Cyfarfod Cyhoeddus Y Pwyllgor Archwilio A Sicrwydd

Tuesday 14 July 2026, 09:30 - 12:25

Agenda

09:30 - 09:30
0 min

1. MATERION RHAGARWEINIOL

1.1 Croeso a chyflwyniadau

I'w Nodi *Cadeirydd*

1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi *Cadeirydd*

1.3 Datganiadau o Fuddiant

I'w Nodi *Cadeirydd*

09:30 - 09:35
5 min

2. AGENDA GYDSYNIO

2.1 Cofnodion heb eu cadarnhau o gyfarfodydd blaenorol

I'w Chymeradwyo *Cadeirydd*

2.1i Cyhoeddus 07 Ebrill 2026

I'w Chymeradwyo *Cadeirydd*

2.1i 07042026 AA-MDA-PUBLIC DRAFTV2 CM-en-cy-C.pdf (17 pages)

2.1ii Preifat a chryno 07 Ebrill 2026

I'w Chymeradwyo *Cadeirydd*

2.1ii 07042026 AA-MDA-PRIVATE DRAFT ABRIDGED-en-cy-C.pdf (5 pages)

2.1iii Cyfarfod Arbennig 24 Mehefin 2026

2.1iii 240626 AA-MDA-PUBLIC DRAFT-en-cy-C.pdf (5 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi *Cyfarwyddwr Cyllid dros dro*

2.2 SSPC Assurance Report 19 March 2026.pdf (5 pages)

2.3 Blaengynllun Gwaith

I'w Nodi *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

2.3 Forward Work plan.pdf (4 pages)

2.4 Adroddiad Safonau Ymddygiad

I'w Nodi *Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd*

2.4 Standards of Behaviour report.pdf (4 pages)

2.5 Cylchlythyr Iechyd Cymru - Adroddiad Ddwywaith y Flwyddyn

I'w Nodi *Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd*

2.5 WHC Report v1.pdf (4 pages)

2.6 Adroddiad Cydymffurfiaeth Ystadau

I'w Nodi *Pennaeth Tîm Ystadau a Chydymffurfiaeth*

2.6 Estates Compliance Report.pdf (8 pages)

2.7 Adroddiad Ymgynghori a Chymeradwyo Dogfennau

I'w Chymeradwyo *Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol*

2.7 Audit and Assurance Key Document Approval Report (Agenda Item 2.6).pdf (4 pages)

09:35 - 09:40
5 min

3. BUSNES Y CYFARFOD

3.1 Cofnod Gweithredu

I'w Nodi *Archwilio Mewnol PCGC*

3.1 Action Log.pdf (1 pages)

09:40 - 11:00
80 min

4. ARCHWILIO AC ATAL TWYLL

4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Nodi *Archwilio Mewnol PCGC*

4.1 Progress Report Audit Committee IA.pdf (3 pages)

4.2 Adroddiadau Adolygiad Archwilio Mewnol

Er Sicrwydd *Archwilio Mewnol PCGC*

i. Adroddiad Ymgynghorol Rhaglen Wybodaeth Gofal Dwys Cymru

4.2 IA Reports AAC Cover.pdf (3 pages)

4.3 Diweddariad Pwyllgor Archwilio Cymru

Er Sicrwydd *Archwilio Cymru*

4.3i Adroddiad Trawsnewid Digidol

Er Sicrwydd *Archwilio Cymru*

4.3i DHCW - Digital Transformation Review - Final Report (FT).pdf (31 pages)
4.3i DHCW Digital Transformation Review - Management Response (For Final Report).pdf (5 pages)

4.3ii. Adroddiad Cyflenwi'r Llythyr Cylch Gwaith

Er Sicrwydd *Archwilio Cymru*

4.3ii DHCW Remit Letter Delivery - Final Report (FT).pdf (20 pages)
4.3ii Management Response Form - Remit Letter Review.pdf (3 pages)

4.3iii Ymholiadau Archwilio

Er Sicrwydd *Archwilio Cymru*

4.3iii Audit-Enquiries-Letter-2025-26 DHCW.pdf (20 pages)

4.4 Olynydd Camau Gweithredu Archwiliad

I'w Nodi *Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd*

4.4 Audit Action Log .pdf (5 pages)

4.5 Adroddiad Diweddaru Atal Twyll Lleol

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

4.5i. Adroddiad Blynyddol y Gwasanaeth Atal Twyll Lleol

4.5 Counter Fraud Progress Report.pdf (3 pages)

Egwyl - 10 munud

11:00 - 12:25
85 min

5. ADRODDIADAU LLYWODRAETHU

5.1 Adroddiad Ansawdd a Chydymffurfiaeth Rheoleiddio

I'w Nodi *Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol*

5.1 Quality Assurance Report.pdf (8 pages)

5.1i Adroddiad Ansawdd Blynyddol

I'w Chymeradwyo *Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Reoleiddiol*

5.1i Annual Quality Report (Agenda Item 5.1i)_.pdf (5 pages)

5.2 Diweddariad Cyllid a Chaffael

I'w Nodi *Cyfarwyddwr Cyllid dros dro*

5.2i. Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

I'w Nodi *Cyfarwyddwr Cyllid dros dro*

5.2i Audit Committee Report Cover Sheet - High Value Purchase Orders July 26-27 D-01.pdf (5 pages)

5.2ii. Adroddiad Cydymffurfiaeth ar Gaffael a'r Chynllun Dirprwyo

I'w Nodi *Cyfarwyddwr Cyllid dros dro*

5.2ii DHCW_Board_and_Committee_Report_Audit Committee March -May 2026.pdf (4 pages)

5.2iii. Colledion a Thaliadau Arbennig

I'w Nodi *Cyfarwyddwr Cyllid dros dro*

5.2 iv. Adolygiad o Rheolaeth a gafael Ariannol

I'w Nodi *Cyfarwyddwr Cyllid dros dro*

5.2iv Financial Grip and Control cover.pdf (5 pages)

5.2v. Amcanion Caffael Cymdeithasol Gyfrifol

I'w Chymeradwyo *Cyfarwyddwr Cyllid dros dro*

5.2v DHCW_Board_and_Committee_Report_Template_Socially_Responsible_Procurement_Objectives.pdf (6 pages)

5.3 Archwiliad Dwfn i Fframwaith Sicrwydd y Bwrdd

I'w Thrafod *Cyfarwyddwr Pobl a Datblygu Sefydliadol*

- Adolygiad Datblygu Perfformiad ac Asesu (CADP)

5.3 Board Assurance Framework Deep Dive - PADR.pdf (5 pages)

5.4 Adroddiad Risg Corfforaethol

I'w Thrafod *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

5.4 Corporate Risk Report.pdf (6 pages)

5.5 Adroddiad yr Iaith Gymraeg

I'w Chymeradwyo *Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd*

5.5i Strategaeth y Gymraeg

5.5 Adroddiad Iaith Gymraeg .pdf (6 pages)

12:25 - 12:25
0 min

6. MATERION I GLOI

6.1 Adroddiad o Uchafbwyntiau'r Pwyllgor i'r Bwrdd

I'w Thrafod *Cadeirydd*

6.2 Unrhyw Faterion Brys eraill

I'w Thrafod *Cadeirydd*

6.3 Dyddiad y cyfarfod nesaf: 6 Hydref 2026

I'w Nodi *Cadeirydd*

Pwyllgor Archwilio a Sicrwydd - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

09:30 – 12:00 | 07/04/2026 | MS Teams

Cadeirydd	Marian Wyn Jones

Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (IGDC)
Alistair Klaas Neill	AKN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru (IGDC)
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Yn Bresennol			
Julie Ash	JA	Pennaeth Ystadau a Chydymffurfiaeth	Iechyd a Gofal Digidol Cymru (IGDC)
Stephen Chaney	SC	Pennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Andrew Doughton	AD	Rheolwr Archwilio Perfformiad	Archwilio Cymru
Ifan Evans (ar gyfer eitem 4.2i)	IE	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru (IGDC)
Paul Evans	PE	Pennaeth Cydymffurfiaeth Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes	Iechyd a Gofal Digidol Cymru (IGDC)

Samantha Morgan	SM	Cyfarwyddwr Pobl a Datblygu Sefydliadol	Iechyd a Gofal Digidol Cymru (IGDC)
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru (IGDC)
Mike Whiteley	MW	Arweinydd Archwilio	Archwilio Cymru
Siân Williams	SW	Pennaeth Gwasanaethau Ariannol ac Adrodd	Iechyd a Gofal Digidol Cymru (IGDC)

Ymddiheuriadau			
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Henry Bales	HB	Arbenigwr Atal Twyll Lleol Arweiniol	Atal Twyll Caerdydd a'r Fro
Nathan Couch	NC	Arweinydd Archwilio	Archwilio Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru (IGDC)	Iechyd a Gofal Digidol Cymru	AS	Archwilio a Sicrwydd
AIA	Awdurdod Iechyd Arbennig	CBBD	Cronfa Fuddsoddi Blaenoriaethau Digidol
BAF	Fframwaith Sicrwydd y Bwrdd	PCGC	Partneriaeth Cydwasanaethau GIG Cymru
GDCC	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	PSPP	Perfformiad Talu'r Sector Cyhoeddus
DDaT	Digidol, Data a Thechnoleg	CACh	Cydraddoldeb, Amrywiaeth a Chynhwysiant

Rhif yr	Eitem	Canlyniad	Cam Gweithredu

Eitem			
1	MATERION RHAGARWEINIOL		
1.1	**Croeso a Chyflwyniadau** Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd. Rhoddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda. Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio ac y byddai'n cael ei bostio ar wefan IGDC yn dilyn y cyfarfod.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** • Laura Tolley, IGDC • Henry Bales, Gwasanaethau Gwrth-Dwyll Caerdydd a'r Fro • Nathan Couch, Archwilio Cymru	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiant** Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.	Nodwyd	Dim i'w nodi
2	AGENDA GYDSYNIO - I'W CHYMERADWYO		
2.1	Cofnodion heb eu cadarnhau o gyfarfod 20 Ionawr 2026 – Cyhoeddus a Phreifat Cryno. Gellir gwylio cyfarfod y Pwyllgor yn llawn drwy ddilyn y ddolen yn y teitl . **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** cofnodion fel cofnod cywir o'r drafodaeth a fyddai ar gael i'r cyhoedd.	Cymeradwywyd	Dim i'w nodi
2.2	**Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru** **Penderfynodd** y Pwyllgor: **NODI** Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru	Nodwyd	Dim i'w nodi
2.3	**Blaengynllun Gwaith** **Penderfynodd** y Pwyllgor: **NODI** cynnwys Blaengynllun Gwaith y Pwyllgor.	Nodwyd	Dim i'w nodi

2.4	**Adroddiad Safonau Ymddygiad** **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Safonau Ymddygiad.	Nodwyd	Dim i'w nodi
2.5	**Cofrestr Sicrwydd Deddfwriaethol** **Penderfynodd** y Pwyllgor: **NODI'R** Gofrestr Sicrwydd Deddfwriaethol	Nodwyd	Dim i'w Nodi
2.6	**Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio** **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio.	Nodwyd	Dim i'w Nodi
2.7	**Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth** **Penderfynodd** y Pwyllgor: **NODI** ar gyfer **SICRWYDD** yr Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth	Nodwyd er Sicrwydd	Dim i'w nodi
RHAN 3 – BUSNES Y CYFARFOD			
3.1	**Cofnod Gweithredu** Nododd y pwyllgor fod un cam gweithredu wedi'i gofnodi o'r cyfarfod diwethaf a bod hwn wedi'i gwblhau. **Penderfynodd** y Pwyllgor: **NODI** statws y Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
RHAN 4	ARCHWILIO AC ATAL TWYLL		
4.1	**Adroddiad Cynnydd yr Archwiliad Mewnol** Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol (SC), Partneriaeth Gwasanaethau a Rennir GIG Cymru, yr Adroddiad Cynnydd Archwilio Mewnol. • Roedd yr holl waith archwilio a gynlluniwyd ar gyfer 2025-2026 wedi'i gwblhau ar ffurf drafft. • Er y gallai Barn ddrafft y Pennaeth Archwilio Mewnol newid, roedd yn debygol o fod yn 'sicrwydd rhesymol'. • Cyflwynwyd dau newid i'r cynllun archwilio i'w	Er Sicrwydd	Dim i'w nodi

	hystyried: o Rhaglen Wybodaeth Gofal Dwys Cymru (WICIS) – roedd y sgôr sicrwydd wedi'i dileu oherwydd dibyniaethau allanol sylweddol. o Archwiliad LIMS 2.0 – wedi'i ohirio i 2026-27 (Ch3) oherwydd amseru caffael a phroblemau ymgysylltu allanol. Cefnogodd yr aelodau'r ddau newid ond gofynnwyd am sicrwydd ynghylch disodli gwaith archwilio yn y dyfodol. Cadarnhaodd y SC na fyddai unrhyw effaith andwyol ar y cynllun archwilio ar gyfer 2026/27. Esboniodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) gymhlethdod rhaglenni digidol mawr a'u cyd-fynd ag amserlenni cau rhaglenni. Nododd y Pwyllgor y cynnydd cadarnhaol a wnaed ar y cynllun Archwilio. **Penderfynodd** y Pwyllgor: **NODI'R** diweddariad Archwilio Mewnol er **SICRWYDD**.		
4.2	**Adroddiad yr Adolygiad Archwilio Mewnol** Cyflwynodd y SC ganlyniad y tri adolygiad:- **Archwiliad Cynllunio Parhad Gwasanaeth** Cafodd yr adolygiad sgôr *Sicrwydd Rhesymol*. Nodwyd bod trefniadau IGDC wedi'u datblygu'n dda ar y cyfan ac yn fwy aeddfed na'r rhai a welir mewn llawer o Sefydliadau GIG Cymru cymharol. Amlygwyd bod yr archwiliad wedi archwilio trefniadau lefel gorfforaethol, cynllunio lefel gwasanaeth, gweithgaredd profi a chydymffurfiaeth â safonau cydnabyddedig. Roedd y cryfderau allweddol a nodwyd yn cynnwys: • Cynlluniau parhad cyfredol sy'n cydymffurfio â pholisïau – roedd y cynlluniau a samplwyd yn gyfredol, wedi'u strwythuro ac wedi'u halinio â gofynion y sefydliad. • Nodwyd arfer da yn y meysydd canlynol: o Defnyddio iPassport ar gyfer cynlluniau parhad o Monitro amser real trwy Power BI o Hunanasesiad ISO 22301	Er Sicrwydd	Dim i'w nodi

- Nodwyd meysydd i'w gwella yn y meysydd canlynol:
    - Profi anghyson
    - Ansawdd amrywiol Asesiadau Effaith Busnes
    - Nifer cyfyngedig ar sesiynau hyfforddiant
    - Diffyg gwahaniaeth clir rhwng parhad ar lefel sefydliadol a lefel gwasanaeth.

Croesawodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) yr adroddiad a chadarnhaodd fod y canfyddiadau'n cyd-fynd ag asesiad IGDC ei hun o'i aeddfedrwydd. Nododd:

- Daeth IGDC yn ymatebydd Categori 1 o dan y Ddeddf Argyfyngau Sifil yn 2024, gan godi disgwyliadau'n sylweddol ynghylch parhad busnes a chydnerthedd.
- Mae Arweinydd Parhad Busnes newydd wedi'i benodi, gan ddod â dull strwythuredig a methodolegol.
- Mae camau gweithredu rheoli wedi'u hamserlennu'n dynn gyda pherchnogaeth glir a therfynau amser penodol yn hytrach na thargedau diwedd mis.
- Croesawyd yr adran 'ar yr olwg gyntaf' yn yr adroddiad archwilio a oedd yn tynnu sylw at gyflawniadau cadarnhaol.
- Pwysleisiwyd gwerth persbectif traws-system archwilio mewnol wrth nodi arfer da y gellir ei rannu ar draws GIG Cymru.

Trafododd y Pwyllgor y canlynol:

- cymhariaeth sector h.y., a oedd ymgysylltiad cyfyngedig â phrosesau parhad yn gyffredin ar draws GIG Cymru. Mae llawer o sefydliadau'n cael trafferth gyda phrofion rheolaidd oherwydd pwysau gweithredol. Roedd gweithgaredd profi IGDC yn fwy datblygedig na llawer o sefydliadau er bod angen gwelliannau o hyd.
- Gwahaniaeth rhwng parhad dan arweiniad sefydliadol a pharhad dan arweiniad gwasanaeth ac a oedd hyn yn dynodi gwendid. Nid gwendid ydoedd ond maes yr oedd angen ei ddiffinio'n gliriach. Roedd digwyddiad wedi'i drefnu ar gyfer yr wythnos nesaf (dan arweiniad Kaizen) i fynd i'r afael yn benodol â'r

diffyg gwahaniaeth hwn.

Pwysleisiodd SC fod digwyddiadau go iawn ac ymarferion prawf yn datgelu bylchau na ellir eu nodi trwy ddogfennaeth yn unig. Cyfeiriodd at ddigwyddiad parhad diweddar yn PCGC fel enghraifft o werth profion ymarferol.

Croesawodd y Pwyllgor y sgôr sicrwydd rhesymol a'r gwelliant clir a nododd bwysigrwydd ymgorffori arferion parhad yn gyson ar draws pob maes gwasanaeth, yn enwedig o ystyried rôl hanfodol IGDC wrth gefnogi seilwaith digidol GIG Cymru.

Dilyn Argymhellion Archwilio

Nodwyd bod archwiliad eleni wedi'i gynnal o dan y Safonau Archwilio Mewnol Byd-eang newydd, sy'n gofyn am ddull mwy cyson ar draws GIG Cymru ac yn dileu'r opsiwn o ddarparu sgôr sicrwydd cyffredinol ar gyfer archwiliadau dilynol.

Roedd IGDC yn gweithredu'n dda gyda llywodraethu cryf a lefelau da o gydymffurfiaeth. Canolbwyntiodd yr adolygiad ar dri maes allweddol:

- Cywirdeb ac Effeithiolrwydd yr Offeryn Olrhain Argymhellion Archwilio
- Cymeradwyo a Rheoli Estyniadau Dyddiad Cau
- Tystiolaeth yn cefnogi cau camau gweithredu

Er na chyhoeddwyd sgôr sicrwydd ffurfiol, cadarnhaodd SC fod yr adolygiad dilynol yn darparu lefel gadarnhaol o sicrwydd bod IGDC yn rheoli argymhellion archwilio yn effeithiol. Ailadroddodd fod y broses yn gweithio'n dda a bod y meysydd a nodwyd i'w gwella yn gymharol fach ac yn hawdd mynd i'r afael â nhw.

Cyllid Cynaliadwy – Cronfa Fuddsoddi Blaenoriaethau Digidol (DPIF)

Cafodd yr adolygiad sgôr Sicrwydd *Rhesymol*.

Canolbwyntiodd yr adolygiad archwilio ar y DPIF a'r trefniadau ehangach sy'n cefnogi cynaliadwyedd ariannol rhaglenni digidol IGDC. Archwiliodd yr archwiliad:-

- Sut mae dyraniadau DPIF yn cael eu cynllunio, eu monitro a'u llywodraethu.
- Cadernid rheolaethau ariannol a rheoli cyllidebau.

- Cydymffurfio â gofynion Llywodraeth Cymru.
- Y graddau y gall IGDC ddangos cyllid cynaliadwy ar gyfer rhaglenni digidol aml-flwyddyn.

Cynhaliwyd yr adolygiad yn erbyn cefndir o ansicrwydd sylweddol, gan fod Llywodraeth Cymru wedi oedi ei hadolygiad o fodel ariannu'r DPIF, gan greu heriau ar gyfer cynllunio tymor hir.

Y canfyddiadau allweddol:-

- Seiliau cryf mewn llywodraethu ariannol.
- Bylchau bach wrth gysoni gofynion y llythyr Cylch Gwaith â cherrig milltir y CTCI
- Dogfennwyd derbyniad y gyllideb, fodd bynnag, er bod rhai wedi'u cytuno dros e-bost, nid oedd gan bob canolfan gost yn y Strategaeth lythyrau cyllideb ffurfiol wedi'u llofnodi.
- Ansicrwydd yn yr amgylchedd ariannu allanol.

Croesawodd Chris Moreton, Cyfarwyddwr Cyllid Dros Dro (CM) y sgôr sicrwydd rhesymol a phwysleisiodd:-

- Mae gan IGDC ddisgyblaeth ariannol gref, gyda rheolaethau clir ac adrodd rheolaidd.
- Mae'r sefydliad wedi gwella ei afael a'i reolaeth ariannol dros y flwyddyn ddiwethaf.
- Bydd y materion bach a nodwyd yn cael eu datrys ar unwaith.
- Yr her ehangach yw ansicrwydd cyllid DPIF yn y dyfodol sy'n cyfyngu ar y gallu i gynllunio'n hyderus y tu hwnt i'r flwyddyn ariannol gyfredol.

Darparodd IE gyd-destun strategol ehangach, gan nodi:

- Mae adolygiad y DPIF yn rhan o symudiad ehangach Llywodraeth Cymru tuag at gyllido yn seiliedig ar bortffolio, a allai newid sut mae rhaglenni digidol yn cael eu blaenoriaethu a'u hariannu.
- Mae IGDC yn gweithio'n agos gyda LIC i ddarparu tystiolaeth a modelu i gefnogi'r adolygiad.
- Mae'r ansicrwydd yn cael effaith uniongyrchol ar raglenni digidol mawr, ac mae llawer ohonynt angen buddsoddiad aml-flwyddyn a chyllid sefydlog.

