisition of data to embrace the latest technologies enabling flexible local configuration will not be achievable.	Amalgamated with DHCW0306 and reduced to Directorate level for management	Digital Governance & Safety
DHCW0319	** PRIVATE	PRIVATE	Discussed at SLT meeting this risk has now dropped to directorate level through mitigation	Audit & Assurance
DHCW0264	Data Promise	IF the national conversation regarding the use of patient data (Data Promise) is delayed, THEN	Risk re-evalutated and replaced by	Digital Governance & Safety

		stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.	Risk DHCW0320	
DHCW0304	NHS Wales SLA Income Increases	IF DHCW is not funded for committed additional spend to support current and new services THEN further cost pressures may become unmanageable RESULTING IN a decrease in resource to support services, reduction in IMTP deliverables and a possible deficit position reported.	All SLAs have now been signed off risk closed	Audit & Assurance

SCORE CHANGES

There were two changes in scoring reported during the period, both a decrease in score.

Reference	Name	Commentary
DHCW0237	New Requirements Impact on Resources and plan	Decreased due to mitigation actions
DHCW0299	Supplier Capacity to support EPS Readiness	Decreased in likelihood

OTHER CHANGES

One risk (DHCW0298) has changed from Public to Private as a result of commercially sensitive information in the progress report.

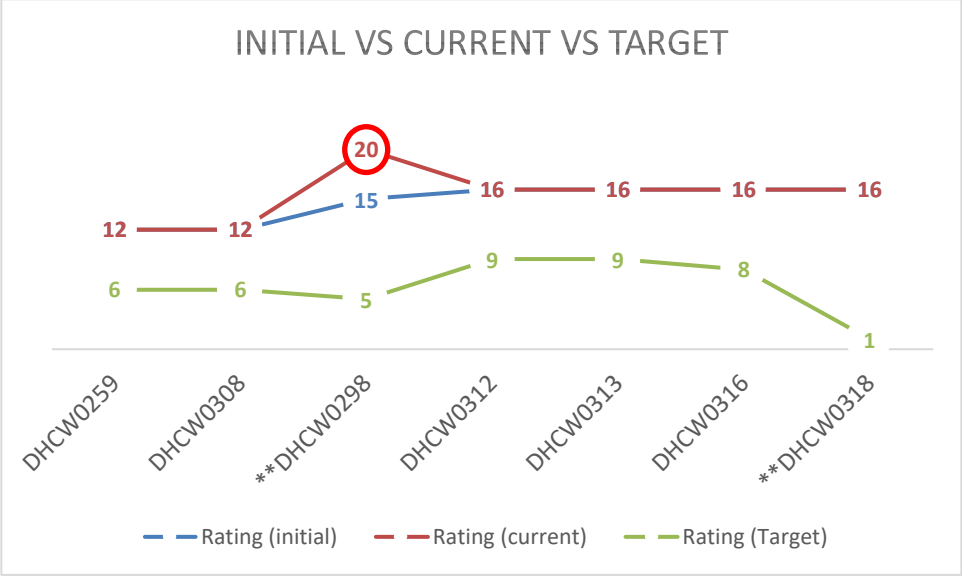
3.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)			**DHCW0277 ⟷ **DHCW0278 ⟷ **DHCW0279 ⟷ **DHCW0280 ⟷ **DHCW0281 ⟷ **DHCW0282 ⟷ **DHCW0309 ⟷ **DHCW0317 ★ DHCW0299 – Supplier capacity to support EPS ↓	**DHCW0315 ⟷	
MAJOR (4)			DHCW0263: DHCW Functions ⟷ DHCW0296 – Allergies/Adverse Reactions – Single Source ⟷ DHCW0308 - Sustainable funding for NIIAS ⟷ DHCW0320 – Citizen and stakeholder trust in use of HSC data ★	DHCW0292 – Insufficient human resource capacity ⟷ DHCW0300 – Canisc (Screening and Palliative Care) ⟷ **DHCW0301 ⟷ DHCW0312 – Digital Cost Pressures – Supplier Cost Model changes ⟷ DHCW0313 – Digital Cost Pressure – Service Model Changes ⟷ DHCW0316 – Technical Debt Accumulation ★ **DHCW0318 ★ DHCW0322: NDR Phase 3 funding ★	**DHCW0298 ⟷
MODERATE (3)				DHCW0237: New requirements impact on resources and plan ↓ DHCW0259: Staff Vacancies ⟷ DHCW0269 – Switching Service – Data warehouse ⟷ **DHCW0310 ⟷ DHCW0321 – Sustainable funding for WASPI ★	
MINOR (2)					
NEGLIGIBLE (1)					

**Private risks

★ New Risk ⟷ Non-Mover ↓ Reduced ↑ Increased

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



4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The Committee is asked to note the changes in the risk profile during the reporting period (since the last Audit and Assurance Committee meeting) as a result of seven new risks being added, ten risks being removed, two changes in score on the Corporate Register and the status of one risk changing from public to private.

5 RECOMMENDATION

5.1 The Audit and Assurance Committee is being asked to:
NOTE the status of the Corporate Risk Register.
DISCUSS the Corporate Risks assigned to the Audit and Assurance Committee.

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 June 2023	Discussed and verified
Management Board	15 June 2023	Discussed and verified

3.2i 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
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low

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
DHCW0312	Finance	Digital Cost Pressure – Exchange Rate Fluctuation Risk IF the exchange rates for digital services contracts materially and directly currency linked THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/2023	05/05/2023	16 (4x4)	AIM - reduce likelihood FORWARD ACTIONS MC 05/05/23: Finance to agree proposed hedging approach with commercial services for management board/audit committee approval by the end of May 2023 ACTIONS TO DATE: 03/04/2023: An updated database has now been compiled with formal guidance surrounding escalation within the appropriate organisational governance forums. The finance team in partnership with the commercial team will look at producing formal hedging strategies which align to standing orders and standing financial instructions. This is to be considered at the next Finance/ Commercial service review session. MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. Commercial services to validate currency linked contracts. Finance to research medium term position as part of the formal calculation/modelling process. Agree hedging approach with commercial services for management board/audit committee approval.	16 (4x4)	9 (3x3)	Executive Director of Finance	Non Mover	Audit & Assurance	Financial	Mission 4 - Driving Value and innovation
DHCW0313	Finance	Digital Cost Pressure – Service Model Changes IF externally and internally sourced service provision models change	28/02/2023	05/05/2023	16 (4x4)	AIM REDUCE LIKELIHOOD FORWARD ACTIONS 05/05/2023: Cloud Adoption Group to support delivery of the Cloud Business Case which will detail the organisations shift to cloud and associated costs.	16 (4x4)	9 (3x3)	Executive Director of Finance	Non Mover	Audit & Assurance	Service Delivery	Mission 4 - Driving Value and innovation

3.2i 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
		resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.				MC 05/05/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP. The proposed timelines for this mitigation will run until September 2023 ACTIONS TO DATE: 05/05/2023: The Cloud Adoption Oversight Group has been established which (alongside implementation of the Product Approach) will play a key role in planning potential changes in service delivery models. 03/04/2023: An updated database has now been compiled with formal guidance surrounding escalation within the appropriate organisational governance forums. DHCW will look to propose to DOD a process of identifying and managing cost pressures of this nature as part of its sustainable funding approach. Initial notification for discussion will be held as part of the National digital updates planned for the 04/04/23 MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP. MC 27/02/23:- Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.						
DHCW0316	Finance	Technical Debt Accumulation IF DHCW is unable to reduce and/or prevent further accumulation of technical debt, THEN DHCW will be unable to embrace latest	19/04/2023	31/05/2023	16 (4x4)	AIM: Reduce Likelihood FORWARD ACTIONS: Establish TDA to steer architecture development Conduct DevOps maturity assessment Develop product-centric target operating model Develop WPAS cloud migration roadmap Establish cloud TCO model and develop business case	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non Mover	Audit & Assurance Committee	Financial	Mission 2 - Deliveringg High Quality Technology

3.2i 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
		technologies and modernise working practices, RESULTING IN increasing challenges to deliver high quality digital services and meeting customer demands within reasonable timescales.				ACTIONS TO DATE: 31/05/2023. CLJ - Migration actions updated. Initial discovery work on Cloud business case is underway. 19/04/2023 approved by ED of Operations for escalation to Corporate Register							
DHCW0259	Business & Organisational	Staff Vacancies IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.	11/12/2020	26/05/2023	12 (3x4)	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: DHCW will be developing new contractual vehicle/s commencing from April 2023 which will support procurement of specialist resource from external providers; either where the recruitment process has not secured the resources required or that highly skilled resource can be better sourced for short periods in line with funding streams that a determination that the procurement approach is more optimal in order to quickly and effectively secure time critical delivery of key projects ACTIONS TO DATE: 26/50/2023 - Initial WFOD planning exercise complete and currently aligning the WFO and Finance forecasts by the end of June which should give focus and timings for key areas. Tracker is now up and running which is accessible by WFO and Finance to ensure we have an up to date view on resource and recruitment. 03/05/2023 Recruitment Plan for the year is being finalised following the workforce planning exercise which will allow us to focus effort in timely manner. Also planning carrying out Careers Fairs aligned to last years successes. No foreseen issues with the ability to achieve the plan 30/03/23 We continue to recruit at pace and in line with the trajectory for the end of year. We have now re-set with the workforce plans and will be resetting the monthly and quarterly recruitment targets based on internal and external numbers. We will be looking to improve process and interview training for all managers over the next few months. We will continue to utilise a number of recruitment methods via TRAC, CV library and agencies.	12 (3x4)	6 (2x3)	Director of People	Non Mover	Audit & Assurance, Local Partnership Forum	Service Delivery	Mission 5 - Trusted Partner

3.2i 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
						28/02/23 All Directorates have returned the WFP plans with any future resource requirements and an analysis is underway with a signed off plan for April 2024 for the new financial year. At this point the risk rating for vacancies will be reviewed. 08/02/23 All Directorates have been sent the Workforce Planning template to help plan resource more effectively and to have a Directorate Workforce Plan in place by April 2023. The plans will be reviewed on a quarterly basis by Finance & People & OD Business Partners.							
DHCW0308	Information Governance	Sustainable funding for NIIAS IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk at end of contract (November 2023) will create financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising contract renewal	31/01/2023	05/05/2023	12 (3x4)	AIM - Reduce likelihood FORWARD ACTIONS - Commercial and Procurement support on options appraisal ACTIONS TO DATE - 05/05/23 Non recurrent internal funding explored for year 1 of the contract (to be agreed by directorate), longer term funding to be addressed with WG or via National Sustainable Funding exercise by the end of May 2023 06/04/23 Further meeting with Finance to determine utilisation of capital to fund part of contract - Business Case into WG to secure costs longer term 20/02/23 Meeting with DCHW DoF at the start of March 2023 - Finance Case drafting prior to that meeting with the support of Head of Management Accounting - Action to go back to Exec Board and Management Board for March.	12 (3x4)	6 (2x3)	Executive Medical Director	Non Mover	Audit & Assurance	Information, Access and Sharing	Mission 3 - Expanding the content

DIGITAL HEALTH AND CARE WALES
BOARD ASSURANCE FRAMEWORK REPORT

Agenda Item	5.2

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Chris Darling, Board Secretary/Risk Owner – Strategic Mission 5

Purpose of the Report	For Approval
Recommendation	
The Committee is being asked to: RECEIVE and DISCUSS the status of strategic mission 5, principal risk, action plan and current status.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	All are relevant to the report

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

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

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

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.	

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 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
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public		

2 SITUATION/BACKGROUND

2.1 The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee, Digital Governance and Safety Committee and approved formally at the SHA Board on the 27 May 2021. This outlined the approach the organisation will take to managing risk and Board assurance. The BAF was developed and reviewed during 2022/23.

2.2 The BAF Report Dashboard has recently been reviewed and updated with input from Executive Leads and other DHCW staff, building on the BAF introduced in 2022/23.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

3.2 DHCW have five strategic missions, the BAF Report Dashboard has five associated principal risks articulated against each strategic mission. Going into 2023/24 there is a current risk score and target risk score for each principal risk, the aim being the controls, assurances and actions planned throughout the year should reduce the risk occurring and increase the chance of achieving the strategic mission. Each strategic mission has a risk appetite assigned to the mission, which reflects the approach DHCW will take to managing risk relating to that strategic mission. The risk appetite for each strategic mission and the associated portfolio areas can be seen below:

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

3.3 The BAF Report Dashboard for 2023/24, was reviewed by the SHA on 25 May 2023 and it was agreed deep dives and updates for areas relating to Strategic Mission 5 would be taken at the Audit and Assurance Committee, with a particular interest in overseeing the work on financial planning and sustainability, workforce planning and digital inclusion.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 The Committee is asked to note the recent changes in the BAF principal risks and the update on strategic mission 5.

5 RECOMMENDATION

5.1 The Committee is being asked to:

RECEIVE and DISCUSS the status of strategic mission 5, principal risk, action plan and current status.

