

# Cyfarfod Cyhoeddus y Pwyllgor Archwilio a Sicrwydd

Tue 16 April 2024, 09:30 - 12:30

## Agenda

### 09:30 - 09:40 1. MATERION RHAGARWEINIOL

10 min

#### 1.1 Croeso a chyflwyniadau

Y'w Nodi

Cadeirydd

#### 1.2 Ymddiheuriadau am Absenoldeb

#### 1.3 Datganiadau o Fuddiannau

I'w Nodi

Cadeirydd

#### 1.4 Diweddariad Pwyllgor Archwilio Cymru

Er Sicrwydd

Archwilio Cymru

I gynnwys sefyllfa ar archwiliad diwedd blwyddyn o gyfrifon

1.4 DHCW Audit and Assurance Committee Update - April 2024.pdf (10 pages)

1.4i DHCW 2023-24 NHS Audit Plan.pdf (18 pages)

### 09:40 - 09:45 2. AGENDA GYDSYNIO

5 min

#### 2.1 Cofnodion heb eu cadarnhau o gyfarfodydd blaenorol

I'w Gymeradwyo

Cadeirydd

#### 2.1 Cyhoeddus 13 Chwefror 2024

I'w Gymeradwyo

Cadeirydd

2.1 13022024 AA-MDA-PUBLIC DRAFTv2 JA-en-cy-C.pdf (21 pages)

#### 2.1i Preifat a Chryno 13 Chwefror 2024

I'w Gymeradwyo

Cadeirydd

2.1i 13022024 AA-MDA-PRIVATE ABRIDGEDv1-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 18 January 2024.pdf (5 pages)

#### 2.3 Blaengynllun Gwaith

I'w Nodi

Ysgrifennydd y Bwrdd

2.3 Forward Workplan.pdf (5 pages)

## 2.4 Polisiau

I'w Nodi Pennaeth Llywodraethu Corfforaethol

 2.4 Policy Report.pdf (5 pages)

### 2.4i Safonau Ymddygiad

I'w Gymeradwyo Pennaeth Llywodraethu Corfforaethol

 2.4i Existing Policy Revision Cover Sheet Standard of Behaviour.pdf (1 pages)

### 2.4ii Absenoldeb Rhiant a rennir

I'w Gymeradwyo Pennaeth Llywodraethu Corfforaethol

 2.4ii Existing Policy Revision Cover Sheet Parental Leave.pdf (2 pages)


## 2.5 Colledion a Thaliadau Arbennig

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

Diweddariad Ar Lafar

## 2.6 Adroddiad Safonau Ymddygiad

I'w Nodi Pennaeth Llywodraethu Corfforaethol

 2.6 Standards of Behaviour Report April 2024.pdf (5 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 - 11:00

70 min

## 4. ARCHWILIO A GWRTH DWYLL

### 4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Nodi Archwilio Mewnol PCGC

 4.1 Progress Report Audit Committee Report Cover Sheet April 2024.pdf (4 pages)

### 4.2 Cynllun Archwilio Mewnol 2024

I'w Nodi Archwilio Mewnol PCGC

 4.2 Audit Committee Draft Plan Cover Paper April 2024.pdf (4 pages)

### 4.3 Adroddiadau Adolygiad Archwilio Mewnol

Er Sicrwydd Archwilio Mewnol PCGC

- Rheoli Rhaglenni
- Rhaglen Gofal Llygaid Digidol

 4.3 Audit Committee Audit Reports Cover Sheet April 2024.pdf (5 pages)

### 4.4 Cofnodion Gweithredu Archwilio

I'w Nodi Pennaeth Llywodraethu Corfforaethol

## 4.5 Adroddiad Diweddaru ar Atal Twyll Lleol

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

### 4.5i Adroddiad Cynnydd y Gwasanaeth Atal Twyll Lleol Chwarter 4

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

 4.5i Q4 Counter Fraud Progress cover.pdf (4 pages)

### 4.5ii Adroddiad Blynyddol y Gwasanaeth Atal Twyll Lleol 23/24

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

 4.5ii COVER COUNTER FRAUD ANNUAL REPORT 23-24.pdf (5 pages)

### 4.5iii Cynllun Gwaith Drafft y Gwasanaeth Atal Twyll Lleol 24/25

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

 4.5iii COVER SHEET COUNTER FRAUD ANNUAL PLAN 24 -25.pdf (5 pages)

**Egwyl - 15 munud**

11:00 - 12:30  
90 min

## 5. ADRODDIADAU LLYWODRAETHU

### 5.1 Diweddariad Cyllid

*I'w Nodi                      Cyfarwyddwr Cyswllt Cyllid*

#### 5.1i Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

*I'w Nodi                      Cyfarwyddwr Cyswllt Cyllid*

 5.1i High Value Purchase Orders Report.pdf (6 pages)

#### 5.1ii Llythyr Dyraniad

*I'w Nodi                      Cyfarwyddwr Cyswllt Cyllid*

Diweddariad ar lafar

#### 5.1iii Prydlesu TG Meddygon Teulu

*I'w Nodi                      Cyfarwyddwr Cyswllt Cyllid*

 5.1iii GP Leased PC Update.pdf (6 pages)

### 5.2 Cydymffurfiaeth Ansawdd a Rheoleiddio

*I'w Nodi                      Pennaeth Ansawdd a Rheoleiddio*

- Adroddiad Bob Amser Dyletswydd Ansawdd Ch3

 5.2 DHCW Quality and Regulatory Update Report 16 April 2024.pdf (7 pages)

### 5.3 Cofrestr Sicrwydd Deddfwriaethol

*Er Sicrwydd                      Pennaeth Llywodraethu Corfforaethol*

 5.3 Legislative Assurance Register Apr 2024.pdf (6 pages)

### 5.4 Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth

I'w Nodi Pennaeth Gwasanaethau Corfforaethol

5.4 Estates Decarbonisation Compliance Update.pdf (8 pages)

## 5.5 Adroddiad Risg Corfforaethol

I'w Draford Ysgrifennydd y Bwrdd

5.5 Corporate Risk Register.pdf (6 pages)

## 5.5i Agwedd at Fframwaith Sicrwydd y Bwrdd 2024/25

I'w Nodi Ysgrifennydd y Bwrdd

Diweddariad ar lafar

## 5.6 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

I'w Nodi Pennaeth Gwasanaethau Masnachol

5.6 Procurement and scheme of delegation April 2024 Final.pdf (6 pages)

## 5.7 Adroddiad yr Iaith Gymraeg

Er Sicrwydd Pennaeth Llywodraethu Corfforaethol

5.7 Welsh Language Report - April 2024.pdf (6 pages)

12:30 - 12:30  
0 min

## 6. MATERION I GLOI

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

I'w Draford Cadeirydd

### 6.2 Unrhyw Faterion Brys eraill

I'w Draford Cadeirydd

### 6.3 Dyddiadau y cyfarfodau nesaf:

I'w Nodi Cadeirydd

- Cyfarfod Arbennig – Cyfrifon Drafft: 9 Mai 2024
- Cyfarfod safonol: 9 Gorffennaf 2024



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

Date issued: April 2024

Document reference: 4016A2024

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

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

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

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## 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 Details of future and past Good Practice Exchange (GPX) events are also available on our [website](#).

## Accounts audit update

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

### Exhibit 1 – Accounts audit work

| Area of work                          | Executive Lead  | Focus of the work   | Current status  | Planned date for consideration   |
|---------------------------------------|---|---|---|--|
| Audit of 2023-24 financial statements | Claire Osmundsen-Little – Executive Director of Finance | Planning and risk assessment work under International Standard on Auditing (ISA) 315 and audit of the draft financial statements. | Detailed planning work has been undertaken in March 2024. | Full audit to commence on receipt of draft financial statements on 3rd May 2024. |

## Performance audit update

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

### Exhibit 2 – Performance audit work

| Area of work                      | Executive Lead          | Focus of the work   | Current status | Planned date for consideration  |
|-----------------------------------|-------------------------|---|----------------|---|
| Structured Assessment 2023 – Core | Chief Executive Officer | <p>Our structured assessment work was designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2023 Structured Assessment work reviewed:</p> <ul style="list-style-type: none"><li>• Board and committee effectiveness, cohesion, and transparency;</li><li>• Corporate systems of assurance;</li><li>• Corporate planning arrangements; and</li><li>• Corporate financial planning, management, and performance arrangements.</li></ul> | Complete       | Report considered by the Audit and Assurance Committee at its February 2024 meeting |

| Area of work  | Executive Lead                                    | Focus of the work   | Current status     | Planned date for consideration  |
|---|---|---|--------------------|---|
| All-Wales thematic on workforce planning arrangements | Director of People and Organisational Development | This work examined the workforce risks that NHS bodies are experiencing currently and are likely to experience in the future. It examined how local and national workforce planning activities are being taken forward to manage those risks and address short-, medium- and longer-term workforce needs. | Complete           | Report considered by the Audit and Assurance Committee at its February 2024 meeting |
| 2023 Annual Audit Report                              | Chief Executive Officer                           | This report summarises the findings from our 2023 audit work at Digital Health and Care Wales.  | Complete           | Report considered by the Audit and Assurance Committee at its February 2024 meeting |
| Structured Assessment 2023 – Deep Dive – Cost Savings | Executive Director of Finance                     | This work will examine the approach DHCW is taking in respect of achieving cost improvements, efficiencies, and financial sustainability.   | Fieldwork underway | July 2024   |

| Area of work   | Executive Lead          | Focus of the work   | Current status | Planned date for consideration |
|--|-------------------------|---|----------------|--------------------------------|
| Structured Assessment 2024 – Deep Dive – Digital                   | Chief Executive Officer | This work will examine DHCWs role in designing, developing, and delivering digital services for the NHS in Wales.   | Scoping        | To be confirmed                |
| 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. | Scoping        | To be confirmed                |



# Other relevant publications

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

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

| Title  | Publication Date |
|--|------------------|
| <b><u>From Firefighting to Future-proofing – the Challenge for Welsh Public Services</u></b> | February 2024    |
| <b><u>Board effectiveness follow-up – Betsi Cadwaladr University Health Board</u></b>        | February 2024    |
| <u>Corporate Joint Committees – commentary on their progress</u>                             | November 2023    |

# Additional information

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

Exhibit 4 – Audit Wales corporate documents

| Title                     | Publication Date |
|---------------------------|------------------|
| <u>Fee Scheme 2024-25</u> | January 2024     |

8     There are no relevant Audit Wales consultations currently underway.



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

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

# Digital Health and Care Wales – Detailed Audit Plan 2024

Audit year: 2023-24

Date issued: April 2024

Document reference: 4106A2024



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

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

# About Audit Wales

## Our aims and ambitions

### Assure



the people of  
Wales that public  
money is well  
managed

### Explain



how public  
money is being  
used to meet  
people's needs

### Inspire



and empower  
the Welsh  
public sector to  
improve



Fully exploit  
our unique  
perspective,  
expertise and  
depth of insight



Strengthen our  
position as an  
authoritative,  
trusted and  
independent  
voice



Increase our  
visibility,  
influence and  
relevance



Be a model  
organisation for  
the public sector  
in Wales and  
beyond

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# Introduction

I have now largely completed my planning work.

This Detailed Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

It sets out the work my team intends undertaking to address the audit risks identified and other key areas of focus during 2024.

It also sets out my estimated audit fee, details of my audit team and key dates for delivering my audit team’s activities and planned outputs.



**Adrian Crompton**  
Auditor General for  
Wales

## Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. and the proper preparation of key elements of your Remuneration and Staff Report. I lay them before the Senedd together with any report that I make on them. I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material is set out later in this plan.

I am also required to certify a return to the Welsh Government which provides information about the Special Health Authority (SHA) to support preparation of the Whole of Government Accounts.

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

## Performance audit work

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

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

My performance audit work is designed to comply with auditing standards set out by the International Organisation of Supreme Audit Institutions (INTOSAI). This is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations



# Your audit at a glance



## My financial statements audit will concentrate on your risks and other areas of focus

My audit planning has identified the following risks:

### Significant financial statement risk

- Risk of Management Override of Controls
- Risk of fraud from expenditure recognition

### Other areas of audit focus

- Preparation of the staff report
- Programme transferred to DHCW – Digital Eye Care Records System
- Achieving the financial duty to break even



## My performance audit will include:

- Structured Assessment – core
- Structured Assessment – deep dive review of investment in digital systems to support service resilience and transformation
- Local project work - Review of stakeholder engagement arrangements (NB Combining 2023 and 2024 local fee)



## Materiality

|                     |            |
|---------------------|------------|
| Materiality         | £1,508,000 |
| Reporting threshold | £75,000    |

# Financial statements' materiality



## Planning Materiality £1.508m

My aim is to identify and correct material misstatements, that is, those that might other cause the user of the accounts into being misled.

Materiality is calculated using:

- 2022-23 gross expenditure of £150.86m
- Materiality percentage of 1%

I report to those charged with governance any misstatements above a trivial level (set at 5% of materiality).



## Areas of specific interest

There are some areas of the accounts that may be of more importance to the user of the accounts, and we have set a lower materiality level for these:

- Remuneration report £5,000
- Related party disclosures relating to individuals £10,000

# Significant financial statements’ risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other ISAs. The ISAs require us to focus more attention on these significant risks.

Exhibit 1: significant financial statement risks

| Significant risk   | Our planned response  |
|--|---|
| The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33]. | The audit team will: <ul style="list-style-type: none"><li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements.</li><li>• review accounting estimates for bias; and</li><li>• evaluate the rationale for any significant transactions outside the normal course of business.</li></ul> |
| There is a risk of material misstatement due to fraud in expenditure and as such is treated as a significant risk [PN 10].   | The audit team will: <ul style="list-style-type: none"><li>• substantively test all material areas of pay and non-pay expenditure;</li><li>• test the appropriateness of accruals made at the year-end; and</li><li>• perform focussed cut-off testing on post year end payments to ensure expenditure was appropriately accrued.</li></ul>       |

# Other areas of focus

I set out other identified risks of material misstatement which, whilst not determined to be significant risks as above, I would like to bring to your attention.

Exhibit 2: other areas of focus

| Audit risk   | Our planned response  |
|--|---|
| In 2022-23, parts of the draft staff report presented for audit did not comply with the requirements of the Welsh Government Manual for Accounts (MFA), which required additional auditor input and audit time to complete.  | We will: <ul style="list-style-type: none"><li>continue to engage with the finance team, building on the progress made during the 2022-23 audit, to confirm understanding of the MFA requirements for 2023-24; and</li><li>Undertake timely audit testing &amp; review of the staff report, ensuring sufficient time for review and subsequent amendment where issues are identified.</li></ul> |
| The Digital Eye Care Programme was transferred to Digital Health and Care Wales from Cardiff & Vale University Health Board in June 2023.  | We will: <ul style="list-style-type: none"><li>test the completeness, classification and accuracy of any balances transferred from Cardiff &amp; Vale University Health Board in DHCW's financial statements; and</li><li>complete verification procedures to ensure any assets transferred still exist at year end or have been disposed of during the year.</li></ul>                         |
| Special Health Authorities have a financial duty to ensure their expenditure does not exceed the aggregate of funding allotted to them for a financial year.<br>As at Month 10, the SHA is forecasting to break even against its revenue and capital resource allocations. However, the existence of this duty increases the risk that management judgements and estimates included in the financial statements could be biased to help achieve this financial duty. | We will focus our testing on areas of the financial statements which could contain reporting bias.  |

# Financial statements’ audit timetable

I set out below key dates for delivery of my accounts audit work and planned outputs.

**Exhibit 3: key dates for delivery of planned outputs**

| Planned output   | Work undertaken    | Report finalised |
|--|--------------------|------------------|
| 2024 Detailed Audit Plan   | March & April 2024 | April 2024       |
| Audit of financial statements work: <ul style="list-style-type: none"><li>• Audit of Financial Statements Report</li><li>• Opinion on the Financial Statements</li></ul> | May & June 2024    | July 2024        |

# Planned performance audit work

I set out below details of my performance audit work and key dates for delivery of planned outputs.

**Exhibit 4: key dates for delivery of planned outputs**

|   |  |  |
|---|--|--|
| <b>Structured Assessment - core</b>   | <p>Structured assessment will continue to form the basis of the work my audit teams do at each NHS body to examine the existence of proper arrangements for the efficient, effective, and economical use of resources.</p> <p>My core 2024 structured assessment work will review the following areas:</p> <ul style="list-style-type: none"><li>• Board and committee cohesion and effectiveness;</li><li>• Corporate systems of assurance;</li><li>• Corporate planning arrangements; and</li><li>• Corporate financial planning and management arrangements.</li></ul> <p>My structured assessment work will also include a review of the arrangements that are in place to track progress against previous audit recommendations. This allows the audit team to obtain assurance that the necessary progress is being made in addressing areas for improvement identified in previous audit work. It also enables us to more explicitly measure the impact our work is having.</p> | <p>Fieldwork to commence between June and August 2024 with reporting by the end of October 2024.</p> |
| <b>Structured Assessment - deep dive review of investment in digital systems to support service resilience and transformation</b> | <p>In addition to the core structured assessment work described above, my audit teams will also review certain arrangements at NHS bodies in more depth. This year, my audit teams 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. We will tailor this review for the SHA to reflect its role in designing, developing, and delivering digital services for the NHS in Wales. This work</p>  | <p>Fieldwork to commence during the spring of 2024 and reporting by the end of October 2024.</p>     |

|  |  |  |
|--|--|--|
|  | <p>was deferred from 2023, following my decision to replace the work with a review of the SHA's approach to financial efficiencies.</p>  |  |
| <p><b>Local project work – Review of Stakeholder Engagement Arrangements</b></p> | <p>Where appropriate, my audit team will also undertake performance audit work that reflects issues specific to the SHA. The team 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. This work was scheduled to be completed as part of our 2023 audit plan. However, our scoping work on the topic has indicated that there wasn't sufficient scope within the audit fee to complete the work required. Consequently, we will carry forward this work into the 2024 audit plan and combine both the 2023 and 2024 fee to enable a more substantial review.</p> | <p>Fieldwork to commence during the spring of 2024 and reporting by the end of October 2024.</p> |

# Fee and audit team

In January 2024 we published our [Fee Scheme](#) for the 2024-25 year as approved by the Senedd Finance Committee. My fee rates for 2024-25 have increased by an average of 6.4% as a result of unavoidable inflationary pressures and the ongoing need to invest in audit quality.

I estimate your total audit fee will be £200,939

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

**Our financial audit fee is based on the following assumptions:**

- The agreed audit deliverables set out the expected working paper requirements to support the financial statements and includes timescales and responsibilities.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

**Exhibit 5: breakdown of audit fee**

| Audit area                            | Proposed fee for 2024 (£) <sup>1</sup> | Actual fee for 2023 (£) |
|---------------------------------------|--|-------------------------|
| <b>Audit of Financial Statements</b>  | 109,075                                | 102,514                 |
| <b>Performance audit work:</b>        |  |                         |
| • Structured Assessment               | 65,443                                 | 66,363                  |
| • Stakeholder Engagement Arrangements | 26,421                                 | 19,975                  |
| <b>Performance work total</b>         | <b>91,864</b>                          | <b>86,338</b>           |
| <b>Total fee</b>                      | <b>200,939</b>                         | <b>188,852</b>          |

<sup>1</sup> The fees shown in this document are exclusive of VAT, which is not charged to you.



The main members of my team, together with their contact details, are summarised in **Exhibit 6**.

**Exhibit 6: my local audit team**

| Name            | Role   | Contact details  |
|-----------------|--|--|
| Dave Thomas     | Engagement Director & Audit Director (Performance Audit) | <a href="mailto:Dave.thomas@audit.wales">Dave.thomas@audit.wales</a>         |
| Derwyn Owen     | Audit Director (Financial Audit)                         | <a href="mailto:Derwyn.owen@audit.wales">Derwyn.owen@audit.wales</a>         |
| Mike Whiteley   | Audit Manager (Financial Audit)                          | <a href="mailto:Mike.whiteley@audit.wales">Mike.whiteley@audit.wales</a>     |
| Andrew Doughton | Audit Manager (Performance Audit)                        | <a href="mailto:Andrew.doughton@audit.wales">Andrew.doughton@audit.wales</a> |
| David Tomalin   | Audit Lead (Financial Audit)                             | <a href="mailto:David.tomalin@audit.wales">David.tomalin@audit.wales</a>     |
| Nathan Couch    | Audit Lead (Performance Audit)                           | <a href="mailto:Nathan.couch@audit.wales">Nathan.couch@audit.wales</a>       |

I can confirm that my team members are all independent of the Special Health Authority and your officers.

# Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD\* and our Chair, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2023](#).

## Our People



The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

- Selection of right team
- Use of specialists
- Supervisions and review

## Arrangements for achieving audit quality



The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

## Independent assurance



The third line of assurance is formed by those activities that provide independent assurance over the effectiveness of the first two lines of assurance.



- EQCRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

\* QAD is the quality monitoring arm of ICAEW.

# Supporting you

Audit Wales has developed a range of resources to support the scrutiny of Welsh public bodies and to support those bodies in continuing to improve the services they provide to the people of Wales.

## Visit our website to find:

|   |  |
|---|--|
|    | our <b><u>Good Practice</u></b> work where we share emerging practice and insights from our audit work in support of our objectives to assure, to explain and to inspire.                              |
|    | our <b><u>newsletter</u></b> which provides you with regular updates on our public service audit work, good practice, and events.  |
|  | our <b><u>publications</u></b> which cover our audit work completed at public bodies.  |
|  | information on our <b><u>forward performance audit work programme 2023-2026</u></b> which is shaped by stakeholder engagement activity and our picture of public services analysis.                    |
|  | various <b><u>data tools</u></b> and <b><u>infographics</u></b> to help you better understand public spending trends including a range of other insights into the scrutiny of public service delivery. |

You can find out more about Audit Wales in our [Annual Plan 2023-24](#) and [Our Strategy 2022-27](#).



Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff CF10 4BZ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

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





|  |      |  |                                   |
|--|------|--|-----------------------------------|
| Shikala Mansfield (ar gyfer eitemau 5.4 a 5.5) | SM   | Pennaeth Pobl a Datblygu Sefydliadol                           | IGDC                              |
| David Murphy (ar gyfer eitem 4.5)              | DM   | Rheolwr Archwilio  | Archwilio Cymru                   |
| Martyn Lewis                                   | ML   | Arweinydd Archwilio  | PCGC                              |
| Claire Osmundsen-Little                        | CO-L | Cyfarwyddwr Gweithredol Cyllid                                 | IGDC                              |
| Julie Robinson                                 | JR   | Cydlynnydd Llywodraethu Corfforaethol                          | IGDC                              |
| Sarah-Jane Taylor (ar gyfer eitemau 5.4 a 5.5) | SJT  | Cyfarwyddwr Pobl a Datblygu Sefydliadol                        | IGDC                              |
| Dave Thomas                                    | DT   | Cyfarwyddwr Archwilio  | Archwilio Cymru                   |
| Laura Tolley                                   | LT   | Pennaeth Llywodraethu Corfforaethol                            | IGDC                              |
| Mike Whiteley                                  | MW   | Rheolwr Archwilio  | Archwilio Cymru                   |
| Sian Williams                                  | SW   | Pennaeth Gwasanaethau Ariannol ac Adrodd                       | IGDC                              |
| Ymddiheuriadau                                 |      |  |                                   |
| Alistair Klaas Neill                           | AKN  | Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd | IGDC                              |
| Darren Griffiths                               | DG   | Arweinydd Archwilio (Perfformiad)                              | Archwilio Cymru                   |
| Gareth Lavington                               | GL   | Arbenigwr Atal Twyll Lleol Arweiniol                           | Atal Twyll Lleol Caerdydd a'r Fro |
| Carwyn Lloyd Jones                             | CLJ  | Cyfarwyddwr TGCh   | IGDC                              |
| Ifan Evans                                     | IE   | Cyfarwyddwr Gweithredol Strategaeth                            | IGDC                              |
| Michelle Sell                                  | MS   | Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Cynllunio  | IGDC                              |



| Acronymau |                              |      |   |
|-----------|------------------------------|------|---|
| IGDC      | Iechyd a Gofal Digidol Cymru | AS   | Archwilio a Sicrwydd                    |
| AIA       | Awdurdod Iechyd Arbennig     | DPIF | Cronfa Fuddsoddi Blaenoriaethau Digidol |
| BAF       | Fframwaith Sicrwydd y Bwrdd  | PCGC | Partneriaeth Cydwasanaethau GIG Cymru   |
|           |                              |      |   |

| Rhif yr Eitem | Eitem  | Canlyniad | Cam Gweithredu |
|---------------|--|-----------|----------------|
| 1             | <b>MATERION RHAGARWEINIOL</b>  |           |                |
| 1.1           | <b>Croeso a Chyflwyniadau</b><br>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd.<br>Rhoddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.<br>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 IGDC yn dilyn y cyfarfod.  | Nodwyd    | Dim i'w nodi   |
| 1.2           | <b>Ymddiheuriadau absenoldeb</b><br>Nodwyd yr ymddiheuriadau canlynol:- <ul style="list-style-type: none"><li>Alistair Klaas Neil, Aelod Annibynnol, Is-Gadeirydd y Pwyllgor Archwilio a Sicrwydd</li><li>Gareth Lavington, Pennaeth Atal Twyll</li><li>Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth</li><li>Carwyn Lloyd-Jones, Cyfarwyddwr TGCh</li><li>Darren Griffiths, Rheolwr Archwilio, Archwilio Cymru</li><li>Michelle Sell, Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol</li></ul> | Nodwyd    | Dim i'w nodi   |
| 1.3           | <b>Datganiadau o Fuddiannau</b><br>Datganodd Marian Wyn Jones, y Cadeirydd ei buddiant yn eitem 5.5 Adroddiad Iaith Gymraeg ar   | Nodwyd    | Dim i'w nodi   |



|          |   |                  |                 |
|----------|---|------------------|-----------------|
|          | <p>ôl bod yn rhan o Grŵp Gorchwyl a Gorffen Llywodraeth Cymru a ddatblygodd y Cynllun Gweithredu 'Mwy na Geiriau'.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Datganiad o Fuddiant</p>   |                  |                 |
| <b>2</b> | <b>AGENDA CYDSYNIO - I'W CHYMERADWYO</b>  |                  |                 |
| 2.1      | <p><b>Cofnodion heb eu cadarnhau o gyfarfodydd 17 Hydref 2023 – Talfyriad Cyhoeddus a Phreifat.</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO'R</b> cofnodion fel cofnod cywir o'r drafodaeth a fyddai ar gael i'r cyhoedd.</p> | Cymeradwy<br>wyd | Dim i'w<br>nodi |
| 2.2      | <p><b>Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru</p>   | Nodwyd           | Dim i'w<br>nodi |
| 2.3      | <p><b>Blaengynllun Gwaith</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> cynnwys Blaengynllun Gwaith y Pwyllgor.</p>   | Nodwyd           | Dim i'w<br>nodi |
| 2.4      | <p><b>Diweddariad ar yr Ymchwiliad i COVID-19</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Diweddaru ar yr Ymchwiliad i COVID-19</p>   | Nodwyd           | Dim i'w<br>nodi |
| 2.5      | <p><b>Adroddiad Blynnyddol y Pwyllgor Archwilio a Sicrwydd</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO</b> Adroddiad Blynnyddol y Pwyllgor Archwilio a Sicrwydd i'w Gymeradwyo i Fwrdd AIA.</p>                               | Cymeradwy<br>wyd | Dim i'w<br>nodi |
| 2.6      | <p><b>Hunan-asesiad o Effeithiolrwydd y Pwyllgor Archwilio a Sicrwydd</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Hunan-asesiad o Effeithiolrwydd y Pwyllgor Archwilio a Sicrwydd ar gyfer <b>SICRWYDD</b>.</p>               | Er Sicrwydd      | Dim i'w<br>nodi |
| 2.7      | <p><b>Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO</b> Cylch Gorchwyl y Pwyllgor</p>  | Cymeradwy<br>wyd | Dim i'w<br>nodi |





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| 2.8                               | <b>Cylch Busnes y Pwyllgor Archwilio a Sicrwydd</b><br>Penderfynodd y Pwyllgor:<br>GYMERADWYO Cylch Busnes y Pwyllgor.  | Cymeradwy<br>wyd | Dim i'w<br>nodi |
| 2.9                               | <b>Adroddiad Cylchlythyr Iechyd Cymru</b><br>Penderfynodd y Pwyllgor:<br>DDERBYN Adroddiad Cylchlythyr Iechyd Cymru ar<br>gyfer SICRWYDD.   | Er Sicrwydd      | Dim i'w<br>nodi |
| 2.10                              | <b>Colledion a Thaliadau Arbennig</b><br>Penderfynodd y Pwyllgor:<br>NODI nad oedd unrhyw Golledion a Thaliadau<br>Arbennig.  | Nodwyd           | Dim i'w<br>nodi |
| 2.11                              | <b>Adroddiad Safonau Ymddygiad</b><br>Penderfynodd y Pwyllgor:<br>NODI'R Adroddiad Safonau Ymddygiad  | Nodwyd           | Dim i'w<br>nodi |
| 2.12                              | <b>Adroddiad Codi Pryderon</b><br>Penderfynodd y Pwyllgor:<br>NODI'R Adroddiad Codi Pryderon  | Nodwyd           | Dim i'w<br>nodi |
| <b>RHAN 3 – BUSNES Y CYFARFOD</b> |   |                  |                 |
| 3.1                               | <b>Cofnod Gweithredu</b><br>Gwahoddwyd Chris Darling, Ysgrifennydd y Bwrdd<br>(CD) i gyflwyno'r Cofnod Gweithredu. Nododd y<br>Pwyllgor fod chwe cham gweithredu wedi'u nodi<br>o'r cyfarfod diwethaf a gwblhawyd ac a<br>ddogfennwyd yn y Cofnod Gweithredu.<br>Penderfynodd y Pwyllgor:<br>NODI statws y Cofnod Gweithredu.   | Nodwyd           | Dim i'w<br>nodi |
| <b>RHAN 4</b>                     | <b>ARCHWILIO AC ATAL TWYLL</b>  |                  |                 |
| 4.1                               | <b>Adroddiad Cynnydd yr Archwiliad Mewnol</b><br>Cyflwynodd Stephen Chaney, Pennaeth Archwilio<br>Mewnol Dros Dro (StC), Partneriaeth<br>Cydwasaethau GIG Cymru yr uchafbwyntiau o'r<br>Cynllun Cynnydd Archwilio Mewnol a dywedodd:<br>Darparodd StC yr uchafbwyntiau o'r adroddiad<br>cynnydd gan gynghori:-<br><ul style="list-style-type: none"> <li>Roedd y cynllun yn mynd rhagddo yn dda ac<br/>nid oedd yr Archwilwyr Mewnol yn rhagweld<br/>unrhyw faterion i gau'r archwiliadau a oedd</li> </ul> | Er Sicrwydd      | Dim i'w<br>nodi |



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|     | <p>yn weddill.</p> <ul style="list-style-type: none"><li>Gofynnwyd am Archwiliad ychwanegol o'r Rhaglen Ddigido Gofal Llygaid i archwilio trefniadau'r rhaglen yn dilyn eu trosglwyddo o Fwrdd Iechyd Prifysgol Caerdydd a'r Fro i IGDC, a byddai'r archwiliad hefyd yn cynnwys y gwaith y mae IGDC wedi'i wneud ers hynny i nodi a mynd i'r afael ag unrhyw wendidau. Byddai'r archwiliad hwn yn creu partneriaeth ag adolygiad ar wahân a oedd yn edrych ar y prosesau cytundebol a ddefnyddiwyd gan Fwrdd Iechyd Prifysgol Caerdydd a'r Fro wrth gyflwyno'r rhaglen.</li></ul> <p>Croesawodd y Pwyllgor yr archwiliad ychwanegol ac edrychodd ymlaen at drafod canfyddiadau'r archwiliad ychwanegol a'r adolygiad yng nghyfarfod nesaf y Pwyllgor ym mis Ebrill 2024.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> diweddariad Archwilio Mewnol ar gyfer SICRWYDD.</p>  |             |   |
| 4.2 | <p><b>Adroddiadau Adolygiad Archwilio Mewnol</b></p> <p>Darparodd StC drosolwg lefel uchel o'r adolygiad Gwireddu Buddion a chyflwynodd Martyn Lewis, Rheolwr Archwilio (ML) i ddarparu manylion yr adolygiad Gwireddu Buddion:</p> <ul style="list-style-type: none"><li>Cafodd yr adolygiad sgôr Sicrwydd Rhesymol.</li><li>Canfu cyfradd asesu'r fframwaith gwireddu buddion ei fod yn gynhwysfawr. Roedd yn diffinio buddion a sut y cânt eu rhyddhau, cofrestr cofnodion ac olrhain buddion disgwyliedig.</li><li>Roedd rhai themâu cyffredin a welwyd o'r argymhellion yn ymwneud â'r ffaith nad oedd y fframwaith yn cael ei ddefnyddio i'w lawn botensial. Nid oedd pob perchennog wedi'i briodoli iddynt ac nid oedd tystiolaeth o nodi meini prawf ar gyfer mesur a gwireddu buddion.</li><li>Nid oedd gan y tîm budd-daliadau y mecanweithiau i gasglu'r data a gynhyrchwyd gan y prosiectau a'r rhaglenni. Fodd bynnag, casglwyd y data hwn o fewn y Byrddau Iechyd a'r Ymddiriedolaethau ac roedd angen eu</li></ul> | Er Sicrwydd | <p><b>Cam Gweithredu</b><br/>: Dylid cyflwyno'r Adolygiad Gwireddu Manteision yn y Pwyllgor Cyflawni Rhaglenni nesaf.</p> |



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|     | <p>bwydo'n ôl i IGDC.</p> <p>Trafododd y Pwyllgor y tanddefnyddio presennol o'r fframwaith a'r ffyrdd o wneud defnydd gwell o'r cyfleoedd a'r gwerth a ddarperir gan y fframwaith.</p> <p>Awgrymodd CD y dylid cyflwyno'r adolygiad Gwireddu Manteision yng nghyfarfod nesaf y Pwyllgor Cyflawni Rhaglenni gan eu bod wedi cymryd diddordeb mewn budd-daliadau mewn sesiwn ddatblygu ddiweddar.</p> <p><b>CAM GWEITHREDU: 20240213-A01</b> Dylid cyflwyno'r Adolygiad Gwireddu Buddion yng nghyfarfod nesaf y Pwyllgor Cyflawni Rhaglenni.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>DDERBYN</b> yr adroddiad ar gyfer <b>SICRWYDD</b>.</p>   |             |              |
| 4.3 | <p><b>Diweddariad Archwilio Cymru i'r Pwyllgor</b></p> <p>Cyflwynodd Nathan Couch (NC), Archwilio Cymru Ddiweddariad Pwyllgor Archwilio Cymru a oedd yn rhoi manylion am y gwaith archwilio ariannol a pherfformiad cyfredol ac a gynlluniwyd a thynnodd sylw at y pwyntiau allweddol canlynol: -</p> <ul style="list-style-type: none"><li>• Diweddariad cyfrifon - roedd gwaith cynllunio ac asesu risg ar gyfer yr archwiliad o ddatganiadau ariannol 2023/24 ar y gweill a byddai'r gwaith cynllunio manwl a'r profion dros dro yn cychwyn ym mis Mawrth 2024.</li><li>• Cwblhawyd Asesiad Strwythuredig Craidd, adroddiadau archwilio blynyddol a chynllunio'r gweithlu ac roeddent ar yr agenda.</li><li>• Roedd oedi wrth archwilio trefniadau digidol oherwydd y sefyllfa ariannol heriol ar draws GIG Cymru. Bydd Archwilio Cymru yn cysylltu â IGDC i drefnu cyfarfod sefydlu a bydd adolygiad o drefniadau digidol yn cael ei gwblhau yn ddiweddarach yn y flwyddyn.</li></ul> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI</b> diweddariad Pwyllgor Archwilio Cymru gan gynnwys yr archwiliad ar gyfer <b>SICRWYDD</b>.</p> | Er Sicrwydd |              |
| 4.4 | <p><b>Archwilio Cymru - Adroddiad Asesiad Strwythuredig 2023 IGDC</b></p> <p>Darparodd NC y diweddariad ar Adroddiad Asesiad Strwythuredig 2023 a oedd yn archwilio trefniadau</p>   | Er Sicrwydd | Dim i'w nodi |



corfforaethol IGDC mewn perthynas â systemau llywodraethu sicrwydd, cynllunio a rheolaeth ariannol.

- Canfu Archwilio Cymru fod trefniadau llywodraethu corfforaethol, sicrwydd, cynllunio ac ariannol IGDC yn gyffredinol dda gyda rhai cyfleoedd i'w cryfhau ymhellach. Roedd IGDC yn wynebu risgiau sylweddol o ran adnoddau, ariannol a buddsoddi y byddai angen eu rheoli'n ofalus i sicrhau ei fod yn cyflawni blaenoriaethau uniongyrchol ac amcanion tymor hwy, tra'n parhau i fod yn ariannol gynaliadwy.
- Roedd gan IGDC Fwrdd sefydlog a chydlynol a oedd yn cynnal ei fusnes yn briodol, yn effeithiol ac yn dryloyw.
- Mae trefniadau cynllunio yn parhau i aeddfedu ond erys cyfleoedd i ddatblygu cynlluniau ategol manwl ar gyfer rhai cynlluniau corfforaethol a strategaethau i gefnogi monitro a throsolwg effeithiol.
- O ran risg ariannol, cyflawnodd IGDC ei amcanion ariannol ar gyfer 2022/23 ac roedd yn rhagweld sefyllfa adennill costau ar gyfer 2023/24.

Cydnabu'r Pwyllgor y byddai meysydd i'w gwella o fewn y sefyllfa ariannol ond bod rhai o'r risgiau allan o reolaeth IGDC ac roedd yn ddefnyddiol bod hyn wedi'i gydnabod yn yr asesiad.

Ychwanegodd y Pwyllgor fod cyfle i wella cyflwyniadau Gwrando a Dysgu ar y Cyd ym Mwrdd SHA, gan ganiatáu i'r Bwrdd glywed yn uniongyrchol gan ddinasyddion. Yn flaenorol, 'cleientiaid' IGDC oedd y proffesiwn meddygol ond roedd bellach yn symud i gyfnod newydd ac ymgysylltu â'r cyhoedd, gyda lansiad Ap GIG Cymru, felly roedd angen cyflwyniadau gwrando a dysgu ar y cyd i adlewyrchu hyn.

Darparodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (CO-L) ymateb manwl ar y trefniadau ariannu cymhleth a'r angen i fod yn gynaliadwy ac yn effeithlon. Bu dibyniaeth ar arbed costau o swyddi gwag, fodd bynnag, roedd cynllun yn cael ei lunio ar sut olwg fyddai ar y newid i fodel gweithredu cwmwl seiliedig ar gynnyrch a chynllun adnoddau. Byddai hyn yn helpu i ganolbwyntio anghenion y sefydliad i



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|     | <p>weithredu mewn ffordd effeithlon ac effeithiol yn y maes digidol.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Asesiad Strwythuredig 2023 ar gyfer <b>SICRWYDD</b> .</p>  |  |  |
| 4.5 | <p><b>Archwilio Cymru – Adolygiad o Drefniadau Cynllunio'r Gweithlu</b></p> <p>Ymunodd David Murphy o Archwilio Cymru (DM) â'r cyfarfod i ddarparu'r Adolygiad o Drefniadau Cynllunio'r Gweithlu i'r Pwyllgor. Cyflwynwyd yr uchafbwyntiau canlynol:</p> <p>Roedd yr adolygiad yn cynnwys saith cyfweiliad ffurfiol, adolygiad manwl o 47 o ddogfennau a thrafodaethau dilynol ynghylch yr adroddiad.</p> <p>Canfyddiadau allweddol: Roedd IGDC wedi gwella ei ddull strategol o gynllunio'r gweithlu ac roedd yn cymryd camau i reoli heriau presennol y gweithlu. Roedd lle i ganolbwyntio mwy ar y tymor hwy, y tu hwnt i gylchoedd tair blynedd seiliedig ar yr CTCL a gwella trefniadau ar gyfer monitro a goruchwylio. Roedd y dull strategol yn gwella ond roedd angen cynllun gweithredu i arwain y gwaith cyflawni a rhoi mwy o ffocws ar fynd i'r afael â risgiau yn y dyfodol.</p> <p>Nododd yr adolygiad fod yr ymrwymïadau i ymgysylltu â rhanddeiliaid mewnol ac allanol yn arbennig o gryf o amgylch y gweithlu strategol.</p> <p>Roedd IGDC yn rheoli'r gweithlu'n effeithiol ond roedd angen yr adnoddau arnynt i barhau i adolygu hyn, yn enwedig gyda nifer y rhaglenni y gellir eu hehangu. Roedd gan ddatblygu cynlluniau gweithlu ar lefel y gyfarwyddiaeth y potensial i amlygu unrhyw risgiau newydd i'r gweithlu.</p> <p>Mae gan y Bwrdd drosolwg rhesymol o'r Strategaeth Pobl a Datblygu Sefydliadol gyda diweddariad blwyddyn wedi'i dderbyn yn y Bwrdd ym mis Medi.</p> <p>Ychwanegodd (CO-L) fod y twf sylweddol yn y gweithlu yn cael ei ariannu gan y Gronfa Buddsoddi mewn Blaenoriaethau Digidol (DPIF). Roedd cyllid DPIF yn afreolaidd ac felly roedd hyn yn ei gwneud yn anodd cadw'r gweithlu a ariennir drwy'r dull hwn. Fodd bynnag, nodwyd bod gan IGDC un o'r trosiannau isaf o ran staff a chyfraddau salwch o'i gymharu â sefydliadau eraill. Yn ogystal, roedd</p> |  |  |



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|     | <p>IGDC yn edrych ar y cynlluniau tymor hwy a goblygiadau symud i gyflenwi cwmwl seiliedig ar gynnyrch a beth mae hynny'n ei olygu i'r gweithlu craidd a'r diwylliant.</p> <p>Roedd yr adroddiad yn llawn gwybodaeth ac yn amlygu'r angen i dreulio a buddsoddi amser yn y cynlluniau tymor hwy.</p> <p>Ychwanegodd CD mai un her i IGDC ar gyfer cynllunio'r gweithlu oedd bod staff digidol yn cael eu categoreiddio o fewn y staff Gweinyddol a Chlercyyddol a oedd yn ei gwneud yn anodd ei dorri i lawr a gwneud y dadansoddiad.</p> <p>Er mwyn cystadlu yn y sector digidol a chynyddu'r tâl i weithwyr digidol proffesiynol, cytunodd y Pwyllgor fod angen ffocws penodol ar staff digidol ac felly, byddai'n cael ei werthfawrogi pe gallai Archwilio Cymru ddod ag unrhyw ddylanwad yn y mater hwn.</p> <p>Ymatebodd Sarah-Jane Taylor, Cyfarwyddwr Pobl ac OD (S-JT) ei fod yn adroddiad da a wnaed beth amser yn ôl ac ers hynny mae pethau wedi symud ymlaen yn gyflym i ffordd fwy strategol o weithio, gan adeiladu ar y cynnyrch. ymagweddd a thrawsnewid. Derbyniodd y Pwyllgor ragor o fanylion am y gwaith oedd yn cael ei gynllunio a'i wneud yn 2024/25.</p> <p>Roedd yr adroddiad yn rhoi sicrwydd i'r Pwyllgor fod y risg yn cael ei lliniaru'n effeithiol.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adolygiad o Drefniadau Cynllunio'r Gweithlu ar gyfer <b>SICRWYDD</b>.</p> |        |              |
| 4.6 | <p><b>Archwilio Cymru – Adroddiad Archwilio Blynyddol IGDC 2023</b></p> <p>Cyflwynwyd Adroddiad Archwilio Blynyddol 2023 gan Dave Thomas (DT), Cyfarwyddwr Archwilio, Archwilio Cymru:-</p> <p>Tynnodd yr adroddiad sylw at y canlynol:</p> <ul style="list-style-type: none"><li>• Roedd y cyfrifon wedi'u paratoi'n briodol ac yn berthnasol gywir a chyhoeddwyd barn archwilio ddiamod arnynt.</li><li>• Manylwyd ar waith archwilio perfformiad yn y diweddariad gan Archwilio Cymru.</li><li>• Amlinellwyd yr atodiadau yng nghefn yr adroddiad a oedd yn rhoi'r wybodaeth</li></ul>   | Nodwyd | Dim i'w nodi |