Mynegodd yr aelodau bryder ynghylch yr oedi hir yn adolygiad y DPIF a'r risgiau gweithredol y mae hyn yn eu creu i agenda trawsnewid digidol IGDC ond cawsant

	eu sicrhau, er gwaethaf hyn, fod IGDC yn parhau i gyflawni yn erbyn ei ymrwymiadau a chynnal llywodraethu cryf. **Penderfynodd** y Pwyllgor: **DDERBYN** y tri adolygiad archwilio er **SICRWYDD**.		
4.3	**Cynllun Gwaith Drafft Archwilio Mewnol 2026/27** Cyflwynodd SC y Cynllun Gwaith Drafft Archwilio Mewnol ar gyfer 2026/27 a ddatblygwyd gan ddefnyddio dull seiliedig ar risg a oedd yn cyd-fynd â blaenoriaethau Adran Iechyd, Gofal Iechyd a disgwyliadau Llywodraeth Cymru. Trafododd yr aelodau'r canlynol: • Croesawyd hyblygrwydd y cynllun a'r ddarpariaeth ar gyfer gwaith yn ystod y flwyddyn. • Roedd yr archwiliadau arfaethedig yn cynnwys LIMS (adolygiad gohiriedig), Ap GIG Cymru a chynllunio contract ac wrth gefn Microsoft. Cadarnhaodd SC fod capasiti wrth gefn yn bodoli ar gyfer un neu ddau adolygiad ychwanegol yn ystod y flwyddyn, ar wahân i'r archwiliad LIMS gohiriedig. **Penderfynodd** y Pwyllgor: **DDERBYN** Cynllun Gwaith Drafft Archwilio Mewnol 2026/27 i'w **DRAFOD.**	I'w Drafod	Dim i'w nodi
4.4	**Diweddariad Pwyllgor Archwilio Cymru** Rhoddodd Andrew Doughton a Mike Whiteley, Archwilio Cymru, y wybodaeth ddiweddaraf am waith archwilio ariannol a pherfformiad a chyflwynodd y Cynllun Archwilio Drafft ar gyfer 2026/27. Tynnwyd sylw at y meysydd trafod canlynol:- • Roedd gwaith cynllunio ar gyfer archwiliad ariannol 2025/26 ar y gweill, gyda ffenestr gyflawni dynn wedi'i chadarnhau. • Roedd yr adolygiad Trawsnewid Digidol wedi'i ohirio oherwydd pwysau ymgysylltu Cymru gyfan; Mynegodd yr Aelodau bryder o ystyried statws uwchgyfeirio IGDC. • Cadarnhaodd Archwilio Cymru na fyddai amseriad yr adolygiad yn effeithio ar benderfyniadau uwchgyfeirio ac y byddai canfyddiadau'n cael eu rhannu cyn gynted ag y	Er Sicrwydd	Dim i'w nodi

	byddent ar gael. • Trafodwyd cynnydd mewn ffioedd, gydag Archwilio Cymru yn amlinellu buddsoddiad mewn ansawdd a thechnoleg archwilio yn dilyn cynnydd islaw chwyddiant mewn blynyddoedd blaenorol. Ychwanegodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd (CD) mai'r cyfnod asesu ffurfiol diwethaf ar gyfer uwchgyfeirio oedd diwedd 2025 pan gynhaliwyd cyfarfod tair rhan. Penderfyniad gwybodus oedd aros ar lefel 3 o uwchgyfeirio. Mae'r Fframwaith Uwchgyfeirio wedi'i ddiweddaru ers hynny a gwnaed newidiadau gan Lywodraeth Cymru. **Penderfynodd** y Pwyllgor: **DDERBYN** Diweddariad Archwilio Cymru a Chynllun Archwilio Drafft Archwilio Cymru 2026/27 ar gyfer **SICRWYDD,**		
4.5	**Traciwr Camau Gweithredu Archwilio** Cyflwynodd CD yr Offeryn Olrhain Camau Gweithredu Archwilio. Roedd y Cofnod Camau Gweithredu Archwilio yn cynnwys cyfanswm o 47 o gamau gweithredu agored yn dilyn derbyn tri adolygiad yng nghyfarfod diwethaf y Pwyllgor. Nodwyd bod wyth o'r rhain wedi'u hystyried yn gyflawn a bod y 39 sy'n weddill ar y trywydd iawn i'w cwblhau. **Penderfynodd** y Pwyllgor: **NODI** statws y Log Camau Gweithredu Archwilio	Nodwyd	Dim i'w nodi
4.6	**Adroddiad Diweddaru Atal Twyll Lleol** Derbyniodd y Pwyllgor yr Adroddiad Diweddaru Atal Twyll Lleol ar gyfer chwarter 4. Tynnodd Steve Betty, Gwasanaethau Gwrth-Dwyll Caerdydd a'r Fro (SB), sylw at y gwaith a wnaed yn ystod y cyfnod: • Parhaodd cydymffurfiaeth â hyfforddiant gwrth-dwyll yn uchel iawn (98%) • Ni chanfuwyd unrhyw ordaliadau cyflog sylweddol. • Nodwyd cynnydd mewn atgyfeiriadau yn ymwneud â gweithio mewn mannau eraill yn	Nodwyd a Chymeradwywyd	Dim i'w nodi

	ystod oriau contract, gyda gweithgaredd wedi'i dargedu wedi'i gynllunio ar gyfer 2026/27. **Cynllun Gwaith Drafft y Gwasanaeth Atal Twyll Lleol 2026/27** Darparodd SB grynodeb o'r cynllun gwaith Gwrth-dwyll drafft sy'n cyd-fynd â phum colofn Cytundeb Ffi Amodol y GIG ac yn nodi'r adnoddau a gynlluniwyd: • 85 niwrnod o waith (50 rhagweithiol, 35 adweithiol), gydag adolygiad ar y gweill i optimeiddio'r cydbwysedd rhagweithiol/adweithiol. • Mae gweithgaredd atal yn canolbwyntio ar godi ymwybyddiaeth, manteisio ar e-ddysgu, a mewnbwn gwrth-dwyll i sefydlu staff newydd. • Mae gwaith canfod/ymateb yn cynnwys cwblhau'r parau diweddaraf o'r Fenter Dwyll Genedlaethol (dim problemau mawr i IGDC). • Heb unrhyw ymarferion rhagweithiol cenedlaethol wedi'u cynllunio ar hyn o bryd, bydd blaenoriaethau lleol yn targedu atgyfeiriadau sy'n gysylltiedig â chyflogaeth eilaidd a gweithio mewn mannau eraill yn ystod absenoldeb salwch/oriau contract, gyda chefnogaeth cyfathrebiadau ac ymchwiliadau. • Mae gan yr Adran Gwrth-Dwyll staff llawn (pedwar swyddog profiadol), ac mae hyfforddiant/achrediad ar y gweill. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Cynnydd Gwrth-dwyll a **CHYMERADWYO** Cynllun Gwaith Drafft Gwrth-dwyll Lleol 2026/27		
RHAN 5	**ADRODDIADAU LLYWODRAETHU**		
5.1	**Diwylliant Staff – Adroddiad Diweddaru Adolygiad Ymgynghorol Llesiant 2025/26** Cyflwynodd Samantha Morgan, Cyfarwyddwr Pobl a Datblygu Sefydliadol (SM), y diweddariad chwarterol yn dilyn yr Adolygiad Ymgynghorol ar Ddiwylliant a Llesiant Staff. Nododd y Pwyllgor: • Roedd cynllun gweithredu strwythuredig ar waith, gyda chamau gweithredu'n datblygu	I'w Nodi	Dim i'w nodi

ar draws pob thema argymhelliad.

- Roedd y meysydd cynnydd allweddol yn cynnwys cynllun iechyd a lles blynyddol newydd, alinio fframweithiau ymddygiadol â phrosesau gwerthuso, gwell cefnogaeth reoli ar gyfer straen a salwch a gwelliannau i ystadau.
- Gwell goruchwyliaeth ddiwylliannol drwy gynnwys trafodaethau diwylliant mewn adolygiadau Cyfarwyddiaethau.
- Gweithgarwch hyfforddi ac ymwybyddiaeth estynedig, gan gynnwys niwroamrywiaeth a chymorth cyntaf iechyd meddwl.
- Arhosodd canlyniadau arolwg staff yn gymharol gryf, er gwaethaf gostyngiad bach, o fewn cyd-destun system heriol.

Canolbwyntiodd trafodaeth y Pwyllgor ar y canlynol:

- Gofynnodd yr aelodau am eglurhad ynghylch maint y pwysau capasiti presennol o fewn Pobl a Datblygu Sefydliadol o'i gymharu â chyfnodau blaenorol. Cynghorodd SM y bydd y rhewi recriwtio presennol yn cyfyngu ar y gallu i greu capasiti ychwanegol a bydd yn golygu bod angen ail-flaenoriaethu, gan gynnwys rhoi'r gorau i weithgarwch â blaenoriaeth is ac adleoli adnoddau presennol; nododd yr aelodau oblygiadau posibl ar gyfer cyfleoedd ymgysylltu a datblygu staff, a fydd yn cael eu hadolygu'n barhaus.
- Trafododd yr aelodau hefyd y berthynas rhwng diwylliant sefydliadol, lles a chyflawniad/perfformiad, a sut mae hyn yn cael ei asesu. Cydnabuwyd, er bod cydberthynas gref ganfyddedig, fod tystiolaeth o gysylltiad achosol uniongyrchol rhwng buddsoddiad mewn lles a pherfformiad yn heriol; roedd y dangosyddion posibl y cyfeiriwyd atynt yn cynnwys gwelliant o flwyddyn i flwyddyn yng nghyflawniad y Cynllun Tymor Canolig Integredig (gan gydnabod ffactorau cyfrannol lluosog) a lefelau absenoldeb sefydlog fel dirprwy ar gyfer argaeledd y gweithlu a risg cyflawni. Cytunwyd y byddai'n ailystyried y mater tua diwedd y flwyddyn, ar ôl i'r cynlluniau gweithredu cyfredol gael eu cyflawni, er mwyn ystyried y mater yn ei gyfanrwydd fel rhan o'r adolygiad perfformiad blynyddol.

	• Trafododd yr aelodau ymhellach y cydbwysedd rhwng amcanion generig a phenodol o fewn amcanion perfformiad staff, gan nodi'r bwriad i ymestyn CACh fel amcan generig i'r holl staff, gan adeiladu ar yr amcan lefel weithredol presennol. **Penderfynodd** y Pwyllgor: **NODI'R** diweddariad ar yr Adolygiad Ymgynghorol Diwylliant Staff – Llesiant		
5.2	**Diweddariadau Cyllid a Chaffael** Rhoddodd Chris Moreton, Cyfarwyddwr Cyllid Dros Dro (CM) grynodeb byr o'r diweddariad cyllid cyn gwahodd cydweithwyr i gyflwyno uchafbwyntiau'r sleidiau:- **i. Adroddiad Archeb Prynu Gwerth Uchel a Chronnus** Adroddwyd am ddwy archeb prynu gwerth uchel ers y cyfarfod blaenorol gyda dwy eitem ychwanegol wedi'u cynnwys yn y sefyllfa gronnus. **ii. Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo** Cyflwynwyd yr uchafbwyntiau allweddol o'r Adroddiad Cydymffurfio â Chynllun Caffael a Dirprwyo: • 2 x Gweithred Tendr Sengl (STA) – Cyfanswm Gwerth o £203,865.66 heb TAW • 2 x Gweithred Dyfynbris Sengl (SQA) – Cyfanswm Gwerth o £36,320.00 heb TAW • 3 x Hysbysiad Rheoli Newid (CCN) – Cyfanswm Gwerth o £712,848.13 heb TAW Adroddwyd ar ddau achos o ddiffyg cydymffurfio ôl-weithredol â chamau cywirol a weithredwyd. **iii. Colledion a Thaliadau Arbennig** Byddai diweddariad llafar am golled yn cael ei adrodd yn y cyfarfod Preifat. **iv. Cyfrifon Ariannol Blynyddol** Cyflwynodd Sian Williams, Pennaeth Gwasanaethau Ariannol ac Adrodd (SG), y diweddariad ar y Cyfrifon Ariannol Blynyddol:- • Parhaodd paratoi cyfrifon ar y trywydd iawn, gyda chefnogaeth gwaith archwilio	Nodwyd	Dim i'w nodi

dros dro cynnar.

- Amlinellwyd y dyddiadau cau ar gyfer cyfrifon drafft ac archwiliedig ac adolygiadau arfaethedig y Pwyllgor archwilio.
- Roedd ystyriaethau technegol wedi'u nodi e.e. Microsoft a chadarnhad bod gwersi a ddysgwyd o 2024-25 wedi cael sylw.

v. Cynllun Tymor Canolig Integredig/Llythyr Cylch Gwaith ac ymateb y Swyddog Atebol.

Nododd y Pwyllgor y set derfynol o adroddiadau ariannol:-

- Sefyllfa ariannu: cynghorwyd y Pwyllgor fod dyraniad cyllid DPIF yn parhau i fod heb ei wneud ac mai dyma'r eitem fwyaf perthnasol a oedd yn effeithio ar gynllunio ariannol ymlaen llaw. Yn absenoldeb cadarnhad, ni all IGDC gadarnhau eto y bydd sefyllfa ariannol gytbwys yn cael ei chyflawni yn 2026-27. Anfonwyd llythyr Swyddog Atebol at Lywodraeth Cymru i dynnu sylw at y risg hon.
- Cytundebau Lefel Gwasanaeth (CLG): cadarnhawyd bod pob CLG bellach wedi'i lofnodi a'i gytuno ar gyfer y flwyddyn ariannol nesaf.
- Mae adolygiad gafael a rheolaeth ariannol yn cael ei gynnal ar gais Cyfarwyddwr Cyffredinol Iechyd, Gofal Cymdeithasol a'r Blynyddoedd Cynnar. Mae hyn yn cynnwys hunanasesiad o reolaethau mewnol allweddol, sy'n cwmpasu'r gweithlu, caffael a gwariant ehangach nad yw'n gysylltiedig â chyflog.
- Yn unol â gofynion y llythyr cylch gwaith (gan gynnwys y rhewi recriwtio), bydd Adolygiad Sylfaenol yn cael ei gwblhau. Mae cylch gorchwyl wedi'i ddrafftio ar gyfer cytundeb y Tîm Gweithredol, a chaiff ei gwblhau yn Ch1 y flwyddyn ariannol newydd.

Amlygwyd mai dyma'r flwyddyn gyntaf i bob CLG gael ei lofnodi a'i gytuno cyn dechrau'r flwyddyn ariannol newydd, gan adlewyrchu dysgu o flynyddoedd blaenorol a gwaith sylweddol gan y timau Cyllid a Gweithrediadau.

	Penderfynodd y Pwyllgor: **NODI** er **SICRWYDD** y Diweddariad Cyllid a Chaffael		
5.3	**Fframwaith Sicrwydd y Bwrdd – Ymchwiliad Dwfn i'r Ddeddf Gaffael** Rhoddodd Rachel Stirrup, Rheolwr Contractau – Gwasanaethau Masnachol (RS) gyflwyniad i'r Pwyllgor ar y Ddeddf Gaffael (sydd mewn grym o 24 Chwefror 2025) ac ymateb IGDC i'w gweithredu. Roedd y cyflwyniad yn adeiladu ar waith Datblygu'r Bwrdd cynharach ac yn ymdrin â'r canlynol: • Amcanion y Ddeddf: gwerth am arian (bellach yn cael ei asesu drwy'r 'tendr mwyaf manteisiol'), sicrhau'r budd mwyaf posibl i'r cyhoedd (gan gynnwys gwerth cymdeithasol); mwy o dryloywder ar draws cylch bywyd llawn y cyswllt a gweithredu/cael eich gweld yn gweithredu gydag uniondeb. • Newidiadau allweddol mewn gweithdrefnau caffael a rheoli contractau. Fframwaith caffael symlach. • Mae gofynion tryloywder ac adrodd wedi cynyddu'n sylweddol, gan greu baich gweinyddol ychwanegol. Mae IGDC wedi gweithredu system rheoli contractau newydd i helpu i olrhain a chyflawni rhwymedigaethau hysbysu/cyhoeddi. • Hyfforddiant/ymgysylltu: Mae tîm y Gwasanaethau Masnachol wedi ymgymryd â hyfforddiant sylweddol ac wedi bod yn codi ymwybyddiaeth sefydliadol. Trafododd y Pwyllgor y cyflwyniad, a nodwyd, er bod gofynion gweinyddol wedi cynyddu, nad yw'r manteision llawn wedi'u gwireddu eto. Disgwylir i fanteision ddod yn gliriach unwaith y bydd contract >£5m wedi'i ddyfarnu a bod adrodd ar berfformiad ar waith. **Penderfynodd** y Pwyllgor: **NODI'R** Ymchwiliad Dwfn i'r Ddeddf Caffael	Nodwyd	Dim i'w nodi
5.4	**Y Gofrestr Risg Gorfforaethol** Rhoddodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, ddiweddariad ar y Gofrestr Risg Gorfforaethol:	Trafodwyd	Dim i'w nodi

	Mae o 15 risgiau ar y Gofrestr Risg Gorfforaethol, a neilltuwyd tair risg i'r Pwyllgor: • DHCW0331- Cyllid Adnoddau Cyfnod Penodol. Cadarnhaodd SM fod estyniadau i gontractau tymor penodol yn cael eu hystyried fesul achos yn dilyn craffu; roedd cymorth adleoli ar waith. • DHCW0337 - Gwasanaethau Digidol Cynaliadwy a Model Ariannu Datblygu. • IGDC0351 - Newidiadau yn y dirwedd wleidyddol yng Nghymru Ers y Pwyllgor diwethaf, roedd risg gweithredu'r Adolygiad Llywodraethu Data a Thechnoleg Digidol wedi'i thynnu o'r gofrestr risg, gan adlewyrchu bod yr is-grwpiau o dan y Bwrdd Arweinyddiaeth a'r Bwrdd Cyflawni wedi'u sefydlu. Crynhodd CD y gofynion risg allweddol o'r llythyr cylch gwaith: Rhaid i IGDC ddiffinio a chyfleu goddefgarwch risg rhaglenni, gyda ffiniau penodol ar risg dderbyniol. Cynigiodd y dylai'r Pwyllgor Cyflwyno Rhaglenni Digidol asesu pob rhaglen a neilltuo ei goddefgarwch risg (y cyfarfod nesaf ym mis Mai). Nododd CD fod rhai amcanion yn rhai system-gyfan ac awgrymodd alinio'r gwaith hwn â'r drafodaeth arfaethedig gydag Archwilio Cymru i egluro beth sydd o fewn a thu allan i reolaeth IGDC. Pwysleisiwyd hefyd yr angen i gyfleu'r cyfeiriad i'r system ehangach a Llywodraeth Cymru, a bod risgiau traws-sefydliadol strategol yn gofyn am gydweithio trawslywodraethol a dylid trafod hyn gyda Llywodraeth Cymru. Penderfynodd y Pwyllgor: DRAFOD y Gofrestr Risg Gorfforaethol		
5.5	Safonau'r Gymraeg Rhoddodd CD ddiweddariad ar gydymffurfiaeth â Safonau'r Iaith Gymraeg yn dilyn derbyn yr Hysbysiad Cydymffurfio: Nododd y Pwyllgor: • Roedd yr amserlen weithredu yn amrywio o fis Medi 2026 i fis Mawrth 2027. • Ar hyn o bryd, roedd sgiliau iaith Gymraeg y gweithlu yn 54% o'i gymharu â tharged o 60%. • Datblygu Strategaeth Iaith Gymraeg newydd	Nodwyd	Dim i'w nodi

	gyffredinol i ddisodli'r Strategaeth Sgiliau Dwyieithog. • Risgiau a nodwyd yn ymwneud â llai o gyllid a chapasiti gwasanaeth ar gyfer y Gymraeg. Mae'r gostyngiad yng nghyllid y Gymraeg yn peri risg sylweddol. • Mae amrywiaeth o gyrsiau am ddim ar gael ar gyfer pob lefel. **Penderfynodd** y Pwyllgor: **NODI** adroddiad Safonau'r Gymraeg.		
RHAN 6	**MATERION I GLOI**		
6.1	**Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd** Bydd y Cadeirydd yn gweithio gyda Llywodraethu Corfforaethol. • Materion a phwyntiau allweddol a drafodwyd.	Trafodwyd	Dim i'w nodi
6.2	**Unrhyw Faterion Brys eraill** Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
6.3	**Dyddiad ac Amser y Cyfarfod Nesaf:** • 14 Gorffennaf 2026	Nodwyd	Dim i'w nodi

Pwyllgor Archwilio a Sicrwydd – PREIFAT - CRYNODEB

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

12:15 – 13:00 | 07/04/2026 | MS Teams

Cadeirydd	Marian Wyn Jones

Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (IGDC)
Alistair Klaas Neill	AKN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru (IGDC)
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Presennol			
Stephen Chaney	StC	Pennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Andrew Doughton	AD	Arweinydd Archwilio	Archwilio Cymru
Mark Edwards	ME	Prif Swyddog Diogelwch Gwybodaeth	Iechyd a Gofal Digidol Cymru (IGDC)
Kathryn Frith	KF	Pennaeth Gwasanaethau Pobl	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Moreton	CM	Cyfarwyddwr Cyllid Dros Dro	Iechyd a Gofal Digidol Cymru (IGDC)
Samantha Morgan	SM	Cyfarwyddwr Pobl a Datblygu Sefydliadol	Iechyd a Gofal Digidol Cymru (IGDC)
Julie Robinson	JR	Cydlynydd Llywodraethu	Iechyd a Gofal Digidol

		Corfforaethol	Cymru (IGDC)
Mike Whiteley	MW	Arweinydd Archwilio	Archwilio Cymru
David Tomalin	DT	Arweinydd Archwilio	Archwilio Cymru
Siân Williams	SW	Pennaeth Gwasanaethau Ariannol ac Adrodd	Iechyd a Gofal Digidol Cymru (IGDC)

Ymddiheuriadau			
Martyn Lewis	ML	Archwilydd TG Mewnol	PCGC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)

Acronymau			
Iechyd a Gofal Digidol Cymru (IGDC)	Iechyd a Gofal Digidol Cymru	AS	Archwilio a Sicrwydd
AIA	Awdurdod Iechyd Arbennig	NFI	Menter Dwyll Genedlaethol
BAF	Fframwaith Sicrwydd y Bwrdd	PCGC	Partneriaeth Cydwasanaethau GIG Cymru
CRU	Uned Seibergadernid		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	Croeso a Chyflwyniadau Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd preifat. Rhoddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.	Nodwyd	Dim i'w nodi

1.2	**Ymddiheuriadau am Absenoldeb** Cafwyd ymddiheuriadau gan: Laura Tolley Martyn Lewis	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiant** Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO			
2.1	**Cofnodion Preifat heb eu cadarnhau o'r cyfarfod blaenorol ar 20 Ionawr 2026** **Penderfynodd** y Pwyllgor: **GYMERADWYO'R** cofnodion fel cofnod cywir o drafodaeth.	Cymerad wywyd	Dim i'w Nodi
2.2	**Cofnod Gweithredu** Nododd y Pwyllgor nad oedd unrhyw gamau gweithredu wedi'u nodi o'r cyfarfod diwethaf. **Penderfynodd** y Pwyllgor: **NODI** statws y Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
RHAN 3	ARCHWILIO A RISG LLYWODRAETHU		
3.1	**Adolygiadau archwilio mewnol** **Proses Recriwtio – diweddariad llafar** Rhoddodd Stephen Chaney, Pennaeth Dros Dro Archwilio Mewnol (SC), ddiweddariad llafar ar y Dilyniant ar Archwiliad o Brosesau Recriwtio:- • Roedd yr holl waith maes archwilio wedi'i gwblhau ac adroddiad drafft wedi'i baratoi, fodd bynnag, roedd y sgôr sicrwydd cyffredinol yn parhau i gael ei ystyried. Ar y cyfan, disgrifiwyd y sefyllfa fel un â chydbwysedd manwl rhwng sicrwydd rhesymol a sicrwydd cyfyngedig. Disgwylid cyflwyno'r adroddiad terfynol i'r Pwyllgor ym mis Gorffennaf 2026 gyda'r opsiwn o'i ddosbarthu ymlaen llaw os oes angen. Trafododd yr aelodau'r canlynol: • Nodwyd y gwelliant a gyflawnwyd a chydnabuwyd ymatebolrwydd y timau Pobl a Datblygu Sefydliadol yn ystod yr	Nodwyd	Dim i'w nodi

	archwiliad. **Seiberddiogelwch** Rhoddodd SC drosolwg o'r adolygiad. Gan dynnu sylw at y canlynol:- • Rhoddodd yr archwiliad sgôr sicrwydd rhesymol. **Penderfynodd** y Pwyllgor: **NODI'R** ddau adolygiad archwilio ar gyfer **SICRWYDD**		
3.2	**Argymhellion ar gyfer Trin TAW 0365** Cyflwynodd Chris Moreton, Cyfarwyddwr Cyllid Dros Dro (CM) adroddiad ar yr Argymhellion ar gyfer Trin TAW Microsoft 0365. Nododd y Pwyllgor fod y mater wedi cael ei drafod yn fanwl mewn dau gyfarfod blaenorol o Fwrdd yr AIA. **Penderfynodd** y Pwyllgor: **NODI'R** Argymhellion ar gyfer Trin TAW Microsoft 0365.	Nodwyd	Dim i'w nodi
3.3	**Colledion a Thaliad Arbennig am Log Microsoft** Nododd y Pwyllgor fod cymeradwyaeth wedi'i derbyn gan Lywodraeth Cymru ar gyfer y Golled a'r Taliad Arbennig. **Penderfynodd** y Pwyllgor: **NODI'R** Colledion a'r Taliad Arbennig am Log Microsoft ar gyfer **SICRWYDD**	I'w Nodi	Dim i'w nodi
3.4	**Taliad Diswyddo** Cadarnhaodd Sian Williams, Pennaeth Cyfrifeg Ariannol (GC), fod y broses briodol wedi'i dilyn ar gyfer y taliad diswyddo a'i fod wedi'i ystyried yn llawn gan y Pwyllgor Tâl a Thelerau Gwasanaeth. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Taliad Diswyddo	I'w Nodi	Dim i'w nodi
RHAN 4	MATERION I GLOI		

4.1	**Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd** Byddai'r eitemau oedd i dynnu sylw'r Bwrdd atynt yn cael eu trafod y tu allan i'r cyfarfod oherwydd cyfyngiadau amser.	Trafodwyd	Dim i'w nodi
4.2	**Unrhyw Faterion Brys eraill** Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
4.3	**Dyddiad ac Amser y Cyfarfod Nesaf:** • 14 Gorffennaf 2026	Nodwyd	Dim i'w nodi

Pwyllgor Archwilio a Sicrwydd – Cyfarfod Arbennig

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

09:00 – 09:30 | 24/06/2026 | MS Teams

Cadeirydd	Marian Wyn Jones

Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (IGDC)
Alistair Klaas Neill	AKN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru (IGDC)
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Presennol			
Stephen Chaney	StC	Pennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes	Iechyd a Gofal Digidol Cymru (IGDC)
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru (IGDC)
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
David Tomalin	DT	Arweinydd Archwilio Ariannol	Archwilio Cymru

Mike Whiteley	MW	Rheolwr Archwilio	Archwilio Cymru
Sian Williams	SW	Pennaeth Gwasanaethau Ariannol ac Adrodd	Iechyd a Gofal Digidol Cymru (IGDC)

Ymddiheuriadau
Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.