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	02/05/2023	Discussed and Verified
Management Board	12/05/2023	Discussed and Verified
SHA Board	25/05/2023	Approved

The Board Assurance Report Dashboard 2023/24

Digital Health and Care Wales

DHCW Risk appetite statement and tolerances

DHCW RISK APPETITE

- DHCW must take risks to achieve its strategic aims and deliver beneficial outcomes to stakeholders
- Risks will be taken in a considered and controlled manner
- Exposure to risks will be kept to a level of impact deemed acceptable by the Board
- The acceptable level may vary from time to time and will therefore be subject to at least annual review and revision
- Any risk outside our agreed appetite may be accepted and will be subject to a governance process to ensure visibility and management
- Some particular risks above the agreed risk appetite may be accepted because:
  - the likelihood of them occurring is deemed to be sufficiently low
  - they have the potential to enable realisation of considerable reward/benefit
  - they are considered too costly to control given other priorities
  - the cost of controlling them would be greater than the cost of the impact should they materialise
  - there is only a short period of exposure to them
  - mitigating action is required by an external party

Principal risk summary

The Principal risk summary gives an overview of the Principal risk in relation to each of the DHCW strategic objectives and the rationale for the scoring.

Type	Detail	Current risk score and rationale	Target risk score and rationale
OBJ	**1. 2023/24: Provide a platform for enabling digital transformation**		
PR	IF we do not provide robust and secure platform services supported by common standards and open architecture principles THEN we will be unable to deliver high quality, innovative and joined up digital services RESULTING IN not being able to digitally transform services at pace	**12 - 4 (Likely) x 3 (Moderate)** This risk score is derived from our analysis of systems as part of developing new strategies over the last twelve months.	**6 – 2 (unlikely) x 3 (Moderate)** Each of our strategies addresses complexity and silos through a commitment to standards based open architecture, which is intended to streamline and simplify our systems and delivery interoperability.
OBJ	**2. 2023/24: Deliver high quality digital products and services**		
PR	IF we do not deliver safe, secure, accessible, resilient products and services of high quality THEN the ability of health and care partners to deliver and modernise services is compromised RESULTING IN less effective, less sustainable care that could cause harm, would not meet the expectations of patients or professionals and holds potential cost implications.	**9 - 3 (Possible) x 3 (Moderate)** Established operational support is in place and work has been undertaken in recent years to improve the availability and security of the services, but further action is needed to ensure resilience and security is at the required level.	**4 – 2 (Unlikely) x 2 (Minor)** There are clearly articulated plans for the activity required to increase the resilience and security of the system which should reduce the risk to an acceptable level with careful scrutiny and monitoring.
OBJ	**3. 2023/24: Expand the digital health and care record and the use of digital to improve health and care**		
PR	IF we fail to provide a comprehensive digital health and care record, engage users and drive the adoption and use of our Digital Services THEN we will not realise value from Digital investment and service delivery RESULTING IN a reduced ability to use information to inform care and empower citizens, leading to poorer outcomes.	**9 – 3 (Possible) x 3 (Moderate)** The digital health and care record has developed over recent years, but we know this expansion must continue at pace to ensure that patients and clinicians have the best possible information to support the achievement of high quality care outcomes.	**6 – 2 (Unlikely) x 3 (Moderate)** The new NDR strategy has set out a clear and prioritised road map for the single health record along side development in digital services such as WCP and WNCR. We will continue to explore enhanced functionality supporting use cases in the strategy and using AI.
OBJ	**4. 2023/24: Drive better value and outcomes through innovation**		
PR	IF we do not focus on making use of data and innovation to improve outcomes THEN we may not be optimising value for citizens RESULTING IN less sustainable health and care services and reduced or delayed benefit for the public and patients.	**16 – 4 (Likely) x 4 (Major)** Fragmented approaches to driving value from data may result in lost opportunities to innovate, enhance operational delivery and improve health and care outcomes.	**12 – 3 (Possible) x 4 (Major)** A best practice approach and operating model to sharing data for operational delivery, research and innovation.
OBJ	**5. 2023/24: Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation**		
PR	IF we are not a Trusted Partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services.	**12 – 3 (Possible) x 4 (Major)** As a developing organisation the current risk score reflects the work still to do in terms of continuing to be a learning organisation which will support capacity and capability of staff as well as working collaboratively with partner organisations. This includes the implementation of the DHCW organisational structure and approach across the organisation.	**8 - 2 (Unlikely) x 4 (Major)** There are multiple activities that contribute to the delivery of the strategic objective and these include a focus on the digital workforce, capacity and capability, being organised in the most efficient and effective way, as well as working in a high trust environment with partners to enable digital transformation.

Principal risk heat map

Progress Report

The planned activity for the principal risks is for action April 23 – March 24 with aim to move towards or achieve the target risk score by then. The report will be presented to the SHA Board in May and November each year, it will provide a self assessment RAG status from the objective/mission owner to indicate the current areas of concern. Additionally it will give an overview of progress on the action plans to address any gaps and will provide narrative as to the trajectory of the principal risks. Areas of concern will be allocated to the relevant Committee of the Board for ongoing scrutiny between SHA Board Reviews.

Starting points for each risk are shown by numbers corresponding to the objective/mission in the heat map to the right, in future reports changes in score will be indicated through movement along the black line. Should a risk increase in score this will be highlighted by a dotted line and the number will be moved to that space.

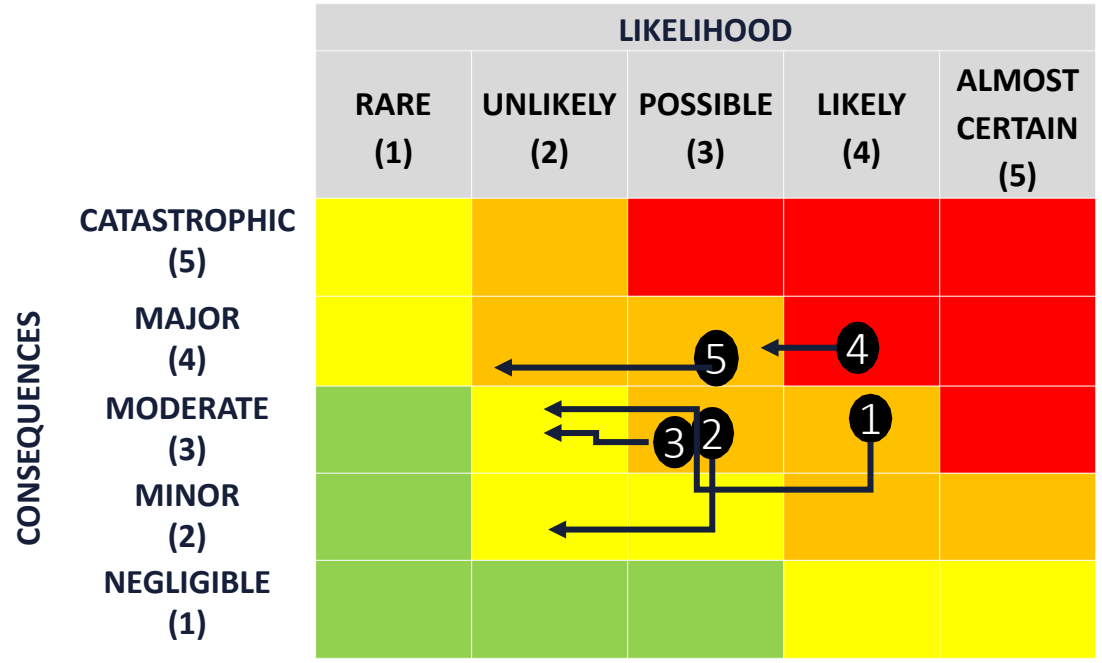
Strategic Principal Risk Impact Statement

Should any of the strategic risks being realised the consequence would include potential of harm to patients, impacts on the working conditions of staff, poor quality service, failure to achieve the required digital transformation at pace, potential litigation at both a corporate and personal level with financial and/or penal sanctions and/or significant reputational damage which could threaten the future of the organisation and it's success.

Questions to ask yourself:

- Is the progress of the action plans later in the report sufficient to achieve the target score?
- Are you satisfied the principal risks are still accurate and reflective with reference to the delivery of the strategic objectives?

Residual Principal Risk Severity Map (showing direction of travel to target)



Assurance Summary

Key – Control and assurance RAG Rating		
	Strategic Mission Delivery Confidence LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
	Strategic Mission Delivery Confidence MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
	Strategic Mission Delivery Confidence HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
	Insufficient Data to provide RAG	Insufficient information at present to judge the adequacy/effectiveness of the controls

Type	Detail	Associated risk impact domain		Risk Appetite	Risk Appetite rationale/likely scenario	Assurance Assessment
M	**1. 2023/24: Provide a platform for enabling digital transformation**	• Reputational • Development of services • Information – Access and Sharing • Information – Storing and maintaining	• Financial • Service Delivery • Patient/Citizen Safety • Corporate Social Responsibility	**CAUTIOUS**	DHCW will accept a small amount of risk in ensuring compliance with information governance, information security and cyber security. We will manage the associated corporate risks at their appetite levels to protect against the potential consequences.	
PR	IF we do not provide robust and secure platform services supported by common standards and open architecture principles THEN we will be unable to deliver high quality, innovative and joined up digital services RESULTING IN not being able to digitally transform services at pace					
M	**2. 2023/24 Deliver high quality digital products and services**	• Patient/Citizen Safety • Development of services • Service Delivery	• Financial • Information – Access and Sharing • Compliance	**CAUTIOUS**	DHCW will accept a small amount of risk in the provision of secure and resilient high quality digital services. Where we are developing services we will take more risks.	
PR	IF we do not deliver safe, secure, accessible, resilient products and services of high quality THEN the ability of health and care partners to deliver and modernise services is compromised RESULTING IN less effective, less sustainable care that could cause harm, would not meet the expectations of patients or professionals and holds potential cost implications.					
M	**3. 2023/24 Expand the digital health and care record and the use of digital to improve health and care**	• Reputational • Patient/Citizen Safety • Development of services • Service Delivery	• Financial • Corporate Social Responsibility • Compliance	**MODERATE**	DHCW will accept a moderate amount of risk to deliver successful expansion of the digital health and care record with input from users. We will carefully manage the associated corporate risks with a focus on prioritising any patient/citizen safety risk concerns.	
PR	IF we fail to provide a comprehensive digital health and care record, engage users and drive the adoption and use of our Digital Services THEN we will not realise value from Digital investment and service delivery RESULTING IN a reduced ability to use information to inform care and empower citizens, leading to poorer outcomes.					
M	**4. 2023/24 Drive better value and outcomes through innovation**	• Reputational • Information – Access and Sharing	• Development of services	**OPEN**	DHCW will accept risks in the pursuit of driving innovation to achieve better value evidenced by improved outcomes.	
PR	IF we do not focus on making use of data and innovation to improve outcomes THEN we may not be optimising value for citizens RESULTING IN less sustainable health and care services and reduced or delayed benefit for the public and patients.					
M	**5. 2023/24: Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation**	• Reputational • Safety and Wellbeing	• Corporate Social Responsibility • Compliance	**MODERATE**	DHCW will accept a moderate amount of risk in the pursuit of becoming recognised as a trusted partner and a high performing inclusive organisation.	
PR	IF we are not a Trusted Partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services.					

MISSION 1: Provide a platform for enabling digital transformation

EXECUTIVE OWNER: Director of Strategy | **RISK APPETITE: CAUTIOUS**

REPORTING PERIOD: 1ST April – 31st October 2023 | **DATE OF REVIEW: 01st November 2023**

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks

SELF ASSESSMENT ASSURANCE RATING	KEY CONTROLS	ASSURANCE
	Amber	Amber

RISKS

PRINCIPAL RISK 1	CURRENT SCORE	TARGET SCORE
IF we do not provide robust and secure platform services supported by common standards and open architecture principles THEN we will be unable to deliver high quality, innovative and joined up digital services RESULTING IN not being able to digitally transform services at pace	**12/25 4 (Likely) x 3 (Moderate)**	**6/25 2 (Unlikely) x 3 (Moderate)**

★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased

ASSOCIATED CORPORATE RISK/S	Risk Key: CURRENT SCORE	TARGET SCORE
DHCW0264 – Data Promise	**12 (4x3)**	**4 (4x1)**
DHCW0309**	**15 (5x3)**	**5 (5x1)**