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|     | <p>ddiweddaraf am rywfaint o'r gwaith sy'n cael ei wneud gan Archwilio Cymru.</p> <ul style="list-style-type: none"><li>• Roedd y ffi wedi'i nodi yn y cynllun archwilio.</li></ul> <p>Roedd gan y Pwyllgor ddiddordeb mewn gweld ble roedd Archwilio Cymru yn teimlo oedd IGDC yn y gofod digidol a sut roedd yn ei weld yn perfformio o fewn y GIG ehangach.</p> <p>Nid oedd unrhyw gorff tebyg arall yng Nghymru i'w gymharu ag IGDC ond cyfeiriodd DT y Pwyllgor yn ôl at yr Asesiad Strwythuredig a oedd yn rhoi syniad o berfformiad y sefydliad ac yn gosod y llwyfan ar gyfer yr heriau sydd o'n blaenau hy yn y gweithlu a digidol. Yn ogystal, mae IGDC yn bwrw ymlaen â rôl arwain y system ac mae'r darn o waith ar ymgysylltu â rhanddeiliaid wedi helpu i ddangos sut mae'r GIG ehangach yn ystyried y mae IGDC yn perfformio. Rhoddwyd sicrwydd i'r Pwyllgor fod IGDC wedi sefydlu sylfeini da a'i fod yn gweithio'n dda ond y byddai heriau o'i flaen.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI Adroddiad Archwilio Blynnyddol IGDC 2023</b></p> |        |              |
| 4.7 | <p><b>Traciwr Camau Gweithredu Archwilio</b></p> <p>Cyflwynodd Laura Tolley, (LT) Pennaeth Llywodraethu Corfforaethol y Traciwr Gweithredu Archwilio.</p> <p>Adolygwyd 25 o gamau gweithredu yn y cyfarfod diwethaf a chaewyd 20 gan adael cyfanswm o bum o gamau gweithredu agored. Derbyniodd y Pwyllgor bum adroddiad newydd yn y cyfarfod diwethaf a oedd yn cynnwys 27 cam gweithredu newydd. Mae'r rhain wedi'u hychwanegu at y cofnod sydd bellach yn cynnwys cyfanswm o 32 o gamau gweithredu agored. Byddai 13 o'r rhain yn cael eu hadolygu yn y sesiwn breifat, 19 wedi'u cwblhau a 13 yn weddill ar darged i'w cwblhau erbyn dyddiad. Mae 5 archwiliad i'w cwblhau felly nodwyd y bydd mwy o gamau gweithredu yn y cyfarfod nesaf.</p> <p>Roedd y Pwyllgor yn falch a rhoddwyd sicrwydd iddynt o nodi'r cynnydd a wnaed o ran cwblhau'r camau gweithredu a oedd yn weddill.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R Traciwr Gweithredu Archwilio</b></p>  | Nodwyd | Dim i'w nodi |



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| 4.8 | <p><b>Adroddiad Diweddaru ar Atal Twyll Lleol</b></p> <p>Derbyniodd y Pwyllgor yr Adroddiad Diweddaru Atal Twyll Lleol ar gyfer chwarter 3.</p> <p>Tynnodd Henry Bales, Dirprwy Bennaeth Atal Twyll (HB), sylw at y gwaith a wnaed yn ystod y cyfnod:</p> <ul style="list-style-type: none"><li>• Darparwyd ffigurau e-ddysgu – roedd 33 aelod o staff wedi cwblhau'r dysgu, sef ychydig yn llai na 3% o gyfanswm staff IGDC. Ar draws GIG Cymru, 7.5 i 8% oedd y ganran.</li><li>• Roedd Atal Twyll wedi'i gynnwys yn y Sesiynau Ymsefydlu Corfforaethol i 300 aelod o staff ac roedd wedi'i raglennu ar gyfer pob sesiwn gynefino yn y dyfodol.</li><li>• Roedd dau gyflwyniad TensTalk i tua 200 o staff.</li><li>• Roedd wythnos ymwybyddiaeth dwyll wedi'i chynnal.</li><li>• Roedd un Hysbysiad Atal Twyll</li><li>• Roedd y Fenter Twyll Genedlaethol (NFI) wedi'i chwblhau.</li><li>• Roedd un atgyfeiriad twyll yn ymwneud â lawrlwytho meddalwedd ac a fyddai'n cael ei drafod yn y sesiwn breifat.</li></ul> <p>Trafododd y Pwyllgor beth arall y gellid ei wneud i atal twyll oherwydd gordaliadau cyflog a rhoddwyd sicrwydd iddynt fod gwaith wedi'i gwblhau ar ordaliadau cyflog ers y cyfarfod diwethaf, gyda chyllid yn rheoli'r risg ac yn cysylltu â Gwrth Dwyll a PCGC o ran rheolaeth. Ychwanegodd HB fod dangosfwrdd gordaliadau newydd i helpu i leihau gordaliadau a hefyd pan oedd rhywun yn cael ei ymuno â'r Cofnod Staff Electronig y gellid gwneud gwiriad a fyddai'n dangos a oedd y cyfrif yn fyw pan drosglwyddodd rhywun i IGDC o sefydliad GIG arall ac atal rhag cael ei dalu ddwywaith.</p> <p><b>CAM GWEITHREDU 20240213-A02</b> Cytunodd HB i gadarnhau i'r Pwyllgor a oedd y broses hon yn cael ei chyflawni'n lleol neu gan PCGC.</p> <p>Rhoddwyd gwybod i'r Pwyllgor fod yr hyfforddiant Atal Twyll wedi'i bennu'n orfodol o fewn IGDC a'i fod bellach wedi ymddangos ar y cymhwysedd ar y Cofnod Staff Electronig, felly roedd yn haws dod o hyd iddo. Roedd IGDC wedi gosod targed</p> | Nodwyd | <p><b>Cam Gweithredu</b><br/>: HB i benderfynu a gafodd y gwiriadau ar y Cofnod Staff Electronig eu cynnal yn lleol neu gan PCGC.</p> |
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|               | <p>uchelgeisiol i sicrhau cydymffurfiaeth o 100% erbyn diwedd mis Mawrth 2024.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Diweddarau ar Atal Twyll.</p>   |  |  |
| <b>RHAN 5</b> | <b>ADRODDIADAU LLYWODRAETHU</b>  |  |  |
| 5.1           | <p><b>Adroddiad Cydymffurfiaeth Ansawdd a Rheoleiddio a'r Uned Seibergadernid</b></p> <p>Cyflwynodd Paul Evans Pennaeth Ansawdd a Rheoleiddiol (AG) Adroddiad Cydymffurfiaeth Ansawdd a Rheoleiddio a'r Uned Seibergadernid a sleidiau ar y Cynllun Ansawdd Blynnyddol ar gyfer 2024/25. Darparodd PE rai o'r uchafbwyntiau yn yr adroddiad:</p> <ul style="list-style-type: none"><li>• Roedd Seibergadernid bellach wedi symud i'r gyfarwyddiaeth Gweithrediadau o fewn IGDC.</li><li>• Mae'r rhaglen archwilio mewnol sy'n seiliedig ar risg yn parhau i weithredu'n effeithiol gan gydymffurfio 100%.</li><li>• Cynhaliwyd tri archwiliad allanol y cyfnod hwn ac roedd pob un ohonynt yn llwyddiannus.</li><li>• Ardystiad newydd i ISO 3415 ac ymweliadau gwiliadwriaeth ar gyfer BS 76000</li><li>• Roedd tri archwiliad ar y gweill ar gyfer Chwarter 4. Roedd un ohonynt ar y gweill, heb unrhyw ganfyddiadau hyd yn hyn.</li><li>• Mae'r System Rheoli Ansawdd wedi cynyddu canran y dogfennau o fewn y dyddiad adolygu a gwelwyd rhai gwelliannau sylweddol. Cefnogir hyn ymhellach gan y gwaith ar strategaeth rheoli dogfennau a oedd yn mynd drwy'r broses gymeradwyo fewnol ar hyn o bryd.</li><li>• Roedd y porth ansawdd wedi gwella ymwybyddiaeth o ansawdd ar draws y sefydliad ac roedd yn cael ei ddatblygu'n barhaus. Roedd ymweliadau â'r porth wedi cynyddu'n sylweddol ers y flwyddyn</li></ul> |  |  |



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|     | <p>flaenorol.</p> <ul style="list-style-type: none"><li>Roedd y tîm Ansawdd yn gweithio ar gerrig milltir y CTCL. Roedd y Pecyn Cymorth Asesu Effaith ar Ansawdd yn cael ei gwblhau a byddai hwn yn cael ei gyflwyno ar draws IGDC. Ochr yn ochr â hyn roedd fframwaith ansawdd yn seiliedig ar gynnyrch yn cael ei ddatblygu.</li></ul> <p>Nododd y Pwyllgor yr adroddiad manwl a oedd yn tanlinellu maint y gwaith a oedd yn cael ei gyflawni'n gyson gan y tîm Ansawdd.</p> <p>Holodd RG a oedd unrhyw waith y gallai'r Pwyllgor ei wneud i gryfhau'r gefnogaeth i'r gwaith sy'n cael ei wneud gan Ansawdd ar draws y sefydliad. Roedd sesiwn Datblygu Bwrdd i'w gynnal ym mis Mawrth a fyddai'n canolbwyntio ar Ddyletswydd Ansawdd a gofynion y Bwrdd. Yn ogystal, roedd y Cynllun Blynnyddol yn cynnwys 10 tudalen o amcanion a gellid defnyddio sesiwn y Bwrdd i bwysleisio'r amcanion ansawdd ehangach o fewn y cynllun.</p> <p>Derbyniodd y Pwyllgor y Cynllun Blynnyddol Ansawdd a Rheoleiddio 2024/25 a nododd yr amcanion a'r cyflawniadau allweddol a amlinellwyd.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> cynnwys yr adroddiad diweddarau a'r Cynllun Ansawdd Blynnyddol</p> |  |  |
| 5.2 | <p><b>Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth</b></p> <p>Cyflwynodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol, y prif bwyntiau canlynol o'r adroddiad:</p> <ul style="list-style-type: none"><li>Diweddariad Ystadau – comisiynwyd arolwg staff i ganfod beth oedd y gweithlu eisiau ei weld. Datblygwyd nifer o themâu allweddol o ganlyniadau'r arolwg ac roedd y rhain wedi'u cyflwyno i'r Fforwm Partneriaeth Lleol (LPF) a'r Bwrdd.</li><li>Roedd Llywodraeth Cymru wedi galw am resymoli cynlluniau ystadau ac roedd y rhain wedi'u cyflwyno ar amser a'u cyflwyno i Lywodraeth Cymru mewn cyfarfod ym mis</li></ul>   |  |  |



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|     | <p>Rhagfyr 2023.</p> <ul style="list-style-type: none"><li>Mae trafodaethau ar y gweill i ddod i gytundeb gyda landlord y Technium i leihau ôl troed.</li><li>Yn ddiweddar, mae'r Bwrdd wedi cymeradwyo adnewyddu prydlesi ar gyfer Tŷ Glan-yr-Afon a Pharc Bocam. Fel rhan o'r broses i adnewyddu prydles Tŷ Glan-yr-Afon, manteisiwyd ar y cyfle i ofyn am well hygyrchedd.</li><li>Cynhaliwyd trafodaethau adeiladol sefydliadau eraill y GIG i rannu gofod.</li></ul> <p><b>Datgarboneiddio</b> Roedd Tîm Adrodd Datgarboneiddio wedi'i sefydlu gyda Phartneriaeth Cydwasanaethau'r GIG (PCGC) i reoli proses adrodd Datgarboneiddio chwarterol newydd. Roedd datganiad chwarter 3 wedi'i gynhyrchu a'i gyflwyno cyn y targed. Nododd fod gwelliannau wedi'u gwneud mewn nifer o feysydd.</p> <p><b>Diweddariad Amgylcheddol a Chydymffurfiaeth.</b> Roedd y gydymffurfiaeth gyffredinol yn 98%, a oedd yn uwch na'r targed o 90%.</p> <p>Nododd y Pwyllgor fod y gwaith cynnal a chadw ataliol a gynlluniwyd yn fewnol yn 100% a chanmolodd y tîm am y cyflawniad hwn.</p> <p>Nodwyd bod hygyrchedd yn cael ei adolygu yn TGA ar ôl ymgysylltu â staff a chadarnhaodd LT ei bod wedi cael adborth gan staff eu bod yn teimlo'n fwy cysylltiedig â'r sefydliad pan ystyriwyd eu hadborth.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad ar Ddatgarboneiddio, Ystadau a Chydymffurfiaeth.</p> |        |  |
| 5.3 | <p><b>Adroddiad Rheoli Risg Corfforaethol</b></p> <p>Cyflwynodd CD drosolwg o'r Adroddiad Risg Corfforaethol a rhoddodd yr uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"><li>Sefyllfa'r proffil risg – roedd 19 o risgiau ar y Gofrestr Risg Gorfforaethol, ac roedd tri ohonynt ar gyfer Archwilio a Sicrwydd. Roedd y lleill ar gyfer Llywodraethu Digidol a Diogelwch (DG&amp;S) a'r Pwyllgor Cyflawni Rhaglenni newydd y cafodd nifer o risgiau eu trosglwyddo iddo o DG&amp;S.</li></ul>  | Nodwyd |  |



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|     | <ul style="list-style-type: none"><li>• Roedd dwy risg newydd wedi'u neilltuo i'r Pwyllgor hwn: DHCW0329 Dewis Fferyllfa – DHCW Cynnal Bwlch Cyllid a DHCW0331 Cyllid Adnoddau Tymor Penodol. Rhoddwyd diweddariad byr ar y risgiau hyn.</li><li>• Roedd y risg o Swyddi Gwag DHCW0259 wedi'i dileu ond roedd yn cael ei hadolygu'n barhaus.</li></ul> <p>Trafododd y Pwyllgor y ddwy risg newydd a oedd yn faterion yn ymwneud â chyllid. Un o'r ffactorau ar gyfer y dyfodol oedd y byddai mwy o ddata digidol a data'n cael eu defnyddio ar draws GIG Cymru, y byddai'n rhaid eu rheoli o fewn y cyfyngiadau ariannol, yn enwedig pan fyddai cyllid i gyd yn cael ei dderbyn ar yr un pryd. Roedd angen ystyried ac ymwybyddiaeth o'r cyfyngiad pan edrychodd IGDC ar ei strategaeth a chynhyrchu'r CTCL yn y dyfodol.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DRAFOD</b> yr Adroddiad Rheoli Risg Corfforaethol</p>                                       |           |              |
| 5.4 | <p><b>Archwiliad Dwfn i Uwchgyfeiriadau Fframwaith Sicrwydd y Bwrdd (Cenhadaeth Strategol 5)</b></p> <p>Roedd Sarah-Jane Taylor, Cyfarwyddwr y Gweithlu a Phobl a Datblygu Sefydliadol (SJT) a Shikala Mansfield, Pennaeth Pobl a Datblygu Sefydliadol (SM), yn bresennol i gyflwyno Archwiliad Dwfn ar y Gweithlu, gan dynnu sylw at y pwyntiau amlwg:</p> <ul style="list-style-type: none"><li>• Mae'r Strategaeth Pobl a Datblygu Sefydliadol (POD) yn cwmpasu cyfnod o dair blynedd o fis Medi 2022 i fis Mawrth 2025.</li><li>• Yr ymrwymïadau allweddol:<ul style="list-style-type: none"><li>○ Arweinyddiaeth Eithriadol</li><li>○ Sefydliad Gwych i Weithio iddo</li><li>○ Cynllunio'r Gweithlu yn Strategol</li><li>○ Tyfu Ein Pobl Ein Hunain</li><li>○ Llesiant ac Ymgysylltu</li><li>○ Ffyrdd Newydd o Weithio</li></ul></li></ul> <p>Rhoddodd S-JT ddiweddariad ar y cynnydd hyd yma ar yr ymrwymïadau hyn a'r rhai i liniaru'r prif risg trosfwaol.</p> | Trafodwyd | Dim i'w nodi |



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|     | <p>Rhoddwyd rhagor o fanylion am y gwaith sy'n cael ei wneud i wneud IGDC yn sefydliad cenedlaethol ac annog recriwtio o blith y rhai sy'n byw mewn rhannau eraill o'r DU.</p> <p>Gofynnodd Ruth Glazzard, Aelod Annibynnol (RG) am sicrwydd nad oedd y ffocws ar sgiliau Cymraeg mewn hysbysebion swyddi yn atal darpar ymgeiswyr rhag ymgeisio.</p> <p>Hysbyswyd y Pwyllgor y byddai hyn yn cael ei gynnwys yn yr eitem ar yr Iaith Gymraeg.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DRAFOD Archwiliad Dwfn BAF</b></p>   |             |              |
| 5.5 | <p><b>Adroddiad yr Iaith Gymraeg</b></p> <p>Cyflwynodd Laura Tolley, Pennaeth Llywodraethu Corfforaethol (LT) Adroddiad yr Iaith Gymraeg a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"><li>• Mae gan 40.9% o staff sgiliau Cymraeg lefel 1-5, a oedd yn gynydd ar yr adroddiad diwethaf.</li><li>• Mae cydymffurfiaeth â'r Cwrs Ymwybyddiaeth o'r Gymraeg wedi cynyddu'n sylweddol ac roedd bellach ar 90.6%.</li><li>• Roedd rheolwr cyfieithu wedi'i benodi ac yn ogystal roedd cyfieithydd wedi'i benodi gan y Tîm Newid Busnes, a oedd wedi gwella effeithlonrwydd cyfieithu.</li><li>• Roedd system ffôn newydd wedi'i gosod i hidlo galwadau i aelod o staff sy'n siarad Cymraeg.</li><li>• Derbyniwyd un gŵyn gan Swyddfa Comisiynydd y Gymraeg a oedd yn ymwneud â ffurflen gwyno ddiffygiol ar wefan a thudalen mewngofnodi Ap GIG Cymru. Roedd yr ymateb wedi'i gyflwyno i'r Comisiynydd o fewn yr amserlen ac roedd y gŵyn bellach wedi'i chau.</li><li>• Roedd diweddariadau o ran cynllun gweithredu'r Gymraeg a chynllun gweithredu Mwy Na Geiriau wedi'u cynnwys yn yr adroddiad.</li></ul> <p>Yn ogystal, yn dilyn cais gan y Cadeirydd i adroddiad gael ei gyflwyno i'r Pwyllgor ar asesiad Iaith Gymraeg o Ddisgrifiadau Swydd, rhoddodd SJT ddiweddariad i'r Pwyllgor:-</p> <ul style="list-style-type: none"><li>• Nodwyd bod swyddi lle mae'r Gymraeg yn</li></ul> | Er Sicrwydd | Dim i'w nodi |



|     |   |        |  |
|-----|---|--------|--|
|     | <p>hanfodol wedi cynyddu.</p> <ul style="list-style-type: none"><li>Roedd ap i asesu sgiliau Cymraeg mewn disgrifiadau swydd wedi'i ddatblygu gan Lywodraethu Corfforaethol gyda chymorth Rhwydwaith y Gymraeg, gallai Byrddau Iechyd, Ymddiriedolaethau a SHAau eraill ddefnyddio'r ap hwn a fyddai'n rhoi dull gweithredu cyson ar draws GIG Cymru.</li></ul> <p>Mewn ymateb i ymholiad RG a oedd unrhyw dystiolaeth bod unrhyw lefel o ofynion sgiliau Cymraeg yn rhwstr i ymgeiswyr posibl rhag ymgeisio am swyddi yn IGDC, cadarnhawyd bod y dystiolaeth o ran nifer y swyddi sydd wedi'u llenwi yn sylweddol. Yn ogystal, hysbysebwyd hysbysebion swyddi yn y Gymraeg a'r Saesneg ar LinkedIn a byddai'r ymatebion ar y ddau safle yn gosod mesur da ar gyfer yr awydd.</p> <p>Cadarnhaodd Shikala Mansfield, Pennaeth Pobl a Datblygu Sefydliadol fod y rhai sy'n byw yng Nghymru yn ymwybodol o'r gwahaniaethau rhwng y termau h.y. dymunol/hanfodol ond bod y rhai o'r tu allan i Gymru wedi holi am lefel y Gymraeg sydd ei hangen ar lefel ddymunol ac yn aml yn ei chamddehongli fel hanfodol.</p> <p>Ychwanegodd CD fod y sefydliad i fod i ddod o fewn y Ddeddf Llesiant a Chenedlaethau'r Dyfodol o fis Ebrill 2024 ymlaen ac fel Bwrdd ei fod wedi ymrwymo i fod yn sefydliad dwyieithog ac wedi ymrwymo i weithio'n strategol o safbwynt y Gymraeg a chadw at yr hyn a nodir yn y ddeddfwriaeth.</p> <p>Gwahoddwyd y Pwyllgor i roi adborth mewn perthynas â'r gweithlu i helpu i lywio'r ffocws ar yr hyn yr oedd ei angen ar gyfer Cenhadaeth 5.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Iaith Gymraeg ar gyfer SICRWYDD .</p> |        |  |
| 5.6 | <p><b>Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</b></p> <p>Cyflwynodd Julie Francis, Pennaeth Gwasanaethau Masnachol (JF) yr adroddiad ar Gaffael a Chydymffurfiaeth Cynllun Dirprwyo. Tynnwyd sylw i'r canlynol o'r adroddiad:-</p> <ul style="list-style-type: none"><li>Roedd 2 x Tendr Sengl gwerth £296,000.</li><li>1 x Gwerth Rheoli Newid o £735,000</li></ul>  | Nodwyd |  |