Acronymau			
Iechyd a Gofal Digidol Cymru (IGDC)	Iechyd a Gofal Digidol Cymru	AS	Archwilio a Sicrwydd
AIA	Awdurdod Iechyd Arbennig	CBBD	Cronfa Fuddsoddi Blaenoriaethau Digidol
BAF	Fframwaith Sicrwydd y Bwrdd	PCGC	Partneriaeth Cydwasanaethau GIG Cymru
GDCC	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	PSPP	Perfformiad Talu'r Sector Cyhoeddus

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	**Croeso a Chyflwyniadau** Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau absenoldeb** Ni chafwyd unrhyw ymddiheuriadau am absenoldeb.	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiant**	Nodwyd	Dim i'w nodi

	Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.		
2	CYFRIFON ARCHWILIEDIG A'R ADRODDIAD BLYNYDDOL		
2.1	**Cyfrifon Ariannol Blynyddol 2025-26 (wedi'u cynnwys yn eitem 2.3) a Llythyr Cynrychiolaeth** Cyflwynodd Chris Moreton, Cyfarwyddwr Cyllid Dros Dro (CM) y cyfrifon, gan nodi cyfnod gweithredol heriol ond perfformiad tîm cryf. Cyflwynodd Sian Williams, Pennaeth Gwasanaethau Ariannol ac Adrodd (SG), y cyfrifon wedi'u harchwilio a'r prif ganlyniadau ariannol: • Disgwylir barn archwilio ddiamod (yn amodol ar lythyr cynrychiolaeth wedi'i lofnodi) • Cyfrifon i'w cyflwyno i Lywodraeth Cymru ar 26 Mehefin 2026. • Cyflawnodd y sefydliad ddyletswyddau ariannol. • Tanwariant refeniw: £0.241m, tanwariant cyfalaf: £0.95m. • Addasiadau bach wedi'u gwneud, dim camddatganiadau perthnasol. Cydnabu'r Pwyllgor y berthynas waith gref ag Archwilio Cymru i alluogi'r broses i weithio'n esmwyth. **Penderfynodd** y Pwyllgor: **GYDNABOD** i'r Bwrdd y Cyfrifon Blynyddol 2025/26 a **CHYMERADWYO** Llythyr Cynrychiolaeth ar gyfer IGDC i'w lofnodi gan y Prif Weithredwr a'r Cadeirydd.	Cymerad wywyd	Dim i'w nodi
2.2	**Adroddiad Archwiliad Cyfrifon** Cyflwynodd Mike Whiteley, Archwilio Cymru (MC) Adroddiad Archwiliad Cyfrifon Archwilio Cymru a darparodd y canfyddiadau allweddol canlynol: • Barn archwilio ddiamod (lân) wedi'i chynllunio. • Ni nodwyd unrhyw faterion, gwendidau na chamddatganiadau sylweddol heb eu cywiro.	Nodwyd	Dim i'w nodi

	• Addasiadau lleiaf heb unrhyw effaith sylweddol. • Ymgysylltiad a chydweithrediad archwilio cadarnhaol gan IGDC. Roedd ystyriaethau yn y dyfodol yn cynnwys y mater TAW a'r statws uwchgyfeirio i barhau i fod yn ffocws archwilio yn y dyfodol. Canmolodd y Pwyllgor berfformiad y tîm cyllid a chryfder a gwydnwch rheolaeth ariannol. **Penderfynodd** y Pwyllgor: **NODI'R** Adroddiad Archwilio Cyfrifon *(a elwid gynt yn ISA260)*		
2.3	**Adroddiad Blynyddol IGDC 2025-26 (gan gynnwys Adroddiad Atebolrwydd, Adroddiad Perfformiad a Datganiadau Ariannol)** Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd (CD), a Laura Tolley, Pennaeth Llywodraethu Corfforaethol/Dirprwy Ysgrifennydd y Bwrdd (LT) yr adroddiad blynyddol ar gyfer 2025-2026, gan dynnu sylw at yr adroddiad perfformiad, yr adroddiad atebolrwydd, a'r datganiadau ariannol. Nodwyd y pwyntiau allweddol canlynol: • Mae'r adroddiad yn adlewyrchu blwyddyn heriol ond llwyddiannus i IGDC. • Wedi'i ddatblygu drwy ymgysylltu ailadroddus â Llywodraeth Cymru, Archwilio Cymru ac Archwilio Mewnol. • Fe'i cynhyrchwyd ar ffurf PDF, yn unol â'r Llawlyfr ar gyfer Cyfrifon - Canllawiau Pennod 3 a fersiwn HTML ddigidol ychwanegol er mwyn hygyrchedd. • Byddai'r adroddiad yn cael ei gyflwyno i Lywodraeth Cymru yn fuan. • Roedd y Cyfarfod Cyffredinol Blynyddol wedi'i drefnu ar gyfer 30 Gorffennaf 2026. **Barn y Pennaeth Archwilio Mewnol:** Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol PCGC (SC), farn derfynol y pennaeth	Wedi'i gymeradwyo a'i nodi	Dim i'w nodi

	archwilio mewnol, gan roi sicrwydd rhesymol ar y fframwaith llywodraethu, rheoli risg a rheolaeth. Mae rhai meysydd angen sylw rheolwyr, ond mae'r risg gyffredinol yn isel i gymedrol. **Penderfynodd** y Pwyllgor: **GYMERADWYO** Adroddiad Blynyddol IGDC 2025-26 (gan gynnwys Adroddiad Atebolrwydd, Adroddiad Perfformiad a Datganiadau Ariannol) **DERBYN** A **NODI** Barn Pennaeth Archwilio Mewnol ar gyfer **SICRWYDD**.		
RHAN 3	MATERION I GLOI		
3.1	**Unrhyw Faterion Brys eraill** Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
3.2	**Dyddiad ac Amser y Cyfarfod Nesaf:** • 14 Gorffennaf 2026	Nodwyd	Dim i'w nodi

ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of Meeting	19 March 2026

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 her activities since the meeting held on 22 January 2026. This included attendance at Chairs' meetings in January and February, with detailed discussion at the February meeting on the Welsh Risk Pool and its associated financial challenges. She also reported progress on the Governance and Accountability Review, attendance at Welsh Risk Pool meetings, and her contribution to Welsh Government work to develop a procedure for the performance management, removal and suspension of non-officer members across NHS Wales, drawing on her HR expertise. Additional activity included attendance at the NWSSP Audit Committee with Velindre, engagement with Welsh Government, Velindre and NWSSP on the Review Implementation Group, one-to-one meetings with the Chief Executive, and participation in the NWSSP Health and Wellbeing Conference, where she spoke on resilience. Forthcoming commitments were outlined, including further Chairs' and governance meetings and a joint session with Chairs, Chief Executives and the Director General.

Chair reflected on her 4.5-year tenure and thanked the Committee, Vice Chair, Senior Leadership Group and colleagues for their support and constructive challenge. She highlighted a number of key achievements and NWSSP's contribution during and beyond the COVID-19 pandemic, confirmed her intention to continue supporting NHS Wales in a different capacity, and expressed confidence in NWSSP's future. Committee Members formally recorded their thanks, noting the Chair's leadership, partnership working and the positive culture established during her tenure.

The Committee **NOTED** the Chair's Report.

Chair's Action – Ratification of All Wales e-Rostering Solution - The Committee **RATIFIED** the Chair's Urgent Action taken between meetings to approve the expansion of the All Wales e-Rostering contract to include Cardiff and Vale University Health Board medical and dental staff. It was confirmed that the action was taken in line with the Scheme of Delegation, that all necessary approvals had been secured, and that appropriate governance processes had been followed. For assurance, it was noted that Velindre Trust Board approval had also been sought and would be ratified via Chair's Action at the Trust Board meeting on 26 March 2026, and that a further paper would address the on-boarding of additional Health Boards.

Managing Director Update - The Managing Director presented a comprehensive update on key developments across NWSSP since the previous meeting. This included progress on the Governance and Accountability Review, with the Implementation Group meeting regularly and the review confirming the governance framework as fundamentally sound, with recommendations in hand to strengthen assurance. An update was provided on the Welsh Risk Pool, noting that the £49m Welsh Government support for 2025–26 is non-recurrent, creating future financial pressure. Work is underway to strengthen forecasting, data quality, transparency and mitigation, alongside a renewed focus on prevention, clinical learning and reducing patient harm as the root cause of risk. Committee Members emphasised the need for clearer response planning, improved intermediate-level intelligence and stronger system learning, with assurance provided on actions underway to address these issues.

Updates were also provided on the implementation of the Resident Doctor contract, highlighting complexity and risk, with a comprehensive update and future deep dive scheduled; workforce streamlining and supply challenges, including data gaps and funding constraints, with coordinated oversight in place; recent senior leadership appointments for the Medical Director and the Director of Pharmacy Technical Services; emerging work on the future hosting of NHS Employers; and accommodation challenges linked to the TrAMS programme, with a proposal submitted to Welsh Government.

The overarching report provided the Committee with updates across a range of service areas, including Transforming Access to Medicines (TrAMs), Radiopharmacy and the Hub Programme; the NHS Wales Influenza Vaccination Programme; a Procurement Services overview (including the potential impact of the Middle Eastern conflict and issues relating to Hi-Fatigue G bone cement); Primary Care Services and the Medical Examiner Service (including the Workforce Intelligence System and misdirected mail); Laundry Services; decarbonisation and adaptation activity; accommodation; engagement and leadership activity; and awards and recognition.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Items for Approval

Chair's Recruitment - The Committee **APPROVED** the recruitment arrangements for the appointment of the next NWSSP Chair by the SSPC, informed by the Governance and Accountability Review and ongoing engagement with Welsh Government, and Velindre as host. It was noted that further discussions had resulted in a revised and proportionate approach that aligns with a public appointment process, whilst remaining deliverable within the required timescales. The Committee agreed to proceed with Option 3, including the proposed composition of the appointment panel, the establishment of a stakeholder panel, and the progression of a minor amendment to the SSPC Standing Orders in collaboration with Velindre colleagues. It was confirmed that the recommendation of the appointment panel would return to the full Committee, for discussion.

All Wales e-Rostering System - The Committee **APPROVED** the award relating to the expansion of the All Wales e-Rostering contract to include Medical and Dental staff and to novate current local Medical and Dental contracts for Betsi Cadwaladr, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay University Health Boards. It was noted that other NHS organisations may join the arrangements at a future point in time, requiring a Change Control Notice. Assurance was provided that the expansion aligns with the implementation of the Resident Doctor contract, is anticipated within the original procurement, complies with contractual and governance requirements, presenting no financial risk to NWSSP or Velindre, with corresponding approval to be sought from the

Velindre Trust Board.

Oversight Arrangements for NHS Wales Energy Procurement and Contract Management - The Committee **APPROVED** the revised Terms of Reference for the Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG), following a review requested by the Committee to ensure proportionate and effective oversight. Assurance was provided that the arrangements are streamlined, reflect mature procurement and contract management processes, retain flexibility to respond to market volatility, and that arrangements had been supported by Directors of Finance.

Overarching Service Level Agreement (SLA) for 2026–27 - The Committee **APPROVED** the annual update to the overarching SLA for 206-27, noting that it had been reviewed by NWSSP Legal and Risk Services and that no fundamental changes were proposed. Assurance was provided that amendments were limited to clarification and incremental improvements, and that the SLA had been uplifted by 1.1% in line with the unequivocal pass-through expectation set by Welsh Government, reflecting ongoing engagement with Service Leads throughout the year, alongside end-of-year clarification.

All Wales Laundry Services Service Level Agreement (SLA) for 2026–27 - The Committee considered **APPROVED** revised All Wales Laundry Services SLA, noting that it provides the operational framework and performance metrics for the service. Assurance was provided that the document had been developed through stakeholder consultation, remains broadly consistent with the previous SLA, includes targeted amendments to improve clarity and alignment with standards, and had received positive feedback from customers.

Provision of Radiopharmaceutical Products Service Level Agreement (SLA)for 2026–29 - The Committee **APPROVED** the SLA for the provision of radiopharmaceutical products from NWSSP Pharmacy. Assurance was provided that the SLA had been developed through extensive stakeholder engagement and multi-stage review, sets out service scope, quality, performance and pricing arrangements, and supports readiness for service go-live in summer 2026, including transition arrangements with Swansea Bay University Health Board.

Items for Noting and Discussion

NWSSP Integrated Medium-Term Plan (IMTP) 2026–2029 – Financial Position Update - The Committee received the update to the financial position underpinning the NWSSP IMTP, relating to the underlying £0.744m deficit arising from unfunded employer national insurance costs had now been fully mitigated through the identification of recurrent savings. Assurance was provided that the IMTP has been updated to reflect a balanced position, with no other changes from those previously agreed, and remains on track for submission in line with planning deadlines. Opportunities to further support NHS Wales through an opportunities pipeline will be developed and brought back as part of the 2026–27 work plan. The Committee **NOTED** the amendments and continued to **ENDORSE** submission of the IMTP to Welsh Government.

Future NHS Workforce Solution Briefing - The Committee received an update on progress with the Future NHS Workforce Solution, noting confirmation of early adopter status for NWSSP alongside DHCW, Hywel Dda and HEIW, intended to ensure strong Welsh influence over system design. Committee Members noted ongoing risks and challenges associated with data quality, system design and delivery, and the scale of change involved. Assurance was provided that governance, reporting and escalation arrangements are in place, with continued engagement at national level and further detailed updates

scheduled. The Committee **NOTED** the progress made and **ENDORSED** the early adopter status for NWSSP.

Transforming Access to Medicines Services (TrAMS) Programme and Service Management Board Update - The Committee **NOTED** the update provided, noting the six-month review of the Programme Board Terms of Reference and confirmation that full representative membership from across NHS Wales is now in place. It was noted that no further changes are planned at this stage, with the next review aligned to the phased opening of the South-East Radiopharmacy and the establishment of a Service Management Board to oversee delivery and performance.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as break-even at the end of February 2026, with the full-year forecast also at break-even following agreed distributions of £6m and the offsetting of the National Insurance savings. Capital expenditure remains within the approved allocation and agreed with Welsh Government, with minor in-year profile adjustments for Radiopharmacy and TrAMS schemes. An update on the Welsh Risk Pool confirmed the forecast position at £194.5m, requiring the full £49m Welsh Government allocation, with the risks at the upper end of the range not yet having materialised. The focus was now on year-end closure and review of the position for 2026–27.

People and Organisational Development (POD) Report – The Committee noted the latest workforce position as at February 2026. The report confirmed staff turnover remains slightly above the NHS Wales average, with further analysis underway, sickness absence remains stable, and progress continues across wellbeing, inclusion, leadership development and employee experience initiatives.

Performance Information Report – The Committee noted strong performance against agreed KPIs from October 2025 to January 2026, with two indicators below target and appropriate explanations and improvement actions in place. Committee Members welcomed the positive performance position while challenging whether current targets remain sufficiently ambitious, with assurance provided that this will be reviewed to ensure measures continue to drive improvement and value.

Outcome Measures Report – The Committee noted the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value, continuing to demonstrate NWSSP's value and impact. Strong performance across customer satisfaction, workforce engagement, professional influence and decarbonisation was reported. Committee Members noted enhancements to reporting and confirmed that outcome measures will continue to evolve, including greater benchmarking and trend analysis in future reports.

Transformation Management Office (TMO) Update Report – The Committee noted the update on the breadth of programme activity underway within the TMO. Oversight of a portfolio of 20 live initiatives was reported and generally positive delivery status across major programmes. Improvements in project RAG status were noted, alongside the addition of new projects. Committee Members reiterated the need to ensure delivery pace and challenge remain appropriate given the consistently positive position.

Integrated Medium-Term Plan (IMTP) Quarter 3 of 2025–26 Update - The Committee noted the latest progress update for quarter 3 of 2025-26, providing assurance on delivery of the plan and the effectiveness of quarterly monitoring arrangements. Most

objectives remain on track, with a small number at risk due to capacity or external factors. Committee Members highlighted the need for greater pace in specific areas, including Scan4Safety, with further benchmarking and costing work underway to inform future planning. **NWSSP Corporate Risk Register** – The Committee noted the latest update with the current risk profile, including six red-rated risks relating to cyber security, pharmaceutical supply, TrAMS and Radiopharmacy delivery, financial and workforce pressures, the Future Workforce Solution and Welsh Risk Pool forecasting. It was noted that several risks are stable or reducing, due to management actions, with one new risk escalated relating to Resident Doctor terms and conditions. The Committee **DISCUSSED** and **NOTED** the above Reports.
Items for Information
The Committee received the following items for information: • Finance Monitoring Returns (Months 9, 10 and 11) • Personal Protective Equipment (PPE) Report • NWSSP Audit Committee Assurance Report from 10 February 2026 • SSPC Forward Plan 2026-27
Part B - Private
The Committee **APPROVED** the proposals for Future Workforce Solution Charges, Linen Products and Microsoft Enterprise Agreement.
Matters requiring Board/Committee level consideration and/or approval
The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Date of Next Meeting	Thursday 14 May 2026, 10.00am to 12.00pm

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Eitem ar yr Agenda: Agenda Item:	2.3

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Julie Robinson, Corporate Governance & Risk Coordinator
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs/Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	July 2026	Approved

Laura Tolley, Head of Corporate Governance/Deputy Board Secretary	July 2026	Reviewed

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / 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 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The Forward Workplan has been updated to include the following items to be presented at the 14 July 2026 meeting:

Item	Executive Lead
Action log	Director of Corporate Affairs/Board Secretary
Annual Quality Report	Executive Director of Strategy
Audit & Assurance Committee Update	Audit Wales
Audit Recommendations Tracker	Director of Corporate Affairs/Board Secretary
Audit Wales Review Reports (as relevant)	Audit Wales
Board Assurance Dashboard - Deep Dive	Director of Corporate Affairs/Board Secretary
Committee Highlight Report to SHA Board	Chair
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Decarbonisation and Estates Compliance Report	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Document Approval Report	Executive Director of Strategy
Finance & Procurement update (inc Losses and Special Payments)	Executive Director of Finance
Financial Grip and Control review	Interim Head of Internal Audit
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Local Counter Fraud Annual Report	Head of Local Counter Fraud
Local Counter Fraud Annual Self Review	Head of Local Counter Fraud
Local Counter Fraud Update	Head of Local Counter Fraud
Minutes	Chair
NWSSP Assurance Report	Executive Director of Finance
NWSSP Head of Internal Audit Opinion and Annual Report 25/26	Head of Internal Audit
NWSSP Internal Audit Progress Report	Head of Internal Audit
NWSSP Internal Audit Review Reports	Head of Internal Audit
Procurements & Scheme of Delegation Report	Executive Director of Finance
Quality and Regulatory Compliance	Executive Director of Strategy
Recruitment Processes - update	Director of People & OD
Standards of Behaviour Report	Director of Corporate Affairs/Board Secretary
Welsh Health Circular Report	Director of Corporate Affairs/Board Secretary
Welsh Language Annual Report	Director of Corporate Affairs/Board Secretary
Welsh Language Report	Director of Corporate Affairs/Board Secretary

4.2 Additional items identified for the 06 October 2026 meeting are:

Item
Accountability Framework
Action log
Audit & Assurance Committee Update
Audit Recommendations Tracker
Audit Wales Review Reports (as relevant)
Board Assurance Dashboard - Deep Dive
Commercial and Social Value Strategy
Committee Highlight Report to SHA Board
Corporate Risk register
Corporate Risk register - Private Risks
Corporate Risk Trending Analysis
Decarbonisation and Estates Compliance Report
Declarations of interest
DHCW Escalation Update
Document Approval Report
Finance & Procurement update (inc Losses and Special Payments)
Forward Work Programme
Legislative Assurance Register
Local Counter Fraud Update
Management of Physical Assets
Minutes
NWSSP Assurance Report
NWSSP Internal Audit Progress Report
NWSSP Internal Audit Review Reports
Procurement Act Update
Procurements & Scheme of Delegation Report
Quality and Regulatory Compliance
Quality Framework
Recruitment Processes - update
Staff Culture & Wellbeing review. An action plan with clear timelines to be brought back to the January Committee.
Standards of Behaviour Report
Welsh Language 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.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
STANDARDS OF BEHAVIOUR REPORT

Eitem ar yr Agenda: Agenda Item:	2.4

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Laura Tolley, Deputy Board Secretary | Head of Corporate Governance
Cyflwynwyd gan: Presented By:	Laura Tolley, Deputy Board Secretary | Head of Corporate Governance

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Standards of Behaviour Report.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	July 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SoB	Standards of Behaviour	DoI	Declarations of Interest

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with the requirements of the DHCW's Standing Orders and Standards of Behaviour Policy, a report is required to be received by the Audit & Assurance Committee as a standing agenda item, which details the Declarations of Interest, Gifts, Honoraria, Hospitality and Sponsorship activities.

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.

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, DHCW Board members are required to complete an annual declaration of interest form.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 As of 30/06/2026, 90% of band 8a and above declarations of interest have been received and captured on the Declarations of Interest Register. In addition, 41% of staff banded 2-7 have also been received and captured on the register.

4.2 In line with the SOB Policy requirement, 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 yet been submitted.

4.3 The Committee are asked to note the Gifts, Hospitality, Honoraria and Sponsorship Register and note since the last meeting there have been one declaration submitted.

Nature of Declaration	Accepted	Declined	Grand Total	Value accepted	Value of declined
Gifts	£450	0	£450	£450	£
Honorarium	0	0	0	0	0
Hospitality	0	0	0	0	0
Sponsorship	0	0	0	0	0
Grand Total	£450	£0	£450	£450	£0

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

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 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
WELSH HEALTH CIRCULARS COMPLIANCE UPDATE REPORT

Eitem ar yr Agenda: Agenda Item:	2.5

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Julie Robinson, Corporate Governance & Risk Coordinator
Cyflwynwyd gan: Presented By:	Laura Tolley, Head of Corporate Governance/Deputy Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the updated provided and take ASSURANCE on the process for recording and monitoring the organisation's compliance with Welsh Health Circulars.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Laura Tolley, Deputy Board Secretary/Head of Corporate Governance	July 2026	Reviewed

Chris Darling, Director of Corporate Affairs/Board Secretary	July 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	WHC	Welsh Health Circular
MD	Ministerial Directives		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The purpose of this report is to provide an update to the Audit and Assurance Committee on the organisation's compliance with Welsh Health Circulars (WHCs) and Ministerial Directives (MD) that are issued by Welsh Government.

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

3.3 A monthly progress report is presented at the Weekly Executive Directors meeting for information, monitoring and assurance purposes.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The WHC Register details the WHC's received in the period 01 January 2026 and 30 June 2026. These have been reported to Weekly Executive Directors and Management Board. There were no Ministerial Directives received during this period.

4.2 With the exception of one WHC, requiring further detail before being closed, all WHCs are completed and have been signed off by the Executive Leads.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to

NOTE the updated provided and take ASSURANCE on the process for recording and monitoring the organisation's compliance with Welsh Health Circulars.