CONTROLS AND ASSURANCE

KEY CONTROLS GAPS	ACTION PLAN (CONTROLS)	ASSURANCE GAPS	ACTION PLAN (ASSURANCE)	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER – May 23
1.New cloud based national health and care data store 2. API Priorities Roadmap 3. Strategy for priority platforms/architecture building blocks 4. Clinical Data Engine 5. Published Open Architecture Standards 6. Code of Conduct for Sharing Personal Information (WASPI) 7. Engagement and communication of the Data Promise 8. Cloud Plan and Business Case 9. Updated Infrastructure Strategy 10. Annual NIS CAF Assessments	1. Work on the establishment of a new cloud based national health and care data store 2. Delivery of an API Priorities Roadmap 3. Continue with the development of a strategy 4. Implement Clinical Data Engine 5. Work with stakeholder to publish standards 6. Consultation on the WASPI Code of Conduct 7. Continued working with WG to agree engagement & communication methods 8. Develop a prioritised Cloud plan and business case 9. Further development of the Infrastructure Strategy 10. CRU to report upon the status of NHS Wales cyber posture to WG	1. Analysis and reporting on data use 2. Reporting on APIs that have moved into production and are live 3. Reporting on progress against plan emerging from Strategy 4. Analysis and reporting of healthcare data 5. Ability to monitor against compliance with standards 6. Reporting on implementation of the Code of Conduct 7. Communications Plan with timescales 8. Monitoring of optimisation of cloud usage 9. Strategy meets the growing needs of the service and reflects technological advances 10. CRU Annual Plan (hosted by DHCW on behalf of WG)	1. Develop reporting on data use 2. Develop and increase the number of live APIs 3. Develop reporting requirements 4. Identify reporting requirements in line with strategy 5. Determine reporting requirements 6. Produce implementation plan and identify reporting requirements 7. Engage with WG to define timescales for communication 8. Development of enhanced cloud reporting 9. Dialogue with partner organisations to ensure needs are met 10. Board to receive CRU Annual Plan	**PROGRESS HIGHLIGHTS:** 1. Build of new cloud based data store progressing 2. API Delivery team established working on priority APIs 3. Deliverables included in IMTP 6. WASPI Code of Conduction Formal Consultation progressing. 8. Cloud Strategy confirmed and Cloud Council established 10. Cyber Security three year plan developed and approved by the SHA Board **FORWARD LOOK PRIORITY:** * Assure and operationalise cloud based data store and APIs, document and publish open architecture specifications and roadmap

MISSION 2: Deliver high quality technology, digital products and services

EXECUTIVE OWNER: Director of Operations

RISK APPETITE: CAUTIOUS

REPORTING PERIOD: 1ST April – 31st October 2023

DATE OF REVIEW: 01st November 2023

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks

SELF ASSESSMENT ASSURANCE RATING	KEY CONTROLS	ASSURANCE
	Amber	Amber

RISKS

PRINCIPAL RISK 2

IF we do not deliver safe, secure, accessible, resilient products and services of high quality THEN the ability of health and care partners to deliver and modernise services is compromised RESULTING IN less effective, less sustainable care that could cause harm, would not meet the expectations of patients or professionals and holds potential cost implications.

CURRENT SCORE	TARGET SCORE
9/25 **3 (Possible) x 3 (Moderate)**	**4/25** **2 (Unlikely) x 2 (Minor)**

ASSOCIATED CORPORATE RISK/S

Risk Key: ★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased

RISK REFERENCE	CURRENT SCORE	TARGET SCORE	RISK REFERENCE	CURRENT SCORE	TARGET SCORE
DHCW0298 – Delay in LINC	**20 (5X4)**	**6(3X2)**	DHCW0280**	**15 (5X3)**	**10 (2X5)**
DHCW0315**	**20 (5X4)**	**10 (5X2)**	DHCW0281**	**15 (5X3)**	**10 (2X5)**
DHCW0292 – Insufficient HR Capacity (ICT)	**16 (4X4)**	**8 (4X2)**	DHCW0282**	**15 (5X3)**	**10 (2X5)**
DHCW0301**	**16 (4X4)**	**8 (4X2)**	DHCW0316 Technical Debt Accumulation	**16 (4X4)**	**8 (4X2)**
DCHW0278**	**15 (5X3)**	**9 (3X3)**	DHCW0317 **	**15 (5X3)**	**6 (3X2)**
DHCW0277**	**15 (5X3)**	**10 (2X5)**	DHCW0304 – NHS Wales SLA	**12 (4X3)**	**10 (5X2)**
DHCW0279**	**15 (5X3)**	**10 (2X5)**	DHCW0296 – Allergies/ Adverse Reactions	**12 (4x3)**	**8 (4x2)**

CONTROLS AND ASSURANCE

KEY CONTROLS GAPS	KEY CONTROLS ACTION PLAN	ASSURANCE GAPS	ACTION PLAN (ASSURANCE)	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER – May 23
1. Product Strategy 2. WCCIS Strategic Review 3. WEDS Strategic Review 4. National Eyecare System Gateway Review 5. Welsh Emergency Care Data Set 6. LINC System 7. RISP System 8. Single Medicine Record 9. ETP Early Adopter	1. Agree product approach and timeline for implementation 2. Delivery of the recommendations from the WCCIS Strategic review 3. Review outputs of the WEDS Strategic review 4. Review outputs of the National eyecare system gateway review and confirm future arrangements 5. Produce the Welsh Emergency Care Data set 6. Configure, build and test new LINC System in readiness for roll out 7. Complete procurement and FBC for new RISP system 8. Build Single record in medicines for every patient in Wales 9. Implement ETP across Early adopter sites in Primary Care and Community Pharmacies	1. Approved Product Strategy plan 2. Reporting against progress and annual plan for WCCIS 3. Reporting against progress and annual plan for WEDS 4. Formal approval of Eyecare future arrangements 5. Validation of the Welsh Emergency Care Data Set 6. Approved roadmap for the implementation of LINC 7. Approved FBC for new RISP System 8. Reporting on roll out of the Single Record to Service Management Board 9. Approved roll out	1. SHA Board to approve the product strategy plan 2. Ongoing monitoring of progress and annual plan 3. Ongoing monitoring of progress and annual plan 4. Ongoing discussions 5. Implement tools to validate Data set 6. Agreed NHS Wales position on LINC System 7. Engagement with Welsh Government on FBC 8. Reporting mechanism and approved project plan present at SMB 9. Monitoring of approved roll out plan for ETP	• Product approach developed and presentations given to: SHA Board, Local Partnership Forum, DHCW Leadership Day • Approach to progress the LINC Programme agreed by the SHA Board and wider partners. • Proposal to transfer the Eyecare Programme developed and for consideration by the SHA Board (May 23) • Operations delivery structure being reviewed to ensure ongoing focus and oversight for the strategic mission

MISSION 3: Expand the digital health and care record and the use of digital to improve health and care

EXECUTIVE OWNER: Director of Strategy	**RISK APPETITE: MODERATE**
REPORTING PERIOD: 1ST April – 31st October 2023	**DATE OF REVIEW: 01st November 2023**

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks

SELF ASSESSMENT ASSURANCE RATING	KEY CONTROLS	ASSURANCE
	Amber	Amber

RISKS

PRINCIPAL RISK 3	CURRENT SCORE	TARGET SCORE
IF we fail to provide a comprehensive digital health and care record, engage users and drive the adoption and use of our Digital Services THEN we will not realise value from Digital investment and service delivery RESULTING IN a reduced ability to use information to inform care and empower citizens, leading to poorer outcomes.	**9 /25 3 (Possible) x 3 (Moderate)**	**6 /25 2 (Unlikely) x 3 (Moderate)**

Risk Key: ★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased

ASSOCIATED CORPORATE RISK/S	CURRENT SCORE	TARGET SCORE
DHCW0299 – Supplier capacity to support EPS	**20 (5x4)**	**6 (3x2)**
DHCW0300 – Canisc System Phase 2	**16 (4x4)**	**6 (3x2)**
DHCW0308 - Sustainable funding for NIIAS	**12 (3X4)**	**6 (2X3)**
DHCW0319 Cumulative Value of spend with DSPP delivery partner	**16 (4X4)**	**4 (2X2)**

CONTROLS AND ASSURANCE

KEY CONTROLS GAPS	ACTION PLAN (CONTROLS)	ASSURANCE GAPS	ACTION PLAN (ASSURANCE)	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER – May 23
1. Digital Health Care Record 2. Enhanced WNCR 3. Cancer Improvement Plan 4. NHS App Roll-out/Release Plan	1. Engage with DHCW teams and suppliers, roadmap plan to increase clinical content through APIs 2. Roadmap for enhanced WNCR functionality 3. Develop future phases of the improvement plan 4. Monitor usage of the app	1. Migrate applications to cloud native and open architecture 2. User research and user design to drive priorities and enhancements 3. User research and user design to drive priorities and enhancements 4. User research and user design to drive priorities and enhancements	1. Develop plans for cloud migration and transition to open architecture 2. Report on user feedback, benefits realisation, and service performance 3. Report on user feedback, benefits realisation, and service performance 4. Report on user feedback, benefits realisation, and service performance	**PROGRESS HIGHLIGHTS** 2. WNCR Adult transition to live service, WNCR Paediatrics programme established 4. NHS Wales App public beta launch. **FORWARD LOOK FOCUS** * Develop common framework or user research and user design * Develop common framework for benefits realisation. * NHS Wales App adoption and enhanced functionality.

MISSION 4: Drive better values and outcomes through innovation

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks

SELF ASSESSMENT ASSURANCE RATING	KEY CONTROLS	ASSURANCE
	Amber	Amber

EXECUTIVE OWNER: Medical Director | **RISK APPETITE: OPEN**

REPORTING PERIOD: 1ST April – 31st October 2023 | **DATE OF REVIEW: 01st November 2023**

RISKS

PRINCIPAL RISK 4	CURRENT SCORE	TARGET SCORE
IF we do not focus on making use of data and innovation to improve outcomes THEN we may not be optimising value for citizens RESULTING IN less sustainable health and care services and reduced or delayed benefit for the public and patients.	**16/25 4 (Likely) x 4 (Major)**	**12/25 3 (Possible) x 4 (Major)**

Risk Key: ★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased

ASSOCIATED CORPORATE RISK/S	CURRENT SCORE	TARGET SCORE
DHCW0312 - Digital Cost Pressure – Exchange Rate Fluctuation Risk	**16 (4x4)**	**9 (3x3)**
DHCW0313 - Digital Cost Pressure – Service Model Changes	**16 (4x4)**	**9 (3x3)**
DHCW0269 – Switching Service - Data Warehouse	**12 (3x4)**	**6 (3x2)**
DHCW0263 – Establishment & Functions	**12 (4x3)**	**4 (4x1)**
DHCW0307 - Switching Service - Responsive development	**12 (4x3)**	**6 (3x2)**
DHCW0306 - Switching Service - Succession	**12 (4x3)**	**4 (2x2)**
DHCW0310 – PowerBI Dashboard Publication	**12 (4x3)**	**8 (4x2)**

GAPS AND ASSURANCE

KEY CONTROLS GAPS	ACTION PLAN (CONTROLS)	ASSURANCE GAPS	ACTION PLAN (ASSURANCE)	PROGRESS ON ACTION PLAN – NARRATIVE PROVIDED BY EXECUTIVE OWNER – May 23
1. R&I Governance 2. Research Committees 3. Access to secure anonymised Data 4. Health Intelligence portal 5. Analytics Strategy	1. Agree and approve the R&I Governance arrangements 2. Confirm Research commitments with academic partners 3. Operationalise secure research platform (SeRP) to enable the provision of secure access to anonymised data 4. Develop Health Intelligence portal 5. Development of a formal informational analytics strategy	1. Approval of R&I government governance arrangements 2. Agreed Research plan 3. Roadmap for implementation of SeRP 4. Agreed implementation plan for Health Intelligence portal 5. Agreed plan for implementation of Analytics strategy	1. SHA Board approval of R&I governance arrangements 2. Approved Research plan in place 3. Approved Roadmap for implementation of SeRP 4. Management Board approval of HIP plan 5. Approval of plan for Analytics Strategy	• R&I Governance arrangements is in place with the formation of the operational and engagement group first meeting in Q1 . • Review of formal academic research partnership agreements taking place. • DHCW Information Strategy being developed Contribution to all Wales innovation action plan and IP strategy, along with R&D framework led by Health and Care Research Wales.

MISSION 5: Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

EXECUTIVE OWNER: Director of Finance/Deputy CEO | **RISK APPETITE: MODERATE**

REPORTING PERIOD: 1st April – 31st October 2023 | **DATE OF REVIEW: 1st November 2023**

RAG STATUS: AMBER
Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks

SELF ASSESSMENT ASSURANCE RATING	KEY CONTROLS	ASSURANCE
	Amber	Amber

RISKS

PRINCIPAL RISK 5

IF we do not become a trusted partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services.