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|     | <ul style="list-style-type: none"><li>1 x Pecyn gwaith yn ôl yn ôl (gweithredu y tu allan i'r Rheolau Sefydlog) Roedd cais wedi'i wneud gan y Gyfarwyddiaeth Gweithrediadau i'r Gwasanaethau Masnachol gymeradwyo pecyn gwaith ôl-weithredol.</li></ul> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo a'r ffaith bod diffyg cydymffurfiaeth SFI wedi'i uwchgyfeirio.</p>  |        |              |
| 5.7 | <p><b>Diweddariad Cyllid</b></p> <p>Darparodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid (MC) ddiweddariad ar faterion cyllid:-</p> <p><b>Gorchmynion Prynu Gwerth Uchel ac Adroddiad Cronnus</b></p> <p>Rhoddodd MC fanylion yr achebion pum archeb a gyrhaeddodd y trothwy o £750k a drafodwyd yn ystod y cyfnod adrodd.</p> <p>Hysbyswyd y Pwyllgor na chodwyd unrhyw orchmynion unigol dros £0.75m yn ystod y cyfnod o 27 Medi 2023 i 12 Ionawr 2024. Cyfanswm cronol y gorchmynion hyn ers 27 Medi oedd £17.33m a chyfanswm gwerth o £55.49m ar gyfer y flwyddyn ariannol.</p> <p><b>Cyflwyno'r Cyfrifon Blynyddol</b></p> <p>Darparodd Sian Williams, Pennaeth Gwasanaethau Ariannol ac Adrodd (SW) yr uchafbwyntiau allweddol o'r adroddiad ar Gyflawni'r Cyfrifon Blynyddol:-</p> <ul style="list-style-type: none"><li>Roedd rhai ystyriaethau technegol a materion yn dod i'r amlwg a nodwyd yng nghyfrifon 2023/24. Lle'r oedd y materion yn cael effaith ar Gymru gyfan, byddent yn cael eu trafod yng Ngrŵp Cyfrifyddu Technegol Cymru Gyfan i sicrhau cysondeb ledled Cymru. Bydd IGDC hefyd yn cysylltu ag Archwilio Cymru i geisio cyngor gan eu tîm Technegol lle bo'n briodol.</li><li>Roedd nifer o brydlesi newydd ac roedd IGDC yn symud i gasgliad data newydd a fydd yn arwain at brydles ychwanegol yn rhan olaf 2023/24.</li><li>Y llynedd roedd gan IGDC ddarpariaeth o 9.7m yn y cyfrifon mewn perthynas ag adennill TAW Microsoft. Fodd bynnag, roedd yn annhebygol</li></ul> | Nodwyd | Dim nodi i'w |



|               |   |           |              |
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|               | <p>y byddai penderfyniad gan CThEF ar drin adennill TAW felly bydd y ddarpariaeth yn parhau ac yn cynyddu i dros 15m.</p> <ul style="list-style-type: none"><li>• Pan fyddai'r ymgysylltu ag Archwilio Cymru wedi digwydd a'r gofyniad cyflawni wedi'i dderbyn, byddai'r cynllun cau manwl yn cael ei gyhoeddi.</li><li>• Byddai cyfarfodydd rheolaidd yn cael eu cynnal gydag Archwilio Cymru o hyn tan i'r cyfrifon gael eu cymeradwyo.</li><li>• Roedd y tîm Cyllid wedi cynhyrchu ymarfer dysgu ôl-gyfrifon a gyflwynwyd i'r Pwyllgor diwethaf i fynd i'r afael â'r pwyntiau a wnaed gan Archwilio Cymru ac roedd yn cynnwys cynllun gweithredu a sefydlu grŵp Gorchwyl a Gorffen. O'r cynllun gweithredu 18 pwynt, nododd y Pwyllgor fod 16 o'r camau gweithredu bellach wedi'u cwblhau a bod y ddau arall ar y trywydd iawn i'w cwblhau erbyn diwedd mis Mawrth.</li></ul> <p>Ailadroddodd Mike Whiteley, Rheolwr Archwilio (MW) yr ymgysylltu adeiladol cadarnhaol a oedd yn digwydd a chadarnhaodd yr amserlenni ar gyfer cyflwyno'r cyfrifon ac ychwanegodd fod y paratoadau a wnaed gan y tîm Cyllid yn gadarnhaol ac yn neges dda i allu ei gwneud. rhoi i'r Pwyllgor.</p> <p><b>Tybiaethau Ariannu / Tybiaethau Cynllunio / Cynaliadwyedd Ariannol</b></p> <p>Cadarnhaodd CO-L nad oedd IGDC wedi derbyn y llythyr ariannu eto ond fe'i gwnaed yn glir y byddai IGDC yn gyson â Byrddau Iechyd ac Ymddiriedolaethau.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Gorchmynion Prynu Gwerth Uchel a'r Gorchmynion Cronnus, y diweddariad ar Gyflawni'r Cyfrifon a'r Tybiaethau Ariannu/Tybiaethau Cynllunio/Cynaliadwyedd Ariannol.</p> |           |              |
| <b>RHAN 6</b> | <b>MATERION I GLOI</b>  |           |              |
| 6.1           | <p><b>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</b></p> <ul style="list-style-type: none"><li>• Diffyg cydymffurfio â SFI.</li><li>• Archwiliad dwfn BAF i'r Gweithlu.</li><li>• Asesiad Strwythuredig.</li><li>• Archwiliad Gwireddu Buddion.</li></ul>   | Trafodwyd | Dim i'w nodi |





|     |  |        |              |
|-----|--|--------|--------------|
|     | <ul style="list-style-type: none"><li>Rheoli Risg Gorfforaethol</li><li>Diweddariad Ariannol.</li></ul>  |        |              |
| 6.2 | <b>Unrhyw Faterion Brys eraill</b><br>Ni chodwyd unrhyw faterion brys eraill i'w nodi.                   | Nodwyd | Dim i'w nodi |
| 6.3 | <b>Dyddiad ac Amser y Cyfarfod Nesaf:</b> <ul style="list-style-type: none"><li>16 Ebrill 2024</li></ul> | Nodwyd | Dim i'w nodi |

DRAFT



GIG  
CYMRU  
NHS  
WALES

lechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

darparu gofal iechyd digidol i bobl Cymru

delivering digital healthcare to the people of Wales

IGDC • DHCW

Pwyllgor Archwilio a Sicrwydd – PREIFAT – CRYNODEB

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 12:40 – 13:30



 13/02/24



 Galwad Teams

Cadeirydd

Marian Wyn Jones

| Yn bresennol            |      | Teitl   | Sefydliad                      |
|-------------------------|------|---|--------------------------------|
| Marian Wyn Jones        | MW-J | Aelod Annibynnol, Cadeirydd                       | IGDC                           |
| Ruth Glazzard           | RG   | Aelod Annibynnol                                  | IGDC                           |
| Marilyn Bryan Jones     | MB-J | Aelod Annibynnol                                  | IGDC                           |
| Yn bresennol            |      |   |                                |
| Henry Bales             | HB   | Dirprwy Bennaeth Atal Twyll (hyd at eitem 3.5)    | Atal Twyll<br>Caerdydd a'r Fro |
| Stephen Chaney          | StC  | Pennaeth Archwilio Mewnol Dros Dro                | PCGC                           |
| Nathan Couch            | NC   | Arweinydd Archwilio Perfformiad, (Iechyd)         | Archwilio Cymru                |
| Ian Cox                 | IC   | Cyfarwyddwr Cynorthwyol TGCh (hyd at eitem 3.5)   | IGDC                           |
| Mark Cox                | MC   | Cyfarwyddwr Cyllid Cyswllt (hyd at eitem 3.5)     | IGDC                           |
| Chris Darling           | CD   | Ysgrifennydd y Bwrdd                              | IGDC                           |
| Paul Evans              | PE   | Pennaeth Ansawdd a Rheoleiddio (hyd at eitem 3.5) | IGDC                           |
| Claire Osmundsen-Little | COL  | Cyfarwyddwr Gweithredol Cyllid                    | IGDC                           |
| Julie Robinson          | JR   | Ysgrifenyddiaeth y Cyfarfod                       | IGDC                           |

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|                      |      |  |                                |
|----------------------|------|--|--------------------------------|
| Andrew Strong        | AS   | Rheolwr Archwilio (hyd at eitem 3.5)                           | Archwilio Cymru                |
| Laura Tolley         | LT   | Pennaeth Llywodraethu Corfforaethol                            | IGDC                           |
| Ymddiheuriadau       |      | Teitl  | Sefydliad                      |
| Alistair Klaas Neill | AKN  | Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd | IGDC                           |
| Gareth Lavington     | GL   | Pennaeth Atal Twyll  | Atal Twyll<br>Caerdydd a'r Fro |
| Carwyn Lloyd-Jones   | CL-J | Cyfarwyddwr TGCh   | IGDC                           |
| Ifan Evans           | IE   | Cyfarwyddwr Gweithredol Gweithrediadau                         | IGDC                           |
| Darren Griffiths     | DG   | Archwilio Cymru  | Archwilio Cymru                |

| Acronymau |                              |      |                         |
|-----------|------------------------------|------|-------------------------|
| IGDC      | lechyd a Gofal Digidol Cymru | FfAS | Fframwaith Asesu Seiber |
| AIA       | Awdurdod Iechyd Arbennig     | LIG  | Llywodraethu Gwybodaeth |
|           |                              |      |                         |

| Rhif yr Eitem | Eitem   | Canlyniad | Cam Gweithred u |
|---------------|---|-----------|-----------------|
| 1             | <b>MATERION RHAGARWEINIOL</b>   |           |                 |
| 1.1           | <b>Croeso a chyflwyniadau</b><br>Croesawodd y Cadeirydd bawb i gyfarfod preifat y Pwyllgor.   | Nodwyd    | Dim i'w nodi    |
| 1.2           | <b>Ymddiheuriadau am Absenoldeb</b><br>Cafwyd ymddiheuriadau absenoldeb oddi wrth:- <ul style="list-style-type: none"><li>Alistair Klaas Neill, Aelod Annibynnol</li><li>Gareth Lavington, Pennaeth Atal Twyll</li><li>Carwyn Lloyd-Jones, Cyfarwyddwr TGCh</li><li>Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth</li></ul> | Nodwyd    | Dim i'w nodi    |



|     |  |              |              |
|-----|--|--------------|--------------|
|     | <ul style="list-style-type: none"> <li>Darren Griffiths, Rheolwr Archwilio, Archwilio Cymru</li> </ul>   |              |              |
| 1.3 | <b>Datganiadau o Fuddiannau</b><br>Ni chafwyd unrhyw Ddatganiadau o Fuddiannau.  | Nodwyd       | Dim i'w nodi |
| 2   | <b>BUSNES Y CYFARFOD</b>   |              |              |
| 2.1 | <b>Cofnodion y cyfarfod preifat a gynhaliwyd ar 17 Hydref 2023</b><br>Penderfynodd y Pwyllgor:<br>GYMERADWYO'R cofnodion fel cofnod cywir.   | Cymeradwywyd | Dim i'w nodi |
| 3   | <b>ARCHWILIO, ATAL TWYLL A RISGIAU</b>   |              |              |
| 3.1 | <b>Camau Gweithredu Archwilio (Preifat)</b><br>Cyflwynodd Laura Tolley (LT), Pennaeth Llywodraethu Corfforaethol y Camau Archwilio ar gyfer y sesiwn breifat a thynnodd sylw at y canlynol:<br>Adolygwyd pum cam gweithredu yn y cyfarfod Pwyllgor diwethaf, lle cwblhawyd un, gan adael cyfanswm o bedwar cam gweithredu ar agor. Derbyniodd y Pwyllgor ddau adroddiad yn y cyfarfod diwethaf a oedd yn cynnwys 14 cam gweithredu newydd. Ychwanegwyd y rhain at y Cofnod Gweithredu Archwilio Preifat a oedd bellach yn cynnwys cyfanswm o 18 o gamau gweithredu. Nododd y Pwyllgor yr ystyriwyd bod 14 wedi'u cwblhau a bod pedwar ar fin cael eu cwblhau erbyn eu dyddiad targed.<br>Penderfynodd y Pwyllgor:<br><b>NODI'R</b> diweddariad ar Gamau Archwilio ar gyfer <b>SICRWYDD</b> . | Nodwyd.      | Dim i'w nodi |
| 3.2 | <b>Adroddiad Archwilio Cymru: Adolygiad o Systemau TG y GIG a Gynhelir yn Genedlaethol gan IGDC</b><br>Cyflwynodd Andrew Strong, Archwilio Cymru (AS) yr Adolygiad o Systemau TG GIG a Gynhelir yn Genedlaethol gan IGDC a rhoddodd yr uchafbwyntiau canlynol: <ul style="list-style-type: none"> <li>Cafodd Archwilio Cymru ei sicrhau ar sail y rheolaethau TG a archwiliwyd fod y gwerthoedd ariannol a gynhyrchwyd gan y systemau ar gyfer 2022/23 yn debygol o fod yn rhydd rhag camddatganiadau o bwys.</li> <li>Nodwyd ymatebion y Rheolwyr i'r argymhellion/sylwebaeth ar y camau gweithredu presennol sy'n parhau i fynd rhagddo a chafwyd diweddariad ar <b>2018.1</b> gydag argymhelliad y gellid</li> </ul>  | Nodwyd       | Dim i'w nodi |



|     |  |   |  |  |
|-----|--|---|--|--|
|     |  | <p>cau hwn yn awr. Rhoddwyd diweddariad byr ar <b>2022.4</b> a rhoddwyd sicrwydd i'r Pwyllgor fod prosiect ar waith.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI</b> Adolygiad Systemau TG GIG a Gynhelir yn Genedlaethol gan IGDC ar gyfer <b>SICRWYDD</b>.</p>  |  |  |
| 3.3 |  | <p><b>Adroddiad Cynnydd Atal Twyll</b></p> <p>Cyflwynodd Henry Bales (HB), Dirprwy Bennaeth Atal Twyll, yr Adroddiad Cynnydd Atal Twyll a oedd yn cynnwys eitemau yr ystyriwyd eu bod yn rhy sensitif ar gyfer y cyfarfod cyhoeddus, a thynnodd sylw at y canlynol:</p> <ul style="list-style-type: none"> <li>• Agorwyd un ymchwiliad yn chwarter 3.</li> <li>• Cynhaliwyd asesiad risg o gardiau credyd ac unrhyw dwyll posibl.</li> </ul> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI'R</b> Adroddiad Cynnydd Atal Twyll ar gyfer <b>SICRWYDD</b>.</p>   |  |  |
| 3.4 |  | <p><b>Rheoli Asedau</b></p> <p>Cyflwynodd Ian Cox, Cyfarwyddwr Cynorthwyol TGCh (IC) yr adroddiad Rheoli Asedau sef yr adroddiad cyntaf o ganlyniad i argymhelliad o Asesiad Strwythuredig blaenorol. Darparodd IC rai sleidiau gyda throsolwg o Reoli Asedau Ffisegol.</p> <p>Mae dwy adran IGDC yn gyfrifol am reoli asedau ffisegol.</p> <ul style="list-style-type: none"> <li>• Roedd gan y Gwasanaethau Cleient nifer uchel, gwerth is, a symudiadau aml o asedau.<br/>Bu gwelliant sylweddol yn y ffordd yr oedd hyn yn cael ei reoli.</li> <li>• Roedd gan Wasanaethau Seilwaith craidd (Caledwedd y Ganolfan Ddata) nifer is, gwerth uwch a lleoliad sefydlog o asedau.<br/>Gwnaed gwelliannau i'r maes hwn.</li> </ul> <p>Darparwyd trosolwg o risgiau a mesurau lliniaru.</p> <p>Cytunodd y Pwyllgor y gallai'r adroddiad hwn, pan fo'n briodol, gael ei rannu'n gyhoeddus ar gyfer cyfarfodydd yn y dyfodol.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI'R</b> adroddiad Rheoli Asedau.</p> |  |  |
| 3.5 |  | <p><b>Llywodraethu Rhaglen – Diweddariad Llafar</b></p>   |  |  |



|     |   |           |              |
|-----|---|-----------|--------------|
|     | <p>Rhoddodd Chris Darling ddiweddariad llafar ar y cynnydd hyd yma mewn perthynas â threfniadau Llywodraethu Rhaglenni.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> diweddariad llafar ar Lywodraethu Rhaglen</p>   |           |              |
| 3.6 | <p><b>Codi Pryderon</b></p> <p>Darparodd Laura Tolley, Pennaeth Llywodraethu Corfforaethol (LT) ddiweddariad llafar ar achos Codi Pryderon.</p> <p>Cadarnhaodd LT fod gwaith yn cael ei wneud gyda chydweithwyr Pobl a Datblygiad Sefydliadol i sicrhau bod yr holl bartïon yn cael eu cefnogi'n briodol tra bod yr ymchwiliad yn mynd rhagddo.</p> <p>Cadarnhaodd LT y byddai diweddariad, ynghyd â'r hyn a ddysgwyd o'r pryder, yn cael ei rannu yng nghyfarfod nesaf y Pwyllgor Archwilio a Sicrwydd ym mis Ebrill.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> diweddariad llafar ar Godi Pryderon.</p> |           |              |
| 4   | <b>MATERION I GLOI</b>  |           |              |
| 4.1 | <p><b>Eitemau ar gyfer Adroddiad y Cadeirydd i'r Bwrdd</b></p> <p>Oherwydd cyfyngiadau amser byddai'r rhain yn cael eu trafod y tu allan i'r cyfarfod.</p>  | Trafodwyd | Dim i'w nodi |
| 4.2 | <p><b>Unrhyw Faterion Brys Eraill</b></p> <p>Ni thrafodwyd unrhyw faterion Busnes Brys eraill.</p>  | Nodwyd    | Dim i'w nodi |
| 4.3 | <p><b>Dyddiad ac Amser y Cyfarfod Nesaf:</b> 16 Ebrill 2024</p>   | Nodwyd    | Dim i'w nodi |

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

| Reporting Committee                | Shared Service Partnership Committee                       |
|------------------------------------|--|
| <b>Chaired by</b>                  | Tracy Myhill, NWSSP Chair                                  |
| <b>Lead Executive</b>              | Neil Frow, Managing Director, NWSSP                        |
| <b>Author and contact details.</b> | Peter Stephenson, Head of Finance and Business Development |
| <b>Date of meeting</b>             | 18 January 2024  |

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

##### Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. These included:

- Meeting with Ministers in December where there was some unsolicited positive reflections from Judith Paget on the role of NWSSP, particularly in helping to support NHS Wales in meeting the challenges of the financial climate;
- NHS Wales Chairs' meeting in January which is always helpful in terms of being kept informed on developments and risks; and
- Attending the Velindre University Trust Board at the end of November with the Managing Director to provide updates on development within NWSSP and progress with the IMTP.

The Committee **NOTED** the update.

##### Managing Director Update

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

- The recent JET meeting with Welsh Government colleagues covering performance, governance, quality, and workforce planning was very positive with Welsh Government acknowledging the significant role that NWSSP plays within NHS Wales;
- The significant involvement in the response to the industrial action taken in the week of the 15<sup>th</sup> January and particularly the impact on the NWSSP Payroll Division with the need to amend the pay of those on strike;
- An incident was noted immediately prior to Christmas that led to a number of staff, primarily employed in BCUHB, not receiving their pay as expected.

Although NWSSP received the calls relating to this issue, the delay was caused by the Health Board's flexible pay arrangements provider. This incident has led to an acknowledgement of the need to revisit the respective responsibilities for this arrangement and Workforce Directors are meeting to discuss this;

- The TUPE process for the Cwm Taf laundry staff is underway and we are also supporting Hywel Dda UHB in the meetings with the staff affected by the planned closure of their laundry and the associated creation of a laundry hub; and
- Advanced negotiations with the landlord are on-going for the fit-out of the building on the Nantgarw estate that will be used to house staff moving from both Companies House and our current HQ in Nantgarw. The expected date for us to move into this accommodation will be in the latter part of 2024.

The Committee **NOTED** the update.

### **Items Requiring SSPC Approval/Endorsement**

#### **IMTP 2024-27**

The draft IMTP was submitted for approval. The Ministerial Priorities for 2024-25 were targeted primarily at clinical services delivered by Health Boards. However, the Framework required NWSSP to demonstrate how we align our plan to support Health Boards to deliver their services. The financial allocation letter for 2024-2027 was published by the Welsh Government in late December and our financial plan has been revised to reflect this.

The draft IMTP was endorsed by SLG in December and has been developed in collaboration with all our divisions who have written underpinning divisional plans for the next three years. In line with the direction from the Minister for Health and Social Care, we recognise the need to focus on a smaller number of priorities for 2024-25 which are as follows:

- Doing the basics well;
- Financial sustainability;
- Duty of Quality; and
- Staff Wellbeing.

It was noted that NWSSP did not receive the 3.67% core uplift provided to other NHS organisations which has limited the ability to deliver certain service developments and initiatives that would benefit NHS Wales. The Committee acknowledged that there was a need to uplift the services provided by NWSSP under a SLA. The achievement of the financial plan for 2024-27 will be challenging and there are several significant financial risks to be managed to achieve this aim.

The plan was well received by Committee members who emphasised the need for a co-ordinated approach to ensure that all NHS Wales organisations were working to support each other in the light of the financial challenges that all organisations



currently face. The Plan would be reviewed at touch point meetings scheduled for February.

The Committee **APPROVED** the IMTP for submission to Welsh Government subject to any further significant changes being brought back for review.

### **Mamhilad Lease**

The renewal of the lease for the part of Mamhilad House occupied by the NHS Wales Counter Fraud Service was presented to the Committee for approval.

The Committee **APPROVED** the renewal of the Lease.

### **All-Wales Overpayments Procedure**

The procedure was submitted to the Committee for approval. Over recent years the number and value of overpayments has risen substantially and operating with 13 separate overpayment policies across NHS Wales hinders attempts to comprehensively address this issue which has been a regular finding in internal audit reports. Despite a number of attempts to introduce a once-for-Wales approach, this has not been achieved, and so the Directors of Finance tasked the Deputy Directors of Finance to establish a Task and Finish Group to take this forward. The Group included representation from Payroll, Counter Fraud, Internal Audit and Finance. The group had consulted widely and taken on board an extensive range of comments and produced a number of iterations and were currently on version 10 of the procedure. Presentations had been made to the All-Wales Deputy Directors of Finance forum and the All Wales Directors of Workforce forum. The outcome of the Group was the procedure that was presented to Committee for approval, and which generated significant discussion. Members acknowledged the significant amount of work that had gone into producing the draft procedure and welcomed the progress made in producing an All-Wales procedure. A number of constructive comments were made which would be incorporated in the final version of the procedure. Although this is a procedure rather than a policy, it was thought helpful for the document to be reviewed at the Business Committee of the National Partnership Forum.

**It was therefore agreed to further update the procedure to reflect the comments of Committee members and to bring it back for approval in March. It was also agreed that the procedure should be considered by the National Partnership Forum Business Committee.**

### **Commercial Storage and Distribution**

The renewal of the contract for the commercial storage of medical consumables was presented to the Committee. The proposed renewal represents a saving on the current contract as less storage space is required.

The Committee **APPROVED** the renewal of the Contract.

## Radiopharmacy Clean Room

The closure of legacy facilities in the Cardiff area makes the case for development of an alternative facility an urgent priority. The SSPC approved the business case for the Radiopharmacy service at the November meeting and were now presented with a proposal for the design and build of a Clean Room. Funding for this development has been approved, but the work will be undertaken in phases with each phase being dependent on the satisfactory conclusion of the previous stage. A formal tender exercise has been undertaken and contract award is dependent upon SSPC and then the Velindre University Trust Board approval.

The Committee **APPROVED** the Clean Room Proposal.