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
ESTATES & COMPLIANCE REPORT

Eitem ar yr Agenda: Agenda Item:	2.6

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Julie Ash, Head of Estates and Compliance
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted partner and a high performing, inclusive organisation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Measures are in place at all sites to ensure the environments are safe
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Compliance with legislation and lease arrangements
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Proposals relating to estate changes will be costed and ongoing savings identified as part of the DHCW Savings Plan
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Any changes to the estate with impact for staff will be subject to consultation
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs/Board	23 June 2026	Approved

Secretary		
Audit and Assurance Committee	14 July 2026	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SLA	Service Level Agreement	NHS	National Health Service
NWSSP-SES	NHS Wales Shared Services Partnership Specialist Estates Services	EFPMS	Estates and Facilities Performance Management System
EPID	Estates Performance Intelligence Dashboard	CHP	Combined Heat and Power

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Digital Health and Care Wales (DHCW) have 4 leased offices across Wales and have a presence at two other sites under Service Level Agreement (SLA) arrangements. We have a three year Estates Plan for 2025-28 which is published. Our leased sites are:

- Ty Glan-yr-Afon, Cardiff
- Bocam Park, Pencoed
- Media Point, Mold
- Technium 2, Swansea

Sites occupied under SLA (re-charge arrangements) are:

- National Imaging Academy, Pencoed (Cwm Taf Morgannwg University Health Board)
- Cwmbran House, Pontypool (Velindre University NHS Trust)

3.2 This report provides an update on estates and sustainability within Digital Health and Care Wales and includes the following:

- Estates Development Update (including rationalisation)
- Estates & Facilities Performance Management System (EFPMS) Return for 2025/26
- DHCW Estates and Compliance Report for May 2026

3.3 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum. DHCW are also active members on other All Wales forums focused on Climate Change, such as Transport & Procurement Project Board, the Approach to Healthcare Project Board, the Buildings, Estates, Land Use and Property Project Board, the Welsh Health Estates Forum and other sub-groups within this structure.

3.4 The annual emissions return is due every year at the beginning of September. Work is ongoing to complete this detailed return which will be shared with this Committee at a future meeting.

3.5 Estates and Facilities Performance Management System (EFPMS) Returns are completed on an annual basis.

3.6 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:

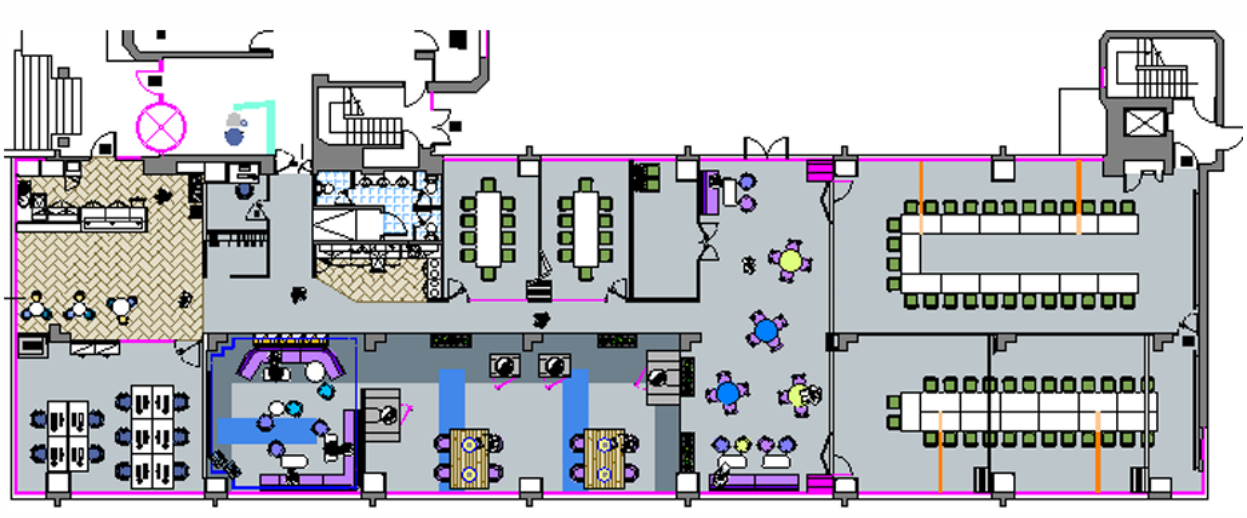
- Estates Development Group
- Decarbonisation and Energy Working Group
- Environmental Awareness Group
- Safety, Health and Environmental (SHE) Group
- Water Safety Group

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Estates Development

4.1 The development of a Discovery Zone on the Ground Floor of the building to provide a collaborative space with facilities for Conferencing, User Centered Design and Digital Inclusion is complete with snagging and building control sign off progressed in June 2026. This is a really exciting development, and work has been ongoing in the background to set up a suitable robust support model via a Focus Group comprising of staff from within the Corporate Administration and Estates and Compliance Teams. We opened the new facility for internal use in June 2026, with plans to open fully in July 2026.

4.2 The floor plan is as follows:



The Conferencing Facilities can cater for up to 206 people (Theatre Style) with other layouts available:

4.3 Work has included the installation of additional toilet facilities and an additional fire escape which were needed for health and safety purposes to optimise the facility. We have also installed a hearing loop in the Conferencing Area.

4.4 In Technium 2, we have reduced the number of units occupied from 5 to 2 and retained the Madoc Room. A Project Team was established to manage this work, which included some changes to be made under Licence to provide an additional smaller meeting room. DHCW have worked with NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP-SES) to secure a new 5 year lease for the reduced space (from 1 April 2026) which completed on 5 June 2026.

Estates and Facilities Performance Management Return (EFPMS) 2025/26

4.5 DHCW's third annual submission of EFPMS data for 2025-26 is attached following approval by Executive Directors at their meeting on 3 June 2026, prior to on-line submission by the Core Data deadline of 16 June 2025. As in previous years, good support and advice was provided by NHS Shared Services Partnership Specialist Estates Services.

4.6 There has also been invaluable support from our Finance colleagues enabling the

Estates and Compliance team to complete the organisational financial profile associated with the Estate.

4.7 Reporting at site level requires data in the following categories (some of which are not applicable to DHCW):

Size	Quality
Estate Maintenance	CHP (Combined Heat and Power)
Energy (including Renewable)	Environmental
Water	Waste
Car Parking	Cleanliness
Food Services	Laundry and Linen
Security Services	Portering Services

4.8 On 24 April 2026, DHCW received SESN 26/07 informing us that we now have access to the Estates Performance Intelligence Dashboard (EPID), developed as an enhancement to the Estates and Facilities Performance Management System (EFPMS). EFPMS, governed by NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES), provides a structured approach to the collection, validation, analysis and reporting of estates data across NHS Wales and supports both organisational and national decision-making. The EPID builds on the existing EFPMS dataset and provides an enhanced analytical tool to support benchmarking, assurance and performance improvement activities across NHS Wales. The dashboard enables a consolidated all-Wales view of estates and facilities performance, supports validation and interrogation of submitted data, and facilitates comparative analysis across organisations and sites. It will also support discussions with Health Boards, Trusts and Special Health Authorities regarding performance, risk and improvement opportunities, and strengthen the evidence base for national reporting and Welsh Government advice.

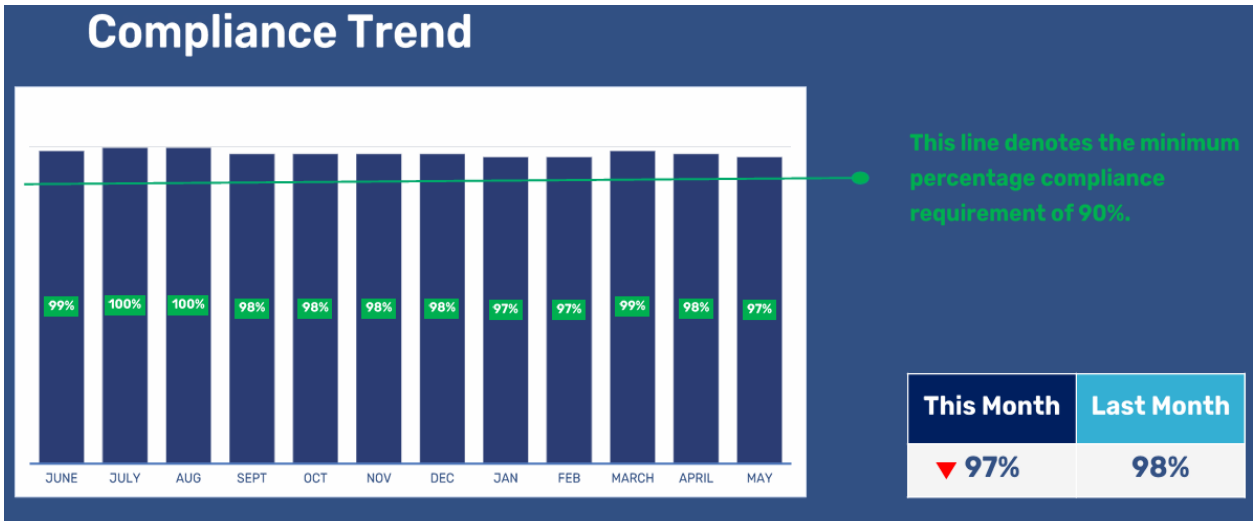
4.9 The return is positive following the same profile as the 2024-25 submission, with one area (physical condition) improving following Estates Development work in 2025-26. Once the 2025–26 data is available within the Estates Performance Intelligence Dashboard (EPID), it will enable benchmarking against other organisations to identify potential areas for improvement.

Compliance

4.10 The latest Estates and Compliance Report for May 2026 is attached. DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014.

ISO 14001 EMS Assurance Rating	Substantial Assurance / Good Control

4.11 Overall compliance of plant systems and equipment is at 97%, significantly above the target of 90%.



4.12 Internal Planned Preventative Maintenance (PPM) remains at 100%, well ahead of target and reflects the focus being given to this area:

Tŷ Glan-Yr-Afon		% Complete
Total Inspections	56	100%
Total Complete	56	

DHCW		% Complete
Total Inspections	189	100%
Total Complete	189	

Media Point		% Complete
Total Inspections	52	100%
Total Complete	52	

Technium 2		% Complete
Total Inspections	38	100%
Total Complete	38	

Bocam		% Complete
Total Inspections	43	100%
Total Complete	43	

This Month	Last Month
100%	100%

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 We will be monitoring use and experience of the Ground Floor of Ty Glan-yr-Afon which will provide a collaborative space with facilities for Conferencing, User Centered Design and Digital Inclusion.

5.2 DHCW will continue to explore opportunities for shared occupation to optimise use of the NHS Wales Estate. This will include monitoring utilisation of our Estate using our enhanced booking application.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
CONSULTATION AND DOCUMENT APPROVAL REPORT

Eitem ar yr Agenda: Agenda Item:	2.7

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Emma Frost, Quality Assurance Officer
Cyflwynwyd gan: Presented By:	Alex Lawrence, QMS Manager

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	The Committee is being asked to
REVIEW and APPROVE the submitted key documents.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services for patients and public
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Controlled documents underpin a quality approach to Organisational management.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Some Policies outline legal requirements which public bodies are required to adhere to.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Controlled documents have roles and responsibilities outlined within them.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Executive Leads	As noted per key document	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance and Safety Committee	A&A	Audit & Assurance Committee
POL	Policy	POD	People and Organisational Development
AW	All Wales	APD	Applications Design
COMMS	Communications		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 DHCW maintains a range of key documents that support the effective governance and operation of the organisation. These documents define roles, responsibilities, and requirements to ensure compliance with relevant legislation, accreditation standards, and regulatory obligations.

3.2 The following documents have been approved by their Executive Sponsor, internal two-week consultation and approval at Management Board:

Type	Document ID	Title	Executive Sponsor	Consultation Dates	Management Board Date	Assigned Committee	Committee Date
Policy	DHCW-POL-11	DHCW Counter Fraud, Bribery and Corruption (CFCB) Policy	Chris Moreton	23rd Feb '26 – 8th March '26.	12.03.2026	A&A	14.07.2026
Policy	DHCW-POL-40	Smoke / Vape Free Policy	Sam Morgan	22nd Apr '26 – 6th May '26	06.05.2026	A&A	14.07.2026
Strategy	DHCW-STR-3	Welsh Language Strategy	Chris Darling	27th May '26 – 9th June '26	18.06.2026	A&A	14.07.2026

3.3 All documents are shared with the Audit and Assurance Committee for discussion / review as part of the formal consultation process.

3.4 All documents are required to be approved by the assigned committee (per document).

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
REVIEW and APPROVE the submitted key documents.	

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type	Item Type	Path
20251007-A01	07/10/2025	Staff Culture & Wellbeing review. An action plan with clear timelines to be brought back to the January Committee.	Samantha Morgan (DHCW - People & OD)	16/12/2025	Action plan to come back to Oct Committee and has been added to the FWP - will be discussed n private session with audit review.	Underway			Public	Item	sites/DHC_CG/Lists/Audit Action Log

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
INTERNAL AUDIT PROGRESS REPORT
NWSSP AUDIT AND ASSURANCE

Eitem ar yr Agenda: Agenda Item:	4.1

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Stephen Chaney, Head of Internal Audit
Cyflwynwyd gan: Presented By:	Stephen Chaney, Head of Internal Audit

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Internal Audit Progress Report.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
N/A		

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This document sets out a summary of the progress of the Internal Audit Plan for 2025/26 for Digital Health and Care Wales (DHCW).

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The report details the final assurance rating and a summary of recommendation priorities for the internal audit reports:

- Recruitment Process (limited assurance), with two high and five medium priority recommendations raised.
- Welsh Intensive Care Information Programme (advisory), with one high and three medium priority recommendations raised.

4.2 This report also sets out the status of the 2026/27 Internal Audit Plan, which includes three audits that are work in progress and four audits at planning stage.

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5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no matters for escalation to the Committee, other than referenced above.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
INTERNAL AUDIT REPORT
NWSSP AUDIT AND ASSURANCE SERVICES

Eitem ar yr Agenda: Agenda Item:	4.2

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Stephen Chaney, Head of Internal Audit
Cyflwynwyd gan: Presented By:	Stephen Chaney, Head of Internal Audit

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE the internal review for ASSURANCE and NOTING.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
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YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
N/A		

Acronymau Acronyms			
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3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The following reports are included:

Welsh Intensive Care Information Programme (advisory)

We raised one high and three medium priority findings.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 A summary of the key findings is provided below:

Welsh Intensive Care Information Programme (advisory)

The review concluded that DHCW has made progress in strengthening the Welsh Intensive Care Information System (WICIS) programme—implementing governance improvements, addressing many recommendations from an independent review, and developing a clearer path forward—but significant risks and challenges remain, including limited health board engagement, funding uncertainty, and other delayed decisions.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE the internal review for **ASSURANCE** and **NOTING**	

Archwilio Cymru
Audit Wales

Digital Transformation

Digital Health and Care Wales

July 2026

About us

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.

If you need any help with this document

If you would like more information, or you need any of our publications in an alternative format or language, please:

- call us on 029 2032 0500
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You can use English or Welsh when you get in touch with us – we will respond to you in the language you use.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Audit Wales follows the international performance audit standards issued by the International Organisation of Supreme Audit Institutions (INTOSAI).

Contents

Audit snapshot

What we looked at

1 We looked at how Digital Health and Care Wales' (DHCW) approach to internal digital transformation is supporting service improvement. By this, we mean how it uses digital, data, and technology to improve its own services and operations. This included the organisation's approach to strategy, leadership and skills development. We also considered how it manages risks around digital infrastructure, cyber resilience, and Artificial Intelligence (AI).

2 Although this review focuses on DHCW's internal operations, some topics are connected to its broader national digital responsibilities. We plan to review national leadership of digital services and programme delivery separately later this year.

Why this is important

3 Digital technology is a key enabler to many of the aims of A Healthier Wales. That plan says that new technologies and digital approaches will be an important part of the future whole system approach to health and care.

4 However, achieving digital transformation is challenging. It requires investment, the right infrastructure, and staff engagement and training. Systems need to communicate with one another and organisations must manage ever-growing risks around cyber resilience.

5 Digital transformation isn't just about technology, it's about culture and leadership. The boards of NHS bodies have a key role in approving and owning the organisation's digital strategy. Boards also need assurance that digital transformation is being managed safely and effectively, and that investment is securing the intended benefits.

What we have found

6 DHCW leads digital work for NHS Wales, focusing on national systems and programmes. However, its Organisational Strategy gives less attention to its own internal digital needs. Its Integrated Medium-Term Plan (IMTP) offers more detail on internal improvements but does not clearly explain expected benefits or outcomes.

7 The Board receives regular reports, but these mostly cover national programmes. Oversight of internal digital transformation is weaker. This means the Board cannot track progress, costs, and benefits closely. As a result, it has less confidence that internal investments provide value.

8 DHCW supports work on cyber security and emerging technologies such as AI. However, reporting focuses mainly on NHS Wales-wide risks, with less attention on DHCW's own infrastructure and cyber risks. As a result, it is harder to identify and manage internal risks.

9 DHCW plans to strengthen the digital skills of its workforce, but its approach is still developing. It has made progress in assessing workforce capability, but this has been slower than planned. As a result, DHCW still does not fully understand or address all key skills gaps, which may affect its ability to deliver digital transformation effectively.

10 Financial uncertainty makes internal digital transformation harder. Most funding is short-term and focused on national systems, which reduces flexibility for internal investment. Financial reports do not clearly separate internal and national spending, limiting transparency and assurance.

What we recommend

11 We have made 6 recommendations to DHCW which focus on:

- Clarifying internal digital priorities, including measures, milestones, ownership, and outcomes.
- Developing a comprehensive, costed plan for internal digital transformation.
- Strengthening digital workforce capability.
- Clarifying long-term funding and affordability for internal digital transformation alongside national commitments.
- Strengthening accountability following programme closure to ensure improvements are sustained.
- Strengthening the evaluation of benefits and value-for-money.

Key facts and figures

- Only 34 DHCW staff have completed the Health Education and Improvement Wales interactive self-evaluation tool as part of the Digital Capability Framework.

- Between November 2025 and January 2026, 22 cyber incidents were reported, five of which affected DHCW. This included one serious incident in January 2026, which had to be reported under NIS Regulations.

- An Internal Audit review of DHCW's cyber security arrangements in February 2026 gave an overall reasonable assurance rating.

- In 2025, DHCW self-assessed at level 4 of the Health Information and Management Systems Society (HIMSS) Infrastructure and Adoption Model (INFRAM), indicating established and consistently managed digital infrastructure.

Our findings

Strategy, planning, and leadership

DHCW provides good strategic leadership but needs clearer plans for its own digital transformation. It also needs a more effective way to track progress and benefits.

Digital strategy and plans

12 DHCW does not have its own digital transformation strategy. Its Organisational Strategy 2024-40 says the organisation needs simpler ways of working, better governance, modern technology, and stronger digital skills. But it gives little detail about internal digital priorities or gaps. The strategy does not explain DHCW's digital maturity level, because it completed the HIMSS INFRAM self-assessment in 2025. It assessed itself at Level 4[1].

13 DHCW's IMTP 2025-28 gives more information about its internal approach to digital delivery through the Building Our Future Programme (see **paragraphs 48, 49, and 50**). The programme closed in late 2025. It aimed to introduce a new operating model, redesign skills, improve digital products, and use more AI. Despite this, DHCW should explain benefits and aims more clearly in the IMTP and give specific details of internal digital transformation.

[1] HIMSS INFRAM level 4 means the organisation manages through agreed processes, controls and governance arrangements.

Board ownership of digital transformation

14 DHCW's Board shows strong ownership of its Organisational Strategy, IMTP, and internal digital transformation. It has good processes for developing these that involve staff, partners, and stakeholders.

15 DHCW uses board development sessions to cover digital transformation. To date, sessions have covered the Building Our Futures Programme and the organisation's new Artificial Intelligence Strategy. The sessions have also helped Board members understand DHCW's product operating model. This model is about developing and supporting digital products, not traditional programme-based teams.

16 DHCW attends the All-Wales Directors of Digital and the Independent Board Member Digital Network meetings. These meetings support learning and good practice and allow DHCW to be involved in national digital discussions. This helps shape DHCW's digital plans and gives the Board more context for oversight and challenge.

Roles, responsibilities, and accountability

17 DHCW has committed leaders who drive digital improvements and change. Board members have both public and private sector experience. The Board reviews its skills to make sure it has the right knowledge to do its job. DHCW shares responsibility for digital across a number of director roles.

18 DHCW has systems to oversee digital transformation, but they could be stronger. The Board receives regular updates about the Organisational Strategy, IMTP delivery, and the Building Our Futures Programme. These reports explain what work is happening and how it fits DHCW's priorities. But they give little detail on how well things are delivered or if benefits are achieved.

Identifying and managing risks

DHCW understands national digital risks, but lacks clear oversight of all internal risks. Gaps remain in reporting, planning, and assurance for its own digital operations.

Strategic digital risks

19 DHCW's Board Assurance Framework (BAF) mainly focuses on high-level, outward-facing risks linked to the Organisational Strategy and IMTP. As a result, it gives less attention to the risks of delivering internal digital transformation, although it does mention the Building Our Future Programme.

20 The Board can see the main risks and actions, but reports focus on activity rather than showing if those actions actually reduce risk. Clearer internal plans and better reporting on the impact of actions would help the Board oversee and manage internal digital transformation risks more effectively.

Digital infrastructure risks

21 The Organisational Strategy and IMTP mainly focus on digital infrastructure for NHS Wales. This means the BAF and Corporate Risk Register pay less attention to risks in DHCW's own internal infrastructure. Because of this, DHCW lacks a clear view of the main gaps in its internal digital infrastructure and a clear plan to fix them. Officers run a rolling programme to replace outdated systems and update digital infrastructure, such as the Cloud transformation programme and the redevelopment of the Integration Service. However, they do not regularly report consolidated progress to the relevant committee.

Cyber resilience

22 DHCW supports NHS Wales by hosting Welsh Government's Cyber Resilience Unit and helping organisations across Wales improve cyber resilience. Alongside its national role, DHCW also manages its own cyber risks.

23 DHCW has used the Cyber Assessment Framework (CAF) to audit its cyber security arrangements. The first audit in October 2023 looked at 24 of the 39 CAF objectives. DHCW fully met 19, partly met 2, and did not meet 3 objectives. The audit found gaps in supply chain cyber risk management and incident response. DHCW completed more audits in June and August 2025 to cover the remaining objectives. It has not reported those results yet. DHCW plans a full re-audit in August 2026.

24 Cyber reports to the Digital Governance and Safety Committee cover routine cyber issues. They show that DHCW reports internal and external incidents well, but cyber incidents remain an ongoing challenge. Between November 2025 and January 2026, DHCW reported 22 cyber incidents, with five directly affecting it. One serious incident temporarily disrupted access to a national system, and DHCW promptly reported this under the Network and Information Systems Regulations. Follow-up reports show that DHCW is taking action.

25 The cyber reports also highlight other risks and issues that need ongoing attention. These include control of system access, and how well systems can recover if problems occur. The reports show cyber activity clearly and provide some assurance. However, they do not explain the impact of incidents or how well controls are working. Recent reports show DHCW's increased focus on NHS Wales cyber risks, reflecting its intent to raise national awareness of these. However, this broader perspective has led to reduced visibility of DHCW's own infrastructure and cyber risks in these reports.

26 DHCW has a clear structure for cyber security. The Chief Information Security Officer leads the team, supported by a Head of Cyber Security, a Cyber Assurance Lead, and a Cyber Compliance Lead. We have not reviewed staffing levels, but recent reports suggest increasing pressure on cyber security staff.

27 An Internal Audit review of DHCW's cyber security arrangements in February 2026 gave a reasonable assurance rating. It found that DHCW has clear leadership and arrangements in place to manage cyber risks, with regular reporting and ongoing improvement work. However, it also highlighted rising cyber risks and said checks on some suppliers need to improve.

Artificial intelligence

28 DHCW recognises the potential of AI to improve health and care. If used well, it could support better decision-making, save time, and reduce pressure on staff. However, DHCW recognises that achieving these benefits depends on managing key risks. These include patient safety, data protection, fairness, transparency, and system integration.

29 The Board approved DHCW's AI Strategy in March 2026. The strategy sets out how DHCW plans to support the safe and responsible use of AI across NHS Wales. It also explains DHCW's role in helping NHS bodies as they adopt AI.