CURRENT SCORE	TARGET SCORE
12/25 **3 (Possible) x 4 (Major)**	**8/25** **2 (Unlikely) x 4 (Major)**

ASSOCIATED CORPORATE RISK/S

Risk Key: ★ New Risk ⟷ Non-Mover ⬇ Reduced ⬆ Increased

RISK REF	CURRENT SCORE	TARGET SCORE	RISK REF	CURRENT SCORE	TARGET SCORE
DHCW0237 - New requirements impact on resources and plan	**16 (4X4)**	**9 (3X3)**			
DHCW0318**	**16 (4x4)**	**1 (1x1)**			
DHCW0259 – Staff Vacancies	**12 (3x4)**	**6 (3x2)**			

CONTROLS AND ASSURANCE

KEY CONTROLS GAPS	ACTION PLAN (CONTROLS)	ASSURANCE GAPS	ACTION PLAN (ASSURANCE)	PROGRESS ON ACTION PLAN – NARRATIVE BY EXEC OWNER – May 23
1. Digital Workforce Review 2. Equality, Diversity and Inclusion (EDI) Strategy 3. Digital Inclusion Charter 4. NHS Wales Digital Maturity position confirmed 5. Foundational Economy 6. Decarbonisation 7. Wellbeing of Future Generations Act 8. Sustainable Funding Model 9. FinOps Function 10. Benefits Management Framework 11. Digital Programme Office 12. Business Continuity Policy 13. Brand Management Guidance 14. Quality Standards 15. DHCW ISO Internal Audit Plan 16. Governance Assurance	1. Published and review agreed Digital Workforce action plan with Welsh Government Consultation with WG and NHS Wales on future sustainable funding models for Digital 2. EDI Strategy approval by Board 3. Develop action plan to embed the 6 pledges of the digital inclusion charter 4. Co-ordinate next steps post maturity surveys 5. Gather data to monitor the contribution to Foundational Economy 6. Qualitative and Quantitative reporting to Welsh Government 7. Work with Wellbeing of future generations act commissioner in readiness for April 20234 8. Work develop a future national and local funding model 9. Develop a FinOps function for Cloud 10. Develop a benefits management framework 11. Establish a digital programme office 12. Implementation of the Business Continuity Policy 13. Develop DHCW Brand Management guidance 14. EDI Strategy approval by Board 15. Implementation of the duty of quality and production of annual quality report 16. Produce and Approve ISO Internal Audit Plan 17. Provide annual Governance reports and BAF reviews	1. Reporting on progress against Digital WF Review action plan. 2. Regular reporting on implementation of EDI Strategy 3. Reporting on compliance with the Digital inclusion Charter 4. Routine Digital Maturity reporting in NHS Wales 5. Foundational economy bi- annual reporting to Welsh Government 6. Delivery of roadmap and Decarbonisation action plans 7. Reporting progress to the Wellbeing & Future generations office 8. Balanced financial plan 9. Roadmap for FinOps implementations 10. Implement a Benefits Management Framework 11. Establish Governance and reporting requirements for Digital Programme office 12. Business continuity plans in place for all teams 13. Embed Brand guidance across DHCW 14. Publication of Annual Quality Report 15. External Audit reports 16. Reporting to Board on Governance compliance and structures	1. Continual review plan to ensure dynamic and robust 2. Share and learning from Best practice 3. Ongoing reporting and benchmarking on Digital inclusion charter 4. Progress the HIMSS Digital Maturity Matrix KLAS user survey. 5. Monitoring ongoing by DHCW Foundational Economy Group 6. Reporting on Decarbonisation action plan 7. Continued engagement with the WBFGA office 8. Ongoing discussions with Welsh Government 9. Agreed roll out plan for FinOps and reporting to Cloud Council 10. Benefits Management Reporting 11. Regular reporting on Digital Programmes Progress 12. Reporting on BC progress 13. Continued monitoring of Brand usage 14. Continued monitoring on compliance 15. Published External Audit reports available 16. Continued Board engagement and embedding of processes	1. DWR all Wales group established 2. To date the EDI strategy has been approved by the SHA Board. 3. Digital Inclusion Executive Lead agreed as the CEO and Working Group established. 4. Wales first phase digital maturity assessment completed 5. Work on plans relating to decarbonisation, WBFGA and foundational economy are progressing well. 6. Recent budget setting process has highlighted the importance of a sustainable national and local funding arrangement and work to understand how to frame this has started which will include the benefits and value proposition 7. Digital programme office design and function are being finalised 8. Branding details being finalised , work is progressing well 9. Revised Stakeholder Engagement Plan developed following Board Development session. 10. Focus in Quality is on the 11. Risk Appetite and BAF Report for 2023/24 developed for consideration by the Board in May 23 **Plans are being implemented well across the key areas, areas of focus include the sustainable funding model development , compliance with the quality Act and workforce planning in particular filling vacancies in priority areas and talent development**

DIGITAL HEALTH AND CARE WALES
WELSH LANGUAGE REPORT INCLUDING MORE THAN JUST WORDS ANNUAL REPORT

Agenda Item	5.3

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

Purpose of the Report	For Assurance
Recommendation	
The Audit & Assurance Committee is being asked to: NOTE the Welsh Language Report including the More than Just Words Annual Report for ASSURANCE	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	DHCW0208

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 acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not 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	DMTP	Digital Medicines Transformation Portfolio
ESR	Electronic Staff Record	NWSSP	NHS Wales Shared Services Partnership

2 SITUATION/BACKGROUND

2.1 This report outlines the steps taken to monitor compliance with the actions included in the DHCW Welsh Language Scheme and gives an overview of:

- the More Than Just Words Plan 2022-2027 Annual Report;
- a compliance action plan that identifies areas for improvement and actions required to achieve compliance with the scheme;
- the current Welsh Language skills dashboard showing staff's self-assessment of their Welsh skills,
- activity undertaken to develop the Welsh language and culture.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 The More Than Just Words Plan 2022-2027 Annual Report

The More than Just Words Annual Report covers the period of September 2022 to the end of March 2023 he report outlines the actions undertaken DHCW against specific points within the More Than Just Words Plan dictated by a template issued by Welsh Government, Welsh language policy department. The deadline for submission is end of July 2023.

3.2 Welsh Language Compliance Action Plan

The DHCW Board have outlined clear intentions and commitments in relation to the organisation being bilingual. Compliance with the Welsh Language Scheme is monitored and non-compliance and areas for improvement are reported to the Welsh Language Group. Progress against the Welsh Language Compliance Action Plan is reviewed by the Welsh

Language Group on a bi-monthly basis. Actions listed in each tab of the excel document highlight the actions requiring attention.

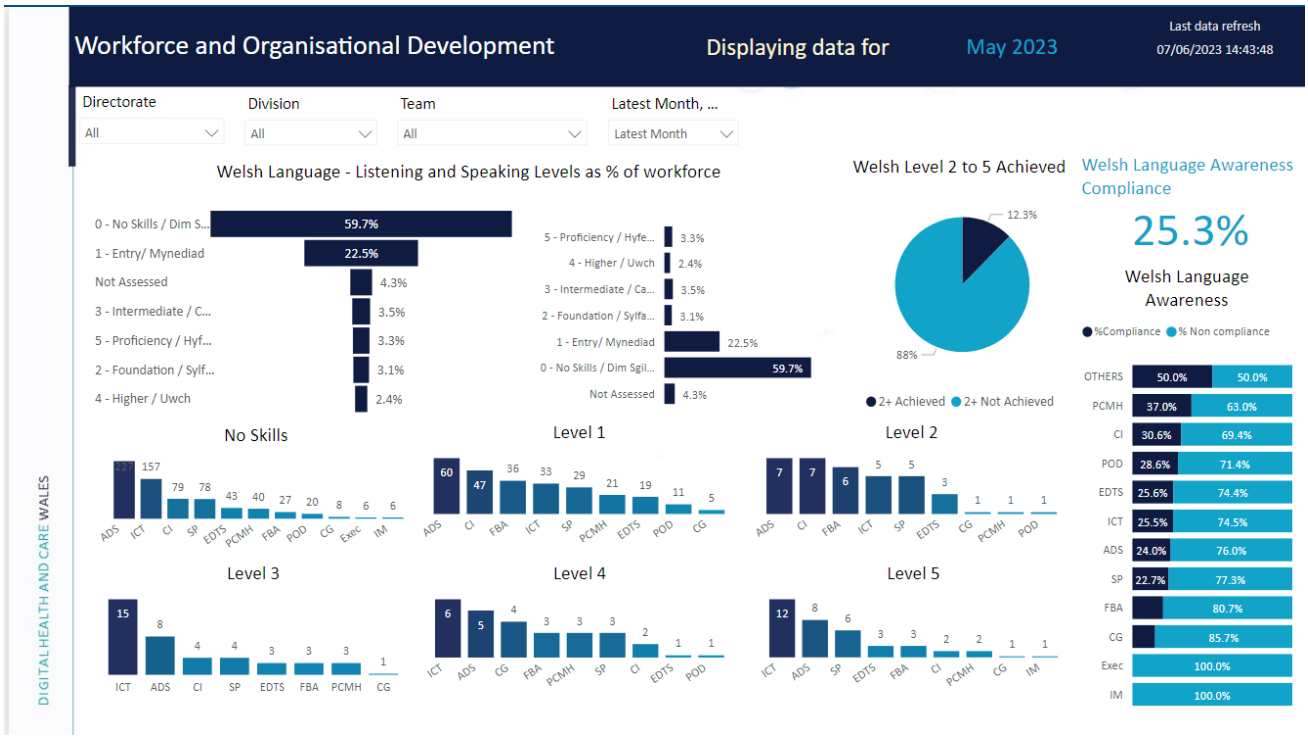
3.3 Organisational Welsh Language Skills Dashboard

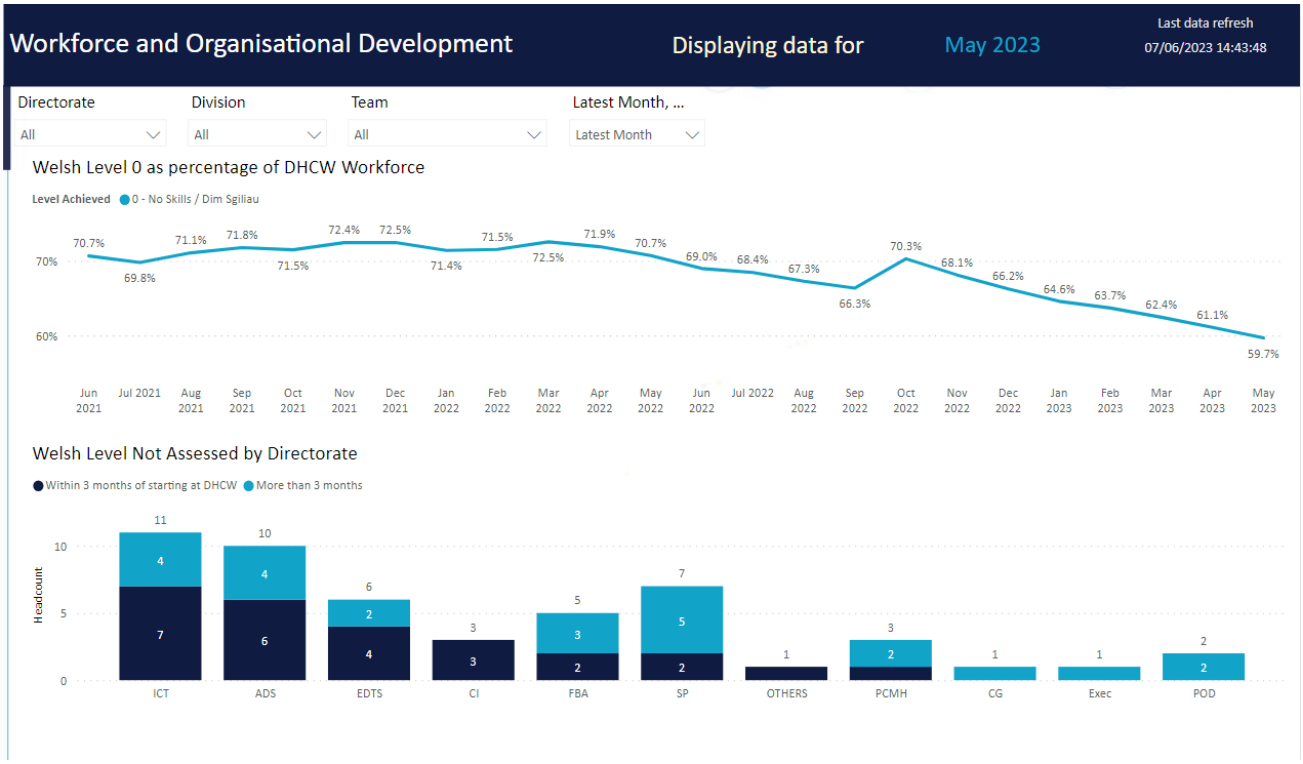
3.3 (i) Work to support staff with updating their Welsh language skills include:

- drop-in sessions with the Welsh Language Manager, and
- awareness raising at induction sessions and directorate away days.

The percentage of staff at level 0 has decreased by 4% since the last report resulting in an increased recording of skills at level 1+. Welsh Language Awareness Course compliance has decreased since the last report, however this is due to a recent change to ESR (mandated by Welsh Government) to ensure all staff complete the new course, work is ongoing across the organisation is being undertaken to increase compliance in this area.

3.3 (ii) The dashboard below provides a breakdown of the skills levels within the organisation including progress since April 2021. This dashboard also provides information on the number of staff in each directorate who haven't entered their Welsh language skills levels on the Electronic Staff Record (ESR).





3.4 Developing the Welsh language skills of staff

DHCW staff have embraced a wide range of Welsh language training options throughout 2022-2023. DHCW will continue to offer courses free of charge with a particular focus on staff with no Welsh language skills but also developing the skills of staff who lack confidence to speak Welsh at work.

The More Than Just Words Five Year Plan 2022-2027 requires all health and care bodies to introduce a minimum of 'courtesy' level of Welsh language skills and for all staff to achieve this level by the end of the plan (2027). This will be achieved through the use of welcome and entry level courses offered by the centre for learning Welsh. The target for DHCW is to increase the percentage of level 1 skills by 20% each year for the next four years. (currently 22.5%)

Staff with Welsh language skills at level 3 or above will also be encouraged to attend confidence building courses and a residential course is planned in the Autumn.