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

**Finance** – NWSSP is reporting a break-even outturn position for 2023/24. The 2023/24 forecast is currently being reviewed which may lead to an increase in the £1.6m distribution identified in August 2023. The Welsh Risk Pool forecast was £135.929m which requires £26.494m to be funded under the Risk Share Agreement. NWSSP is on track to fully utilise its capital allocation.

**People & OD Update** – Sickness absence rates have reduced further to 2.89% (against a target of 3.3%) for the 12 months to 31 December 2023. Statutory and Mandatory training compliance is above 96% although this figure excludes the Single Lead Employer staff.

**Performance** – The report covered the period to 30<sup>th</sup> November. Of the 42 KPIs reported 37 were on target. The targets that were off track covered recruitment services (2) and audit and assurance (3).

**Project Management Office Update** – All projects are on track with the exception of the TRAMs programme and the Primary Care Workforce Intelligence System. The TRAMs programme has been hit by the lack of available capital funding, but good progress is now being made with the Radiopharmacy Unit. The Primary Care system has been impacted by a six-week delay in receiving key information from the supplier.

**Corporate Risk Register** – The number of red-rated risks has reduced from seven to five covering industrial action, financial climate, TRAMs programme, Brecon House, and the COVID-19 Public Inquiry.

The Committee **NOTED** the above Reports.

## Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 8 and 9).

|  |               |
|--|---------------|
| <b>AOB</b>   |               |
| <b>N/a</b>   |               |
| <b>Matters requiring Board/Committee level consideration and/or approval</b>   |               |
| <ul style="list-style-type: none"><li>The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.</li></ul> |               |
| <b>Matters referred to other Committees</b>  |               |
| N/A  |               |
| <b>Date of next meeting</b>  | 21 March 2024 |



# DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

|             |     |
|-------------|-----|
| Agenda Item | 2.3 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

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

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

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

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

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

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

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

|   |            |          |
|---|------------|----------|
| Person / Committee / Group who have received or considered this paper prior to this meeting |            |          |
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME  |
| Chris Darling, Board Secretary  | March 2024 | Approved |

|          |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| Acronyms |                               |     |                          |
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SITUATION / BACKGROUND

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



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

4.1 The Forward Workplan has been updated to include the following items to be presented at the April 2024 meeting:

- Legislative Assurance Register
- Quarter 3 Duty of Quality Always On report
- Counter Fraud Annual Report
- Counter Fraud Draft Work Plan 2024/25
- Internal Audit Annual Plan 2024/25
- Policies

4.2 Additional items identified for the July 2024 meeting are:-

- Board Assurance Framework Escalations – Deep Dives
- Welsh Health Circular Report
- Welsh Language Annual Report
- Audit Wales Audit of the Financial Statements (ISA 260) Report (including the letter of Representation and Audit Opinion)
- Raising Concerns – PRIVATE
- Annual Complaints Report

4.3 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.

4.4 The updated forward workplan can be found in full at item [2.3i Appendix A](#) Forward Workplan.

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

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

## 6 RECOMMENDATION

|                  |                                 |
|------------------|---------------------------------|
| Recommendation   | The Committee is being asked to |
| NOTE the report. |                                 |





# DIGITAL HEALTH AND CARE WALES POLICY REPORT

|             |     |
|-------------|-----|
| Agenda Item | 2.4 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

|                   |  |
|-------------------|--|
| Executive Sponsor | Chris Darling, Board Secretary                       |
| Prepared By       | Skylar Eva Green, Corporate Governance Co-Ordinator. |
| Presented By      | Laura Tolley, Head of Corporate Governance           |

|  |                                 |
|--|---------------------------------|
| Purpose of the Report  | For Noting                      |
| Recommendation   | The Committee is being asked to |
| <b>NOTE</b> the contents of the report and the updates provided and <b>APPROVE</b> the two policies. |                                 |

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |  |
|-------------------|--|
| STRATEGIC MISSION | Deliver high quality digital products and services |
|-------------------|--|

|   |     |
|---|-----|
| CORPORATE RISK (ref if appropriate)               | N/A |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |     |

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

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

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

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

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

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

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |                     |          |
|---|---------------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE                | OUTCOME  |
| Executive Leads   | As noted per policy | Approved |

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

## 3 SITUATION / BACKGROUND

- 3.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation, and regulation.
- 3.2 The Corporate Governance team have undertaken an audit of all organisational policies listed on the Integrated Management System, and along with a number of new policies that have been progressed through the Corporate Governance process of approval, DHCW currently have 82 policies across the organisation, 43 of which are out of date and require review (as of 09.04.24) with 15 of these being All-Wales policies.
- 3.3 As part of the approval process, policies will be presented to Management Board for review, discussion, and endorsement prior to approval from the assigned Committee.
- 3.4 All policies are shared with the Local Partnership Forum for discussion / review as part of the formal consultation process.



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

4.1 The 43 policies that are currently either in review / progressing through the approval process or require immediate review can be found in the table below, as noted per Directorate:

| Operational Area                      | Number of existing DHCW policies currently in review / approval process | Number of existing DHCW policies out-of-date that require review. | Number of all-Wales policies out of date | Executive Lead   |
|---------------------------------------|---|---|--|--|
| Clinical                              | 0   | 2   | 0  | Rhidian Hurle, Executive Medical Director                            |
| Corporate Governance                  | 1   | 0   | 1  | Chris Darling, Board Secretary                                       |
| Communications                        | 0   | 0   | 2  |  |
| Corporate Services                    | 0   | 0   | 0  |  |
| Finance & Business Assurance          | 1   | 1   | 1  | Claire Osmundsen-Little, Executive Director of Finance               |
| Service Management                    | 0   | 13  | 0  | Sam Lloyd, Executive Director of Operations                          |
| Operations                            | 1   | 2   | 0  |  |
| People and Organisational Development | 1   | 5   | 11                                       | Sarah-Jane Taylor, Director of People and Organisational Development |
| Strategy                              | 0   | 1   | 0  | Ifan Evans, Executive Director of Strategy                           |
| <b>Total out of date (43)</b>         | <b>DHCW 28</b>  |   | <b>All-Wales 15</b>                      |  |

4.2 The following new and existing policies have been through the Corporate Governance consultation process, amended according to feedback received, endorsed by Management Board and are tabled for approval:

| App. ID | Type                     | Document ID  | Policy                       | Executive Lead                             | Assigned Committee | Committee Date |
|---------|--------------------------|--------------|------------------------------|--|--------------------|----------------|
| 2.4i    | Existing Policy Revision | POL-CG-009   | Standards of Behaviour       | Chris Darling, Board Secretary             | A&A                | 16 April 2024  |
| 2.4ii   | Existing Policy Revision | POL-WFOD-023 | Shared Parental Leave Policy | Sarah-Jane Taylor, Director of People & OD | A&A                | 16 April 2024  |

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

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

## 6 RECOMMENDATION

|   |                                 |
|---|---------------------------------|
| Recommendation  | The Committee is being asked to |
| NOTE the contents of the report and the updates provided and <b>APPROVE</b> the two policies. |                                 |



## EXISTING POLICY REVISION COVER SHEET

|  |   |
|--|---|
| Policy ID:   | POL-CG-19   |
| Policy Title:  | Standards of Behaviour                                  |
| Document Author:   | Laura Tolley, Head of Corporate Governance              |
| Executive Lead:  | Chris Darling, Board Secretary                          |
| Number of revisions:   | 2   |
| Link to Policy:  | <a href="#">CG-POL-19 Standards of Behaviour Policy</a> |
| Purpose:   | Approval from Audit and Assurance Committee             |
| Date of meeting/committee:   | 16 April 2024   |
| Current Status:  | Endorsed by Management Board 14 March 2024              |
| Committee Outcome:   |   |
| Detail of Revisions:   |   |
| No major changes – updated review date and links updated to new forms. |   |



## EXISTING POLICY REVISION COVER SHEET

|  |  |
|--|--|
| Policy ID:   | POL-WFOD-023                                 |
| Policy Title:  | Shared Parental Leave Policy                 |
| Document Author:   | Wilma Tepatepa                               |
| Executive Lead:  | Sarah-Jane Taylor                            |
| Number of revisions:   | 3  |
| Link to Policy:  | <a href="#">Shared Parental Leave Policy</a> |
| Purpose:   | Approval from Audit and Assurance Committee  |
| Date of meeting/committee:   | 16 April 2024                                |
| Current Status:  | Endorsed by Management Board 14 March 2024   |
| Committee Outcome:   |  |
| Detail of Revisions:   |  |
| <p>RESPONSIBILITIES</p> <p><b>1.1 Employee</b></p> <p><b>5.1.1-</b>To inform their manager as soon as they know they are interested in taking shared parental leave. To inform their manager as soon as they know they are interested in taking shared parental leave.</p> <p><b>5.1.2-</b> To ensure that the appropriate notice is given, and necessary information is provided by completing, in full, the Curtailment Notice Form, Notice of Entitlement and Intention Form and the Period of Leave Notice Form (as appropriate).</p> <p><b>5.1.3-</b>To inform their manager of their intentions regarding returning to work.</p> <p><b>1.2 Manager</b></p> <p><b>5.2.1-</b>To ensure that the employee has a copy of this policy and seeks additional advice from the People &amp; Organisational Development Department if necessary.</p> |  |



**5.2.2**-To ensure that the employee is aware of their rights and obligations under this policy.

**5.2.3**-To ensure that the appropriate paperwork is forwarded to the People & Organisational Development/Payroll Team in a timely manner.

### **1.3 People & Organisational Development Team**

**5.3.1**-To advise the employee of their rights and obligations under this Policy. To advise the employee of their rights and obligations under this Policy and administer the shared parental leave provisions in conjunction with payroll.





# DIGITAL HEALTH AND CARE WALES STANDARDS OF BEHAVIOUR REPORT

|             |     |
|-------------|-----|
| Agenda Item | 2.6 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

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

WC: 716  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |  |
|---|--|
| CORPORATE RISK (ref if appropriate)               |  |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |

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

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

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

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

|   |            |          |
|---|------------|----------|
| Person / Committee / Group who have received or considered this paper prior to this meeting |            |          |
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME  |
| Chris Darling, Board Secretary  | April 2024 | Approved |

|          |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| Acronyms |                               |     |                          |
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |
| SoB      | Standards of Behaviour        | DoI | Declaration of Interest  |

## 3 SITUATION / BACKGROUND

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



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

- 4.1 As of 03/04/2024, all Board Members declarations of interest have been updated for 2024/25 and captured on the [Declarations of Interest Register](#).
- 4.2 As of 26/03/2024, 94% of band 8a and above declarations of interest have been received and captured on the [Declarations of Interest Register](#). In addition, 44% of staff banded 2-7 have also been received and captured on the register.
- 4.3 Work is ongoing to capture the declarations of interest of all DHCW staff band 8a and above, in line with the SOB Policy requirement and an escalation process is in place to address if staff banded 8a and above have been requested to complete a declaration form, but it has not been submitted.
- 4.4 The Committee are asked to note the [Gifts, Hospitality, Honoraria and Sponsorship Register](#) and note since the last meeting, four declarations have been submitted and included on the register, a summary of these can be found in the table below.

| Nature of Declaration | Accepted | Declined | Grand Total | Value accepted | Value of declined |
|-----------------------|----------|----------|-------------|----------------|-------------------|
| Gifts                 | 0        | 0        | 0           | 0              | 0                 |
| Honorarium            | 0        | 0        | 0           | 0              | 0                 |
| Hospitality           | £50      | 0        | £50         | £50            | 0                 |
| Sponsorship           | £1951.66 | 0        | £1951.66    | £1951.66       | 0                 |
| Grand Total           | £2001.66 | 0        | £2001.66    | £2001.66       | 0                 |



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

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

## 6 RECOMMENDATION

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

Agenda item 3.1

| Reference    | Date of Meeting | Action/Decision Detail  | Action Lead  | Due Date   | Status/Outcome Narrative   | Status   | Revised Action | Revised due date | Session Type |
|--------------|-----------------|---|--|------------|--|----------|----------------|------------------|--------------|
| 20240213-A01 | 13/02/2024      | The Benefits Review Audit Report to be forwarded to the secretariat for Programme Delivery Committee who had expressed an interest in benefits.   | Chris Darling (DHCW - Board Secretary)             | 15/02/2024 | Benefits Realisation report sent to secretariat for Programme Delivery Committee   | Complete |                |                  | Public       |
| 20240213-A02 | 13/02/2024      | Counter Fraud to provide confirmation to the Committee if the process of checking ESR for a live account when an individual transferred from one organisation to another was being carried out locally or by NWSSP. | Henry Bales (Cardiff and Vale UHB - Counter Fraud) | 26/03/2024 | Information was provided to Associate Director of Finance on 13/02/2024. When a person is recruited into the organisation, NWSSP create the new ESR record, if they have been informed the person previously worked within the NHS then they will complete an 'Inter Authority Transfer' which obtains details | Complete |                |                  | Public       |



## DIGITAL HEALTH AND CARE WALES

### INTERNAL AUDIT PROGRESS REPORT 2023/24

### NWSSP AUDIT & ASSURANCE SERVICES

|             |     |
|-------------|-----|
| Agenda Item | 4.1 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

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

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |     |
|---|-----|
| CORPORATE RISK (ref if appropriate)               | N/A |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) | N/A |

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

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

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

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

| IMPACT ASSESSMENT                                |   |
|--|---|
| <b>QUALITY AND SAFETY</b><br>IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report.  |
| <b>LEGAL</b><br>IMPLICATIONS/IMPACT              | No, there are no specific legal implications related to the activity outlined in this report.   |
| <b>FINANCIAL</b><br>IMPLICATION/IMPACT           | Yes, please see detail below<br>The Digital Eyecare Programme review identified a lack of certainty over financial information for the Programme transfer. The Programme Management report contains information regarding value for |





|  |  |
|--|--|
|  | money on future projects of work.  |
| <b>WORKFORCE</b><br>IMPLICATION/IMPACT               | No, there is no direct impact on resources as a result of the activity outlined in this report.                      |
| <b>SOCIO ECONOMIC</b><br>IMPLICATION/IMPACT          | No, there are no specific socio-economic implications related to the activity outlined in this report.               |
| <b>RESEARCH AND INNOVATION</b><br>IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |

## 2 APPROVAL / SCRUTINY ROUTE

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

|          |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| Acronyms |                               |     |                          |
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |



### 3 SITUATION / BACKGROUND

- 3.1 This document, [Appendix 4.1i Internal Audit Progress Report](#), sets out a summary of the progress of the Internal Audit Plan for 2023/24 for Digital Health and Care Wales (DHCW), detailing the final assurance rating and a summary of recommendation priorities for the internal audit reports, Programme Management (reasonable assurance); Business Continuity (Ransomware) (reasonable assurance); and Digital Eyecare Programme (advisory).
- 3.2 In addition to the completed audits, three of the remaining audits are in progress and one is at draft reporting stage.

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

- 4.1 The Committee is asked to note the Audit Progress Report.

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

- 5.1 The report contains the current status of the planned audits for 2023/24, including assurance and priority ratings. The delivery of the 2023/24 Internal Audit Plan is progressing, although the resource allocated to the unfinished Eyecare Services review has significantly impacted the remaining audit delivery. Whilst the remaining audit work is now underway and we do not anticipate any difficulty in concluding the 2023/24 Internal Audit Plan, it has been challenging reaching this point.

### 6 RECOMMENDATION

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



## DIGITAL HEALTH AND CARE WALES

### DRAFT INTERNAL AUDIT PLAN 2024/25

### NWSSP AUDIT & ASSURANCE SERVICES

|             |     |
|-------------|-----|
| Agenda Item | 4.2 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>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   | To Receive/Discuss              |
| Recommendation  | The Committee is being asked to |
| <b>RECEIVE</b> and <b>DISCUSS</b> the Draft 2024/25 Internal Audit Plan 2024/25, prior to approval of the final version. Any updates / changes will be incorporated and presented as the final version for approval at the May Audit and Assurance Committee. |                                 |

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |     |
|---|-----|
| CORPORATE RISK (ref if appropriate)               | N/A |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) | N/A |

|   |                   |
|---|-------------------|
| <u>WELL-BEING OF FUTURE GENERATIONS ACT</u>   | A Healthier Wales |
| If more than one standard applies, please list below: All standards may apply, due to the nature of the planned audits. |                   |

|  |     |
|--|-----|
| <u>DHCW QUALITY STANDARDS</u>  | N/A |
| If more than one standard applies, please list below: Multiple standards may apply due to the scope of our audit work. |     |

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

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

|   |  |
|---|--|
| IMPACT ASSESSMENT                         |  |
| QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report. |
| LEGAL<br>IMPLICATIONS/IMPACT              | No, there are no specific legal implications related to the activity outlined in this report.              |
| FINANCIAL<br>IMPLICATION/IMPACT           | No, there are no specific financial implications related to the activity outlined in this report           |



|  |  |
|--|--|
|  |  |
| <b>WORKFORCE</b><br>IMPLICATION/IMPACT               | No, there is no direct impact on resources as a result of the activity outlined in this report.                      |
|  |  |
| <b>SOCIO ECONOMIC</b><br>IMPLICATION/IMPACT          | No, there are no specific socio-economic implications related to the activity outlined in this report.               |
|  |  |
| <b>RESEARCH AND INNOVATION</b><br>IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |
|  |  |

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |            |  |
|---|------------|--|
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME                                |
| Executive Team  | March 2024 | Supported with feedback on Exec Owners |
|   |            |  |
|   |            |  |
|   |            |  |
|   |            |  |
|   |            |  |

| Acronyms |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |



### 3 SITUATION / BACKGROUND

- 3.1 This document, [Appendix 4.2i Draft Internal Audit Plan](#), sets out the proposed Internal Audit Plan for 2024/25 (the 'Plan') for DHCW, by detailing the audits to be undertaken. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the Key Performance Indicators for the service. It has been developed and agreed with the Senior Leadership Team.

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

- 4.1 The Committee is asked to receive and discuss the proposed plan for the year. A final version for approval will be submitted following the receipt of all queries and updates etc.

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

- 5.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year. The Plan is developed by determining and analysing key areas of risk within DHCW.

### 6 RECOMMENDATION

|   |                                 |
|---|---------------------------------|
| Recommendation  | The Committee is being asked to |
| RECEIVE and DISCUSS the Draft 2024/25 Internal Audit Plan 2024/25, prior to approval of the final version. Any updates / changes will be incorporated and presented as the final version for approval at the May Audit and Assurance Committee. |                                 |



## DIGITAL HEALTH AND CARE WALES INTERNAL AUDIT REPORT 2023/24 NWSSP AUDIT & ASSURANCE SERVICES

|             |     |
|-------------|-----|
| Agenda Item | 4.3 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|                       |   |
|-----------------------|---|
| Purpose of the Report | For Assurance   |
| Recommendation        | The Committee is being asked to<br><b>RECEIVE</b> the internal audit reports for <b>ASSURANCE</b> . |

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |     |
|---|-----|
| CORPORATE RISK (ref if appropriate)               | N/A |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) | N/A |

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

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

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

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

| IMPACT ASSESSMENT                         |   |
|---|---|
| QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report.  |
|   |   |
| LEGAL<br>IMPLICATIONS/IMPACT              | No, there are no specific legal implications related to the activity outlined in this report.   |
|   |   |
| FINANCIAL<br>IMPLICATION/IMPACT           | Yes, please see detail below  |
|   | Financial information may not be complete to enable suitable decision making. Value for money may not be achieved on individual programmes of work. |





|  |  |
|--|--|
| WORKFORCE<br>IMPLICATION/IMPACT                  | No, there is no direct impact on resources as a result of the activity outlined in this report.                      |
|  |  |
| SOCIO ECONOMIC<br>IMPLICATION/IMPACT             | No, there are no specific socio-economic implications related to the activity outlined in this report.               |
|  |  |
| RESEARCH AND<br>INNOVATION<br>IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |
|  |  |

## 2 APPROVAL / SCRUTINY ROUTE

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

|          |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| Acronyms |                               |     |                          |
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |
|          |                               |     |                          |

## 3 SITUATION / BACKGROUND

|     |   |
|-----|---|
| 3.1 | <p>The following internal audit reports are included:</p> <p><a href="#">Programme Management</a></p> <p>This audit was rated as reasonable assurance, with two medium and two low priority recommendations included.</p> <p><a href="#">Digital Eyecare Programme</a></p> <p>This review was not rated, but we raised two recommendations for consideration.</p> |
|-----|---|



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

A summary of the key findings is included below:

### 4.1 [Programme Management](#)

Overall, we found the DSPP programme has a good level of compliance with five of the seven generic project management themes.

We raised two medium priority matters where we recommend that the programme (a) develop and implement a review control to evidence its ongoing business justification and value for money and (b) operate a master end-to-end baseline programme plan to ensure deviations from delivery targets or costs can be identified and addressed at the earliest opportunity.

### 4.2 [Digital Eyecare Programme](#)

We found that extensive and wide-ranging due diligence and discovery work had been carried out by DHCW to identify the Programme's commitments, liabilities and barriers or limitations to its delivery at the time of the transfer. At the time of this review this activity continues.

The due diligence work undertaken by DHCW revealed that there are some barriers to delivery and as a result the Programme is currently paused whilst a range of issues are being evaluated and solutions sought, for example there is currently no agreed project plan that describes and schedules future project stages, although there are several scenarios being examined.

At the time of reporting, we identified that DHCW has been unable to confirm the funding position for the Programme. In addition, for future national digital programmes we have suggested that for a programme to transfer from one organisation to DHCW then the governance process needs to be clearly set out.