30 The strategy is supported by an implementation plan and a three-year roadmap. However, it does not clearly set out how DHCW could use AI to improve its own internal processes or make better use of staff time. Also, it does not set out clear actions, measures of success, and required resources. Without this, it will be harder to track progress and show value.

31 While AI can bring benefits, it can also create new digital risks. DHCW already uses some low-risk AI tools internally to support everyday work and improve staff productivity. As AI use is likely to grow, DHCW needs to ensure its Corporate Risk Register covers these risks.

Digital skills

DHCW aims to strengthen skills and retain staff, but slow progress in delivering its plan could limit how well it supports digital transformation.

Assessing digital skills

32 DHCW has used the All-Wales Digital Capability Framework. Only 34 staff have completed it to date. This is likely because it focuses on basic IT skills and does not cover the advanced digital skills its staff need.

33 DHCW is introducing a new framework for digital and data staff, based on the UK Government Digital and Data Capability Framework. Progress has been made, with about 85% of the workforce assessment complete. But this has taken longer than planned. Other work, including a workshop with Heads of Profession in April 2026, has helped identify important skills, and a plan to address key gaps was approved in June 2026. However, DHCW still does not fully understand all of its digital skills needs, and it cannot yet show that its approach is supporting digital transformation. A fuller picture is expected by September 2026.

Developing digital skills

34 DHCW is committed to building a digitally skilled workforce. Its former People and Organisational Development Strategy highlighted the need for staff to have the right skills to support digital change. The current strategy provides more detail on how it plans to achieve this. This includes supporting continuous learning, developing specialist digital and data skills, and reviewing digital skills levels.

35 DHCW plans to address these issues and support leaders to manage digital change. Its 2026-27 Remit Letter from Welsh Government also calls for improved workforce planning, including assessing and developing staff skills. The key challenge though is turning these plans into action and ensuring effective Board oversight of delivery.

36 DHCW finds it hard to find and keep staff with digital skills because of strong competition, especially from the private sector. Short-term funding leads to more temporary jobs and higher staff turnover. This makes the workforce less stable and makes it harder for DHCW to maintain digital change.

37 The People and Organisational Development Strategy tries to solve these problems by focusing on keeping skilled staff, helping staff grow, and planning the workforce better. But this work is just starting. Workforce pressures may keep growing if progress does not match the organisation's growth.

Collaboration and involvement

DHCW involves staff effectively in digital transformation. It is also is taking appropriate action to reduce digital exclusion and build stronger partnerships.

Staff involvement

38 DHCW has effective and structured ways to involve staff in its internal digital transformation. Through the Building Our Future Programme, staff played an active role in shaping the new operating model and ways of working. The programme also aimed to help staff adapt through training in quality improvement, agile working, and digital skills, alongside using ‘champions’ to support culture change.

Reducing digital exclusion

39 DHCW is committed to reducing digital exclusion. It is accredited under the Digital Inclusion Charter and has appointed a Digital Inclusion Manager to lead this work. Both its Organisational Strategy and IMTP recognise that some people find it hard to use digital services and set out plans to support them. The IMTP sets out practical actions to reduce digital exclusion. These include designing services around users’ needs and working with patients and the public.

40 DHCW has also developed a separate Digital Inclusion Action Plan. It has clear priorities, actions, and timescales. It also sets out how progress will be overseen and reported. However, measures to assess whether digital exclusion is reducing are still being developed.

41 DHCW has started training staff on digital inclusion and accessibility and is developing toolkits and guidance to help teams design more inclusive digital services. It is working with partners on practical solutions. For example, it is collaborating with GP clusters and community groups to support use of the NHS Wales App. It is also working with libraries and voluntary organisations to support people who struggle to access digital services.

Partnership working

42 DHCW generally works well with its key partners. An independent review by Atos in April 2024 found that day-to-day working is often effective, but some partners felt they were not always involved early enough in projects and programmes. It also found that DHCW does not always fully understand the pressures they face.

43 Our 2025 Review of Stakeholder Engagement Arrangements found that DHCW generally works well with stakeholders and has used feedback to improve some national digital programmes. However, this approach is not applied consistently across all programmes. Our review also found that staff involved in engagement are under pressure and do not always record, share, or use feedback to support decision-making.

44 DHCW developed a stakeholder action plan in response to the Atos review, combining 75 actions. 44 are DHCW-led actions focused on improving its own engagement, communication and working. A Board update in November 2025 showed that it had completed 70% of DHCW-owned actions, with many actions ahead of planned milestone delivery dates. Despite these improvements, it still faces major challenges in working with key partners in delivering national digital programmes.

Using digital developments to support service transformation

DHCW's national delivery focus limits attention on internal transformation. Combined with uncertain funding and delivery challenges, this reduces confidence in the impact and value achieved.

Investment in digital transformation

45 Investing in digital transformation is an important part of DHCW's role and plans. The IMTP outlines its plans to invest in national digital systems and infrastructure across Wales. However, financial pressures and uncertainty about future funding make it harder for DHCW to deliver these improvements with confidence.

46 Much of the funding for national digital programmes is short-term and comes from the Digital Priorities Investment Fund. DHCW also receives core annual funding to support its other delivery activities. However, the Organisational Strategy, IMTP, and routine finance reports do not clearly show how much funding is allocated or spent on DHCW's own internal digital improvements. As a result, the Board lacks a clear view of internal investment, affordability, and value for money.

47 At the same time, DHCW's expenditure on digital services has increased, largely reflecting the ongoing cost of maintaining national systems. A significant proportion of revenue funding is therefore committed to staffing, suppliers, and cloud services, which reduces flexibility to invest in its own internal systems and working methods.

Local digital transformation

48 A key part of DHCW's internal digital transformation is moving to a product operating model. This is meant to help the organisation deliver digital services in a more consistent and sustainable way. This work became part of the Building Our Futures Programme in 2024. The programme set out clear aims. These included improving digital skills, modernising digital systems, developing a single digital learning platform, making more use of AI, and delivering better value. While the overall direction was clear, there was little detail at the start about timelines, key milestones, or how success would be measured. This made it hard to know when results would be achieved or how progress would be judged.

49 Our Structured Assessment reports from 2023 to 2025 show slow progress. In 2023, work started slowly but there was no set completion date. In 2024, progress remained slow because of lack of resources, staff pressures, and the scale of the changes needed. By 2025, progress had improved, but major risks remained. The direction was clear, but improvement was gradual. DHCW provided little assurance about how quickly outcomes would happen or what effect they would have.

50 The Building Our Futures Programme closed in late 2025. The Board agreed it met its main aims. It delivered improvements like a Digital Learning Portal, updated job profiles, AI changes, more agile working, a User-Centred Design Team, and a single entry point for data requests. But some work was still ongoing. It was not clear who should finish the work or how to track long-term benefits. As a result, more work is needed to embed changes and make sure the benefits last.

Delivering national digital systems

51 DHCW's Organisational Strategy and IMTP are well aligned with national policy and support a 'Once for Wales' approach to digital delivery. This means focusing on shared digital systems for the whole NHS in Wales, rather than separate systems for each organisation. The aim is to use common standards and provide national solutions where they add value.

52 DHCW delivers a wide range of national digital services that support day-to-day healthcare across Wales. It is also responsible for supporting an ambitious range of national digital programmes. Some of these programmes are progressing well, but others are facing significant challenges. As of February 2026, many programmes were behind schedule or facing difficulties, including:

- The Laboratory Information Management System, which is delayed and costing more than planned (originally estimated at over £42 million in 2018).
- The Radiology Informatics System procurement, which is also behind schedule (a programme running from 2019 to 2025, originally estimated at over £60 million).
- The NHS Wales App programme, which has been delayed due to uncertain funding and reliance on external systems.
- The Welsh Intensive Care Information System, where development was paused while a decision was made on whether to continue.

53 These challenges put pressure on DHCW in terms of managing rising costs and changing delivery timescales. They also place additional demands on health boards, which need to commit staff time to help test and implement these systems locally.

54 Ongoing delays and changes can affect working relationships, especially when programmes take longer than expected or change frequently. This can delay or reduce benefits. It may also affect confidence in DHCW's ability to deliver large national digital programmes. We plan to explore the causes of these issues in more detail as part of a national digital review starting later this year.

Evaluating digital solutions

55 DHCW has arrangements in place to evaluate both national and internal systems. Its Technical Design Authority (TDA) sets the principles and standards for developing new systems, and while its Assurance Group (TDAG) reviews designs against these requirements. However, we did not see clear evidence of how this is applied or reported in practice for internal developments, which limits visibility and assurance. DHCW also tests systems with staff, patients and service users to check they are easy to use, and the National Target Architecture sets out how systems should work together and be updated safely. These arrangements work best at programme and product level, where delivery, risks, and usability are regularly reviewed. However, long-term benefits are not measured as well for internal work.

56 This issue can be seen in the closure of the Building Our Futures Programme. The programme introduced important structures and frameworks, including a value-based benefits model. However, work to show benefits was still ongoing when the programme ended. The programme closed before long-term benefits were shown. As a result, evidence of overall impact is limited.

Recommendations

57 We have made 6 recommendations to address the key issues in this report.

R1 DHCW should develop clear measures, milestones, and expected outcomes for internal digital transformation programme and projects. (**Paragraph 13**)

R2 DHCW should develop a comprehensive, costed plan for improving its internal digital infrastructure, setting out priorities, milestones, timescales, and dependencies separately from national delivery commitments. (**Paragraph 21**)

R3 DHCW should strengthen its approach to assessing and developing digital skills by:

R3.1 Demonstrating how its digital and data skills frameworks are actively used to identify skills gaps and improve workforce capability. (**Paragraphs 32 and 33**)

R3.2 Ensuring the Board receives clear, regular reporting on delivery, risks and early impact of digital skills priorities. (**Paragraphs 34 and 35)**

R4 DHCW should clearly set out how future internal digital transformation will be funded, including how investment will be prioritised alongside national digital commitments and managed within existing financial constraints. (**Paragraph 46**)

R5 Following programme closure, DHCW should define clear accountability, milestones, and timescales for completing the remaining internal digital developments from the Building Our Futures Programme. (**Paragraph 50**)

R6 DHCW should strengthen evaluation of internal digital developments / programmes by assessing benefits, costs, and value for money, and reporting this to the appropriate committee. (**Paragraph 57**)

Appendices

1 About our work

Scope of the audit

The goal of this audit is to find out if DHCW is using digital technology to support service modernisation and efficiency. This included the approach to strategy, leadership and skills development for digital transformation, and how risks around digital infrastructure, cyber resilience and artificial intelligence are being managed.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does DHCW have a well-led and appropriately resourced approach to digital transformation?
- Is DHCW developing the digital skills, capacity, and capability of its workforce?
- Does DHCW have a clear plan for managing its cyber resilience arrangements and digital infrastructure and how they will need to change to support its digital transformation ambitions?
- Does DHCW engage effectively with staff, partners, patients / service users to deliver its digital transformation ambitions and minimise digital exclusion risks?
- Is DHCW actively utilising new digital technology and data solutions to enhance the accessibility, quality, efficiency, and productivity of its services?

Criteria

Our audit questions were shaped by:

- External reference input from the Welsh Government, all-Wales NHS Directors of Digital, and Digital Health & Care Wales.
- Relevant Welsh Government strategies and plans.

- Relevant NHS Digital Transformation review reports completed by the National Audit Office and House of Commons Health and Social Care Committee.
- NHS England Department of Health & Social Care: A plan for digital health and social care policy paper.
- NHS England Transformation Directorate: What good looks like framework.

Methods

We asked DHCW to:

- Complete a self-assessment to help us understand how the organisation is undertaking digital transformation.
- Give us facts and figures about its spending on digital technology, staff digital skills, cyber resilience, and how it involves people in digital transformation.

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Annual Reports. Board and Committee Forward Work Plans, Project Plans, Evidence for Welsh Government Accountability meeting.
- Key strategies and plans, including the Organisational Strategy 2024-30, IMTP 2025-28, People and Organisational Development Strategy 2022-25 and 2026-30, AI Strategy 2026-29.
- Key risk management documents, including the Board Assurance Framework and Corporate Risk Register.

We interviewed the following key stakeholders:

- Interim Vice Chair
- Chief Executive Officer
- Executive Director of Digital Strategy
- Executive Director of Operations
- Executive Medical Director/Chief Clinical Information Officer Wales
- Director of Primary, Community Care and Mental Health Digital Services

We observed Board meetings as well as meetings of the following committees:

- Programme Delivery Committee
- Digital Governance and Safety Committee
- SHA Board

2 Key terms in this report

Term	Description
Integrated Medium Term Plan	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to the Welsh Government for approval.
Building Our Futures Programme	The Building Our Futures Programme is DHCW's organisation-wide change programme. It is structured around five projects, each with clear aims and intended outcomes, such as improving digital skills, modernising systems and delivering better value.
Health Information and Management Systems Society (HIMSS)	The Healthcare Information and Management Systems Society (HIMSS) is a global non-profit organisation dedicated to improving health through the best use of information technology and management systems
Mozaic	Mozaic are an independent consultancy that support organisations to assess and improve strategy, delivery and operations.
Board Assurance Framework	A Board Assurance Framework (BAF) in the NHS is a structured, strategic tool used by boards to monitor risks that threaten the achievement of corporate objectives.

Term	Description
Corporate Risk Register	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
Cyber Resilience Unit (CRU)	The NHS Wales Cyber Resilience Unit (CRU), established in 2021 and hosted by Digital Health and Care Wales (DHCW), is an independent team responsible for implementing and monitoring NIS regulations to boost cybersecurity across the Welsh health sector.
Cyber Assessment Framework (CAF)	The Cyber Assessment Framework (CAF) is a National Cyber Security Centre (NCSC) tool designed to help organisations, particularly those in critical infrastructure like energy, health, and transport, assess their cyber resilience.
National and Information (NIS) Regulations 2018	The National and Information (NIS) Regulations 2018 aim to improve the cybersecurity and resilience of systems that provide essential services.
Artificial Intelligence	Artificial intelligence (AI) is the ability of machines, computer systems, or robots to mimic human intelligence, learning, and decision-making to perform specific tasks.
HEIW's Digital Capability Framework	A national model outlining the digital skills, behaviours and confidence health and care staff need, organised into six capability domains with a self-assessment tool for development

Government Digital and Data Profession	Government Digital and Data Profession Capability Framework is a UK government framework that sets out what good digital and data skills look like for people working in digital roles.
Annual National Priorities Fund	The Annual National Priorities Fund (ANPF) is a Welsh Government funding pot used to support national NHS priorities in Wales for a single financial year. It is typically allocated on a short-term, annual basis to help deliver priority programmes, including national digital initiatives.
Product Operating Model	A product operating model is an approach where organisations organise their work around ongoing digital products or services, rather than short-term projects.
Laboratory Information Management System (LIMS)	The Laboratory Information Management System (LIMS) in NHS Wales is a unified digital system designed to manage pathology data and sample workflows across all health boards and hospitals.
Once For Wales	National approach in NHS Wales where a digital system, process or standard is designed, procured and implemented once at a national level, rather than each Health Board creating its own version.
Radiology Informatics System Procurement (RISP)	Radiology Informatics System Procurement (RISP) is a national digital programme designed to replace and modernise all core radiology informatics systems across every Health Board.
Technical Design Authority	A key governance body established to oversee the design, technology, and cyber security aspects of national digital services in NHS Wales

About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out his work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

Audit Wales is the umbrella term used for both the Auditor General for Wales and the Wales Audit Office. These are separate legal entities with the distinct roles outlined above. Audit Wales itself is not a legal entity.

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We welcome correspondence and telephone calls in Welsh and English.

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

Management response form

Audit Wales use only	
Audited body	**Digital Health and Care Wales**
Audit name	**Digital Transformation Review**
Issue date	**3rd June 2026**

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	DHCW should develop clear measures, milestones, and expected outcomes for internal digital transformation programme and projects. **(Paragraph 13)**	Transition from project based working to continuous agile delivery was a key element of the BOF programme. DHCW has transitioned internal transformation from project to agile delivery. Internal digital transformation activities are being delivered via "One Way of Working". The first stage of One Way of Working will complete by in quarter 3 2026/27. The outputs from this work will be tracked and measured to ensure milestones are delivered and expected outcomes achieved.	December 2026	Executive Director of Strategy

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R2	DHCW should develop a comprehensive, costed plan for improving its internal digital infrastructure, setting out priorities, milestones, timescales, and dependencies separately from national delivery commitments. **(Paragraph 21)**	Building on existing in-train initiatives, DHCW will factor in the One Way of Working as part of the next planning cycle. In alignment with actions planned to address R1, the plan will be developed, costed and integrated as part of DHCW's extant planning processes. It will assess options and identify investment priorities based on strategic fit, risk, affordability, value and expected benefits. The costed plan will set out milestones, timescales, dependencies and accountability arrangements which will be distinct from national digital programme commitments.	March 2027	Interim Executive Director of Finance
R3	DHCW should strengthen its approach to assessing and developing digital skills by:	See below.		Director of People and OD

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R3.1	Demonstrating how its digital and data skills frameworks are actively used to identify skills gaps and improve workforce capability. **(Paragraphs 32 and 33)**	Provide biannual reporting to Executive Directors demonstrating how the Digital and Data Skills Framework is being used to assess capability, identify skills gaps, and inform workforce planning and development decisions.	January 2027	Director of People and OD
R3.2	Ensuring the Board receives clear, regular reporting on delivery, risks and early impact of digital skills priorities. **(Paragraphs 34 and 35)**	Quarterly People and Culture reports to Management Board will include updates on digital skills priorities, delivery and impact of digital skills priorities, as well as associated delivery risks, together with mitigating actions and progress against them.	November 2026	Director of People and OD
R4	DHCW should clearly set out how future internal digital	Through its Investment Appraisal Lifecycle, DHCW will establish a transparent approach to funding and prioritising	March 2027	Interim Executive

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
	transformation will be funded, including how investment will be prioritised alongside national digital commitments and managed within existing financial constraints. **(Paragraph 46)**	internal digital transformation alongside national commitments. Investment decisions will be supported by business case development, affordability assessments, benefits management and value-for-money evaluation. The implementation of this approach will provide greater visibility of capital and revenue funding requirements for internal investments and delivery priorities within available resources and financial constraints.		Director of Finance
R5	Following programme closure, DHCW should define clear accountability, milestones, and timescales for completing the remaining internal digital developments from the Building Our Futures Programme. **(Paragraph 50)**	The first stage of One Way of Working will continue and substantially complete (from a programme closure perspective) remaining transformation developments from the BOF Programme, by Q3 2026/27. The outstanding BoF Programme actions will continue to be tracked via Management Board. In addition, the outputs from the One Way of Working work will be tracked and measured to ensure milestones are delivered and expected outcomes achieved.	December 2026	Executive Director of Strategy

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R6	DHCW should strengthen evaluation of internal digital developments / programmes by assessing benefits, costs, and value for money, and reporting this to the appropriate committee. **(Paragraph 57)**	DHCW will prioritise strengthening its evaluation of internal and external digital developments, by assessing benefits, cost and value. Including the evaluation of internal agile / product delivery. DHCW will complete a review of how it evaluates costs benefits and value for internal transformation as part of its revised approach to benefits and value generally. This will include evaluation of agile / product delivery alongside project and programme delivery models.	January 2027	Executive Director of Strategy

Archwilio Cymru
Audit Wales

Remit letter delivery

Digital Health and Care Wales

July 2026

We have prepared and published this report under section 61(3) (b) of the Public Audit Wales Act 2004.

If you need any help with this document

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- email us at info@audit.wales

You can use English or Welsh when you get in touch with us – we will respond to you in the language you use.

Corresponding in Welsh will not lead to a delay.

Mae’r ddogfen hon hefyd ar gael yn Gymraeg.

Audit Wales follows the international performance audit standards issued by the International Organisation of Supreme Audit Institutions (INTOSAI).

Contents

Audit snapshot

What we looked at

1 We looked at how Digital Health and Care Wales (DHCW) is working to deliver its remit letters 2025–26 and 2026-27.

2 This includes assessing:

- How it plans and prioritises its remit letter actions.
- Its financial risk and governance arrangements supporting remit letter delivery; and
- The progress it has made in meeting the requirements set out in the remit letters.

Why this is important

3 There is increasing focus on DHCW's delivery. In March 2025, the Welsh Government issued a remit letter setting out its funding and priorities for 2025–26. In March 2025, DHCW was escalated to Level 3 (Enhanced Monitoring)[1] due to concerns about delivery of major digital programmes.

4 The Welsh Government issued its second remit letter in March 2026. It again set out the financial allocation but noted that the Digital Priorities Investment Funding was under review and not yet agreed. In April 2026, the Welsh Government escalated DHCW to Level 4 – Targeted Intervention. This related to concerns around delivery, accountability and leadership.

[1] NHS Wales escalation and intervention arrangements | GOV.WALES

What we have found

5 We found that DHCW has taken a logical approach to planning by combining the Welsh Government's requirements with its own plan. However, the late availability of the remit letters makes planning harder and leaves less time to deliver. DHCW had a clear funding plan for 2025-26 supported by its core allocation and additional Digital Priorities Investment Funding. This helped it achieve financial balance at the year end.

6 The outlook for 2026–27 is more uncertain. The Digital Priorities Investment Fund approach is under review and not agreed. This is a challenge when the organisation has already committed large amounts of resources to major programmes. A recruitment freeze, the need to make savings, and potential loss of experience increase the risk that some of its plans may not be delivered.

7 DHCW's reporting does not clearly or sufficiently show how well it is meeting the Welsh Government's remit letter requirements. Integrating the remit letter deliverables into its plans helps delivery but also makes progress harder to track. As a result, we could not form a view on the extent of progress of the 2025-26 remit letter deliverables in isolation. Broader analysis of the totality of plan delivery indicates that a large amount of work, around 30%, was delivered in Month 12. This raises concerns about the delivery timetable creating pressures towards the end of the financial year.

What we recommend

8 We have made three recommendations to DHCW focussing on:

- Working with the Welsh Government to get an earlier understanding of next year's remit letter requirements.
- Regular reporting to the Board on the financial risk to delivery of remit letter priorities.
- Ensuring there is a process for reporting distinctly against remit letter priorities.

Key facts and figures

The 2025–26 remit letter included 94 deliverables and 71 milestones. These sat alongside 345 original IMTP milestones.

The 2025–26 remit letter set out a core funding allocation for DHCW. This included nearly £71 million in revenue, around £20 million for primary care IM&T and £3 million in discretionary capital. It also provided around £20 million in revenue and £9 million in capital funding for national priority programmes.

The 2026-27 remit letter set out 20 key priorities, supported by a range of outcome measures.

The 2026–27 remit letter set out a baseline core funding allocation for DHCW. This included nearly £78 million in revenue, over £22 million for primary care IM&T, around £8 million in non-fiscal resource funding and £0.2 million for primary care development. Unlike 2025–26, the remit letter did not include confirmed funding for discretionary capital or national priority programmes.

Digital Priorities Investment Funding for 2026-27 was not agreed at the time of our review.

Our findings

Planning and prioritisation

DHCW is taking a logical planning approach, but it needs to work with the Welsh Government to start this process earlier

9 Late availability of remit letter requirements has made it harder for DHCW to effectively plan and compressed the time it has available to deliver them. DHCW took a logical approach that integrated remit letter requirements into its wider plans. For both the 2025-26 and 2026-27 remit letters, late publication and the lack of strong engagement between Welsh Government and DHCW made it harder for DHCW to fully incorporate them into the Integrated Medium-Term Plan (IMTP).

10 In both years, the draft IMTP was prepared for approval at the March Board meeting. In 2025–26, it then took around another three months to align the IMTP with the remit letter requirements. In part, this was due to the large number of different deliverables in both the IMTP and the remit letter. The 2025-26 remit letter included 94 deliverables and 71 milestones. These sat alongside 345 original IMTP milestones. DHCW's 2025–28 IMTP states that it prioritised remit letter requirements over existing plans. This may have resulted in some planned work to be stopped or delayed. In addition, further Welsh Government priorities were introduced through the Escalation Improvement Plan.