3.5 Developing the Welsh Language and Culture and Sharing Best Practice

3.5 (i) The Welsh Language and Culture is actively promoted across DHCW. Staff engagement in Welsh language activities over the last few months include:

- recording of a voice over for the NHS Wales App log in process video;
- a presentation on the importance of the Welsh language in healthcare at the staff conference;

- project scoping with e-library (funding secured for new best practice webpage) and
- a Corporate Governance Away Day session.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 It is highly likely that demand for translation from projects, programmes, the Change Ambassador course and job adverts and descriptions will exceed the limit set by the service level agreement with NWSSP. However, the appointment of a part time internal translator will reduce the risk of overspend, and translation requirements are monitored closely. New programmes and projects are required to budget for translation work.

5 RECOMMENDATION

5.1 NOTE the Welsh Language Report including the More than Just Words Annual 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
Welsh Language Group	12.06.2023	APPROVED
Management Board	June 2023	Noted

DIGITAL HEALTH AND CARE WALES
STANDARDS OF BEHAVIOUR REPORT

Agenda Item	5.4

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Workforce EQIA page

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, a report is required to be received by the Audit & Assurance Committee as a standing agenda item, which details the Declarations of Interest, Gifts, Honoraria, Hospitality and Sponsorship activities.

2.2 All declarations of interest are reviewed and checked by the Corporate Governance team and any queries are addressed prior to entry on the register. The register focuses initially on staff band 8a and above, however, DHCW are pursuing best practice and asking all staff to complete a declarations of interest form

2.3 In line with other NHS Trusts, Health Boards and Special Health Authorities, DHCW have agreed to operate a 3-year declaration of interest form. However, DHCW Board members will be required to complete an annual declaration of interest form.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 All Board members declarations of interest have been captured on the register for 2023/24 and the information is included as part of the organisations Declarations of Interest Register, which is published on the DHCW Website.

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 14 June 2023, 83% of band 8a and above declarations of interest have been received and captured on the register. This is a slight decrease since the last reporting period, this is due to the increased headcount in the period, however work is ongoing to ensure these are captured as soon as possible. In addition, 24% of staff banded 2-7 have also been received and captured on the register.

3.3 An escalation process has been put in place by the Corporate Governance team to address if staff banded 8a and above have been requested to complete a declaration form, but it has not

been submitted.

3.5 The Committee are asked to note that there have been 13 declarations of gifts, hospitality, honoraria and sponsorship received since the last meeting summarised in the table below. In addition, the gifts, hospitality, honoraria and sponsorship register can be found in full at item 5.4ii Appendix B.

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	12	0	12	£1,816.95	£0
Sponsorship	2	0	2	£11,758.07	£0
Grand Total	14	0	14	£13,575.02	£0

3.9 The Committee should note that during the period, there has been one instance where sponsorship was accepted prior to the relevant authorisation being sought. This matter has been addressed and further awareness of the policy and requirements has been taken forward.

3.10 To actively promote the Standards of Behaviour Policy and Declarations of Interests, Gifts, Hospitality and Honoraria across the organisation, the Corporate Governance team deliver a presentation at the monthly DHCW Corporate Induction and a spotlight on Standards of Behaviour is a regular feature in the Internal Newsletter.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 Work continues to raise awareness of the Standards of Behaviour Policy and requirements.

5 RECOMMENDATION

5.1 The Audit & Assurance Committee is being asked to NOTE the Standards of Behaviour Report.

6 APPROVAL / SCRUTINY ROUTE

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

DIGITAL HEALTH AND CARE WALES
HIGH VALUE PURCHASE ORDER REPORT

Agenda Item	5.5

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

Purpose of the Report	For Noting
Recommendation	
The Audit and Assurance Committee is being asked to **NOTE** the details of High Value orders for the period 1st April 2023 – 12th June 2023.	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

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 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

2 SITUATION/BACKGROUND

2.1 The purpose of this report is to provide the Audit & Assurance Committee with an update in relation to high value purchase orders over £0.750m (excluding VAT) raised and issued to suppliers over the stated period. The relevance of the £0.750m threshold is that this is consistent with the scheme of delegation financial limits for All Wales Digital Contracts & Agreements (detailed within Schedule 1 page 56 of the organisations Standing Orders). As previously reported, due to the sensitive nature of the transactions, exact order amounts are not detailed within the public portion of this report in order to minimise any possible fraud activity.

2.2 The report also details instances where cumulative order values to suppliers have amounted to over £0.750m during the financial year.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 During the period 1st April 2023 – 12th June 2023 there were no individual orders over £0.750m were raised.

3.2 Table 1: High Value Orders (redacted extract) 1st April 2023 – 12th June 2023

Ref	Date Raised	Area	Supplier	Description
			There are no suppliers to report in this period	

3.3 As requested at Audit Committee of the 18th of October 2022, the details of suppliers whose cumulative orders for the year have also reached the £0.750m threshold are also presented within this report and itemised further in Appendix B and within table 1 of this report. During the period 1st April 2023 – 12th June 2023 there is 1 supplier that has reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with Appendix A).

3.4 Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 1st April 2023 – 12th June 2023

Ref	No of Orders	Area	Supplier	Description
B1	8	Across DHCW Core, COVID and DPIF	Redcortex	Professional and Technical support to deliver products in Primary & Community Care, Cloud Adoption, WIS Application Separation and Technical advice provision.

3.5 For completeness and because of the potential for overlap in appendix A & B the details of suppliers where spend has exceed £0.750m are also presented within this report and itemised further in Appendix C and table 3 of this report. The table covers the period 1st April 2023 – 12th June 2023. There are no additional suppliers to report in this table.

3.6 Table 3: Suppliers with Spend of over £0.750m for the period of *1st April 2023 – 12th June 2023*

Ref	No of Orders	Area	Supplier
No suppliers to report			

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 There are no matters to escalate to the Committee.

5 RECOMMENDATION

5.1 The Audit and Assurance Committee are asked to NOTE the contents of this report.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
Executive Director of Finance	14.6.23	Approved

HIGH VALUE PURCHASE ORDER TRACKER

			2023/24 Purchase Orders			
Ref	Area	Supplier	Service/Good Detail	Date Order Raised	Amount £	Procurement Approved by DHCW Board (Date)
	Reported at Audit & Assurance Committee July 2023					
A1		Please note we have not yet issued a high value purchase order of more than £750k as of June 12th 2023				
	Total				**0.000**	
	Reported at Audit & Assurance Committee October 2023					
	Reported at Audit & Assurance Committee February 2024					
	Reported at Audit & Assurance Committee April 2024					
Grand Total High Value Purchase Orders					**0.000**	

Covers orders during the period April 1st 2023 to 16th June 2023

CUMULATIVE HIGH VALUE PURCHASE ORDER TRACKER

2023/24 Purchase Orders					
Ref	Area	Supplier	Service/Good Detail	Number of Orders	Amount £
	Reported at Audit & Assurance Committee July 2023				
B1	Community, Cloud Adoption, WIS and Technical Support	RED CORTEX	Misc. Professional Technical Services	8	>£0.750m
	Total				**>£0.750m**
	Reported at Audit & Assurance Committee October 2023				
	Reported at Audit & Assurance Committee February 2024				
	Reported at Audit & Assurance Committee April 2024				
Grand Total Cummulative High Value Purchase Orders					**>£0.750m**

CUMULATIVE HIGH VALUE SPEND BY SUPPLIER

2023/24 Purchase Orders				
Ref	Area	Supplier	Number of Order	Amount £
	Suppliers with spend over £750K YTD as of 12th June 2023			
C1	All Wales Office 365 Implementation	RED CORTEX	8	>£0.750m
	Total			**>£0.750m**
Grand Total High Value Purchase Orders				**>£0.750m**

DIGITAL HEALTH AND CARE WALES
AUDIT AND ASSURANCE COMMITTEE
QUALITY, REGULATORY COMPLIANCE AND CYBER RESILIENCE UNIT REPORT

Agenda Item	5.8

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	N/A

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

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

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

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

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Ref section 3.2 Impact of internal audits
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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

Acronyms			
ISO	International Standards Organisation	QIAL	Quality Improvement Action List
eQMS	Electronic Quality Management System	MHRA	Medicines and Healthcare Products Regulatory Agency
NIS	Network and Information Systems regulations	CRU	Cyber Resilience Unit
OES	Operators of Essential services (as defined in the NIS regulations)	CAF	Cyber Assessment Framework
SaMD	Software as a Medical Device	IOPR	Integrated Organisational Performance Report
OFI	Opportunity for improvement		

2 SITUATION/BACKGROUND

2.1 There have been two planned external audits during this period.

- ISO 20000 IT Service Management
- ISO 27001 Information Security Management Systems

ISO 20000 had six observations noted in advance of a full recertification audit in and ISO 27001 had one minor non-conformity raised around access control to Ty Glan yr Afon, and 11 opportunities for improvement. This increased number of OFI's is not unusual for a first audit with a new auditor. All have been logged on the QIAL and are being addressed by the relevant teams.

2.2 The monthly Quality and Regulatory meetings have been held with actions and observations noted. The Quality and Regulatory Team quarter one milestone objectives have been achieved in full and focus has now shifted to quarter two deliverables.

2.3 The quality portal is central to improving compliance and increase visibility of Quality within DHCW it continues to be widely used with over 150,000 visits since its inception. The portal continues to be the focal point for all things quality and regulatory based and remains a valuable tool during external audits as it streamlines activities and enables all essential

information to be easily located.

The latest addition to the Portal is a Duty of Quality training video. Further training videos are planned for quarter two.

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 81% of the organisation are in various stages of onboarding, a further 19% are currently pending start of onboarding. This is in line with the approved implementation plan.

2.5 Work on Medical Device Regulation compliance continues, MHRA anticipate publishing updated legislation later this year.

Initial Assessment of the existing DHCW Service Portfolio against the requirements of Medical Devices Regulation has been completed using current MHRA guidance. This has highlighted five services as potential Medical Devices, work is underway with the Microsoft 365 centre of excellence to develop a classification tool using Power Apps and with the product teams to assess the services using this tool.

Engagement with the MHRA is underway to confirm the Medical Device status of these services.

This will be followed by a gap analysis for regulatory compliance requirements of any service/application identified as a Medical Device. This will be completed in Q1 2023/24.

2.7 KPIs defined for the CRU. Measurement will commence on 1 June and will be reflected in future reports.

Audit and Assurance Assessment plan for OES compliance has been defined. The first of these has been completed and the second has commenced.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 There is 1 upcoming ISO audit 20000 (re-certification 10 days) planned in quarter two 2023/24.

3.2 The risk based internal audit programme has been implemented to underpin compliance against each of the standard's requirements for internal audit. Now in its second year, the programme is currently 75% compliant with the schedule, audits rescheduled into quarter 2 due to staff availability (auditee) will bring compliance back to 100%.

As expected, the increased volume of internal audits has resulted in an increase in QIAL numbers, this should be viewed positively as each non conformity 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. Currently 81% of QIAL are within target date (up from 76% last quarter). There are currently 105 open actions. The team are continuing to work with owners/handlers for the overdue QIAL's and compliance will be reported to the next IMS Assurance group meeting for a plan to be implemented to further improve this. Integrated Management Systems (IMS) document reviews noted a 6% decrease in reviews to 72%, the current target that the team are working towards is for 95% of documents to be within their review dates. Detailed reports have been sent to document owners, the Quality team are working closely with them to rectify this position.

3.5 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into force on 1st April 2023. This brings into force an updated Duty of Quality. The Welsh Government led working groups looking at implementation of the Duty has now transitioned to a NHS led Duty of Quality and Candour Implementation Board, attended by the Executive Director of Finance and a Duty of Quality Implementation Group, attended by Head of Quality.

3.6 A DHCW specific implementation plan has been developed in line with the Welsh government roadmap. Progress against the plan is in line with Welsh Government targets. Progress is now reported monthly to Management Board via the IOPR.

3.7 NIS Awareness Campaign preparation has started. Handover from Bridewell is complete. Their contract with Welsh Government completed on 13 June 2023.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

In summary:

4.1 In the last period DHCW had successful audits for both ISO 20000 and ISO 27001. ISO 20000 had six observations noted in advance of a full recertification audit and ISO 27001 had one minor non-conformity and eleven opportunities for improvement raised. Work is underway to correct all findings.

4.2 The Quality and Regulatory Group will target a standard and directorate view of quality compliance; focus will be on integrating the quality and regulatory plans as part of the

directorate Annual Plans. Further development of metrics will continue in line with organisational performance reporting. This workstream will also contribute to the reporting requirements of the Duty of Quality.

4.3 The importance of good document management practices and the strengthening of the quality management systems is underway alongside the document management strategy and the on-boarding of departments to iPassport. This is now part of the annual plan process with milestones relating to iPassport implementation accepted by directorates. Training videos on the use of iPassport have been uploaded to the Quality Portal to aid staff development across DHCW.

4.4 Improved Compliance and commitment to the internal and external audit programme with a view to becoming more aware of impact of regulatory requirements in the organisation.

4.5 The key activities for the team as we move into quarter two are:

- Duty of Quality compliance
- QIAL Improvements (including migration to iPassport for non-conformity management)
- Embedding Quality plans with teams across DHCW in support of Duty of Quality requirements
- Start the implementing a robust, compliant document management strategy
- Improvement of CRU processes in line with the updated annual plan

5 RECOMMENDATION

5.1 The Audit and Assurance Committee is being asked to:

NOTE the content of the report.