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

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

## 6 RECOMMENDATION

|   |                                 |
|---|---------------------------------|
| Recommendation                                    | The Committee is being asked to |
| RECEIVE the internal audit reports for ASSURANCE. |                                 |



## DIGITAL HEALTH AND CARE WALES AUDIT ACTION LOG

|             |     |
|-------------|-----|
| Agenda Item | 4.4 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|  |                                 |
|--|---------------------------------|
| Purpose of the Report  | For Noting                      |
| Recommendation   | The Committee is being asked to |
| <b>NOTE</b> the Audit Action Log and <b>APPROVE</b> the request for Audit Action extensions outlined in section 4.5 of the report. |                                 |



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |  |
|---|--|
| CORPORATE RISK (ref if appropriate)               |  |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |

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

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

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

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

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

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

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |            |          |
|---|------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME  |
| Chris Darling, Board Secretary  | March 2024 | Approved |

|          |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| Acronyms |                               |     |                          |
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SITUATION / BACKGROUND

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



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

- 4.1 The [Audit Action Log](#) shows the current reported status against recommendations received and the analysis shows all recommendations giving the current status of each recommendation which remained open at the last Committee meeting, and also those presented in report form to the Committee since the last meeting.
- 4.2 Following advice from Internal Audit, the one action dependent on a third party is being managed via a separate log for tracking.
- 4.3 There were 32 actions reviewed at the last Committee meeting, where 19 were closed, leaving a total of 13 open actions. The Committee received 4 reports at the last meeting (listed below) which contained a total of 26 new actions. These have been added to the Audit Action Log, which now contains a total of 39 actions.
- Structured Assessment 2023
  - Benefits Realisation
  - Workforce Planning
  - Private Status \*\*
- 4.4 The status of the 39 open actions is shown below:

| Number | RAG    | Status  |
|--------|--------|---|
| 15     | GREEN  | Complete  |
| 20     | YELLOW | Indicates that the action is on target for completion by the agreed date                |
| 0      | AMBER  | Indicates that the action is not on target for completion by the agreed date            |
| 4      | RED    | Indicates that the implementation date has passed and management action is not complete |



4.4 The Committee are requested to note the completion of the following 15 actions:

| Area                           | Actions  |
|--------------------------------|--|
| Private Status** x 7           | 4007A2024 2020.1<br>4007A2024 2022.1<br>4007A2024 2022.2<br>4007A2024 2022.3<br>4007A2024 2023.1<br>4007A2024 2023.2<br>4007A2024 2023.3 |
| Structured Assessment 2023 x 3 | DHCW R1<br>DHCW R4.1<br>DHCW R4.2  |
| Benefits Realisation x 2       | DHCW2324-07 Rec 2.2<br>DHCW2324-07 Rec 4.1   |
| Hybrid Working x 3             | DHCW-2324-05 Rec - 3.1<br>DHCW-2324-05 Rec - 2.2<br>DHCW-2324-05 Rec - 1.1   |

4.5 There are 4 actions overdue with a **RED** status allocated during the period.

| Area                     | Actions   | Extension Date Requested               |
|--------------------------|---|--|
| Private Status** x 1     | DHCW-2223-11 3.1 Rec - 3.1  | 01/05/2024                             |
| Benefits Realisation x 3 | DHCW2324-07 Rec 1.1<br>DHCW2324-07 Rec 2.1<br>DHCW2324-07 Rec 3.1 | 31/07/2024<br>30/06/2024<br>31/07/2024 |

4.6 The remaining 20 actions are reported as on track for completion by the target date.





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

- 5.1 Due to their technical nature, 14 actions have been classified as private and have sensitive details redacted. These will be discussed in detail in the private Committee meeting.
- 5.2 Progress has been made over the period with a total of 15 actions completed. Progress against remaining actions will continue to be monitored by the Head of Corporate Governance in conjunction with Leads on a regular basis.

## 6 RECOMMENDATION

|  |                                 |
|--|---------------------------------|
| Recommendation   | The Committee is being asked to |
| <b>NOTE</b> the Audit Action Log and <b>APPROVE</b> the request for Audit Action extensions outlined in section 4.5 of the report. |                                 |



# DIGITAL HEALTH AND CARE WALES COUNTER FRAUD PROGRESS REPORT

|             |      |
|-------------|------|
| Agenda Item | 4.5i |
|-------------|------|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>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 Committee is being asked to |
| <b>NOTE</b> the contents of the report that relate to the Counter Fraud work carried out in Quarter 4 of the financial year 2023/24 |                                 |



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|                                     |     |
|-------------------------------------|-----|
| CORPORATE RISK (ref if appropriate) | N/A |
|-------------------------------------|-----|

|   |  |
|---|--|
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |
|---|--|

|   |                   |
|---|-------------------|
| <u>WELL-BEING OF FUTURE GENERATIONS ACT</u> | A Resilient Wales |
|---|-------------------|

If more than one standard applies, please list below:

|                               |     |
|-------------------------------|-----|
| <u>DHCW QUALITY STANDARDS</u> | N/A |
|-------------------------------|-----|

If more than one standard applies, please list below:

|                                |     |
|--------------------------------|-----|
| <u>DUTY OF QUALITY ENABLER</u> | N/A |
|--------------------------------|-----|

|                          |     |
|--------------------------|-----|
| <u>DOMAIN OF QUALITY</u> | N/A |
|--------------------------|-----|

If more than one enabler / domain applies, please list below:

|   |                         |
|---|-------------------------|
| <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u> | Date of submission: N/A |
|---|-------------------------|

No, (detail included below as to reasoning)

Outcome: N/A

Statement: N/A

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

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

## 2 APPROVAL / SCRUTINY ROUTE

|   |             |                |
|---|-------------|----------------|
| Person / Committee / Group who have received or considered this paper prior to this meeting |             |                |
| <b>PERSON, COMMITTEE OR GROUP</b>   | <b>DATE</b> | <b>OUTCOME</b> |
| Claire Osmundsen Little   | March 2024  | Approved       |
|   |             |                |

|                 |                               |     |                          |
|-----------------|-------------------------------|-----|--------------------------|
| <b>Acronyms</b> |                               |     |                          |
| DHCW            | Digital Health and Care Wales | SHA | Special Health Authority |
|                 |                               |     |                          |



### 3 SITUATION / BACKGROUND

- 3.1 [The Counter Fraud Progress Quarterly](#) reports are required to appraise the Audit and Assurance Committee and provide assurance that the organisation has a robust Counter Fraud Bribery and Corruption provision.

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

- 4.1 The progress made in the Counter Fraud Provision for DHCW during Quarter 4 of the 2023-2024 financial period.

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

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

### 6 RECOMMENDATION

|                |                                 |
|----------------|---------------------------------|
| Recommendation | The Committee is being asked to |
|----------------|---------------------------------|

**NOTE** the contents of the report that relate to the Counter Fraud work carried out in Quarter 4 of the financial year 2023/24



# DIGITAL HEALTH AND CARE WALES COUNTER FRAUD ANNUAL REPORT 2023/2024

|             |       |
|-------------|-------|
| Agenda Item | 4.5ii |
|-------------|-------|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>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 Assurance                   |
| Recommendation                 | The Committee is being asked to |
| NOTE the report for assurance. |                                 |



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|                                     |     |
|-------------------------------------|-----|
| CORPORATE RISK (ref if appropriate) | N/A |
|-------------------------------------|-----|

|   |  |
|---|--|
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |
|---|--|

|   |                   |
|---|-------------------|
| <u>WELL-BEING OF FUTURE GENERATIONS ACT</u> | A Resilient Wales |
|---|-------------------|

If more than one standard applies, please list below:

|                               |     |
|-------------------------------|-----|
| <u>DHCW QUALITY STANDARDS</u> | N/A |
|-------------------------------|-----|

If more than one standard applies, please list below:

|                                |     |
|--------------------------------|-----|
| <u>DUTY OF QUALITY ENABLER</u> | N/A |
|--------------------------------|-----|

|                          |     |
|--------------------------|-----|
| <u>DOMAIN OF QUALITY</u> | N/A |
|--------------------------|-----|

If more than one enabler / domain applies, please list below:

|   |                         |
|---|-------------------------|
| <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u> | Date of submission: N/A |
|---|-------------------------|

No, (detail included below as to reasoning)

Outcome: N/A

Statement: N/A

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

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

## 2 APPROVAL / SCRUTINY ROUTE

|   |             |                |
|---|-------------|----------------|
| Person / Committee / Group who have received or considered this paper prior to this meeting |             |                |
| <b>PERSON, COMMITTEE OR GROUP</b>   | <b>DATE</b> | <b>OUTCOME</b> |
| Claire Osmundsen Little   | April 2024  | Reviewed       |
|   |             |                |

|                 |                               |     |                          |
|-----------------|-------------------------------|-----|--------------------------|
| <b>Acronyms</b> |                               |     |                          |
| DHCW            | Digital Health and Care Wales | SHA | Special Health Authority |
|                 |                               |     |                          |





### 3 SITUATION / BACKGROUND

3.1 In January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services. The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector.

3.2 This [Annual Report](#) and [performance appendix](#) will highlight the activities undertaken by the LCFS team, and demonstrate how they have delivered their counter fraud, bribery and corruption activities. Additionally, in compliance with the NHSCFA's standards for providers, this annual report will also document and present the following details,

- Days used to deliver counter fraud, bribery and corruption work
- The cost of counter fraud, bribery and corruption work carried out during the year
- Details of any risk based proactive exercises conducted during the year
- The number of incident reports and cases recorded on the NHSCFA Case management system
- Number and type of sanctions imposed, including recoveries made.

The report highlights how LCFS' has demonstrated compliance towards the recognised standards, with some of the key aspects summarised. The NHS CFA measures compliance as follows: **Green – fully compliant**; **Amber – partially compliant**; **Red – non-compliant**.



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

4.1 Alignment of the plan to the NHS CFA requirements.

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

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

## 6 RECOMMENDATION

|                |                                 |
|----------------|---------------------------------|
| Recommendation | The Committee is being asked to |
|----------------|---------------------------------|

**NOTE** the report for assurance.



# DIGITAL HEALTH AND CARE WALES

## COUNTER FRAUD ANNUAL PLAN 2024/2025

|                |        |
|----------------|--------|
| Agenda<br>Item | 4.5iii |
|----------------|--------|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|                       |   |
|-----------------------|---|
| Purpose of the Report | For Approval  |
| Recommendation        | The Committee is being asked to<br>APPROVE the Local Counter Fraud Draft Work Plan 2024/25. |



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|                                     |     |
|-------------------------------------|-----|
| CORPORATE RISK (ref if appropriate) | N/A |
|-------------------------------------|-----|

|   |  |
|---|--|
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |
|---|--|

|   |                   |
|---|-------------------|
| <u>WELL-BEING OF FUTURE GENERATIONS ACT</u> | A Resilient Wales |
|---|-------------------|

If more than one standard applies, please list below:

|                               |     |
|-------------------------------|-----|
| <u>DHCW QUALITY STANDARDS</u> | N/A |
|-------------------------------|-----|

If more than one standard applies, please list below:

|                                |     |
|--------------------------------|-----|
| <u>DUTY OF QUALITY ENABLER</u> | N/A |
|--------------------------------|-----|

|                          |     |
|--------------------------|-----|
| <u>DOMAIN OF QUALITY</u> | N/A |
|--------------------------|-----|

If more than one enabler / domain applies, please list below:

|   |                         |
|---|-------------------------|
| <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u> | Date of submission: N/A |
|---|-------------------------|

No, (detail included below as to reasoning)

Outcome: N/A

Statement: N/A

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



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

## 2 APPROVAL / SCRUTINY ROUTE

|   |               |          |
|---|---------------|----------|
| Person / Committee / Group who have received or considered this paper prior to this meeting |               |          |
| PERSON, COMMITTEE OR GROUP  | DATE          | OUTCOME  |
| Claire Osmundsen Little   | February 2024 | Approved |
|   |               |          |

|          |  |     |                          |
|----------|--|-----|--------------------------|
| Acronyms |  |     |                          |
| DHCW     | Digital Health and Care Wales                                  | SHA | Special Health Authority |
| NHSCFA   | National Health Service Counter Fraud Authority for NHS Bodies |     |                          |



### 3 SITUATION / BACKGROUND

- 3.1 The NHS Counter Fraud Authority requires that an [Annual work plan](#) is created in relation to the counter fraud work to be carried out by counter fraud teams for their organisations. The workplan must directly align with Government Functional Standard GovS 013: Counter Fraud. This plan adheres to that principle and provides an overview of the areas of work that will be carried out on behalf of the organisation for 2024/2025.
- 3.2 On 29 January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services. The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector. The NHSCFA is responsible for leading and influencing the improvement of counter fraud standards across the NHS and has a duty to ensure the effective implementation of the NHS Counter Fraud Requirements. Local Counter Fraud Teams must adhere to these requirements and report their work against them. As a result, an Annual Workplan identifying how these requirements will be met is produced and submitted to Director of Finance and Audit Committee for their approval.



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

4.1 Alignment of the plan to the NHS CFA requirements.

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

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

#### 6 RECOMMENDATION

|   |                                 |
|---|---------------------------------|
| Recommendation  | The Committee is being asked to |
| APPROVE the Local Counter Fraud Draft Work Plan 2024/25 |                                 |



## DIGITAL HEALTH AND CARE WALES HIGH VALUE PURCHASE ORDER REPORT

|             |      |
|-------------|------|
| Agenda Item | 5.1i |
|-------------|------|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

|                   |  |
|-------------------|--|
| Executive Sponsor | Claire Osmundsen-Little, Executive Director of Finance |
| Prepared By       | Joel Griffiths, Systems Accountant                     |
| Presented By      | Mark Cox Associate Director of Finance                 |

|   |                                 |
|---|---------------------------------|
| Purpose of the Report                               | For Noting                      |
| Recommendation                                      | The Committee is being asked to |
| NOTE the high value orders report to 31 March 2024. |                                 |

WC:  
APP:  
TOTAL:

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

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





## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|                                     |     |
|-------------------------------------|-----|
| CORPORATE RISK (ref if appropriate) | N/A |
|-------------------------------------|-----|

|   |  |
|---|--|
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |
|---|--|

|   |                   |
|---|-------------------|
| <u>WELL-BEING OF FUTURE GENERATIONS ACT</u> | A Healthier Wales |
|---|-------------------|

If more than one standard applies, please list below:

|                               |     |
|-------------------------------|-----|
| <u>DHCW QUALITY STANDARDS</u> | N/A |
|-------------------------------|-----|

If more than one standard applies, please list below:

|                                |     |
|--------------------------------|-----|
| <u>DUTY OF QUALITY ENABLER</u> | N/A |
|--------------------------------|-----|

|                          |     |
|--------------------------|-----|
| <u>DOMAIN OF QUALITY</u> | N/A |
|--------------------------|-----|

If more than one enabler / domain applies, please list below:

|   |                         |
|---|-------------------------|
| <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u> | Date of submission: N/A |
|---|-------------------------|

No, (detail included below as to reasoning)

Outcome: N/A

Statement:

N/A

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



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

## 2 APPROVAL / SCRUTINY ROUTE

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

|          |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| Acronyms |                               |     |                          |
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SITUATION / BACKGROUND

|     |   |
|-----|---|
| 3.1 | 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. |
| 3.2 | The report also details instances where cumulative order values to suppliers have amounted to over £0.750m during the financial year.   |



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

4.1 During the period 13th January 2024 – 31 March 2024 there were no high value orders of more than £0.750m raised. Two purchase orders in the GP Systems support and maintenance area were revised down on the 28th of March 2024 which has meant there is a small reduction of £0.070m as detailed by Ref A14 and A15 but they still remain over £0.750m.

4.2 The details of all orders raised year to date and individual governance approval is presented within [Appendix A](#) – High Value Purchase Order Tracker. An extract is detailed within table 1.

4.3 Table 1: High Value Orders (reclassified extract) 13 January 2024 – 31 March 2024

| Ref | Area | Supplier                        | Service / good detail | Date |
|-----|------|---------------------------------|-----------------------|------|
|     |      | No high value orders            |                       |      |
|     |      | 13 <sup>th</sup> January 2024 – |                       |      |
|     |      | 31 <sup>st</sup> March 2024     |                       |      |

4.4 The details of suppliers whose cumulative orders for the year have also reached the £0.750m threshold are also presented within this report and itemised further in [Appendix B](#) and within Table 2 of this report. During the period 13th January 2024 – 31st March 2024 there are 2 suppliers that have since reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with [Appendix A](#)).

4.5 Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 13 January 2024 – 31 March 2024

| Ref | No of Orders | Area         | Supplier                     | Description  |
|-----|--------------|--------------|------------------------------|--------------|
| B11 | 11           | Various      | NHS England                  | Various      |
| B12 | 23           | Agency staff | Alexander Mann Solutions LTD | Agency staff |

4.6 For completeness and because of the potential for overlap in [Appendix A](#) & [Appendix B](#) the details of suppliers where spend has exceed £0.750m are also presented within this report and itemised further in [Appendix C](#) and table 3 of this report. The table is a year-to-date position as of the 31 March 2024.



**4.7 Table 3: Suppliers with Spend of over £0.750m for the period of 1 April 2023 – 31 March 2024.**

| Ref | Area   | Supplier  |
|-----|--|---|
| C1  | Community, Cloud adoption, WIS and Technical support | RED CORTEX  |
| C2  | All Wales Licence Provision                          | TRUSTMARQUE SOLUTIONS LTD                           |
| C3  | RISP   | PHILIPS ELECTRONICS UK LTD                          |
| C4  | Computer Software and hardware Support & Maintenance | SOFTCAT   |
| C5  | GP Systems Maintenance Support                       | EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH) |
| C6  | DSPP   | KAINOS SOFTWARE LTD                                 |
| C7  | GP Systems Maintenance Support                       | IN PRACTICE SYSTEMS LTD                             |
| C8  | Data Centre Services                                 | COMPUTACENTER (UK) LTD                              |
| C9  | GP Systems Maintenance Support                       | HP INC UK LTD                                       |
| C10 | Vehicles   | NORTHUMBRIA HC NHS TRUST                            |
| C11 | Community, Cloud adoption, WIS and Technical support | TPXIMPACT LTD                                       |
| C12 | Computer Software                                    | INTERSYSTEMS CORPORATION                            |
| C13 | Welsh Intensive Care System                          | ASCOM (UK) LTD                                      |
| C14 | Computer Hardware Purchases                          | DELL COMPUTER CORPORATION LTD                       |
| C15 | Networking   | BRITISH TELECOMMUNICATIONS PLC                      |
| C16 | Computer Hardware Purchases                          | CDW LTD   |
| C17 | Computer Software                                    | MAXWELL STANLEY CONSULTING LTD                      |
| C18 | Computer Hardware Purchases                          | INSIGHT DIRECT(UK) LTD                              |
| C19 | Various  | NHS England   |
| C20 | Agency staff   | ALEXANDER MANN SOLUTIONS LTD                        |

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

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

## 6 RECOMMENDATION

|                |                                 |
|----------------|---------------------------------|
| Recommendation | The Committee is being asked to |
|----------------|---------------------------------|

NOTE the high value orders report to 31 March 2024.



# DIGITAL HEALTH AND CARE WALES

## GP LEASED IT EQUIPMENT – TECHNICAL ACCOUNTING UPDATE

|             |         |
|-------------|---------|
| Agenda Item | 5..1iii |
|-------------|---------|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>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 Committee is being asked to |
| NOTE the report and next steps. |                                 |

WC:  
APP:  
TOTAL:



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |  |
|---|--|
| CORPORATE RISK (ref if appropriate)               |  |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |

|   |                   |
|---|-------------------|
| <u>WELL-BEING OF FUTURE GENERATIONS ACT</u>   | A Healthier Wales |
| If more than one standard applies, please list below:<br>All seven well-being goals apply |                   |

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

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

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

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



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

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |            |          |
|---|------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME  |
| Executive Director of Finance & Business Assurance  | 08/04/2024 | Approved |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |

| Acronyms |  |      |                                |
|----------|--|------|--------------------------------|
| DHCW     | Digital Health and Care Wales              | TAG  | Technical Accounting Group     |
| GP       | General Practitioner                       | NHS  | National Health Service        |
| WG       | Welsh Government                           | PCMH | Primary Care and Mental Health |
| IFRS     | International Financial Reporting Standard |      |                                |
|          |  |      |                                |
|          |  |      |                                |
|          |  |      |                                |
|          |  |      |                                |
|          |  |      |                                |





### 3 SITUATION / BACKGROUND

- 3.1 The DHCW finance team seeks to support organisational mission to become a trusted partner by providing all Wales leadership in relation to Digital Technical Accounting and clarifying accounting approaches as a consequence to changes in both technological and contracting approaches which can outpace general accounting advice and require more specialised and focused investigation.
- 3.2 This document notes progress in agreement of the accounting treatment of GP leased PCs, PCS leased by DHCW and installed in GP surgeries and recharged to Health Boards.
- 3.3 In August 2023, the Primary Care and Mental Health team established the commercial arrangements in readiness with Dell to be enable the leasing of both DHCW and GP surgery pcs over a 5-year period.
- 3.4 Due to the recent implementation IFRS16 in 2022-2023 the accounting treatment and the complicated relationships within the procurement arrangement. IFRS 16 introduced a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months unless the underlying asset is of low value. A lessee is required to recognise a right-of-use asset representing its right to use the underlying leased asset and a lease liability representing its obligation to make lease payments. At face value this may require all centrally procured GP IT equipment to be classed as capital as opposed to current recognition as a revenue expense with consequential affordability issues as the revenue funding requirement would cease and be replaced by a capital need.
- 3.5 In order to provide clarity a thorough assessment of the accounting treatment was undertaken and provide a view that was available to be adopted across NHS Wales whilst exposing any potential affordability issues. As the intention is to provide clear advice to use across NHS Wales in multiple scenarios considerable engagement has taken place with finance professionals, Welsh Government and Audit Wales.



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

- 4.1 In Quarter 3 DHCW representatives met with Health Boards, Welsh Government to and raised the issue via the Capital TAG forum. In December DHCW commissioned subject matter experts to support delivery of an accounting paper to set out the proposed accounting treatment (see [Appendix A](#) for summary and [Appendix B](#) for the detailed report).
- 4.2 The DHCW met with Welsh Government and Audit Wales on February 28 to present the conclusions of the paper below. On Monday 25 March 2024 Audit Wales confirmed that they are content with the proposed treatment.
- 4.3 The key 4 conclusions emerging from the paper are given below.
1. DHCW is considered to be **acting as a principle** and not an agent. This gives rise to **two “contracts”** which **need to be assessed and treated separately**.
  2. The contract between DHCW and DFS appears to **contain a lease**. The lease arrangement would potentially qualify for the recognition and measurement low value asset exemption, however, important to consider whether the arrangement with the Health Boards **contains a sublease** as this will impact whether the exemption applies to DHCW's contact with DFS. GP practices operate independently, including when gaining access to patient information through GP Suppliers. Managed practices have connectivity to the Health Board network without integration for data transfer. Therefore, GP PCs are not considered to be interdependent, making each GP PC a single asset, not part of a group asset.
  3. The undefined nature of arrangement between DHCW and the Health Boards suggests that **the arrangement is not akin to an enforceable contract**. DHCW is **required to apply the low value asset recognition exemption** and not account for the assets.
  4. Items procured under this arrangement for the sole use of DHCW and fully under the control of the organisation will not be exempted from IFRS16 application and can consequently be recorded as an asset.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 After gaining due assurance from Welsh Government and Audit Wales of both approach and overarching conclusions, the following next steps will be initiated:

- DHCW will present the paper for information and acceptance at the next Capital TAG meeting.
- PCMH team to order the first GP PC and invoke the lease arrangement on 1 April 2024.