11 DHCW managed these changes through its standard change control process and were approved by the Board. The timescale and process limited the potential for any broader stakeholder engagement on the remit letter requirements during this time. The Board was well informed on the progress of aligning plan and remit letter requirements. A further update in July 2025 reported that 86% of remit letter and IMTP milestones were aligned and integrated into plans. No further update on the outstanding reconciliation was provided to the Board.

12 The change control process included an assessment of the impact of the remit letter. This included the resources and workforce required to deliver it. However, there is no clear evidence of any major or specific reallocation of resources to meet the remit letter requirements.

13 This year's 2026–27 remit letter set out a smaller and less detailed set of priorities and deliverables. As a result, the reconciliation process took less time. It mainly involved a single meeting between the Welsh Government and DHCW officers and identified only eight areas that required action, including planned care and the vaccine programme. However, there were still some uncertainties. These include questions around the Digital Priorities Investment Fund, and the impact of a recruitment freeze which we discuss later in this report.

14 The integration process described above embeds remit letter requirements within wider IMTP priorities. The approach ensures that DHCW has a single agreed plan for the year, rather than competing priorities. Whilst this is helpful to support delivery, it does make it difficult to track which specific requirements are being delivered. We did not find clear reporting of remit letter delivery either during or at the year-end. We discuss this later in the report.

Financial risk and mitigation

Financial uncertainties in 2026–27 could significantly undermine remit letter delivery

15 DHCW received its 2025–26 funding letter late in the planning process, but this did not lead to major financial risks. The letter confirmed baseline core funding of £78.944 million and £3.250 million for investment. It also included extra funding for national priorities through the Digital Priorities Investment Fund.

16 Because much of this funding and the main programmes were continuing from previous years, DHCW had a good level of certainty and confidence in delivery. DHCW did need to update its plans and adjust how it used its resources to match the final funding letter. But overall, the approach and certainty of funding enabled DHCW to focus on delivering its plan.

17 DHCW has a clear approach for managing and reporting its financial risks. Its February Board Corporate Risk Register report noted that DHCW had absorbed some in-year costs. These included costs linked to ministerial priorities and health board spend on the NHS App. Despite this, DHCW stayed within its budget for 2025–26 and reported a small underspend of £0.241 million[2].

18 There are significant uncertainties about how the 2026–27 remit letter priorities will be resourced. While there has been a smoother approach for overall integration of this year's remit letter requirements into plans, the financial risks to delivery are far greater. Although core funding of £77.710 million is set out in the letter, there is still no certainty of wider programme funding **(Exhibit 1).** This issue stems from the review being undertaken of the Digital Priorities Investment which means there is currently no guarantee of this funding.

[2] The year-end position is taken from unaudited financial reporting (monthly monitoring returns) to the Welsh Government.

Exhibit 1: 2025-26 and 2026-27 financial allocation in the remit letter, £ Million.

Allocation	2025-26 (£ million)	2026-27 (£ million)
Core funding allocation Revenue	£70.9	£77.7
Non-Fiscal Resource	£8.1	£8.1
Primary Care IM&T	£19.7	£22.4
Primary Care Development	Not included	£0.2
Discretionary Capital	£3.3	Not included
National Priorities Revenue (DPIF)	£20.2	Not included
National Priorities Capital (DPIF)	£9.0	Not included

Source: DHCW

19 In March 2026, DHCW informed the Welsh Government it has committed pay and non-pay expenditure to major digital programmes for 2026-27. DHCW's 2026-27 financial plan figures submitted to Welsh Government include £32.9 million in revenue and £13.1 million for digital investment. This creates risks for other digital priorities. Where funding is not confirmed, DHCW has included the work in its plans as unfunded deliverables. This includes national programmes such as the NHS Wales App, the National Data Resource, Connecting Care, and the Welsh Community Care Information System. This helps to show clearly where the risks and assumptions sit.

20 DHCW has committed to make savings to stay within its budget. One requirement for 2026–27 is to pause most recruitment. DHCW can still recruit for critical roles, but it must first look at options such as moving existing staff into new roles.

21 The longer the recruitment freeze lasts, the greater the risks are likely to become. Uncertainty about future funding may also increase risks over time. This could lead to overspending, scaling back plans, or losing skilled staff because of financial uncertainty. DHCW has completed a baseline review of its departments to look at delivery, risks, workforce and priorities. This work will feed into a full financial review by the end of June 2026. After that, the Welsh Government will decide whether the recruitment freeze should continue.

22 The Board is well-sighted on the main financial risks for 2026–27. These include risks to the funding and delivery of some national programmes, the sustainability of DHCW's funding model, reliance on short-term funding, and workforce risks. It has also highlighted risks linked to delayed or undelivered 2025–26 deliverables which may carry over into 2026-27.

23 We understand that decisions about funding during the year will follow normal approval and control processes. However, the financial position is changing quickly, so DHCW needs to keep the Board updated on risks, backup plans, and actions to manage them. It may require the Board to agree a smaller set of key delivery priorities. It is especially important that risks are escalated quickly from the Portfolio Delivery Committee, as they could affect delivery of key programmes.

Assessment of delivery

DHCW's reporting approach makes it difficult to clearly see the extent of remit letter delivery

24 DHCW reports progress against plans, deliverables, and any areas of non-delivery to the Board through several routes. These include the regular Performance Report, IMTP and major programme reporting, and updates on the Escalation Plan. The Portfolio Delivery Committee oversees all major programmes and tracks progress against key milestones. However, the wide range of reports makes it more difficult to achieve clear and consistent picture of performance.

25 The approach of aligning remit letter and IMTP deliverables was practical and pragmatic. This is positive as it creates a combined rather than competing programme to deliver. However, it means that the current reporting approach does not clearly separate IMTP deliverables from remit letter requirements. As a result, it is not always clear how well DHCW is meeting the Welsh Government's requirements. Reporting is also not clear enough for us to provide a firm assessment on specific 2025-26 remit letter delivery.

26 DHCW's integrated performance report to the March 2026 Board indicated that as of February DHCW had delivered 65% of all IMTP milestones. An updated performance report to the May 2026 Board noted that 94% of IMTP milestones had been delivered. Whilst this is a strong outcome, it does suggest DHCW had left itself with significant progress left to achieve with only one month remaining in the financial year.

27 While stretching plans help demonstrate ambition, they can also create internal pressure areas, potential risk, and affect organisational credibility. These risks maybe further compounded by the financial uncertainties for 2026-27.

28 DHCW has remained at Escalation Level 3 for major programmes since March 2025 and has now moved to Level 4. This is likely to bring increasing scrutiny on delivery. It makes it more important to clearly demonstrate that the Welsh Government remit letter requirements are being delivered. It will require DHCW to set a stretching but realistic ambition and a more transparent reporting approach to be able at the end of the year to demonstrate remit letter delivery.

29 This would enable DHCW to better assure itself on progress against the remit letter and identify any risks and changes to key priorities. This would also help highlight any gaps, including areas of potential or actual non-delivery. In addition, it would support more transparent reporting of these issues, along with agreed actions and mitigation plans.

Recommendations

30 The following table details the recommendations arising from our work.

R1 DHCW should work with the Welsh Government earlier so that it can prepare an Integrated Medium Term Plan incorporating remit letter requirements by the beginning of the next financial year. **(Paragraph 9)**

R2 DHCW should ensure it provides regular reports to the Board on the level of financial risk to the delivery of remit letter priorities and the 2026–29 IMTP. These reports should also clearly set out the planned mitigation action. **(Paragraph 23)**

R3 DHCW should ensure there is a single, clear, and transparent process for reporting progress specifically against remit letter priorities including any re-prioritisation or re-allocation of resources. **(Paragraphs 12 and 28)**

Appendices

1 About our work

Scope of the audit

The aim of this audit is to assess how well DHCW is responding to the strategic and operational demands set out in its 2025–26 and 2026–27 remit letters. This includes reviewing how effectively DHCW has integrated these requirements into its existing plans, such as the 2025–28 and 2026–29 IMTP.

It also considers the strength of governance and oversight arrangements for supporting delivery, and the progress made in delivering the remit letter requirements.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Has DHCW integrated the remit letter's deliverables and milestones into its existing planning framework, including the IMTP and Annual Plan?
- Does DHCW demonstrate good oversight of remit letter delivery?
- Are DHCW's revised plans supporting delivery of remit letter requirements?

Our audit questions were shaped by:

- Our 2025 structured assessment review of DHCW.
- Discussion with DHCW Board members.
- Review of DHCW's 2025-26 and 2026-27 remit letters.
- External reference input from the Welsh Government.

Criteria

The audit used the following audit criteria (what we might expect to see):

- DHCW has effectively integrated remit letter requirements into existing plans and appropriately prioritised resources to support delivery.
- DHCW has introduced and demonstrates effective finance, governance and assurance arrangements that improves likelihood of effective remit requirement delivery.
- DHCW is demonstrating that its actions have helped to achieve many key deliverables part way into the year, which is improving the likelihood that remit requirements will be met by the end of the year.

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including the remit letters for 2025-25 and 2026-27, the DHCW response to the 2026-27 remit letter, and the DHCW 2025 Annual Report.
- Key strategies and plans, including the IMTPs for 2025-28 and 2026-29.
- Key risk management documents, including the Board Assurance Framework and Corporate Risk Register.
- Notes of 2026-27 remit letter/IMTP alignment discussions between the Welsh Government and DHCW officers.
- Monthly Monitoring Returns

We interviewed the following key stakeholders:

- Interim Chair.
- Interim Vice Chair.
- Chief Executive Officer.
- Executive Director of Digital Strategy.
- Executive Medical Director.
- Director of Corporate Affairs/Board Secretary.

We observed Board meetings as well as meetings of the Portfolio Delivery Committee.

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Management response form

Audit Wales use only	
Audited body	Digital Health and Care Wales
Audit name	Remit Letter Review
Issue date	July 2026

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	DHCW should work with the Welsh Government earlier so that it can prepare an Integrated Medium Term Plan incorporating remit letter requirements by the beginning of the next financial year. **(Paragraph 9)**	DHCW will include early engagement and regular touch points with WG officials in its IMTP development plan, which runs annually from October to March. NOTE: WG officials may be unable or unwilling to share details of the remit letter during this process, or only very late in the process (as per 2025-26 and 2026-27 IMTP remit letter). IMTP development plan timetable confirmed by end September	October 2026	Executive Director of Strategy

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R2	DHCW should ensure it provides regular reports to the Board on the level of financial risk to the delivery of remit letter priorities and the 2026–29 IMTP. These reports should also clearly set out the planned mitigation action. **(Paragraph 23)**	As outlined in para 22 of the report findings, the Board is well-sighted on the main financial risks for 2026–27. Recognising the findings of the review, DHCW will strengthen its reporting arrangements by providing a more explicit and consolidated assessment of the financial risks affecting delivery of Welsh Government remit letter priorities and the 2026–29 IMTP. This will ensure clear visibility of financial risks associated with remit letter priorities / IMTP commitments and mitigating actions being undertaken by management.	September 2026	Interim Executive Director of Finance
R3	DHCW should ensure there is a single, clear, and transparent process for reporting progress specifically against remit letter priorities including any re-prioritisation or re-allocation of resources. **(Paragraphs 12 and 28)**	DHCW works closely with WG officials to reconcile IMTP and Remit Letter priorities and deliverables. In 2025-26 this work was completed by end June, in 2026-27 by end April. DHCW agrees with WG officials which IMTP milestones are also 'remit letter milestones' and reports these as a subset for assurance. DHCW change controls are applied to all IMTP milestones including remit letter milestones and are logged and recorded. DHCW will engage with WG officials to review the existing process for reporting against Remit Letter priorities and milestones and agree improvements	October 2026	Executive Director of Strategy

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
		and revisions, by end September. The review will consider how different reporting arrangements can be aligned to provide a transparent view of progress against priorities including the Remit Letter.		

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Date issued: 10/03/2026

Issued via email

Dear Claire and Marian,

Audit enquiries to those charged with governance and management

The Auditor General's Statement of Responsibilities sets out that he is responsible for obtaining reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether caused by fraud or error. It also sets out the respective responsibilities of auditors, management and those charged with governance.

This letter formally seeks documented consideration and understanding on a number of governance areas that impact on our audit of your financial statements. These considerations are relevant to both the management of Digital Health and Care Wales and 'those charged with governance' (the Audit & Assurance Committee).

I have set out below the areas of governance on which I am seeking your views:

1. Matters in relation to fraud
2. Matters in relation to laws and regulations

3. Matters in relation to related parties
4. Other Matters

The information you provide will inform our understanding of Digital Health and Care Wales and its business processes and support our work in providing an audit opinion on your 2025-26 financial statements. Therefore, we would be grateful if your responses could cover the full financial year until 31/3/2026.

I would be grateful if you could update the attached table in Appendix 1 to Appendix 3 for 2025-26

The completed Appendix 1 to Appendix 3 should be formally considered and communicated to us on behalf of both management and those charged with governance by 30/04/2026. In the meantime, if you have queries, please contact me on 02920 829389 or Mike.Whiteley@audit.wales.

Yours sincerely

Mike Whiteley
Audit Manager

Audit enquiries to those charges with governance and management. Please contact us in Welsh or English / cysylltwch â ni'n Gymraeg neu'n Saesneg.

Appendix 1

Matters in relation to fraud

International Standard for Auditing (UK) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements. This standard has been revised for 2022-23 audits onwards.

The primary responsibility to prevent and detect fraud rests with both management and 'those charged with governance', which for Digital Heath and Care Wales is the Audit & Assurance Committee. Management, with the oversight of those charged with governance, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by those charged with governance.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

What are we required to do?

As part of our risk assessment procedures we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- The intentional misappropriation of assets (cash, property, etc); or
- The intentional manipulation or misstatement of the financial statements.

We also need to understand how those charged with governance exercises oversight of management's processes. We are also required to make enquiries of both management and those charged with governance as to their knowledge of any actual, suspected or alleged fraud, management's process for identifying and responding to the risks and the internal controls established to mitigate them.

Enquiries of Management – in relation to fraud

Question	2025-26 Response	2024-25 Response
1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud? What is the nature, extent and frequency of management's assessment?	The risk that the financial statements are materially misstated due to fraud is considered to be low. There are monthly reviews with the internal Counter Fraud member and subsequent review and scrutiny by Audit and Assurance Committee.	There is no anticipated risk that the financial statements will be materially misstated due to fraud. There are monthly reviews with the internal Counter Fraud member and subsequent review and scrutiny by Audit and Assurance Committee.
2. Do you have knowledge of any actual, suspected or alleged fraud affecting the audited body?	DHCW is made aware of fraud through the established referrals process. We are working with Counter Fraud to investigate two cases of suspected fraud in line with the Counter Fraud, Bribery and Corruption policy and processes.	Not aware of any fraud affecting DHCW.
3. What is management's process for identifying and responding to the risks of fraud in the audited body, including any specific risks of fraud that management has identified or that have been brought to its attention?	A range of processes are adopted in DHCW to minimise the risk of fraud. Through the counter fraud work specific national fraud risks have been brought to our attention but there are no specifics relating to DHCW. Proactive risk assessment work is carried out as appropriate throughout the year and will be based upon the rationale as provided by the NHS CFA. Results of proactive projects are reported by the Lead LCFS to NHSCFA via the CLUE database and to DoF and Audit and Assurance Committee	Through the counter fraud work specific national fraud risks have been brought to our attention but there are no specifics relating to DHCW. Proactive risk assessment work is carried out as appropriate throughout the year and will be based upon the rationale as provided by the NHS CFA. Results of proactive projects are reported by the Lead LCFS to NHSCFA

	via counter fraud progress reports. The organisation has monthly budget reviews and clear segregation of duties to ensure controls, checks and balances are present to minimise the opportunity for fraud or misstatement. The Audit and Assurance Committee continues to receive updates via its public or private sessions on actual, suspected or alleged fraud cases, as appropriate.	via the CLUE database and to DoF and Audit and Assurance Committee via counter fraud progress reports.

Enquiries of Management – in relation to fraud

Question	2025-2026 Response	2024-25 Response
4. What classes of transactions, account balances and disclosures have you identified as most at risk of fraud?	Capital assets such as PC hardware, travel and expenses and payroll have been identified as most at risk.	Capital assets such as PC hardware, travel and expenses have been identified as most at risk.
5. Are you aware of any whistleblowing or complaints by potential whistle blowers? If so, what has been the audited body's response?	We are not aware of any whistle blowing or complaints relating to fraud.	We are not aware of any whistle blowing or complaints relating to fraud.

Enquiries of Management – in relation to fraud

Question	2025-26 Response	2024-25 Response
6. What is management's communication, if any, to those charged with governance regarding their processes for identifying and responding to risks of fraud?	The SHA Board has delegated the review and management of fraud and the risk of fraud occurring to the Audit and Assurance Committee. This is support by the work of the Counter Fraud Service and Internal Audit, with the Executive Director of Finance as the lead Executive responsible for managing fraud risk. Counter Fraud report to every Audit and Assurance meeting the work to address fraud risk and the Audit and Assurance Committee Chair (an Independent Member) reports and escalates any concerns to the SHA Board. Counter fraud is included as part of the DHCW corporate induction for all new staff and it has been made a mandatory e-learning upon joining the organisation.	The SHA Board has delegated the review and management of fraud and the risk of fraud occurring to the Audit and Assurance Committee. This is support by the work of the Counter Fraud Service and Internal Audit, with the Executive Director of Finance as the lead Executive responsible for managing fraud risk. Counter Fraud report to every Audit and Assurance meeting the work to address fraud risk and the Audit and Assurance Committee Chair (an Independent Member) reports and escalates any concerns to the SHA Board. The Counter Fraud report presented to the Audit and Assurance Committee would identify any areas of concern or risk and these would be discussed in detail and in the private session if there was any identifiable information. Counter fraud is included as part of the DHCW corporate induction for all new staff.

Enquiries of Management – in relation to fraud

Question	2025-26 Response	2024-25 Response
7. What is management's communication, if any, to employees regarding their views on business practices and ethical behaviour?	The Standards of Behaviour policy has been approved by the SHA Board and in place since the 1 April 2021. The content of this policy is included as part of the DHCW corporate induction for all new staff starting with DHCW. The Policy is accessible by all staff via the Intra and Internet. The DHCW internal communication channels has featured articles on this periodically. The Governance Assurance Framework (GAF) was revised and subsequently the Board in January 2025 setting out the expectations of ethical governance and standards of conduct and behaviour to all relevant parties. The Standards Orders were adopted by the SHA Board on the 1 April 2021 including Standards of Behaviour, these are reviewed on an annual basis and approved in March 2025. All new Board members have received their Board induction pack including expectations of ethical governance standards and standards of behaviour e.g. the Nolan Principles.	The Standards of Behaviour policy has been approved by the SHA Board and in place since the 1 April 2021. The content of this policy is included as part of the DHCW corporate induction for all new staff starting with DHCW. The Policy is accessible by all staff via the Intra and Internet. The DHCW internal communication channels has featured articles on this periodically throughout 2024-25. The Governance Assurance Framework (GAF) was revised and subsequently the Board in January 2025 setting out the expectations of ethical governance and standards of conduct and behaviour to all relevant parties. The Standards Orders were adopted by the SHA Board on the 1 April 2021 including Standards of Behaviour, these are reviewed on an annual basis and approved in March 2025. All new Board members have received their Board induction pack including expectations of ethical governance standards and standards of behaviour e.g. the Nolan Principles.

Enquiries of Management – in relation to fraud

Question	2025-26 Response	2024-25 Response
8. For service organisations, have you reported any fraud to the user entity?	No fraud has been reported.	No fraud has been reported.

Enquiries of those charged with governance – in relation to fraud

Question	2025-26 Response	2024-25 Response
1. Do you have any knowledge of actual, suspected or alleged fraud affecting the audited body?	DHCW is made aware of fraud through the established referrals process. We are working with Counter Fraud to investigate two cases of suspected fraud in line with the Counter Fraud, Bribery and Corruption policy and processes.	Not aware of any fraud risks.
2. What is your assessment of the risk of fraud within the audited body, including those risks that are specific to the audited body's business sector?	There are risks of fraud and we work alongside counter fraud and the finance team to minimise the risk. DHCW also promotes awareness to the wide staff groups via the e-learning package which is part of mandatory training.	There are risks of fraud we work alongside counter fraud and the finance team to minimise the risk. Also promote awareness to the wide staff groups via the e-learning package which is part of mandatory training.
3. How do you exercise oversight of: • management's processes for identifying and responding to the risk of fraud in the audited body, and • the controls that management has established to mitigate these risks?	The SHA Board delegates the review and management of fraud and the risk of fraud occurring to the Audit & Assurance Committee. This is supported by the work of the Counter Fraud Service and Internal Audit with the Executive Director of Finance the nominated executive lead. A Counter Fraud update is presented to every audit committee with any areas of concern or risk raised (with further detail discussed within a private session if appropriate, the update report provides details of the work carried out by the Cardiff and Vale University Health Board's Local Counter Fraud Specialists on behalf	This is reported via the Audit and Assurance committee where Counter Fraud highlight risks and current cases and DHCW support and respond. There have been minor immaterial investigations this year, none of which have resulted in any subsequent actions.

	of Digital Health and Care Wales.	

Appendix 2

Matters in relation to laws and regulations

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Management, with the oversight of those charged with governance, is responsible for ensuring that Digital Health and Care Wales's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements;
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties.

What are we required to do?

As part of our risk assessment procedures we are required to make enquiries of management and those charged with governance as to whether Digital Health and Care Wales is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance we need to gain an understanding of the non-compliance and the possible effect on the financial statements.

Enquiries of management – in relation to laws and regulations

Question	2025-26 Response	2024-25 Response
1. Is the audited body in compliance with relevant laws and regulations? How have you gained assurance that all relevant laws and regulations have been complied with? Are there any policies or procedures in place?	DHCW is compliant with relevant laws and regulations. Legal Implications are considered in all reports presented to the Board and the Audit & Assurance Committee. Internal and External audit reviews consider legal and statutory compliance and will highlight any issues that may arise. DHCW also has a Quality & Regulatory team which continues to proactively scan for upcoming and relevant legislative change.	Yes there is a compliance report for legal and regulations that goes to the Audit & Assurance Committee and to the DHCW management and SHA Board.
2. Have there been any instances of non-compliance or suspected non-compliance with relevant laws and regulations in the financial year, or earlier with an ongoing impact on this year's audited financial statements?	None.	No
3. Are there any potential litigations or claims that would affect the financial statements?	One employment tribunal case remains outstanding as at the balance sheet date.	No

4. Have there been any reports from other regulatory bodies, such as HM Revenues and Customs which indicate non-compliance?	HMRC concluded an assessment of a Non-Statutory Clearance Request during the year requiring the repayment of VAT previously recovered. Advice had been sought from external advisors when making the initial decision to recover the VAT, but the outcome was disputed by HMRC. The case remains ongoing and provisions are held on the balance sheet for the likely costs of the recovery.	No

Enquiries of those charged with governance – in relation to laws and regulations

Question	2025-26 Response	2024-25 Response
1. Are you aware of any non-compliance with laws and regulations that may be expected to have a fundamental effect on the operations of the entity?	No	No
2. How does the Audit & Assurance Committee, in your role as those charged with governance, obtain assurance that all relevant laws and regulations have been complied with?	An Item of Legal legislation and regulation compliance is presented. Audit Wales also review the organisations statutory reports to assure compliance with the appropriate standards and regulations.	An Item of Legal legislation and regulation compliance is presented. Audit Wales also review the organisations statutory reports to assure compliance with the appropriate standards and regulations.

Appendix 3

Matters in relation to related parties

International Standard for Auditing (UK) 550 covers auditors' responsibilities relating to related party relationships and transactions.

The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

What are we required to do?

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the entity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.