6 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	15/06/2023	Approved

DIGITAL HEALTH AND CARE WALES
DECARBONISATION, ESTATES AND COMPLIANCE REPORT

Agenda Item	5.9

Name of Meeting	Audit and Assurance Committee
Date of Meeting	3 July 2023

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

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

Purpose of the Report	For Noting
Recommendation	
The Committee is being asked to NOTE the DHCW Estates, Environmental and Health & Safety Report	

1 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

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

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

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

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

Workforce EQIA page

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The report provides details of health and safety incidents and compliance
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The report demonstrates our progress toward compliance with Welsh Government targets published in the NHS Wales Decarbonisation Delivery Plan issued via a Welsh Health Circular and also covers activity required to be undertaken under health & safety and environmental legislation.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below

	The report details activity necessary to maintain a safe working environment for staff.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there is no specific research and innovation implications relating to the activity outlined within this report

Acronyms			
DHCW	Digital Health and Care Wales	NWSSP	NHS Wales Shared Services Partnership
SHE	Safety, Health & Environmental	MTCO2e	Metric tons of carbon dioxide equivalent

2 SITUATION/BACKGROUND

2.1 This report includes information relating to the Estate, including progress made against the DHCW Decarbonisation Strategic Delivery Plan, ISO 14001 certification, compliance statistics and health and safety statistics.

2.2 The latest Estates and Compliance Monthly Report is attached as Document 5.9i for the Committee's attention. The report covers compliance progress to the month of May 2023.

2.3 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum.

2.4 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:

- Decarbonisation Working Group
- Environmental Awareness Group
- Safety, Health and Environmental (SHE) Group
- Water Safety Group

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

3.1 DHCW Decarbonisation Strategic Delivery Plan

Digital Health and Care Wales (DHCW) has a clearly defined Decarbonisation Strategic Delivery Plan (which includes actions to be undertaken every year up to 2030). We have established targets in line with those of NHS Wales (that in turn are aligned to the collective public sector ambition of being net zero by 2030), targets are featured within our Delivery Plan.

To address skill gaps; employees within the Estates and Compliance team have undertaken a number of environment related courses; furthermore, during the last year, we have created and appointed to a new role - Environmental Development and Estates Compliance Facilitator. This role will lead on progressing actions within our Decarbonisation Action Plan and identifying further areas where environmental improvements can be made. Already, the benefits of this appointment are becoming apparent with networks being built up across Wales to share and learn from best practice.

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

LED lighting installation projects at our Tŷ Glan-yr-Afon and Technium 2 offices are now complete.

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

DHCW intend to proceed with the target date for refreshing our Decarbonisation Action Plan (DAP) in 2025. This has been communicated to Welsh Government. Decarbonisation is reflected in our major plans and strategies, including our Annual Plan, Integrated Medium Term Plan and Estates Plan and it is also being included in the National Benefits Framework that is being developed by our Finance Department.

As decarbonisation within the Welsh Public Sector and in particular NHS Wales progresses, the need for clear and progressive strategies becomes more apparent. With this in mind, and as leaders in digital, DHCW have a role in shaping this.

We will continue to engage with NHS Wales Shared Services Partnership with the aim of improving the calculation mechanisms for procurement emissions.

A new Decarbonisation Reporting regime has been launched. The new NHS Wales Decarbonisation Reporting process has been discussed within the following meetings:

- 14th April 2023 - Directors of Planning Meeting
- 17th April 2023 - Health and Social Care Climate Emergency Transport and Procurement National Project Board
- 24th April 2023 - Health and Social Care Climate Emergency Programme Board

The discussions proposed launching the reporting process with a pilot, covering only Transport and Procurement (TaP) Initiatives progress for Q4 2022 for each NHS Organisation, against the Strategic Delivery Plan.

A Decarbonisation Reporting Team has been set up with the NHS Wales Shared Services Partnership (NWSSP) to manage the reporting process on behalf of Welsh Government. The team issued us with the template to report upon progress against the initiatives contained in the All Wales Plan. Our return was submitted before the target date of 7 June 2023

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.

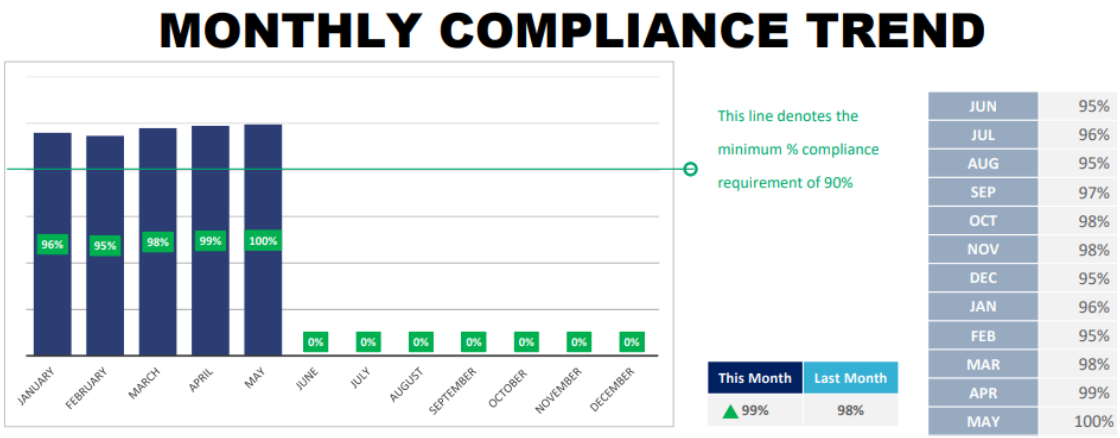
ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system. It helps organizations improve their environmental performance through more efficient use of resources and reduction of waste, gaining a competitive advantage and the trust of stakeholders:

QIAL Actions in progress	QIAL Actions Closed (last 12 months)	Queries and Complaints	Environmental, Waste and Energy Training
6	37	0	94%

3.3 Estates Compliance

Overall Compliance of plant systems and equipment is 100%, against our target of 90%.

This means that as of the end of May 2023 (with the exception of one test where Landlord documentation is awaited) all 269 of our services have up to date documentation. The graph below shows performance throughout the year:



Author: Julie Ash
Approver: Chris Darling

Internal planned preventative maintenance is currently at 99%, this area has been prioritised over the last quarter which is evidenced by the increased score.

3.4 Health & Safety

There have been no health & safety incidents reported to date this financial year.

4 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

4.1 We participated in the new Decarbonisation reporting regime which used Transport and Procurement initiatives as pilot area. Returns are being co-ordinated by a new team in NHS Wales Shared Services Partnership on behalf on Welsh Government.

4.2 We are seeing the benefits of the creation and appointment to a new role - Environmental Development and Estates Compliance Facilitator. This role will lead on progressing actions within our Decarbonisation Action Plan and some very positive links with other NHS organisations have been forged to share and learn from best practice.

4.3 The overall Estates Compliance score for servicing of plant systems and equipment is up to an all-time high of 100%.

4.4 The environmental performance section continues to feature data from QTR 1-3. Operational Emissions are showing a reduction of 46% vs Baseline. End of year carbon emissions data is being gathered in preparation for our quantitative report that is required to be submitted to Welsh Government by September 4th.

4.5 All 19 actions within our Decarbonisation Plan for 2022/23 have now been completed. All ten ISO 14001 KPI (objectives and targets) have also been achieved.

4.6 The Exceptional Cost Pressures Group has been focusing on opportunities for reductions in energy consumption which are in line with our decarbonisation ambitions. Our working arrangements have enabled us to look at how our buildings are used, we have been able to assess areas in use and save costs related to heating/lighting in unoccupied space.

5 RECOMMENDATION

5.1 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

7 APPENDIX A

DHCW RESPONSE TO THE FIVE CALLS TO ACTION

Strengthen your leadership and demonstrate your collective responsibility through effective collaboration
DHCW will continue to treat the climate crisis and need to decarbonise as an "emergency" recognising the huge impact actions in this area can have. Decarbonisation will form part of all day-to-day business decisions and operations. The scale of the challenge is well understood by our senior leaders with our Chief Executive being appointed Lead Chief Executive for Decarbonisation for NHS Wales, and our Executive Director of Finance/Deputy Chief Executive holding the lead Executive Role for the organisation. Our Chief Executive is a member of the Health and Social Services Group Climate Emergency Programme Board. We have set out a Roadmap in our Decarbonisation Action Plan which provides clear targets on a year-by-year basis setting out our journey to net zero. Whilst there are a number of activities that can aid us in lowering the amount of carbon emissions that we emit as an organisation, we believe they must be undertaken as part of a comprehensive plan to ensure a complete transformation. Crucially, our strategy is underpinned by the belief that any steps taken must consider not only how to address generated carbon emissions, but also how we as an organisation can become carbon efficient. We are developing our understanding of our significant procurement emissions in order to set a clear path to the 2025 and 2030 numerical targets. The Community of Experts on Climate Change Group and the DAP Peer review have been vital in allowing DHCW to work collaboratively, both gaining and sharing knowledge with organisations. DHCW also attend the Approach to Healthcare Project Board. DHCW have now joined the Transport and Procurement Workstream Group, which is made up of a number of NHS organisations including NWSSP. The intention is to work collaboratively with other organisations (particularly NWSSP) in the development of a strategy for low-carbon ICT procurement.

We have a Decarbonisation working group and activity/progress is overseen by the DHCW Audit and Assurance Committee. Our plan was signed off the DHCW Board who also have sight of and approve qualitative and quantitative decarbonisation returns required by Welsh Government.

Clarify your strategic direction and increase your pace of implementation

DHCW has a clearly defined Decarbonisation Strategic Delivery Plan (which includes actions to be undertaken every year up to 2030).

We have involved staff and other stakeholders in the development of our approach and regularly deliver awareness and progress reports to a range of forums. Represented on our Decarbonisation Group are Corporate Services, Commercial Services (Procurement), Finance, People and Organisational Development, Client Services (IT equipment and Transport) and Infrastructure Design.

We regularly engage with the Value in Health Team as we believe that there is an overlap of digital initiatives interesting to both the Value in Health and Decarbonisation.

DHCW have established targets in line with those of NHS Wales (which in turn are aligned to the collective public sector ambition of being net zero by 2030) and these are included within our Delivery Plan.

Decarbonisation is reflected in our major plans and strategies, including our Annual Plan, Integrated Medium Term Plan and Estates Plan and it is also being included in the National Benefits Framework that is being developed by our Finance Department.

Get to grips with the finances you need

DHCW have set themselves a target of fully costing the Decarbonisation Strategy by March 2023. This is a significant task but was felt to be essential which was confirmed by a recommendation from our Internal Auditors. Our new Environmental Development and Estates Compliance Facilitator will lead on this work with significant involvement from our Finance Department.

In addition, we will work with Welsh Government to access (where appropriate) funding to take forward projects to help us on our journey. We understand that regular reporting on the progress of such projects/scheme is required. We also understand that accessing funding in this way could provide opportunities for collaborative and more efficient working.

Know your skills gaps and increase your capacity

We have created a new role to take the operational lead on Decarbonisation - Environmental Development and Estates Compliance Facilitator. This role sits within the Estates and Compliance Team in the Corporate Services Department, part of the Finance and Business Assurance Directorate which is led by the Lead Executive for Decarbonisation.

We develop a Training Plan at the start of each year, during 2022/23, staff have undertaken:

- Carbon Literacy Certification Training
- Making a Commitment to Carbon Neutrality
- Implementing Carbon Footprint Management Plans

- Carbon Offsets and Declaring Carbon Neutral Status
- ISO 14001 Environmental Management (Requirements and Implementations)

Our new Decarbonisation Operational Lead is currently undertaking a BSc (Honours) in Environmental Science.

DHCW have proactively sent an Environmental Awareness Campaign to our employees each month to communicate the Climate Emergency, stimulate low carbon behaviours and encourage engagement in the decarbonisation agenda, example campaigns have included:-

- Energy Efficiency at Home
- Sustainable Travel
- World Environmental Day
- The Lazy Persons Guide to Saving the World
- Cycle to Work Day

We will assess our skills and training needs on an annual basis.

Attendance at All Wales Groups/Boards provides opportunity to share knowledge and resource.

Improve data quality and monitoring to support your decision making

The Welsh Net Zero reporting guide sets out thirteen principles to be adopted for public sector reporting. The principles are in order of priority and with the higher ranked principle expected to take precedence if there is conflict or uncertainty. Digital Health and Care Wales have adopted these Principles which form the basis of our reporting:

1. Transparency	Reporting by DHCW has been transparent and has clearly stated the boundary, methods, data sources, uncertainty and assumptions used for estimation of emissions and removals. Areas of weakness or low-grade data have been highlighted.
2. Good decision-making	DHCW will focus resources on accurately estimating and reporting on the most important activities. For DHCW, this is Procurement, followed by Building Use (particularly electricity consumption at the outsourced Data Centres), and then Business Fleet & Travel.
3. Consistency	The methodology used to report emissions and removals has been applied consistently for 2019/20 with some refinement to improve procurement emissions reporting. Outsourced activities will be accounted for to avoid carbon leakage. Clarification of scope definition with regards to procurement may be further defined and refined. This will be clearly reported. Confirmation of the rules for including/excluding examples where either DHCW occupies a small space (rooms or works stations) in another workplace and is not charged for the carbon impacts or vice versa, where another NHS team may sit within a DHCW workplace but is similarly not cross-charged for the carbon generated.