6 RECOMMENDATION

|                                 |                                 |
|---------------------------------|---------------------------------|
| Recommendation                  | The Committee is being asked to |
| NOTE the report and next steps. |                                 |



# DIGITAL HEALTH AND CARE WALES QUALITY ASSURANCE & REGULATORY COMPLIANCE REPORT

|                |     |
|----------------|-----|
| Agenda<br>Item | 5.2 |
|----------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|   |                                 |
|---|---------------------------------|
| Purpose of the Report   | For Noting                      |
| Recommendation  | The Committee is being asked to |
| NOTE the quarterly <a href="#">Quality Report</a> , for the period October – December 2023 (Q3) |                                 |

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |   |
|-------------------|---|
| STRATEGIC MISSION | Be the trusted strategic partner and a high quality, inclusive and ambitious organisation |
|-------------------|---|

|  |     |
|--|-----|
| CORPORATE RISK (ref if appropriate)            | N/A |
| QUALITY IMPACT ASSESSMENT (ref if appropriate) | N/A |

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

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

|                                |                 |
|--------------------------------|-----------------|
| <u>DUTY OF QUALITY ENABLER</u> | Choose an item. |
| <u>DOMAIN OF QUALITY</u>       | Choose an item. |
| All Quality standards apply    |                 |

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

|  |  |
|--|--|
| IMPACT ASSESSMENT                                |  |
| <b>QUALITY AND SAFETY</b><br>IMPLICATIONS/IMPACT | Yes, please see detail below   |
|  | Duty of Quality implications throughout this report  |
| <b>LEGAL</b><br>IMPLICATIONS/IMPACT              | No, there are no specific legal implications related to the activity outlined in this report.    |
|  |  |
| <b>FINANCIAL</b><br>IMPLICATION/IMPACT           | No, there are no specific financial implications related to the activity outlined in this report |
|  |  |
| <b>WORKFORCE</b>                                 | No, there is no direct impact on resources as a result of  |



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

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |            |          |
|---|------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME  |
| Claire Osmundsen-Little   | 26/03/2024 | Approved |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |

| Acronyms |   |      |   |
|----------|---|------|---|
| DHCW     | Digital Health and Care Wales                                       | SHA  | Special Health Authority                            |
| ISO      | International Standards Organisation                                | QIAL | Quality Improvement Action List                     |
| eQMS     | Electronic Quality Management System                                | MHRA | Medicines and Healthcare Products Regulatory Agency |
| NIS      | Network and Information Systems regulations                         | IOPR | Integrated Organisational Performance Report        |
| OES      | Operators of Essential services (as defined in the NIS regulations) | OFI  | Opportunity for improvement                         |
| SaMD     | Software as a Medical Device  | SLT  | Senior Leadership Team                              |
|          |   |      |   |
|          |   |      |   |
|          |   |      |   |



### 3 SITUATION / BACKGROUND

#### 3.1 External Audits

There were three external audits conducted within the period:

- ISO 9001:2015 Quality Management Systems Surveillance visit 1
- ISO 14001:2015 Environmental Management Systems Surveillance visit 1
- BS10008:2020 Evidential weight and legal admissibility of electronically stored information Surveillance visit 1

All three external audits were extremely successful, with zero non-compliances found across all 3 standards, with only five observations or opportunities for improvement (OFI). A pleasing result. The standard leads continue to log audits on iPassport and the All OFI's were added to and managed within quality management modules within the system.

#### 3.2 Milestones

The Quality Assurance and Regulatory Compliance team have successfully completed all their milestones for the year.

#### 3.3 Risk-Based Audit Programme

The risk-based internal audit program achieved 96% completion against its targeted goal of conducting two audits per month. The programme fell behind through February due to the resource requirements for ISO 9001:2015 External audit, and commitment by auditees within departments highlighted as risk areas. The Quality team shall be reassessing the program through 24/25 with a view to making improvements to the programme.

#### 3.4 Quality Portal

The Quality Portal continues with its development and continual improvement with a page around the Duty of Quality, and a Quality Assurance and Regulatory Compliance Reporting Suite, enabling colleagues from across DHCW to access quality related KPI's and metrics within their areas. Changes to the portal are now controlled through the Change Control module in iPassport, with all submitted change requests being reviewed weekly. The portal continues to gain high levels of traffic monthly.

#### 3.5 Document Management Strategy (DMS)

The DMS was approved at both executive and management board in quarter 4. This is a step in the right direction for the organisation to successfully manage its controlled documents. The DMS outlines key documentation which should be housed and managed on its eQMS, iPassport. Moving to the system has multiple benefits for the organisation and its staff.





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

### 4.1 External Audits

There is one planned ISO 27001:2013 Information Security Management System surveillance audit within Q1 2024/25.

### 4.2 Legislation Register

The monthly review of the legislation register continues within the IMS assurance group and Quality and Regulatory Group meetings, following the formal procedure and review of the content and structure, the bi-annual updates continue to be provided to this committee. Changes to the Legislation Register are controlled via the iPassport Change Control process so everything is logged and reviewed prior to change.

### 4.3 iPassport & Document Management Strategy

Following approval of the DMS key identified documentation shall migrate onto iPassport, the Quality Assurance and Regulatory Compliance Team shall conduct the exercise for the organisation in a two phased approach. Firstly, migrating all known, visible documentation from the IMS onto iPassport in latest templates and corporate branding. Secondly identifying documentation types captured in the DMS, and which is not openly visible to migrate onto the system. Phase one shall be conducted in Q1, while phase two, being a much larger project, rolling throughout the financial year.

### 4.4 Quality Improvements

Open Quality Improvements are currently 74% within target date, this is slowly improving. The quality team continue with fortnightly sessions to work with finding owners to work through and drive down the number of open improvements, currently 83, with 14 pending verifications. Consideration should be taken into account with the risk-based internal audit programme uncovering improvements on a monthly basis, there is a steady flow of quantity improvements being raised.

The document position on the IMS is currently at 84% within review date (*not including policies*), highlighting document position within the various directories is reported at the IMS, Quality group and Senior Leadership Team meetings by Quality Business Partners, including being actively chased by members of the Quality team.

4.5 Quality Assurance & Regulatory Compliance Annual Plan 2023/24 has been completed, with all objectives either achieved or where required change controlled into the 2024/25 plan, e.g., Medical Device Regulation requirements moved due to delays from the MHRA in publishing new regulations.





4.6 Work on new UK Medical Device Regulation compliance continues. Maintaining communication with MHRA and other relevant stakeholders to act upon guidance when it becomes available. The new UK legislation will then come into force in 2025.

Engagement with the MHRA continues to confirm the Medical Device status of services identified by an initial assessment of our existing portfolio. Any services identified as a Medical Device will follow UK 2002 legislation until the new UK Medical Device regulations come into force.

Gap analysis against ISO 13485 is expected to be completed during quarter 2. Internal audit against ISO 13485 to commence in quarter 1. All remedial work will be targeted for completion prior to quarter 4 to allow us to seek certification to this standard.

4.7 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 came into force on 1st April 2023. This brings into force an updated Duty of Quality.

Quarter 3 Always On report has been approved at Management Board, the quarter 4 report and the Annual Quality Report are currently being drafted. All directorate senior leadership teams have been invited to attend Duty of Quality Workshops led by the Quality team to further embed the legislative requirements, map business processes against the Health and Care Quality Standards and to identify information for inclusion in the Always On reports.

To raise awareness of the Duty of Quality, and all NHS bodies' legislative requirements to comply, NHS Executive have developed an e-learning programme on ESR. The Quality team have completed the e-learning programme and consider that it would be beneficial for all staff to complete. The e-learning programme focuses on 4 areas, Health and Care Quality Standards, Quality-driven decision making, Quality Management Systems and Quality reporting.

4.8 Quarter 3 Duty of Quality Always On report is included as an attachment to this report for the committee to note.

4.9 Work is progressing to develop a Product based Quality framework in line with Juran's quality quadrilogy. This will also align with Duty of Quality expectations and requirements. First draft is expected to be ready for comments by month end.



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

In summary:

5.1 In the last period DHCW had successful audits for BS 10008, ISO 9001 and ISO 14001. No non-conformities were raised at these audits, 5 OFI's were raised for ISO 14001.

5.2 The Quality and Regulatory Group will target a standard and directorate view of quality compliance; focus will be on integrating the quality and regulatory plans as part of the directorate Annual Plans. Further development of metrics will continue in line with organisational performance reporting. This workstream will also contribute to the reporting requirements of the Duty of Quality.

5.3 Activity to raise awareness of the importance of good document management practices and the strengthening of the quality management systems is underway alongside the document management strategy and the on-boarding of departments to iPassport. This is now part of the annual plan process with milestones relating to iPassport implementation accepted by directorates. Training videos on the use of iPassport have been uploaded to the Quality Portal to aid staff development across DHCW.

5.4 Improved Compliance and commitment to the internal and external audit programme with a view to becoming more aware of impact of regulatory requirements in the organisation.

5.5 The key activities for the team as we move into quarter one, are:

- Duty of Quality compliance, including running workshops on the duty across all Directorate SLT's and development and publication of the first Annual Quality report.
- Roll out of quality improvement training and toolkit in line with IMTP milestone.
- Finalise and rollout Quality Impact Assessment toolkit.
- Focus on training for all staff (role dependent) in iPassport.
- Development of the Product based Quality framework.
- Implementing the document management strategy.
- Implementation of the WIAG Power App.
- Critical evaluation of the Risk based Internal Audit programme to inform improvements.

## 6 RECOMMENDATION

| Recommendation  |                                 |
|---|---------------------------------|
|   | The Committee is being asked to |
| NOTE the quarterly <a href="#">Quality Report</a> , for the period October – December 2023 (Q3) |                                 |



# DIGITAL HEALTH AND CARE WALES LEGISLATIVE ASSURANCE FRAMEWORK REGISTER

|                |     |
|----------------|-----|
| Agenda<br>Item | 5.3 |
|----------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|   |                                 |
|---|---------------------------------|
| Purpose of the Report                             | For Noting                      |
| Recommendation                                    | The Committee is being asked to |
| NOTE the Legislative Assurance Framework Register |                                 |

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |  |
|---|--|
| CORPORATE RISK (ref if appropriate)               |  |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |

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

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

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

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

|  |   |
|--|---|
| IMPACT ASSESSMENT                                |   |
| <b>QUALITY AND SAFETY</b><br>IMPLICATIONS/IMPACT | Yes, please see detail below<br>There is an increased quality and safety within the organisation due to compliance with legislation.    |
| <b>LEGAL</b><br>IMPLICATIONS/IMPACT              | Yes, please see detail below<br>Non-compliance with legislation may have a legal impact on the organisation.                            |
| <b>FINANCIAL</b><br>IMPLICATION/IMPACT           | Yes, please see detail below<br>Non-compliance with legislation may have a financial impact on the organisation.                        |
| <b>WORKFORCE</b><br>IMPLICATION/IMPACT           | Yes, please see detail below<br>A number of pieces of legislation have an impact on how the workforce within the organisation operates. |
| <b>SOCIO ECONOMIC</b><br>IMPLICATION/IMPACT      | Yes, please detail below<br>Compliance with legislation promotes consideration of   |

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

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |              |          |
|---|--------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE         | OUTCOME  |
| Paul Evans, Head of Quality & Regulatory Compliance   | January 2024 | Reviewed |
| Chris Darling, Board Secretary  | January 2024 | Approved |
|   |              |          |
|   |              |          |
|   |              |          |
|   |              |          |

| Acronyms |                               |     |                          |
|----------|-------------------------------|-----|--------------------------|
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |
|          |                               |     |                          |



### 3 SITUATION / BACKGROUND

- 3.1 DHCW is responsible for complying with legislation that is applicable to the Special Health Authority. The parameters for the applicability are not just those limited to us as a public healthcare organisation, but include discipline specific areas of work such as the Network and Information Systems Regulations etc.
- 3.2 The Legislative Assurance Framework forms part of the overall governance assurance framework, the requirements of which are outlined in the DHCW Standing Orders to address the legal, regulatory, and contractual requirements of DHCW. This compliance assessment also supports the achievement and maintenance of the ISO and BS accreditations held by the organisation.
- 3.3 There is a legislation register as part of the management of quality standards, acts and regulations within DHCW in-line with ISO 14001:2015, ISO 27001:2020 & ISO 22301:2019 standards requirements.
- 3.4 The Legislative Assurance Register is maintained by the Quality and Regulatory team and is reviewed by the IMS Assurance Group on a monthly basis. The IMS Assurance Group escalate any revisions, amendments or new legislation that present material impact to regulatory compliance and / or site operations to the Quality and Regulatory Group.
- 3.5 The Quality and Regulatory Group review the Legislative Assurance Register monthly, and review legislation for relevance to the organisation, in addition to undertaking horizon scanning in each of the identified areas of legislation.



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

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

### NEW

| Reference    | Legislation Name  | Executive Lead            |
|--------------|---|---------------------------|
| CC-CORP-3    | Separated Waste Collections for Workplaces in Wales (2024)                                | Board Secretary           |
| CC-POD-2 & 3 | The Carers Leave Act (2023)   | Director of People and OD |
| CC-POD-2 & 3 | The Employment Rights (Amendment, Revocation and Transitional Provision) Regulations 2023 | Director of People and OD |
| CC-POD-2 & 3 | Equality Act 2010 (Amendment) Regulations 2023  | Director of People and OD |
| CC-POD-2 & 3 | Flexible Working Act 2023   | Director of People and OD |
| CC-POD-2 & 3 | Protection from Redundancy (Pregnancy and Family Leave) Act 2023                          | Director of People and OD |
| CC-QRC-57    | The Social Partnership and Public Procurement (Wales) Act 2023                            | Board Secretary           |

- 4.2 There have been no requests for items to be removed from the Legislative Assurance Framework Register during this period.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 DHCW will formally fall under the Wellbeing of Future Generations Act (Wales) from 30 June 2024. Wellbeing objectives, a formal requirement of the Act, were approved by the SHA Board on 28 March 2024.

6 RECOMMENDATION

|   |                                 |
|---|---------------------------------|
| Recommendation                                    | The Committee is being asked to |
| NOTE the Legislative Assurance Framework Register |                                 |





# DIGITAL HEALTH AND CARE WALES ESTATES, DECARBONISATION AND COMPLIANCE UPDATE

|                |     |
|----------------|-----|
| Agenda<br>Item | 5.4 |
|----------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|   |                                 |
|---|---------------------------------|
| Purpose of the Report   | For Assurance                   |
| Recommendation  | The Committee is being asked to |
| <b>NOTE</b> the report, specifically: <ul style="list-style-type: none"><li>• The refreshed Decarbonisation Action Plan</li><li>• Submission of 2023-24 Q4 Decarbonisation Co-ordination Return (DCR)</li><li>• Submission of the DHCW Qualitative Decarbonisation Return for 2023-24</li><li>• Estates Compliance Performance February 2024 Report</li></ul> |                                 |

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |  |
|---|--|
| CORPORATE RISK (ref if appropriate)               |  |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |

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

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

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

|   |                                  |
|---|----------------------------------|
| <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>   | Date of submission: January 2024 |
| Yes, applicable   | Outcome: Positive                |
| Statement: The equalities assessment to date has not found that there is a risk that a disproportionately negative impact could exist to one or more groups of people who share a protected characteristic under the Equality Act 2010. However, any office closure would have an impact (positive or negative) for staff who would need to change base (noting the hybrid working protocols in place). A full assessment will provide additional analysis of staff data, to ensure that any risk identified can be removed or reduced through the implementation of the actions to be agreed through consultation. |                                  |

|   |  |
|---|--|
| IMPACT ASSESSMENT                         |  |
| QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | Yes, please see detail below   |
|   | Measures are in place to ensure that the DHCW Estate is a safe environment |
| LEGAL<br>IMPLICATIONS/IMPACT              | Yes, please see detail below   |
|   | Compliance with legislation and lease arrangements                         |
| FINANCIAL<br>IMPLICATION/IMPACT           | Yes, please see detail below   |
|   | Proposals will be costed and ongoing savings identified                    |



|  |  |
|--|--|
| WORKFORCE<br>IMPLICATION/IMPACT                  | Yes, please see detail below   |
|  | Any change to base as a result of changes will be subject to consultation  |
| SOCIO ECONOMIC<br>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<br>INNOVATION<br>IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report.                                 |
|  |  |

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |              |          |
|---|--------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE         | OUTCOME  |
| Chris Darling, Board Secretary  | 2 April 2024 | Approved |
|   |              |          |
|   |              |          |
|   |              |          |
|   |              |          |
|   |              |          |

| Acronyms |                               |     |                                      |
|----------|-------------------------------|-----|--------------------------------------|
| DHCW     | Digital Health and Care Wales | SHA | Special Health Authority             |
| TGYA     | Ty Glan-yr-Afon               | DCR | Decarbonisation Co-ordination Return |
|          |                               |     |                                      |
|          |                               |     |                                      |
|          |                               |     |                                      |
|          |                               |     |                                      |
|          |                               |     |                                      |
|          |                               |     |                                      |
|          |                               |     |                                      |



### 3 SITUATION / BACKGROUND

- 3.1 Digital Health and Care Wales (DHCW) have 5 offices across Wales following a review of the estate in 2022 in terms of location, required area and suitability. There are a number of reasons why this review took place and these included the following:
- Decarbonisation challenges and the need to minimise the DHCW carbon footprint
  - Implementation of Hybrid Working
  - DHCW needs to rationalise its Estate to ensure that it optimises the workspaces
  - DHCW has a duty to make the best use of its financial resources and therefore needs to ensure that it demonstrates value for money
  - Lease expiry
- 3.2 Recommendations (presented in an Estates Plan to the December 2022 Local Partnership Forum) included:
- Estates Rationalisation.
  - Modernise offices, commencing with Ty Glan-yr-Afon during 2022/23, to provide an environment suited to a modern digital collaborative working space.
  - Work with Partner Organisations and NHS Wales Shared Services Partnership (NWSSP) to identify suitable local hub arrangements.
- 3.3 This paper provides an update on the agreed actions and describes the approach to be taken towards improving our Estate over the next six months.
- 3.4 We have refreshed our [Decarbonisation Action Plan \(DAP\) for 2024-27](#) which is attached. This was submitted to Welsh Government on target with our IMTP.
- 3.5 We continue to collect data to inform our decarbonisation returns which remain on target and reflect the implementation of new actions undertaken to reduce our carbon footprint. The [2023-24 Quarter 4 DCR Return](#) was approved and submitted on time.
- 3.6 Welsh Government have issued reporting templates for the qualitative measures in the NHS Performance Framework. The reporting period for the current update is 1 April 2023 to 31 March 2024 and a narrative update describing progress against our Decarbonisation Action Plan is required together with details of any high risks. The deadline for submission is 14 April 2024 to the Climate Emergency Programme Team who report their assessment to the Climate Emergency Programme Board. The [DHCW NHS Performance Measures Annual Qualitative Return for 2023-24](#) is attached.
- 3.7 DHCW produce monthly reports on Estates Compliance. The latest available report for [February 2024](#) is attached for the Committee's information.



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

### 4.1 Estates Update

The following actions have been taken:

- The 3<sup>rd</sup> Floor of TGYA has been modernised to provide an environment suited to our revised ways of working.
- Additional furniture has been procured in Media Point to improve use of 1-1 meeting space.
- Work has been carried out in Technium 2 to improve the Client Services Build/Store area
- Increased provision of IT equipment in Bocam Park to reflect increased demand for desk space at that location.
- A room (lockable) on the 5<sup>th</sup> Floor of TGYA has been temporarily re-purposed as a secure storage area for IT equipment, proposals for a longer-term solution are currently being worked through.

We are keen to take account of staff views obtained via the staff survey when modernising our estate. We have also carried out a separate Estates Development Survey, the outcome of which has been shared with Local Partnership Forum and the Board. We have identified a number of common themes and actions that are being taken forward.

DHCW presented their Rationalisation Plans to Welsh Government and NWSSP on 4 December 2023.

There is further opportunity for rationalisation in Technium 2, Swansea where the Landlord has confirmed that he is happy to discuss a reduction of our footprint. Discussions are currently ongoing with the detail to be worked through and it is anticipated that this will be undertaken by a Deed of Variation once confirmed.

We are working through agreement of new leases for Ty Glan-yr-Afon and Bocam Park for 10 year and 5-year terms respectively. As part of the Ty-Glan-yr-Afon proposal, we are able to request works in lieu of a rent-free period and this option has been exercised with a request for improved accessibility.

We are in active discussions with three organisations interested in sharing our space in Cardiff and Mold and are very open to discussion with other bodies to ensure best used of space.

- NHS Confederation (Cardiff)
- NHS Wales Shared Services Partnership (NWSSP) (Cardiff)
- Welsh Health Specialised Services Committee (North Wales)



## 4.2 Decarbonisation

Digital Health and Care Wales (DHCW) have refreshed their Decarbonisation Action Plan (DAP) 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 Action Plan which is attached.

Hybrid working practices have allowed our workforce (approximately 87%) to work remotely from home, which has contributed to a reduction in our building and commuting emissions.

Decarbonisation is reflected in our major plans and strategies, including our Annual Plan, Integrated Medium Term Plan and Estates Plan and it is also being included in the National Benefits Framework that is being developed by our Finance Department.

We will continue to engage with NHS Wales Shared Services Partnership with the aim of improving the calculation mechanisms for procurement emissions, we have seen some recent improvements which have allowed us to more accurately calculate our supply chain emissions which has resulted in a reduction.

A Decarbonisation Reporting Team has been set up with the NHS Wales Shared Services Partnership (NWSSP) to manage a new quarterly Decarbonisation reporting process on behalf of Welsh Government. Our 2023/24 Quarter 4 return was submitted ahead of target and demonstrated improvements in a number of key areas.

The NHS Performance Framework requires an annual Qualitative (Narrative) Decarbonisation Report, the deadline for this is mid-April 2024 and this is also attached.

We have acknowledged the need to understand our digital footprint and with colleagues from operational teams, have started discussions in this area.

## 4.3 Environmental and Compliance Update

DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014.