Enquiries of management – in relation to related parties

Question	2025-26 Response	2024-25 Response
1. Have there been any changes to related parties from the prior year? If so, what is the identity of the related parties and the nature of those relationships? Confirm these have been disclosed to the auditor.	During the year there have been changes within the Board (Executive Directors and Independent Members). Relevant disclosures have been received. All related parties will be fully disclosed within the financial statements.	No change
2. What transactions have been entered into with related parties during the period? What is the purpose of these transactions? Confirm these have been disclosed to the auditor.	All relevant transactions will be fully disclosed within the financial statements and evidence made available during the audit process.	None
3. What controls are in place to identify, account for and disclose related party transactions and relationships?	The Standards of Behaviour Framework Incorporating Declarations of Interest, Gifts, Hospitality & Sponsorship' requires that all staff and Members declare any interest in the 'Register of Interests'. Related party financial transactions would be explicitly disclosed within the financial accounts whilst relationships would also be routinely reported to the Audit & Assurance Committee. DHCW are also in contact with Companies House with an annual review of senior management and independent members.	Related party financial transactions would be explicitly disclosed within the financial accounts whilst relationships would also be routinely reported to the Audit & Assurance Committee. DHCW are also in contact with Companies House with an annual review of senior management and independent members.

Enquiries of management – in relation to related parties

Question	2025-26 Response	2024-25 Response
4. What controls are in place to authorise and approve significant transactions and arrangements: • with related parties, and • outside the normal course of business?	DHCW has an agreed Scheme of Delegation with clear delegated limits and controls with segregated approvals (requester, finance, senior management) at multiple stages (see below) providing robust scrutiny at all levels: • Procurement Approval stage • Requisition Stage and • Order generation Stage. Declarations of interest are also required of any staff taking part in procurement activity. Related party details are also disclosed as part of the year end accounts and if they would be raised in the Finance section of the Audit and Assurance Committee.	DHCW has clear delegated limits and controls with segregated approvals (requester, finance, senior management) at multiple stages (see below) providing robust scrutiny at all levels: • Procurement Approval Stage • Requisition Stage • Order Generation Stage

Enquiries of those charged with governance – in relation to related parties

Question	2025-26 Response	2024-25 Response

1. How does the Audit & Assurance Committee, in its role as those charged with governance, exercise oversight of management's processes to identify, authorise, approve, account for and disclose related party transactions and relationships?	As part of DHCW Standards & Behaviours Policy Staff are required to declare any interests to the Audit & Assurance Committee annually over a 3 year period. Compliance is monitored and also reported. Declarations of interest are also required of any staff taking part in procurement activity. Related party details are also disclosed as part of the year end accounts and if necessary they would be raised in the Finance section of the Audit and Assurance Committee.	As part of DHCW Standards & Behaviours Policy Staff are required to declare any interests to the Audit & Assurance Committee annually over a 3 year period. Compliance is monitored and also reported. Declarations of interest are also required of any staff taking part in procurement activity. Related party details are also disclosed as part of the year end accounts and if necessary they would be raised in the Finance section of the Audit and Assurance Committee.

Enquiries of Management – Going Concern

Question	2025-26 Response	2024-25 Response
1. Has the management team carried out an assessment of the going concern basis for preparing the financial statements? What was the outcome of that assessment?	The management team has undertaken a full assessment as part of the annual planning process. No issues relating to the going concern were identified.	Yes, and there were no issues relating to the going concern.
2. Do you have knowledge of events or conditions beyond the period of the going concern assessment that may cast significant doubt on the entity's ability to continue as a going concern?	None	None.

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
AUDIT ACTION TRACKER

Eitem ar yr Agenda: Agenda Item:	4.4

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Laura Tolley, Deputy Board Secretary | Head of Corporate Governance
Cyflwynwyd gan: Presented By:	Laura Tolley, Deputy Board Secretary | Head of Corporate Governance

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Audit Action Tracker; APPROVE the extensions outlined in 4.5.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	July 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This report details the current position with respect to audit recommendations that have been made, including:

- Recommendations that have been completed during the period;
- Recommendations scheduled for completion with a target date;
- Recommendations that are overdue; and
- Recommendations that are anticipated not to meet target dates.

3.2 The audit recommendation analysis outlines progress being made and illustrates the ongoing movement and change of status.

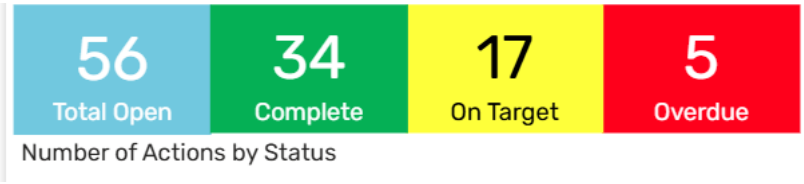
4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The Audit Tracker Dashboard 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 The Committee received 3 reports at the last meeting (listed below) which contained a total of 10 new actions. These have been added to the Audit Action Log, which now contains a total of 56 open actions.

- Sustainable Funding (DPIF)
- Cyber Security
- Service Continuity Planning.

4.3 The status of the 56 open actions is as follows:



4.4 The Committee are requested to note the completion of the following 34 actions:

Audit Title	Audit Action Reference
Cyber Security	DHC-2526-10 - R1
DHC-2526-01 Risk Management Audit - FINAL	DHC-2526-01 Risk Management A3
DHC-2526-01 Risk Management Audit FINAL	DHC-2526-01 Risk Management A1
DHC-2526-01 Risk Management Audit FINAL	DHC-2526-01 Risk Management A2
DHC-2526-06 Programme Management Review - FINAL	DHC-2526-06 A1
DHC-2526-06 Programme Management Review - FINAL	DHC-2526-06 A3
DHC-2526-06 Programme Management Review - FINAL	DHC-2526-06 A4
DHC-2526-06 Programme Management Review - FINAL	DHC-2526-06 A5
DHC-2526-06 Programme Management Review- FINAL	DHC-2526-06 A2
DHCH2526 13 CaNISC Final	DHCW2526 13 CaNISC A2
GMS Clinical System Migration Project	DHCW-2526-GMS-R1
Information Governance Framework	DHC-2526-07 IGF R2
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 2
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 3
Nationally Hosted NHS IT Systems	4649A2024-2024.4
Recruitment Processes	DHC-2425-14 Rec 2
Recruitment Processes	DHC-2425-14 Rec 7
Recruitment Processes	DHC-2425-14 Rec 8
Service Continuity Planning	SCP R4
Staff Culture - Wellbeing	DHC 2526-03 - R6
Staff Culture - Wellbeing	DHC 2526-03 -R13
Staff Culture - Wellbeing	DHC-2526-03 - R1
Staff Culture - Wellbeing	DHC-2526-03 - R10
Staff Culture - Wellbeing	DHC-2526-03 - R11
Staff Culture - Wellbeing	DHC-2526-03 - R12
Staff Culture - Wellbeing	DHC-2526-03 - R3
Staff Culture - Wellbeing	DHC-2526-03 - R8
Stakeholder Engagement	4751A2025 Rec 1
Stakeholder Engagement	4751A2025 Rec 3
Stakeholder Engagement	4751A2025 Rec 4.2
Stakeholder Engagement	4751A2025 Rec 5
Stakeholder Engagement	4751A2025 Rec 6
Structured Assessment 2025	SA2025 - R4
Structured Assessment 2025	SA2025-R1

4.5 The Committee are asked to consider an extension request for the following actions:

Title	Reference	Priority	Recommendation(s)	Target Date	Status	Outcome/Status Narrative	Extension Date
Staff Culture - Wellbeing	DHC-2526-03 - R14	High	Implement proactive stress management measures and data analysis, to capture early warning indicators and facilitate timely interventions that could reduce adverse outcomes, including prolonged sickness absence and employee turnover.	30/06/2026	Action Overdue	11/6 Scoping exercise underway on Culture Metrics Dashboard. Work planned in Quarter 3 Culture Roadmap 26/27 to implement practical support and training for managers to spot risks early (SRA), support colleagues well, and signpost effectively - POS Business Partners working with MHFA's and OH. Extension will be sought in July A&A Committee for completion in March 2027.	Mar-27
Staff Culture - Wellbeing	DHC-2526-03 - R15	Medium	Expand current data records to capture information on remote working, adjustments / additional support provided to staff. This should be utilised to improve staff wellbeing and / or their working environment. For example, neurodivergence awareness training. These records should be regularly analysed, with collaboration between POD and line managers.	30/06/2026	Action Overdue	11/06 Data on any specialist equipment bought to support people in the workplace is recorded by the Corporate Governance team. Hybrid working survey completed in December 2025 with over 300 responses. My LMS launched in April 2026 which include modules on Neurodiversity and wellbeing. Reasonable Adjustments Tentalk session delivered on 2 June 2026. Extension will be sought in July A&A Committee for completion in March 2027.	Mar-27
Staff Culture - Wellbeing	DHC-2526-03 - R5	Medium	Appropriate and dedicated flexible central budget within POD should be secured to support staff development, including targeted wellbeing initiatives, recognising wellbeing as a strategic priority and ensuring adequate resourcing for effective implementation and long-term impact.	30/06/2026	Action Overdue	11/6 No allocated HWB budget in 2026-2027. HWB Annual plan 26-27 approved and published. Spotlight session to share plan and discuss with colleagues held on 12 May 2026. Business case for HWB & EDI budget presented to Capital and Non Pay Group on 21 May 26 and Board paper prepared for discussion by Execs. Extension will be sought in A&A Committee in July for completion in September 2026.	Sep-26
Staff Culture - Wellbeing	DHC-2526-03 - R7	Medium	Existing documentation should be reviewed and updated to ensure alignment and integration with newly introduced materials – for example, • linking the appraisal form with the Behavioural Framework, and organisational values; • connecting the Standards of Behaviour Policy, to the Behavioural Framework; and • technical terms, such as 'five ways wellbeing' should be clearly explained and contextualised within relevant policies, including the Wellbeing Policy, to support clarity and consistent understanding across the organisation.	30/06/2026	Action Overdue	11/6 Appraisal policy under review as new form is being developed for Perform element of MY LMS. The Wellbeing Policy includes a link in section 9 to the Toolkit which explains the Five Ways to Wellbeing. Extension will be sought in A&A Committee July for completion in September 2026.	Sep-26
Structured Assessment 2025	SA2025-R2	N/A	DHCW should make its Integrated Organisational Performance Report clearer. It should explain why key targets are being missed, what actions are being taken to address this, and how well those actions are working	31 May 2026	Action Overdue	13/05/2026 - Will request extension to complete by end of July 2026 in A&A Committee, July 2026	Jul-26

4.6 The remaining 17 actions are reported as on track for completion by the target date.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 Progress has been made over the period with a total of 30 actions completed. Progress against remaining actions will continue to be monitored by the Corporate Governance team in conjunction with Leads on a regular basis.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Audit Action Tracker; **APPROVE** the extensions outlined in 4.5.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
LOCAL COUNTER FRAUD UPDATE REPORT

Eitem ar yr Agenda: Agenda Item:	4.5

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Henry Bales, Counter Fraud Manager
Cyflwynwyd gan: Presented By:	Henry Bales, Counter Fraud Manager

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 1 of the financial year 2026/27. NOTE the Counter Fraud Annual Report.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton	30/06/26	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LCFS	Local Counter Fraud Specialist	CFA	Counter Fraud Authority
CFS	Counter Fraud Service Wales	CPS	Crown Prosecution Service
NFI	National Fraud Initiative		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Quarterly report, required to appraise the Audit and Assurance Committee and provide assurance that the organisation has a robust Counter Fraud Bribery and Corruption provision.

3.2 The Counter Fraud Annual Report is attached for noting.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The progress made in the Counter Fraud Provision for DHCW during Quarter 1 of the 2026/27 financial period.

4.2 Summary of fraud alerts and intelligence in period.

4.3 Summary of referrals and investigations.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 1 of the financial year 2026/27 NOTE the Counter Fraud Annual report.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
QUALITY ASSURANCE & REGULATORY COMPLIANCE REPORT

Eitem ar yr Agenda: Agenda Item:	5.1

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance
Cyflwynwyd gan: Presented By:	Alex Lawrence, Quality Management Systems Manager

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted partner and a high performing, inclusive organisation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Duty of Quality implications throughout this report
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME

Michelle Sell, Director of Programmes & Engagement	29/06/26	Reviewed
Ifan Evans, Executive Director of Strategy	30/06/26	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISO	International Standards Organisation	QI	Quality Improvement
SsMD	Software as a Medical Device	SLT	Senior Leadership team
NHS&P&I	NHS Performance & Improvement	ODP	Organisational Development Plan
QMS	Quality Management System	EPS	Early Position Statement

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The following report summarises the key activities for quality performance in relation to:

- External Audit performance
- Internal quality performance against the annual quality plan
- Legislation changes and requirements

3.1 External Audits

One (1) external audit was conducted over Q1; April – June 2026:

- ISO 27001:2022 - Information Security Management Systems
  - Type: Surveillance
  - Outcome: 2 Minor Non-Compliances, 3 Opportunities for Improvement.

Additionally, DHCW proactively supported NHS Wales laboratories by undertaking a central UKAS assessment aligned to ISO 15189:2022, despite not being a certificated laboratory organisation.

This approach has delivered significant national benefit, reducing duplication of audit activity across Health Boards, strengthening assurance of the TrakCare Lab Enterprise (TCLE) system, and demonstrating DHCW's commitment to transparency, quality, and regulatory alignment.

The successful Cellular Pathology go-live at Cwm Taf Morgannwg UHB (CTMUHB) evidences the effectiveness of this model, with DHCW-produced artefacts and processes directly supporting a positive UKAS inspection outcome.

3.2 Internal Quality Performance

Milestones

The Quality Assurance and Regulatory Compliance team have completed one Business Plan/DHCW Annual Quality Plan milestone during Quarter One. This was

- DHCW-OBJ-08 - Formal establishment of a Quality Improvement Group (QIG) as a cross-directorate oversight group for Quality Improvement activity and shared learning.

Non-Compliance Management

Significant improvements have been sustained since the last reporting period. Open findings within agreed target dates are currently 95%, a slight increase in performance (2%), reflecting continued strengthening of non-compliance management arrangements and closer working with auditees to address issues in a timely manner.

Document Management & iPassport

The Organisation continues to manage documentation effectively through iPassport, with a current compliance rate of 92% and a continued increase in the number of documents controlled within the system. This demonstrates sustained progress in document control and the timely review of documents as they become due.

Quality Improvement Framework

The Quality Improvement Framework is on track against the project plan and our objectives for 2026/27 with the development of Team Quality Plans, establishment of the Quality Improvement Group (QIG) and continued roll-out of the 5-Minute Improvement initiative across DHCW.

3.3 Legislation

Medical Devices

Since June 2025, the UK Medical Devices Regulations 2002 have included enhanced post-market surveillance requirements under Part 4A, strengthening obligations for manufacturers and Organisations placing medical devices on the Great Britain market to monitor safety, performance, and incidents throughout the device lifecycle. DHCW procedures and governance controls have been implemented to support compliance with these regulatory requirements. QA&RC continue to represent DHCW at the All-Wales MDR group to keep abreast of changes.

Duty of Quality

The Annual Quality Report for 2025/26 has been developed and is currently progressing through Organisational approval. The report strengthens the communication of how DHCW meets the Duty of Quality, with an increased focus on demonstrating evidence of impact and embedding quality across all areas of work.

Implementation of the DHCW Quality Framework continues to progress, with Organisational Team Quality Plans being developed and rolled out across directorates. These plans are aligned to the 12 standards of the Duty of Quality, and the Digital Service Standards for Wales enabling a more systematic and consistent approach to planning, monitoring and evidencing quality within teams.

This work supports the transition towards more structured, forward-looking quality assurance arrangements, with improved visibility of performance, risks and opportunities for improvement across the organisation.

Legislation Assurance Register

An improvement to the Legislative Assurance Register has been introduced with it now being managed through a digital application, replacing the previous spreadsheet-based approach for maintaining and monitoring applicable legislation. The application supports improved oversight and more consistent management of legislative requirements, while formal requests for additions, amendments or removals to the Register continue to be submitted and tracked via iPassport.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

Update

4.1 External Audits

One (1) recertification audit due in August 2026:

- ISO 20000-1:2018 Information Technology Service Management

4.2 Internal Quality Performance

Milestones

The Quality Assurance and Regulatory Compliance Business Plan/DHCW Annual Quality Plan milestones for Quarter One are complete.

Non-Compliance Management

Performance in the management of open non-compliances remains positive, with 92% of findings currently being managed within agreed target dates. Most directorates are sustaining effective control of their non-compliance workloads, with targeted support continuing in a small number of areas requiring further attention.

Ongoing work is focused on strengthening the approach to action planning, with greater emphasis on setting achievable timescales and identifying constraints at an earlier stage. This enables more consistent progress towards timely closure and improving overall control of non-compliance activity.

Quality Improvement Framework

- We continue to deliver the 5-Minute Improvement training and encourage staff members to submit their ideas for improvement. We have delivered this training to 239 people so far across the organisation and have been delivering team specific sessions. 98% of our attendees say they are satisfied with the content of this course and feedback remains positive regarding the course content and delivery.

- The Fundamentals of Quality Improvement workshop has been delivered to 74 people so far with 100% of our attendees saying they are satisfied with the content of this course. This workshop is now being offered bi-monthly instead of monthly, however some sessions have been cancelled due to limited numbers.
- Our improvement dashboard remains active so that everyone at DHCW can submit, share and celebrate the improvements across directorates. We have had 64 ideas submitted so far. These submissions are automatically considered for the '5-Minute Improvement of the Month Award'.
- The QI team have been actively involved with several new Kaizen Events, including events for the on-call rotas and emergency planning processes and data standards processes. The team have engaged with stakeholders in these areas and the processes for each area have been mapped to identify issues and potential solutions
- The 'What Matters to You' initiative has been initiated with the Corporate Governance Team, with ongoing cycles for the Quality Team and Estates & Compliance Team continuing to next stages.

4.3 Legislation

Medical Devices

We are continuing to keep abreast of MHRA guidance and communications in regard to the new UK Medical Device Regulation compliances. The Quality team is maintaining communication and working closely with the MHRA, not only to keep up to date with progress but being directly involved defining guidance that will be published regarding SaMD via Trusted Advisor Groups.

We are maintaining attendance at the 'all Wales MDR group' to act upon guidance when available.
Members of the Quality team are contributing to the Medical Device Showcase events and contributing to the All-Wales maturity rating regarding SaMD. Output is reported to Welsh Government.

The DHCW SaMD has been developed to closely align with DHCW's presently established processes to support standardisation and consistency. We are currently working closely with WIAG to establish 'quality agreements' to ensure the approach aligns with the Organisations shift to product led digital services.

We are currently working with the WECDS project team to manage DHCWs first Software as a Medical Device (SaMD), Manchester Triage System (MTS). The project team are engaging well with the quality team to successfully register MTS with the MHRA and place on the market. This project enables us to test and amend our processes to continually improve and better our compliance with lessons learned. The team are aiming for registration of MTS 07/2026.

We are also currently exploring the potential of developing clinical calculators for use within NHS Wales. There have been expressions of interest and engagement from multiple

Health Boards, and we have started to document the purpose and scope of User Requirement Specifications (URS). The team are also exploring how medical calculators can be developed (code only to full application development)

Any services identified as a Medical Device via WIAG will follow UK 2002 legislation until the new UK Medical Device regulations come into force.

DHCW currently has processes in place to successfully register Class I SaMD.

Duty of Quality

Work is progressing on the Annual Quality Report for 2025/26, which is currently out for Organisational approval. The report builds on the previous publication, with strengthened evidence demonstrating how the organisation meets the Duty of Quality standards.

Alongside this, implementation of the DHCW Quality Framework continues, with Organisational Team Quality Plans being developed and rolled out across directorates. This is supporting a more consistent and structured approach to evidencing quality and demonstrating impact across the organisation.

The DHCW Quality Management System (QMS) Early Position Statement (EPS) was submitted to NHS Performance & Improvement in March 2026 in line with National requirements. Work is underway on DHCW Organisational Development Plan (ODP) for implementation and strengthening of our QMS.

Legislation Assurance Register

Recent updates to the Legislative Assurance Register (LAR) reflect ongoing compliance efforts. The latest review introduced one (1) new legislative requirements and requests, zero (0) amendments, and zero (0) requested removals as no current alignment to standard. These changes were captured through the iPassport system and validated during governance meetings, reinforcing the organisation's commitment to maintaining a current and robust Legislative Register in line with regulatory standards.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

The reporting period demonstrates continued strengthening of DHCW's quality performance, with sustained improvements across audit, non-compliance management and controlled document governance. With key programmes now embedded as business as usual, focus is shifting towards maturity and forward-looking assurance through implementation of the approved DHCW Annual Quality Plan and DHCW Quality Framework. This will support a more consistent approach to planning, monitoring and evidencing quality across directorates, strengthen alignment with the Duty of Quality, and improve visibility of risks, learning and opportunities for improvement.

Forward Plan for Next Quarter

5.1 External Audit

One (1) recertification audit due in August 2026:

- ISO 20000-1:2018 Information Technology Service Management

5.2 Quality Performance

- External ISO transfer audits were completed across multiple standards, with successful outcomes overall and only a small number of Minor Non-Compliances identified.
- Significant improvements have been made in non-compliance management, with the majority of directorates now performing well and open findings within target dates increasing to 93%; targeted support continues for a small number of hotspot areas.
- Controlled document management is embedded as business as usual through iPassport, with a 95% compliance rate; the document migration programme is complete, and the associated corporate risk has been closed.
- The Quality Improvement Framework is approved and being implemented, with ongoing delivery of improvement initiatives, training, and staff engagement activities.
- DHCW Annual Quality Plan for 2026/27 has been approved by Management board with twelve objectives currently being progressed
- Team Quality Plans embedding the 12 Duty of Quality standards to strengthen forward-looking assurance and evidence of quality in practice are being developed in line with the DHCW Annual Quality Plan
- The DHCW QMS ODP Will be finalised ready for submission to NHS P&I by 31st July 2026. In tandem with the ODP a three-year Quality Improvement plan will be finalised.

5.3 Legislation Actions

- Continue maintaining communication with MHRA and other stakeholders regarding new UK Medical Device regulations.
- Continue preparations for compliance with new UK Medical Device regulations.
- Continue to deliver MTS via MHRA registration.
- Continue to explore potential of DHCW manufacturing clinical calculators (SaMD)
- Re-design of the Always On Quality Reporting process.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
ANNUAL QUALITY REPORT 2025-26

Eitem ar yr Agenda: Agenda Item:	5.1i

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Alex Lawrence, Quality Management Systems Manager
Cyflwynwyd gan: Presented By:	Alex Lawrence, Quality Management Systems Manager

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the Annual Quality Report 2025-26.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services for patients and public
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Annual Quality Report to be published, capturing where the Duty of Quality has been embedded throughout the Organisation.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME

Michelle Sell	11th May 2026	Approved
Ifan Evans	12th May 2026	Approved
DHCW Management Board	18th May 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DoQ	Duty of Quality		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The Annual Quality Report is a regulatory requirement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Quality (DoQ) statutory guidance requires NHS organisations to publish an Annual Quality Report with an aim to demonstrate how they have tried to improve the quality of health services.

Each directorate within DHCW has provided evidence on how they had complied with the aim of the Duty of Quality and to identify which of the Health and Care Quality Standards it related to.

The Health and Care Quality Standards are:

The report is split into sections:

- Message from Ruth Glazard (Chair) and Helen Thomas (CEO)
- Executive Summary
- Key Achievements 2025-26
- Strategic Priorities 2025-26
- Purpose of the report
- Benefits Realisation Framework
- Look back at 2025-26

- Annual Quality Plan Achievements 2025-26
- Looking Forward – Priorities in 2026-27
- Our Key Achievements and Alignment to DoQ 2025-26

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

The Annual Quality Report 2025–26 has been presented to Management Board in draft Word format and approved prior to onward submission to the Audit and Assurance Committee and the Special Health Authority Board. Following approval, the report will be finalised and prepared for publication in an accessible format.

The report has been substantially refreshed this year to reflect the 2025–26 reporting period and now provides a clearer account of how DHCW has met its Duty of Quality obligations. It includes an updated executive summary, a revised statement of purpose, an overview of the Organisational quality management system, and clearer articulation of how quality is embedded through the Organisational Strategy 2024–2030, the Integrated Medium-Term Plan and the Benefits Realisation Framework.