4. Partnership working	DHCW understands that the 2030 ambition for the Welsh public sector can only be met by assessing carbon neutrality across the whole sector. Both NHS Wales and Digital Health and Care Wales have internal targets, independent of the overall Welsh public sector ambition and collaboration, partnership, open and honest communication and supportive networks will be critical to delivery of the Decarbonisation Strategic Delivery Plan.
5. Usefulness of data	Our reported data reported will be directly useful for both measuring progress towards meeting the 2030 targets but also in understanding the risks and opportunities of targeted action. It is anticipated that our data will be of use to others within NHS Wales.
6. Local Economic Growth	DHCW implements sustainable procurement and works hard to influence the wider economy through its demand for goods and services and its support for sustainable, low carbon economic growth. The carbon impact data generated and reported through this approach could support activities to develop and sustain low carbon markets in Wales and to provide evidence for supporting existing and potential future suppliers to those markets.
7. Comparability	DHCW understands that the carbon neutral ambition for the Welsh public sector covers the whole sector and therefore it needs to report using the same operational and organisational boundaries, adjusted for organisation type, using the same standardised methodology and emission factors. Variations in boundaries and methodology based on organisational or geographical variation will always be clearly documented (in the case of the DHCW footprint versus that of NHS Wales 2018/19, the inclusion of homeworking, necessitated by the profound changes to working patterns brought by the pandemic).
8. Completeness	Reporting has included estimates for all emission sources within the agreed organisational and operational boundary, unless there is evidence to suggest that the emission source is not relevant for DHCW. For existing emission sources, where activity data was not available, DHCW has followed the provided methodology for estimating activity data, for example, benchmark estimates based on estate size or employee numbers.
9. Proportionate reporting burden	The resources used to estimate emissions and removals have been proportionate to the significance of the source, firstly within NHS Wales, and secondly to DHCW. Whilst completeness and accuracy are important, DHCW has been mindful that it has to balance the need for robust estimates with the required resources. This means not devoting resource to reducing uncertainty for elements (such as waste and water) that form a very small component of the footprint.
10. Improvement over time	DHCW is committed to improving the quality of reporting data over time, within the context of the overall reporting system. Nationally, there are discussions on how to refine Procurement data which we will welcome. Methodologies will only be changed where this results in an improvement in terms of accuracy. There is an expectation that the methodology for assessing carbon data from procurement will evolve significantly over the reporting time period. Where DHCW has estimated emissions for significant source using simple approximations and benchmarks of activity data, DHCW will improve the methodologies in line with Principle 9.
11. Accuracy	DHCW will reduce uncertainty in estimates of activity data and continually improve the accuracy of reporting, subject to Principle 9. Initial opportunities for this are identified later in this plan.

12. Maintenance and extension of ambition	DHCW will commit to reducing all emissions further where possible and continue to search for new opportunities for carbon reductions. The boundaries of the reporting system may also be revised in the future to include emission sources outside the direct control and/or resetting of DHCW's ambition to achieve net carbon removals.
13. Peer review	DHCW is open to having its reported data peer reviewed and has participated in workshops to undertake this activity on an All-Wales basis.

Estates Compliance REPORT

May 2023

NHS Digital Health and Care Wales

ESTATES COMPLIANCE REPORT

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Executive Summary

ESTATES COMPLIANCE:

At the end of May 2023 our overall compliance is at 100%. This has increased by 1% from last month and remains well above the 90% target.

Our overall compliance has been maintained by conducting a large number of testing across all premises and effectively liaising with our landlords to locate documentation. We plan to continue to focus at each site on prioritising the undertaking of out of date services, helping to further improve overall compliance.

Internal planned preventative maintenance has been maintained at 99%. Actions resulting from water/fire risk assessments and asbestos surveys are being managed effectively with 92% currently complete. We are looking at our long term estates strategy and we are working with agility to develop new ways of working.

ENVIRONMENT:

The 2022/23 decarbonisation action plan is now 100% complete. Our Environment annual trend is positive, with gross Operational Emissions currently showing a reduction of 46% (943tCO2e) for QTR 1-3 2022/23 compared to our baseline year of 2019/20.

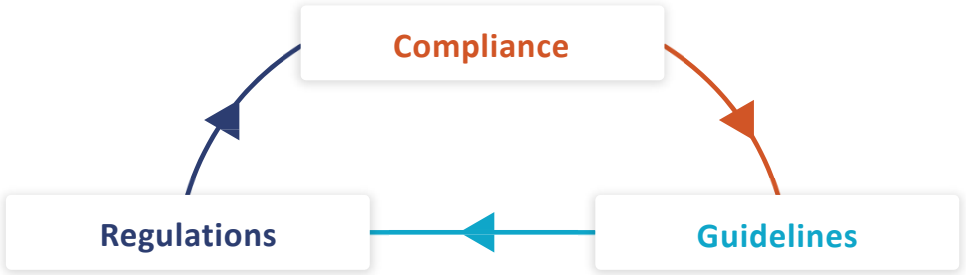
All ten ISO 14001 KPI (objectives and targets) have been achieved. We have submitted Decarbonisation Co-ordination Reporting (DCR) to NWSSP. DCR reporting is being piloted as the required format for NHS organisations reporting quarterly against designated decarbonisation initiatives being delivered through DAPs. End of year carbon emissions data is being gathered in preparation for our quantitative report that is required to be submitted to Welsh Government by September 4th.

Estates Compliance

At DHCW, we are fully aware of our responsibilities for ensuring that the workplace is kept safe by compliance with legislation.

We have a robust programme of planned, preventative maintenance (PPM) and schedule of inspections that need to be undertaken across the entire Estate.

We monitor, on a monthly basis, progress of actions arising as a result of various surveys and inspections, such as Fire, Legionella and Asbestos.



This report details the statutory and mandatory compliance performance of systems and equipment within Digital Health and Care Wales (DHCW) premises, to confirm that they meet with legal requirements, and to safeguard DHCW employees.

Throughout this report compliance is measured by site, type of system or equipment and based on DHCW or Landlord responsibility.

KEY

Green

Systems and equipment that are fully compliant

Yellow

Systems and equipment that are due to be serviced in one month or less

Red

Systems and equipment that are no longer compliant

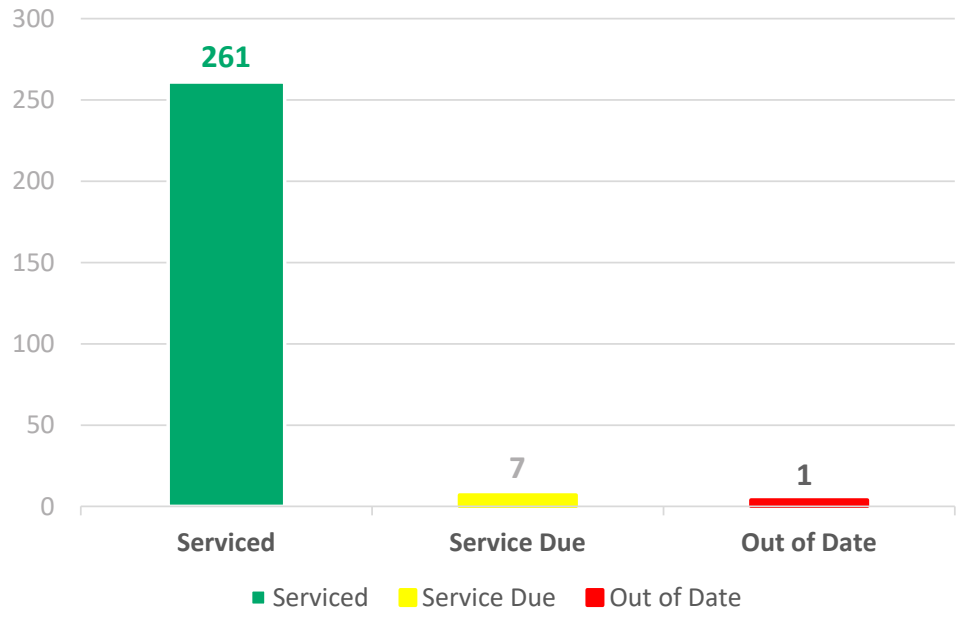
Arrows denote:-

▲ Percentage is higher than previous month

▼ Percentage is lower than previous month

◀ Percentage is the same as the previous month

All percentages include ■ and ■ totals added together.



ESTATES COMPLIANCE REPORT

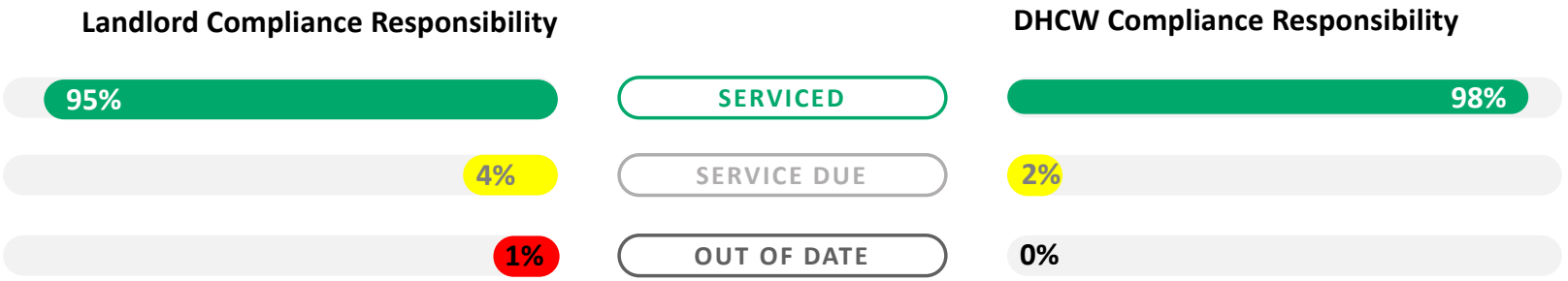
OVERALL COMPLIANCE

This Month	Last Month
▲ 100%	99%

Overall Compliance of plant systems and equipment is at 100%, against our target of 90%.

This means that as of the end of April 2023 we have 261 services complete, 1 out of date and 7 that require testing within one month, to prevent them from going out of date.

COMPLIANCE RESPONSIBILITY



We will liaise with our landlords to locate the required compliance documentation.

This Month	Last Month
▼ 99%	100%

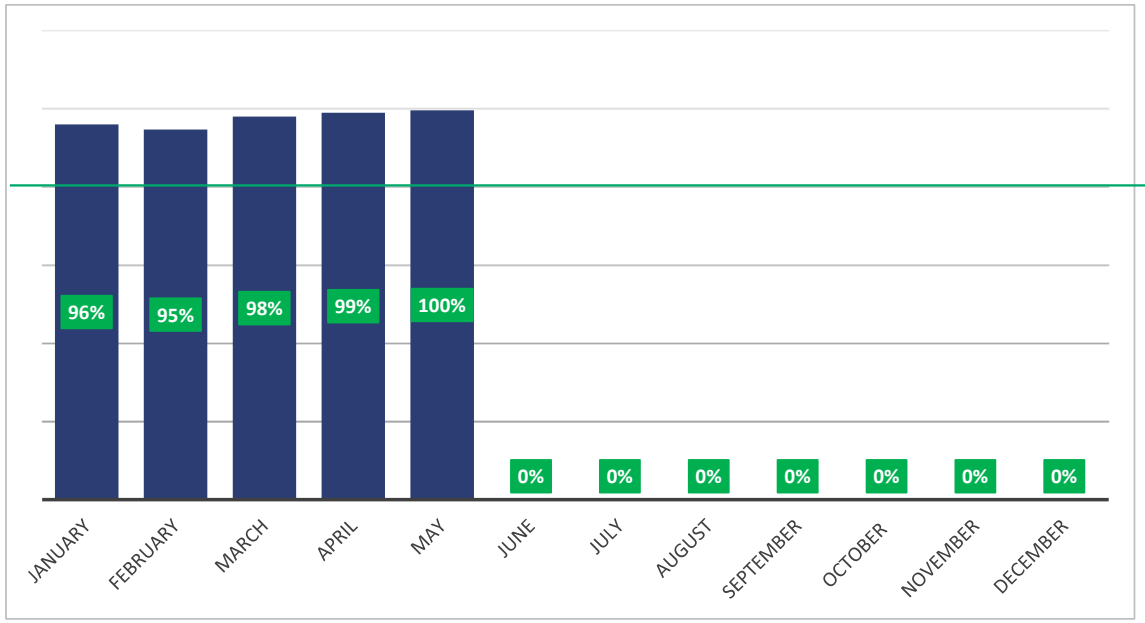
This Month	Last Month
▲ 100%	99%

We are in communication with our contractors in order to arrange required compliance testing.

Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point	Bocam	Tŷ Glan-yr-Afon	Mamhilad	Technium 2	Castlebridge	Media Point
0	1	0	0	0	0	1	2	1	1	0	2

The above chart shows a breakdown per site of the 7 service due and 1 out of date compliance items. We are arranging testing for the 7 service due items. In regards to the out of date service, we are awaiting documentation from our landlords.