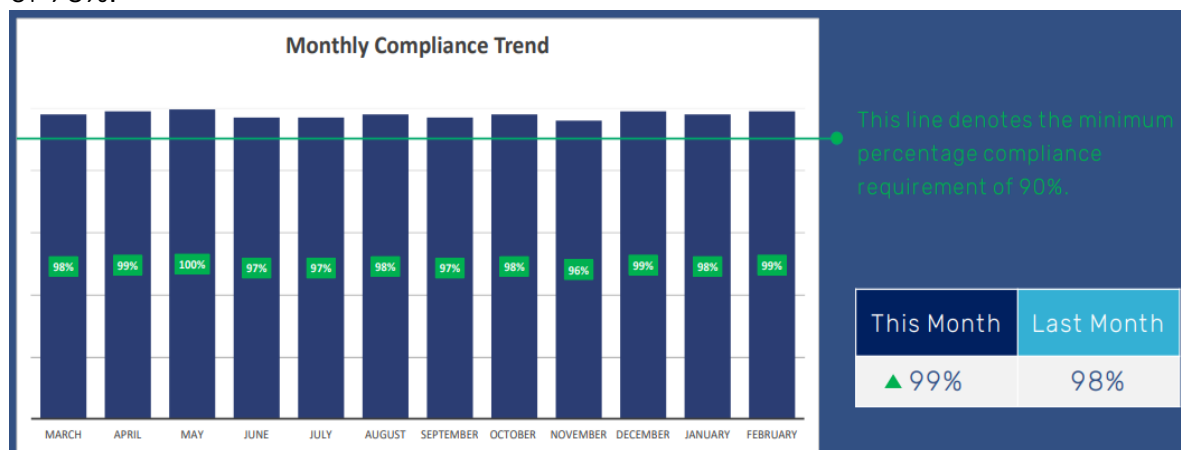
ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system.

ISO 14001 EMS  
Assurance Rating

Substantial Assurance  
/ Good Control



Overall Compliance of plant systems and equipment is 99%, well above our target of 90%.



Internal planned preventative maintenance is currently at 100%, which is an excellent position reflecting the continued focus in this area.

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

- 5.1 A significant amount of work has been undertaken to modernise our offices and outcomes from the recent Staff Survey and Estates Development Survey are being worked through to ensure staff views are taken into in future modernisation plans.
- 5.2 There is further opportunity for rationalisation in Technium 2, Swansea where the Landlord has confirmed that he is happy to discuss a reduced footprint. Discussions are currently ongoing with the detail to be worked through. We propose to reduce our space by two Units (7 and 8) which is approximately a 40% reduction via a Deed of Variation.
- 5.3 Proposals for new leases for Ty Glan-yr-Afon and Bocam Park have been received for 10 year and 5-year terms respectively. As part of the Ty-Glan-yr-Afon proposal, we are able to request works in lieu of a rent-free period and this option has been exercised with a request for improved accessibility. Lease renewals have been approved by DHCW Board in January 2024.
- 5.4 We are in active discussions with three organisations interested in sharing our space in Cardiff and Mold and are very open to discussion with other bodies to ensure best used of space.
- 5.5 We continue to submit our Decarbonisation Returns on time and they reflect the improvements made in this area to reduce our carbon footprint.



## 6 RECOMMENDATION

|   |                                 |
|---|---------------------------------|
| Recommendation  | The Committee is being asked to |
| <b>NOTE</b> the report, specifically: <ul style="list-style-type: none"><li>• The refreshed Decarbonisation Action Plan</li><li>• Submission of 2023-24 Q4 Decarbonisation Co-ordination Return (DCR)</li><li>• Submission of the DHCW Qualitative Decarbonisation Return for 2023-24</li><li>• Estates Compliance Performance February 2024 Report</li></ul> |                                 |





## DIGITAL HEALTH AND CARE WALES CORPORATE RISK REGISTER

|             |     |
|-------------|-----|
| Agenda Item | 5.5 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|  |                                 |
|--|---------------------------------|
| Purpose of the Report  | To Receive/Discuss              |
| Recommendation   | The Committee is being asked to |
| <b>NOTE</b> the status of the Corporate Risk Register.<br><b>DISCUSS</b> The Corporate Risks assigned to the Audit and Assurance Committee |                                 |



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |           |
|---|-----------|
| CORPORATE RISK (ref if appropriate)               | All Apply |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |           |

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

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

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

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

| IMPACT ASSESSMENT                                |   |
|--|---|
| <b>QUALITY AND SAFETY</b><br>IMPLICATIONS/IMPACT | Yes, please see detail below<br>Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety. |
| <b>LEGAL</b><br>IMPLICATIONS/IMPACT              | Yes, please see detail below<br>Should effective risk management not take place, there could be legal implications  |
| <b>FINANCIAL</b><br>IMPLICATION/IMPACT           | Yes, please see detail below<br>Should effective risk management not take place, there could be financial implications                                      |
| <b>WORKFORCE</b><br>IMPLICATION/IMPACT           | No, there is no direct impact on resources as a result of the activity outlined in this report.   |



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

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |            |                        |
|---|------------|------------------------|
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME                |
| Risk Management Group   | 05/03/2024 | Discussed and verified |
| Management Board  | 14/03/2024 | Discussed and verified |

| Acronyms |                               |      |                             |
|----------|-------------------------------|------|-----------------------------|
| DHCW     | Digital Health and Care Wales | SHA  | Special Health Authority    |
| BAF      | Board Assurance Framework     | IMTP | Integrated Medium Term Plan |

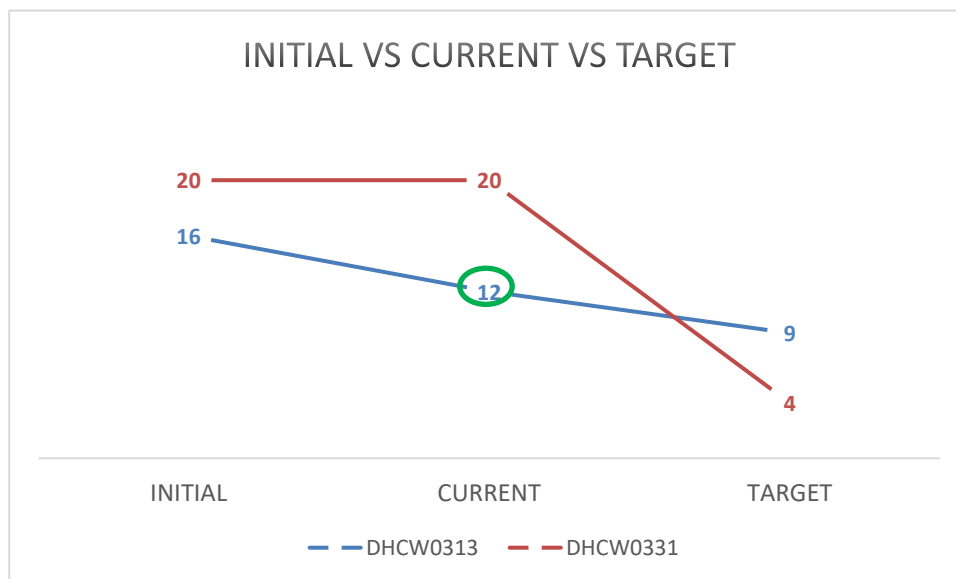
## 3 SITUATION / BACKGROUND

|     |  |
|-----|--|
| 3.1 | The DHCW <a href="#">Risk Management and Board Assurance Framework (BAF) Strategy</a> outlines the approach the organisation will take to managing risk and Board assurance.   |
| 3.2 | A full review of the BAF took place during April 2023 and was approved by the SHA Board in May 2023. The BAF is in the process of being reviewed for 2024/25 following the approval of the IMTP 2024-27 and the DHCW long term strategy. This review includes an assessment of controls and assurances put in place during 2023/24, mitigation of principal risk scores and assessment of principal risks for 2024/25, as well as an assessment of environmental and external factors. |



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

- 4.1 Committee members are asked to consider risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months).
- 4.2 The Board considered DHCW's risk appetite statement and risk appetite tolerances during a Board Development session held in March 2023. The appetite and tolerances were approved by the Board in May 2023. A Board Development session is planned on the 25 April 2024 to review the DHCW risk appetite position for 2024/25.
- 4.3 The Committee are asked to consider the risks assigned to the Committee (DHCW0313 Digital Cost Pressure – Service Model Changes, and DHCW0331 – Fixed Term Resource Funding), 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.



- 4.4 DHCW's Corporate Risk Register currently has 16 risks on Register, 2 of which are allocated to the Audit and Assurance Committee. 2 are detailed at item [5.5i Appendix A](#) for consideration by this Committee. The remaining 14 risks are assigned to the Digital Governance and Safety and the Programmes Delivery Committee and are considered in public/private session as per the Committee assignment approach.



4.5 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 RISKS** (1) 1 Public, 0 Private

| RISK REF | RISK TITLE                               | COMMITTEE ASSIGNMENT                  |
|----------|--|---------------------------------------|
| DHCW0334 | Impact of cost of transition team (DSPP) | Digital Governance & Safety Committee |

**RISKS REMOVED** (4) 3 Public, 1 Private

| RISK REF   | RISK TITLE                                     | STATEMENT   | COMMITTEE ASSIGNMENT                  |
|------------|--|---|---------------------------------------|
| DHCW0308   | Sustainable funding for NIIAS                  | Downgraded to Directorate level, awaiting final funding letter        | Digital Governance & Safety Committee |
| DHCW0321   | Sustainable funding for WAPSI                  | Downgraded to Directorate level, awaiting final funding letter        | Digital Governance & Safety Committee |
| DHCW0329   | Choose pharmacy – DHCW maintaining funding gap | Core funding approved   | Audit & Assurance Committee           |
| **DHCW0301 | PRIVATE  | Downgraded for mitigation at directorate level approved plan in place | Programmes Delivery Committee         |

**CHANGES IN SCORE** (1) 0 Public, 1 Private

| REF                   | STATEMENT                             | COMMITTEE ASSIGNMENT          |
|-----------------------|---------------------------------------|-------------------------------|
| DHCW0318 ** Private** | Increased based on a recent complaint | Programmes Delivery Committee |



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

|              |                     | LIKELIHOOD  |                 |   |  |  |
|--------------|---------------------|-------------|-----------------|---|--|--|
|              |                     | RARE<br>(1) | UNLIKELY<br>(2) | POSSIBLE<br>(3)   | LIKELY<br>(4)  | ALMOST CERTAIN<br>(5)  |
| CONSEQUENCES | CATASTROPHIC<br>(5) |             |                 | **DHCW0277<br>**DHCW0281<br>**DHCW0282<br>**DHCW0315  |  |  |
|              | MAJOR<br>(4)        |             |                 | DHCW0263: DHCW Functions<br>DHCW0296 – Allergies/Adverse Reactions – Single Source<br>DHCW0313 – Digital Cost Pressure – Service Model Changes<br>DHCW0320 – Citizen and stakeholder trust in use of HSC data | DHCW0300 – Canisic (Screening and Palliative Care)<br>DHCW0316 – Technical Debt Accumulation | DHCW0331 – Fixed term resource funding<br>DHCW0332 – Sustainable Major Programmes Funding<br>DHCW0333 – WICIS Implementation Delay |
|              | MODERATE<br>(3)     |             |                 | DHCW0269 – Switching Service – Data warehouse<br>**DHCW0318   | DHCW0334 – Impact of cost of transition team   |  |
|              | MINOR<br>(2)        |             |                 |   |  |  |
|              | NEGLIGIBLE<br>(1)   |             |                 |   |  |  |
|              |                     |             |                 |   |  |  |



New Risk

↔ Non-Mover

↓ Reduced

↑ Increased

\*\*Private risks

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

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

## 6 RECOMMENDATION

### Recommendation

The Committee is being asked to

**NOTE** the status of the Corporate Risk Register and work to update the BAF for 202425.

**DISCUSS** The Corporate Risks assigned to the Audit and Assurance Committee



# DIGITAL HEALTH AND CARE WALES PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

|             |     |
|-------------|-----|
| Agenda Item | 5.6 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

|                   |   |
|-------------------|---|
| Executive Sponsor | Claire Osmundsen-Little, Executive Director of Finance  |
| Prepared By       | Julie Williams Senior IT Category and Contracts Manager |
| Presented By      | Julie Francis, Head of Commercial Services              |

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

WC:  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |  |
|---|--|
| CORPORATE RISK (ref if appropriate)               |  |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |  |

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

|  |           |
|--|-----------|
| <u>DHCW QUALITY STANDARDS</u>  | ISO 20000 |
| If more than one standard applies, please list below:<br>ISO 27001<br>ISO 9001<br>BS 10008 |           |

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

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

|   |   |
|---|---|
| IMPACT ASSESSMENT                         |   |
| QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | Yes, please see detail below  |
|   | The contracts within the report are legally binding and there could be legal implications arising from activity |
| LEGAL<br>IMPLICATIONS/IMPACT              | Yes, please see detail below  |
|   | All contracts have been awarded in line with the SHA Governance and the Public Contracts Regulations 2015       |
| FINANCIAL<br>IMPLICATION/IMPACT           | Yes, please see detail below  |
|   | There are financial implications from single tenders and potentially change notices.                            |





|  |  |
|--|--|
| <b>WORKFORCE</b><br>IMPLICATION/IMPACT               | No, there is no direct impact on resources as a result of the activity outlined in this report.                      |
|  |  |
| <b>SOCIO ECONOMIC</b><br>IMPLICATION/IMPACT          | No, there are no specific socio-economic implications related to the activity outlined in this report.               |
|  |  |
| <b>RESEARCH AND INNOVATION</b><br>IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |
|  |  |

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |            |          |
|---|------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME  |
| Julie Francis Head of Commercial Services   | 02.04.2024 | Approved |
| Claire Osmundsen Little   | 02.04.2024 | Approved |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |

| Acronyms |                                  |     |                                 |
|----------|----------------------------------|-----|---------------------------------|
| DHCW     | Digital Health and Care Wales    | SHA | Special Health Authority        |
| IMTP     | Integrated Medium Term Plan      | NDR | National Data Resource          |
| PCR      | Public Contracts Regulations     | SFI | Standing Financial Instructions |
| CCN      | Change Control Notice            | STA | Single Tender Action            |
| EPS      | Electronic Prescription Services | SQA | Single Quotation Action         |
|          |                                  |     |                                 |
|          |                                  |     |                                 |
|          |                                  |     |                                 |
|          |                                  |     |                                 |



### 3 SITUATION / BACKGROUND

3.1 The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1<sup>st</sup> January 2024 to 29<sup>th</sup> February 2024 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the standing Financial Instructions.

3.2 An explanation of the reasons, circumstances and details of any further action taken is also included.

| SFI Reference | Description   | Items |
|---------------|---|-------|
| 12.9.4        | Free of Charge Services   | 0     |
| 12.11.5       | Procurement Thresholds  | 0     |
| 12.13         | Single Quotation Actions  | 2     |
| 12.13         | Single Tender Actions   | 3     |
| 12.13         | Single Tenders for consideration following a call for Competition under PCR2015.  | 0     |
| 12.17         | Contract Extensions:<br>Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms) | 6     |

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

4.1 The Committee is required to note the following DHCW activity:

- 5 x Single tenders (set out in item 5.6i Appendix A)
- 6 x Change control (set out in item 5.6i Appendix A)
- 2 Work-packages were called off retrospectively which does not meet the framework rules or the Standing Financial Instructions. A summary of these are included in section 5 below.



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

### 5.1 P812 External Workforce Resource Framework, Work Package 7 (Kainos):

The extant framework P812 allows DHCW to call off packages of work or resources via a direct award or via a mini-competition process. However, all such work packages or resource requirements need to be scoped in advance, issued to the Contractor, a formal response provided, reviewed and then awarded. This was a direct award and managed via Self-Service. In this instance this process was not followed – the work-package documentation was provided in retrospect to the supplier, exposing the organisation to potential operational, financial, and contractual risk. It was for the provision of Kainos' specialist resource to carry out a technical discovery and development of a solution options paper to deliver the aims of the Vaccination Transformation Programme. The work commenced on 13th November 2023 and was completed by 31<sup>st</sup> March 2024. Due to urgency the process was not followed. Commercial Services have met with the Contract Owner to discuss the implications of not following the correct procedure and been given assurances that all further work needs to be subject to the formal process in line with a robust contractual approach and compliantly in line with Standing Financial Instructions. This matter has been addressed with the responsible Director and with the Contractor. The total cost of the Work-package was £390,773.00 ex VAT.

### 5.2 P812 Digital Programmes Office, Work Package 14 (TPX Impact):

The extant framework P812 allows DHCW to call off packages of work or resources via a direct award or via a mini-competition process. However, all such work packages or resource requirements need to be scoped in advance, issued to the Contractor, a formal response provided, reviewed, and then awarded. This was a direct award and managed via Self-Service. In this instance this process was not followed – the work-package documentation was provided in retrospect, exposing the organisation to potential operational, financial, and contractual risk. This requirement was for specialist resources to be provided support the Welsh Immunisation System given resource issues in the Community Apps Team. Commercial Services have met with the Contract Owner to discuss the implications of not following the correct procedure and been given assurances that all further work needs to be subject to the formal process in line with a robust contractual approach and compliantly in line with Standing Financial Instructions. This matter has been addressed with the responsible Director and with the Contractor.

The total cost of this procurement was £271,200.00 ex VAT.



## 6 RECOMMENDATION

|   |                                 |
|---|---------------------------------|
| Recommendation  | The Committee is being asked to |
| NOTE the contents of this Report and associated <a href="#">Appendix 5.6i</a> . |                                 |



## DIGITAL HEALTH AND CARE WALES WELSH LANGUAGE REPORT

|             |     |
|-------------|-----|
| Agenda Item | 5.7 |
|-------------|-----|

|                 |                               |
|-----------------|-------------------------------|
| Name of Meeting | Audit and Assurance Committee |
| Date of Meeting | 16 April 2024                 |

|  |        |
|--|--------|
| Public or Private                        | Public |
| IF PRIVATE:<br>please indicate<br>reason | N/A    |

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

|                       |  |
|-----------------------|--|
| Purpose of the Report | For Assurance  |
| Recommendation        | The Committee is being asked to<br><b>RECEIVE</b> the Welsh Language Report for <b>ASSURANCE</b> . |

WC: 1018  
APP:  
TOTAL:

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

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



## 1 IMPACT ASSESSMENT

|                   |                    |
|-------------------|--------------------|
| STRATEGIC MISSION | All missions apply |
|-------------------|--------------------|

|   |          |
|---|----------|
| CORPORATE RISK (ref if appropriate)               | DHCW0208 |
| QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) |          |

|   |  |
|---|--|
| <u>WELL-BEING OF FUTURE GENERATIONS ACT</u>           | A Wales of Vibrant Culture and Thriving Welsh Language |
| If more than one standard applies, please list below: |  |

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

|   |           |
|---|-----------|
| <u>DUTY OF QUALITY ENABLER</u>                                | Culture   |
| <u>DOMAIN OF QUALITY</u>                                      | Equitable |
| If more than one enabler / domain applies, please list below: |           |

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

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



|  |  |
|--|--|
| SOCIO ECONOMIC<br>IMPLICATION/IMPACT             | Yes, please detail below   |
|  | Implementation of the Welsh Language Scheme has a positive socio-economic impact by:<br>(a) providing opportunities for persons to use the Welsh language, and<br>(b) treating the Welsh language, no less favourably than the English language<br>(As outlined in the policy making Welsh Language standards regulations) |
| RESEARCH AND<br>INNOVATION<br>IMPLICATION/IMPACT | Yes, please see detail below   |
|  | Welsh language standards in relation to research are included in the DHCW Welsh Language Scheme.   |

## 2 APPROVAL / SCRUTINY ROUTE

| Person / Committee / Group who have received or considered this paper prior to this meeting |            |          |
|---|------------|----------|
| PERSON, COMMITTEE OR GROUP  | DATE       | OUTCOME  |
| Chris Darling, Board Secretary  | April 2024 | Approved |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |
|   |            |          |

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



### 3 SITUATION / BACKGROUND

- 3.1 This report outlines the steps taken to embed a bilingual culture across DHCW, in addition it outlines progress with the actions included in the [DHCW Welsh Language Scheme](#) and gives an overview of:
- progress with the DHCW More Than Just Words Plan 2022-2027
  - an action plan that identifies areas for improvement and actions required to successfully embed the DHCW Welsh Language 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.
- 3.2 In considering Welsh Language, members should note the first [More than Just Words Annual Report 2022-23](#) was published on 21 December 2023. The report considers Welsh Language across all the Health and Social Care system in Wales and has a plan made up of several actions under five topics:
- Culture and Leadership
  - Welsh Language planning and policies
  - Supporting and developing Welsh Language skills of the workforce
  - Sharing best practice
  - Monitoring Progress

The More than Just Words Annual Report 2022-23 also specifies some actions to be taken forward by DHCW.





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

- 4.1 DHCW's [More than Just Words Action plan](#) (updated at the end of March 2024) highlights areas of progress, in addition to areas for improvement which require additional support and funding from Welsh Government.
- 4.2 DHCW's [Welsh Language Scheme Action plan](#) (updated at the end of March 2024) is monitored, and progress reviewed by the Welsh Language team routinely, in addition to the Welsh Language Group on a quarterly basis. There has been significant progress in a number of areas during the period which is positive. A summary of findings are below:

| Compliance Area  | RAG rating |
|------------------|------------|
| Operational      | Yellow     |
| Policy Making    | Green      |
| Service Delivery | Green      |

- 4.3 DHCW Welsh Language Skills Dashboard at the end of March 2024 outlined the following information:
- 42.4% of staff have Welsh language skills level 1- 5 achieved;
  - Welsh Language Awareness Course compliance continues to increase and is now at 93.4%;
  - 3.6% of staff haven't entered their Welsh language skills on the Electronic Staff Record.
- 4.4 DHCW have introduced a Welsh Language Learner of the Year award to the Staff Recognition Awards. This award has been received positively with several nominations submitted. A judging panel chaired by Marian Wyn-Jones, Independent Member and Welsh Language Board Champion will convene 23 April 2024 and the winner announced during the DHCW Staff Awards Ceremony in June 2024.
- 4.5 The Welsh Language team are developing a refreshed plan to implement a confidence building network across DHCW to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace.



- 4.6 DHCW's in-house translation service has enabled us to provide more internal and external bilingual communication, this is a positive step forward which conveys the important message that Welsh is a normal everyday part of service and communication for DHCW.
- 4.7 Development of a new webpage to share Welsh Language best practice across Health and Social Care is ongoing with WIDI. It is anticipated that the Welsh Language Network will receive training to enable them to upload information to the webpage.

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

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

## 6 RECOMMENDATION

|                |  |
|----------------|--|
| Recommendation | The Committee is being asked to<br><b>RECEIVE</b> the Welsh Language Report for <b>ASSURANCE</b> . |
|----------------|--|