MONTHLY COMPLIANCE TREND



This line denotes the minimum % compliance requirement of 90%

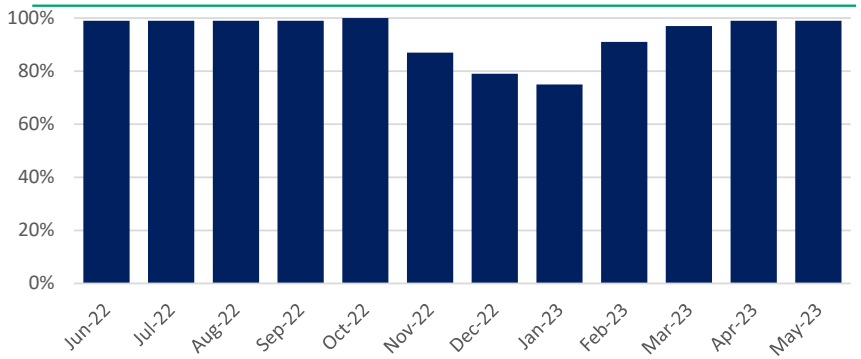
This Month	Last Month
▲ 99%	98%

JUN	95%
JUL	96%
AUG	95%
SEP	97%
OCT	98%
NOV	98%
DEC	95%
JAN	96%
FEB	95%
MAR	98%
APR	99%
MAY	100%

As you can see in the above chart, over the last 12 months we have maintained an above target compliance performance, with an average of 98%. The current figure being 100%.

INTERNAL PLANNED PREVENTATIVE MAINTENANCE (PPM) OVERVIEW

PPM 12 Month Trend



As you can see in the above chart, during the period of November 2022-January 2023 PPM compliance dropped to below the 90% target. As a team we have prioritised this area and as a result in May 2023 we have achieved 99% compliance.

Tŷ Glan-Yr-Afon		% Complete
Total Inspections	55	100%
Total Complete	55	

Bocam		% Complete
Total Inspections	53	100%
Total Complete	53	

Mamhilad		% Complete
Total Inspections	36	97%
Total Complete	35	

Technium 2		% Complete
Total Inspections	45	100%
Total Complete	45	

Media Point		% Complete
Total Inspections	48	100%
Total Complete	48	

Castlebridge 2		% Complete
Total Inspections	40	100%
Total Complete	40	

DHCW		% Complete
Total Inspections	223	99%
Total Complete	220	

This Month	Last Month
◀ 99%	99%

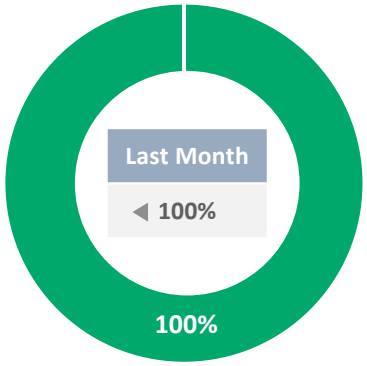
KEY AREAS

Compliance

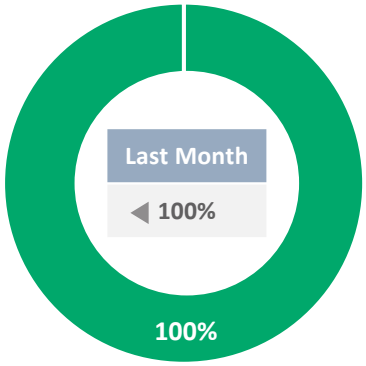
Compliance due / awaiting confirmation

Non Compliance

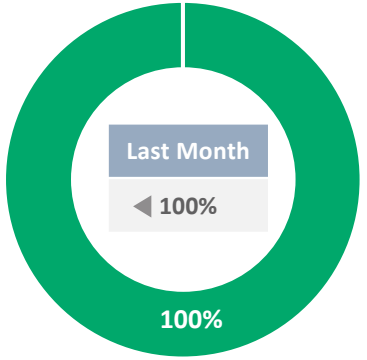
Asbestos Compliance Percentage



Legionella Compliance Percentage



Fire Risk Assessment Compliance Percentage



The charts show the compliance percentage of Asbestos surveys, as well as Legionella (Water) and Fire risk assessments. All assessments and surveys are in place and are 100% compliant.

Building Statutory Compliance Action Plan Overview

This Month	Last Month
▲ 99%	99%

Compliance Criteria		Overall Compliance
	Green – Action complete	**92%**
	Yellow – Action on target to be completed by agreed date	**7%**
	Orange – Action not on target for completion by agreed date	**1%**
	Red – No Action taken 6 months beyond agreed completion date	**0%**

The compliance of our complete actions is currently at 92%, with 7% of actions on target and 1% of actions having gone beyond the target date for completion. 242 actions have been complete and no actions have turned red.

Compliance Category	Compliance Subcategory	Number of Actions across DHCW by Priority											
		High				Medium				Low			
Fire	Fire Risk Assessment	0	1	0	0	26	1	1	0	64	1	1	0
Water	Water Safety Actions	57	8	0	0	39	8	0	0	30	1	0	0
Asbestos	Asbestos Survey Actions	0	0	0	0	1	0	0	0	25	0	0	0

Environmental Performance

At DHCW, we acknowledge the potential impact that we may have on the environment due to the nature of our business practices; therefore, we are fully committed to reducing this impact across the scope of our operations and the services that we deliver.

This report details how DHCW has performed against our decarbonisation aims and progress against our Decarbonisation Action Plan (DAP). We have also included details of our operational carbon footprint with comparisons against the baseline year across nine emissions reporting categories (ERCs).

ISO 14001 EMS PERFORMANCE

A review of current ISO 14001 KPI (objectives and targets) has taken place, with all ten actions being achieved. New KPI (objectives and targets) have been established for 2023/24 and an action plan has been created, progress of all targets will be monitored on a regular basis.

Reviews of the Environment section of the Legislation Register and the Environmental Aspects Register have been undertaken. Current versions continue to be monitored and updated regularly, there are no risks to be raised.

A new EMS Internal Audit Schedule for 2023/24 has been created and all IS014001 internal audits are currently up to date. There are now 14 corrective actions that are in progress, as a result of recent SHE inspections.

The needs and expectations of interested parties, a SWOT (Strengths, Weaknesses, Opportunities & Threats) analysis of internal and external issues and a PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis have been reviewed and are documented in the Sustainability Strategy, there are no risks to be raised in these areas. Internal and external communications have been captured within the Environmental Awareness Log, none require escalation at this point.

IMPROVEMENT OPPORTUNITIES:

- A move across to iPassport for ISO14001 compliance documentation is underway, with a number of documents having already been moved across.
- Refurbishments at TGA have been assessed to ensure sustainable measures have been considered and implemented where possible.
- Digital solutions continue to be used where possible, to reduce paper usage.
- Hybrid working remains in place, allowing staff to work from home, reducing the need to commute.

SHE Inspection Actions - Outstanding

Last Month	23
This Month	14

Environmental Awareness Campaign

This month's campaign provided information for our employees on **No Mow May**, which is an annual campaign calling all garden owners and green space managers not to mow lawns during May.

Environmental Training

Road to Net Zero training, provided by BSI, has been successfully completed by two members for the Estates and Compliance team.

QIAL Actions in progress	QIAL Actions Closed (last 12 months)	Queries and Complaints	Environmental, Waste and Energy Training
6	37	0	94%

ISO 14001 EMS ACTION PLAN UPDATE

KPI No.	KPI	Objective	Target	On Target	% Complete
1	Waste Management	Minimise waste through careful purchasing, efficient re-use of resources and recycling of materials.	Annual target: at least 90% of DHCW waste to be recycled.	YES	100%
2	WEE Waste	Dispose of applicable IT waste in accordance with the Waste Electrical and Electronic Equipment (WEEE) regulations.	Ensure that 100% of IT equipment that falls under the WEEE directive is disposed of in a compliant manner e.g. recycled, repurposed or reused.	YES	100%
3	Energy	Reduce DHCW's carbon footprint and save energy across all sites.	Annual Target: Reduce energy (Gas and Electric) emissions by at least 1% year on year.	YES	100%
4	Water	Reduce the amount of water that we consume across all sites.	Annual Target: Reduce water consumption by at least 1% year on year.	YES	100%
5	Environmental Management	Maintain a structured environmental management system, to promote good environmental performance and ensure continual improvement.	Maintain certification to ISO 14001:2015 Environmental Management Systems standard.	YES	100%
6	Legal compliance	Ensure DHCW remains compliant with all applicable environmental legislation.	▪ Review Legislation Register on an annual basis. ▪ Review Environmental Aspects Register on an annual basis. ▪ Keep up to date with legal requirements through external services ▪ Ensure zero breaches of applicable environmental legislation. ▪ Align our objectives and targets with the Wellbeing of Future Generations Act requirements.	YES	100%
7	Communication and Engagement	Improve staff communication and engagement in regards to individual and corporate environmental sustainability responsibilities, for continual improvement.	▪ Publicise an environmental awareness campaign for DHCW employees to get involved with each month. ▪ Implement a minimum of one environmental initiative per year. ▪ Communicate environmental awareness information via a monthly email, to be sent to all DHCW employees. ▪ Environmental Awareness Group to meet on a regular basis. ▪ Continue to develop our approach to staff communications, engagement and environment improvement initiatives.	YES	100%
8	Air-conditioning	Minimise the escape of fluorinated gases to the environment, through the effective management of all Air Conditioning units.	▪ Ensure all equipment which contains refrigerant gasses is leak tested annually. ▪ Ensure all refrigeration and air con equipment is maintained regularly to identify leaks early (F-Gas Register). ▪ Stopping any leaks after their detection will be treated as a major priority and steps will be taken to minimise leakages, where they are detected e.g. by disabling equipment until it is repaired.	YES	100%
9	Travel	Promote sustainable travel	▪ Promote the use of EV Charging points. ▪ Promote cycling to work. ▪ Promote the use of VC for off site meetings / homeworking meetings, to reduce the need for travel. ▪ Promote other sustainable ways of travel.	YES	100%
10	Sustainable Procurement	Reduce the demand for non-sustainable goods and services by reducing purchasing, using resource-efficient products and considering end of life.	▪ Work with NWSSP to develop a strategy for low-carbon ICT procurement, including (e.g.) building carbon reduction requirements into invitations to tender; developing (or adopting) low carbon standards for ICT equipment, as part of NWSSP's Sustainable Procurement Code of Practice. ▪ To operate and procure in a manner that focuses on the preservation and effective management of natural resources. ▪ To ensure the organisation's activities and those of suppliers are conducted on a fair and ethical basis. ▪ To ensure contracts add maximum value for Welsh citizens by contributing to the local community in terms of education, regeneration and community engagement. ▪ Track and reduce the purchase of Paper at DHCW ▪ Set printers to auto print double sided and in black and white	YES	100%

DECARBONISATION

SUMMARY:

- We have submitted our Decarbonisation Co-ordination Reporting (DCR) spreadsheet update together with a highlight report to NWSSP. These documents are being piloted as the required format for NHS organisations reporting quarterly against designated decarbonisation initiatives being delivered through DAPs.
- End of year carbon emissions data is being gathered in preparation for our quantitative report that is required to be submitted to Welsh Government by September 4th.
- The Decarbonisation Working Group, Environmental Awareness Group and Community of Experts on Climate Change Group continue to meet on a regular basis to collaborate and to ensure that sufficient progress has been made against our DAP.
- Following our expression of interest, we have received email notification stating that the Public Sector Low Carbon Heat Capital Grant funding will only apply to local authorities and not public sector organisations thus making DHCW ineligible. We will however continue to explore other funding sources.
- Our Operational Decarbonisation Lead has been part of meetings with our main IT supplier, to further establish a baseline of DHCW's IT footprint. This will form a new 'Digital' section within our Decarbonisation Strategy.
- Only Fleet Vehicles and Homeworking data is showing an increase in carbon emissions compared to our baseline year, all other reporting categories are showing positive carbon reductions, with our Data Centres, Commuting and Electricity showing significant reductions.
- The LED lighting installation project at our Ty Glan-yr-Afon and Technium 2 offices has now been completed.
- Operational Gross Emissions have reduced by 46% (943tCO2e) for QTR 1-3 2022/23 compared to our baseline year of 2019/20.
- We are currently gathering the remaining data for QTR 4. this will be completed prior to submission of our quantitative report to WG.

Emissions	Performance (22/23 QTR 1-3) vs Baseline (19/20 QTR 1-3):	Carbon Footprint 22/23:	Carbon Footprint per m2:	Carbon Footprint per person:
Gross	-46%	1112 tCO2e	0.175 tCO2e	1.079 tCO2e
Net	-47%	1012 tCO2e	0.159 tCO2e	0.982 tCO2e

DECARBONISATION ACTION PLAN (DAP) 2022/2023

We have now completed all 19 planned actions for 2022/23.

The Decarbonisation Working Group have now begun working on 2023/24 actions. There are 11 in total, 1 of which has already been closed.

OPERATIONAL EMISSIONS COMPARISON QTR 1-3 2022/23 VS 2019/20