The report also explains how DHCW has looked back over 2025–26, including progress in establishing the Quality Framework and the early rollout of Team Quality Plans to support a more continuous and data-informed approach to quality reporting over time. It summarises achievements delivered through the Quality Team's Annual Quality Plan across quality planning, control, assurance and improvement, including development of the Quality Framework, continued enhancement of iPassport as the Organisational eQMS, strengthening of Duty of Quality governance arrangements, document control improvements, validation and regulatory assurance activity, quality improvement training, legislative assurance improvements and work to build Organisational capability in areas such as AI governance and quality practice.

Looking forward, the report sets out the key priorities for 2026–27 and beyond across the four components of the quality management system. These include increasing adoption of Directorate and Team Quality Plans, formalising the DHCW quality management system in line with national expectations, developing a dynamic quality data monitoring framework, establishing a Quality Improvement Group, strengthening evidence of closed improvement cycles, and rolling out supporting frameworks and training for Quality Impact Assessments, Kaizen and Software as a Medical Device. Together, these priorities demonstrate a more structured and mature approach to embedding quality as part of normal business activity across the organisation.

The appendix has also been fully updated and now presents a broader range of 2025–26 Organisational achievements mapped against the Duty of Quality domains and enablers. These examples demonstrate how quality has been embedded across DHCW's services, programmes and corporate functions, including digital inclusion, cyber security, national standards, service management, workforce development, stakeholder engagement,

information governance, research and innovation, clinical systems, estate improvements and external quality certification.

Taken together, the report provides a more robust and representative account of DHCW's quality activity during 2025–26 and gives a clearer line of sight between statutory Duty of Quality requirements, Organisational priorities, governance arrangements and evidence of improvement.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no key risks / matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the Annual Quality Report 2025-26.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
HIGH VALUE PURCHASE ORDER AND CUMULATIVE REPORT

Eitem ar yr Agenda: Agenda Item:	5.2i

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 26

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Joel Griffiths, Systems Accountant
Cyflwynwyd gan: Presented By:	Sian Williams, Head of Financial Services and Reporting

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the High Value Orders report to June 24th 2026.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton, Interim Director of Finance	29/06/2026	APPROVED

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
VAT	Value Added Tax	DSPP	Delivering Services to Patients and the Public
IHUB	Integration Hub	WLIMS	Welsh Laboratory Information Management System
PCMH	Primary Care and Mental Health		

3 SEFYLLFA & CEFNDIR / 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 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 During the period 24th March 2026 – 24th June 2026 there were 7 high value orders of more than £0.750m raised.

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) 24th March 2026 – 24th June 2026

Ref	Area	Supplier	Service/Good Detail	Date Order Raised
A1	GP Systems Maintenance Support	Egton Medical Information Systems Ltd	Emis Support & Maintenance	30/03/2026

A2	Cloud	Trustmarque Solutions Ltd	Microsoft Azure Consumption Commitment Agreement 2025-2028	08/04/2026
A3	GP Systems Maintenance Support	HP INC UK LTD	HP Managed Print Base Cost	21/04/2026
A4	Service management	Softcat	IT Service Management Toolset Replacement	13/05/2026
A5	All Wales Licence Provision	Trustmarque Solutions Ltd	All Wales Microsoft Enterprise Agreement	26/05/2026
A6	Integration and Ref Applications	Softcat	Extension of Fiorano Enterprise Licences	28/05/2026
A7	GP Systems Maintenance Support	Dell Financial Services	Desktop PCs	08/06/2026

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.

4.5 Table 2: Cumulative Supplier Orders reaching £0.750m for during 24th March 2026 – 24th June 2026.

Ref	Area	Supplier	Service/Good Detail	Number of Orders
B1	Data Centre Services	Computacenter (UK) Ltd	Computer Infrastructure, Licences & Support	15
B2	Lease cars	Northumbria HC NHS Trust	Lease cars	44

4.6 For completeness and because of the potential for overlap in Appendix A and B the details of suppliers where spend has exceeded £0.750m are also presented within this report and itemised further in Appendix C and within table 3 of this report. The table is a year-to-date position as of the 24th of June 2026.

4.7 Table 3: Suppliers with Spend of over £0.750m for the period of 24th March 2026 – 24th June 2026.

Ref	Area	Supplier	Amount £
C1	Various	Computacenter (UK) Ltd	>£0.750m
C2	GP Systems Maintenance Support	Dell Financial Services	>£0.750m
C3	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (Emis Health)	>£0.750m
C4	GP Systems Maintenance Support	HP INC UK LTD	>£0.750m
C5	Lease car	Northumbria HC NHS Trust	>£0.750m
C6	Various	Softcat	>£0.750m
C7	All Wales Microsoft Enterprise Agreement / Azure Consumption	Trustmarque Solutions Ltd	>£0.750m
Grand Total of suppliers with more than £0.750m spend			£48.415m

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no key risks and matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the High Value Orders report to June 24th 2026.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
PROCUREMENT & SCHEME OF DELEGATION COMPLIANCE REPORT

Eitem ar yr Agenda: Agenda Item:	5.2ii

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Julie Williams, Senior IT Category and Contracts Manager
Cyflwynwyd gan: Presented By:	Julie Francis, Head of Commercial Services

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report. STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below All contracts have been awarded in line with the SHA Governance and the Public Contracts Regulations 2015 or Procurement Act 2023
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below All contracts have been awarded in line with the SHA Governance and the Public Contracts Regulations 2015 or Procurement Act 2023
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There are financial implications from single tenders and potentially change notices.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Julie Francis Head of Commercial Services	29 June 2026	Authorised

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium-Term Plan	SQA	Single Tender Action
PCR	Public Contracts Regulations	SFI	Standing Financial Instructions
CCN	Change Control Notice	STA	Single Tender Action

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1st March 2026 to 31st May 2026 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	0
12.13	Single Tender Actions	3
12.13	Single Tenders for consideration following a call for Competition under PCR2015.	0
12.17	Contract Extensions: Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	4

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

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

- 3 x Single Tender Action (set out in item 5.2ii Appendix A)
- 4 x Change control (set out in item 5.2ii Appendix A)
- Total Value £607,713.00 ex VAT

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 No risks or key matters to escalate to the Board as the procurement activity reported on are in accordance with the Public Contracts Regulations 2015/the Procurement Act 2023 and Standing Financial Instructions.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FINANCIAL GRIP AND CONTROL REVIEW

Eitem ar yr Agenda: Agenda Item:	5.2iv

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Mark Cox, Associate Director of Finance
Cyflwynwyd gan: Presented By:	Mark Cox, Associate Director of Finance

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the outcome of the Grip and Control Assessment Review and the areas for improvement.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton	30/06/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Financial Grip and Control exercise is a structured, NHS Wales-wide assessment designed to provide assurance that robust financial, workforce, and procurement controls are in place and operating effectively. It has been developed by the NHS Wales Financial Planning and Delivery Directorate within NHS Wales Performance and Improvement to support organisations in maintaining financial stability during periods of significant system pressure. All organisations received a request from Welsh Government to complete the assessment.

The purpose of the exercise is to:

- Self-assess whether core financial control arrangements are appropriately designed and embedded
- Identify strengths and areas for improvement across key risk domains
- Support Executive oversight and prioritisation of improvement actions
- Provide assurance to Audit Committee and external stakeholders

3.2 The exercise was undertaken by Digital Health and Care Wales (DHCW) as part of its broader Financial Baseline Review with the results presented to the Executive Team on 13/05/2026. It aligns with expectations set out through national guidance and external scrutiny, and has been positioned to support strengthened control, improved in-year financial performance, and assurance to senior leadership and the Board.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 Overview of the Process: The Grip and Control review follows a structured methodology based on a standardised schedule covering core control domains. The areas assessed are set out in Appendix A

4.1 The key stages of the process are:

1. Self-assessment against the national framework, evaluation across core financial, workforce, and procurement control areas.

2. Assessment of strengths and gaps: Identification of well-established controls and areas requiring further strengthening.

3. Executive review and challenge: Internal review through Finance leadership/Executive forums and external assurance (where applicable): Independent expert review to validate findings and maturity of controls.

4. Development of a formal improvement plan with clear ownership, actions, and timelines.

4.2 The exercise is not intended to be exhaustive but instead focuses on high-risk and high-impact areas where strong controls are critical to financial sustainability.

4.3 Following the assessment, the following areas were considered to have reasonable assurance with regards to effective controls:

- Budgetary control and financial management
- Workforce controls, including vacancy and agency management
- Procurement discipline, including enforcement of "No PO, No Pay" and contract management standards. Whilst deemed a strong area of control, there is scope for improvement in procurement by eliminating duplication of approval effort and streamlining (procurement approval form) processes.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 The review identifies specific areas where key controls could be improved as follows:

1. Business case governance: strengthen compliance and enforcement of the existing process/templates; engage Executives, Senior leadership teams, to embed consistent practice.

2. Value and Benefits management: elevate benefits as a core improvement area (aligned to current WG communications) and strengthen post-project gateway reviews to assess business case benefits vs actuals.

3. Supplier performance: We will look to strengthen the evaluation of supplier performance in the following areas:

    - Implement processes and methodology to periodically review the financial stability of major suppliers.
    - Ensure that there are transparent reporting and escalation of supplier performance, financial stability assessments.

- Improve non pay reporting to identify areas to improve value and mitigate digital inflation risk
- Collaboration and knowledge sharing with NWSSP

5.2 In addition to the identified areas for improvement, DHCW will seek to continuously improve the consistency of effective controls across the organisation.

5.3 These findings have informed the development of a targeted improvement plan to enhance control maturity and ensure continued alignment with national expectations.

5.4 The Financial Grip and Control exercise provides reasonable assurance that DHCW has a robust financial control environment in place, with the majority of core disciplines operating effectively. The exercise has identified targeted areas for improvement, providing a platform to further enhance financial governance, support sustainable financial delivery, and strengthen organisational assurance to the Board and stakeholders.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the outcome of the Grip and Control Assessment Review and the areas for improvement.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
SOCIALLY RESPONSIBLE PROCUREMENT OBJECTIVES

Eitem ar yr Agenda: Agenda Item:	5.2v

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Daniel Gregory, Strategic Procurement and Contracts Manager
Cyflwynwyd gan: Presented By:	Chris Moreton, Interim Director of Finance

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the Socially Responsible Procurement Objectives	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Indirect financial implications specific to individual competitive processes.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Limited workforce implications to resource DHCW data collection and reporting.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Increased positive organisational impact on social, economic, environmental and cultural outcomes
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton	25.06.2026	Approved

Julie Francis	20.06.2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SPPP	Social Partnership and Public Procurement (Wales) Act 2023	SME	Small and Medium Size Enterprises

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Social Partnership and Public Procurement (Wales) Act 2023 (SPPP) establishes a statutory framework in Wales to:

- Promote social partnership working between public bodies, employers, and trade unions.
- Embed socially responsible procurement duties across Welsh public sector contracting.

For Welsh Contracting Authorities, the Act creates a Socially Responsible Procurement Duty as below:

A Contracting Authority *"must seek to improve the economic, social, environmental and cultural well-being of its area by carrying out public procurement in a socially responsible way"*

This changes the legislative and policy lenses on value, formally broadening the definition from cost, quality and time, to also include social, economic, environmental, and cultural wellbeing.

During each stage of the procurement cycle, from planning through to delivery the consideration of these requirements are essential and will form part of the organisation's key reporting requirements to the Welsh Government.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The SPPP builds on The Well-being of Future Generations (Wales) Act 2015 and wider policy work around the Foundational Economy, Fair Work and value-based procurement, with specific requirements for all Welsh Contracting Authorities linked to the Socially Responsible Procurement Duty set out as follows:

Activities / Requirements	Responsibility
Set and publish Socially Responsible Procurement Objectives	DHCW

Take all reasonable steps to meet those objectives appropriate to the procurement and contracting requirements.	DHCW
Publish a Socially Responsible Procurement Strategy	Joint NHS Wales Strategy – via NWSSP
Publish an Annual Socially Responsible Procurement Report.	DHCW

4.2 DHCW is collaborating internally and across NHS Wales to meet these Socially Responsible Procurement requirements to incrementally complete each of the above activities / requirements.

4.3 The Act requires contracting authorities to take all reasonable steps to meet their SRPOs when procuring these contracts. As part of taking all reasonable steps it should be noted that all procurements should support DHCW's SRPOs. Following any award, contract performance information should demonstrate how the contract contributed to economic, social, environmental and cultural well-being outcomes.

4.4 Under the SPPP, reporting against Socially Responsible Procurement Objectives (SRPOs) is focused on "prescribed contracts" rather than every contract. With regards to Annual Socially Responsible Procurement reporting, the annual report should focus on:

- Above-threshold contracts.
- Framework call-offs that meet the "prescribed" definition.
- Outsourcing service contracts.
- Major construction contracts.

4.5 The Socially Responsible Procurement Objectives have been developed utilising Welsh Government's guidelines on socially responsible procurement which can be found here: https://www.gov.wales/socially-responsible-procurement

4.6 DHCW Finance and Commercial subject matter experts have developed the Socially Responsible Procurement Objectives linked to the Wellbeing Objectives set out in our IMTP 2026-29, which builds upon DHCW's Social Value approach. DHCW's Wellbeing Objectives, as set under the Wellbeing of Future Generations Act, are outlined below:

DHCW's Wellbeing Objectives

By 2035, digital innovation will support a more sustainable and equitable future for all in Wales.

1. Put people first as a diverse, equitable and inclusive employer by offering meaningful work, paying the real Living Wage as a minimum and developing digital skills.
2. Achieve net zero emissions across all of our operations and supply chain by 2035 and apply circular economy principles to minimise electronic waste.
3. Provide digital and data services that deliver economic, social, environmental and cultural value and meet population needs now and in the future.
4. Leverage clinical data, in combination with a diversity of data sources, to identify actionable insights which support prevention, population health, equity and well-being.

5. Enable the safe, effective and ethical deployment of Artificial Intelligence and digital innovation more broadly across Wales.

DHCW's Socially Responsible Procurement Objectives

DHCW's Socially Responsible Procurement Objectives are proposed as follows:

1. **Increase ethical, sustainable and low-carbon procurement across all digital and data-related supply chains**
   By requiring suppliers to evidence carbon reduction plans, resource efficiency, low-carbon hosting, and use of circular-economy goods, to contribute to a Prosperous, Resilient and Globally Responsible Wales.

2. **Strengthen due diligence on labour, human rights and fair work throughout digital supplier ecosystems**
   By embedding the Ethical Employment in Supply Chains Code of Practice, enforcing workforce clauses (where relevant), and adding social value criteria within evaluation.

3. **Increase opportunities for SMEs and the Foundational Economy to participate in digital procurement**
   By simplifying procurement routes, separating requirements into lots where feasible, and increasing market-engagement activities pre-procurement.

4. **Ensure that all major procurements include digital inclusion, accessibility and Welsh language requirements**
   By embedding accessibility into service design, bilingual requirements, and inclusive engagement within specifications to improve equality and culture.

5. **Reduce waste (including digital waste, devices, hosting inefficiency and redundant data storage) generated through procurement activity**
   By reviewing requirements for circular-economy-ready hardware, reuse/repair pathways and data-hygiene requirements in all relevant tenders.

6. **Enhance requirements for data protection, cybersecurity and AI ethics within supplier contracts**
   By ensuring suppliers meet Welsh Government, NHS Wales and recognised cyber/AI governance standards to protect wellbeing and organisational resilience.

Next steps

In order to progress the SRPOs, the commercial team will:

- Incorporate SRPOs into all procurements, following approval, and work to embed across the organisation
- Liaise with NWSSP on the development of a Socially Responsible Procurement strategy
- Prepare reporting requirements for the first annual Socially Responsible Procurement report to be produced following the end of the financial year.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no key risks / matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the Socially Responsible Procurement Objectives	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
BOARD ASSURANCE FRAMEWORK DEEP DIVE – PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW (PADR)

Eitem ar yr Agenda: Agenda Item:	5.3

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Samantha Morgan, Director of People and Organisational Development
Paratowyd gan: Prepared By:	Anna Evans, Directorate Manager of People and Organisational Development
Cyflwynwyd gan: Presented By:	Samantha Morgan, Director of People and Organisational Development

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted partner and a high performing, inclusive organisation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The importance of consistent objective setting and meaningful PADRs in supporting workforce effectiveness, accountability and delivery of organisational priorities,
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting

PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Samantha Morgan	29.06.26	Approved
Audit and Assurance	14.07.26	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
OCP	Organisational Change Policy	PADR	Personal Appraisal and Development Review
POD	People and Organisation Directorate		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The People and Organisational Design Directorate (POD) of Digital Health and Care Wales (DHCW) has reviewed PADR compliance following compliance persistently falling below the NHS Wales target of 85%. The review was undertaken to establish the reasons for non-compliance, identify root causes, and provide assurance on the actions being taken to strengthen control and improve sustained performance as part of Mission 5 within the Board Assurance Framework.

3.2 PADR compliance is reported through the Electronic Staff Record (ESR). The data reflects the position at a point in time and changes retrospectively when staff move teams or directorates, reporting lines are updated, or completed PADRs are entered after the review has taken place. As at 23 June 2026, DHCW recorded 84.89% compliance, with 106 PADRs outstanding.

3.3 DHCW has a headcount of 1,278. Staff on long-term sickness, maternity/adoption leave and external secondment remain included in the PADR dataset, in line with NHS Wales reporting. These groups total 40 staff, representing approximately 3% of the workforce.

3.4 The analysis found that DHCW has continuously achieved above 80% compliance over the last 14 months but has not met the 85% target in 10 months. A key pressure point is the concentration of PADRs due in April and May, linked to workforce start dates through TUPE, new starters and annual planning cycles. The main root cause is inconsistent line-manager prioritisation and follow-through of the end-to-end PADR process, supported by contributing factors including organisational change, delivery pressures, ESR hierarchy issues and variable use of available People and OD guidance.

3.5 The root cause analysis found that the main factor is inconsistent line-manager prioritisation and follow-through of the PADR process. Contributing factors include operational pressures, organisational change, ESR hierarchy inaccuracies, delays in

recording completed PADRs, and variable use of People and OD guidance and support.

3.6 Targeted action has already resulted in improved compliance since end of April 2026 where compliance was 80.38%. Further work is now focused on strengthening directorate ownership, maintaining ESR data quality, introducing forward-looking reporting, and embedding escalation arrangements where compliance remains below target.

3.7 Immediate short-term controls are in place to rapidly return performance to target, including weekly reporting of outstanding PADRs, directorate-level follow-up, manager support sessions, and targeted escalation. Further short-term actions will focus on strengthening forecasting, accountability, ESR validation, and improving manager capability to stabilise compliance above the 85% threshold.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The current PADR compliance position is 84.89% as at 23 June 2026, which is marginally below the 85% target, with a 3.57% improvement seen since April 2026.

4.2 The root cause analysis has identified that the primary issue is inconsistent line-manager prioritisation during times of high demand and follow-through of the PADR process.

4.3 Weekly reporting and targeted follow-up are in place until a sustained three-month compliance period to support directorates and managers to address outstanding PADRs.

4.4 Directorate-level recovery action plans are being used where compliance is below target, with clearer ownership and escalation where required.

4.5 ESR data quality will continue to be monitored, with ongoing review of reporting-line accuracy, staff movements and completed PADRs not yet recorded.

4.6 Staff with no recorded PADR are being identified and prioritised for follow-up to ensure a clear plan is in place.

4.7 Manager support is being strengthened through guidance which will include managers having to complete the staff members PADR prior to the staff member moving to another manager, drop-in sessions and planned training to improve understanding of PADR responsibilities and ESR recording.

4.8 Forward-looking reporting will be introduced from July 2026 to improve visibility of PADRs due and reduce the risk of future overdue cases.

4.9 The focus is moving from short-term recovery to sustained compliance through improved monitoring, ownership and performance management.

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 There are no matters requiring escalation at this stage. The current PADR compliance position is being actively managed through weekly reporting, directorate-level follow-up and targeted intervention.

5.2 Any directorate that remains below the 85% target without clear recovery progress will be escalated through the established performance governance route.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER REPORT

Eitem ar yr Agenda: Agenda Item:	5.4

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Bethan Walters Corporate Governance and Risk Manager
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs/ Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to
DISCUSS the Corporate Risks assigned to the Audit and Assurance Committee. NOTE the status of the Corporate Risk Register.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
	Risk Management and Assurance activities equally affect all. An EQIA is not applicable
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be legal implications
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be financial implications
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Management Board	18/06/2026	Discussed and

		Verified
Laura Tolley	July 2026	Reviewed
Chris Darling	July 2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The DHCW Risk Management and Board Assurance Framework (BAF) outlines the approach the organisation will take to managing risk and Board assurance.

3.2 A full review of the BAF took place during May 2026 and was approved by the SHA Board in May 2026.

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

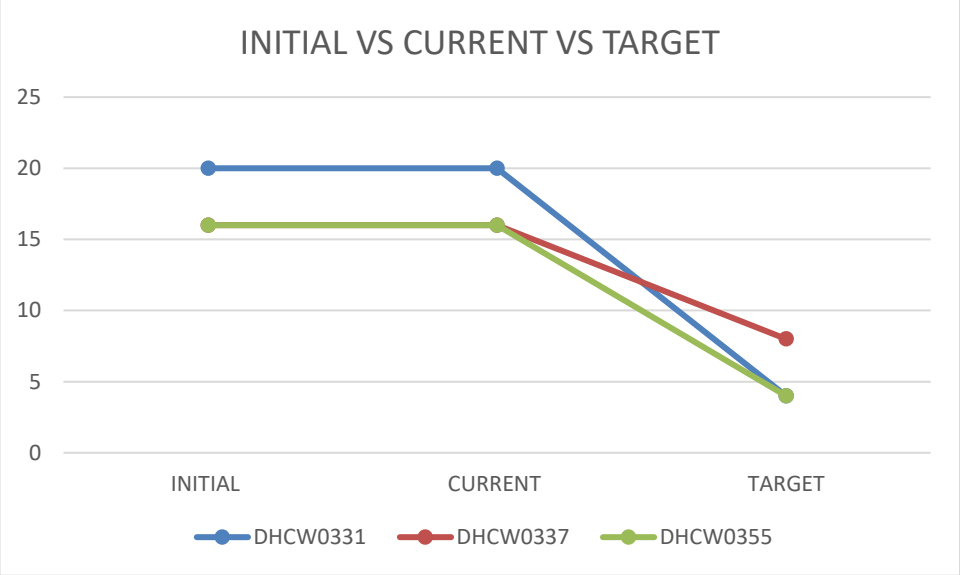
4.1 Committee members are asked to consider risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months).

4.2 The Committee are asked to consider the risks assigned to the Committee

- DHCW0331 – Fixed Term Resource Funding

- DHCW0337 – Sustainable Digital Services and Development Funding Model
- DHCW0355 – Remit Letter Recruitment Pause

4.3 The overview of initial risk score versus current versus target, and risks that may be identified for further investigation and action are shown in the graph below.



4.3 DHCW's Corporate Risk Register currently has 17 risks on Register, 3 of which are allocated to the Audit and Assurance Committee. 3 are detailed at item 5.4i Appendix A for consideration by this Committee. The remaining 14 risks are assigned to the Digital Governance and Safety and the Portfolio Delivery Committee and are considered in public/private session as per the Committee assignment approach.

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

NEW RISKS (6) 4 Public, 2 Private

RISK REF/TITLE	RISK DESCRIPTION	COMMITTEE ASSIGNMENT
DHCW0354 – DPIF Funding Pause and Review	IF DPIF funding is reduced, delayed, or refocused THEN DHCW will be required to reprioritise, re-scope, and pause or stop elements of nationally planned digital programmes, while constraining investment in workforce and delivery capacity RESULTING IN potential failure to deliver IMTP and contractual commitments; being unable to achieve its statutory responsibility to break even; and delay or dilution of digital transformation benefits.	Programmes Delivery Committee
DHCW0355 - Remit Letter recruitment pause	IF the Welsh Government mandated recruitment pause continues for a prolonged period, THEN sustained capacity pressures may adversely impact staff morale, wellbeing, retention and	Audit & Assurance Committee

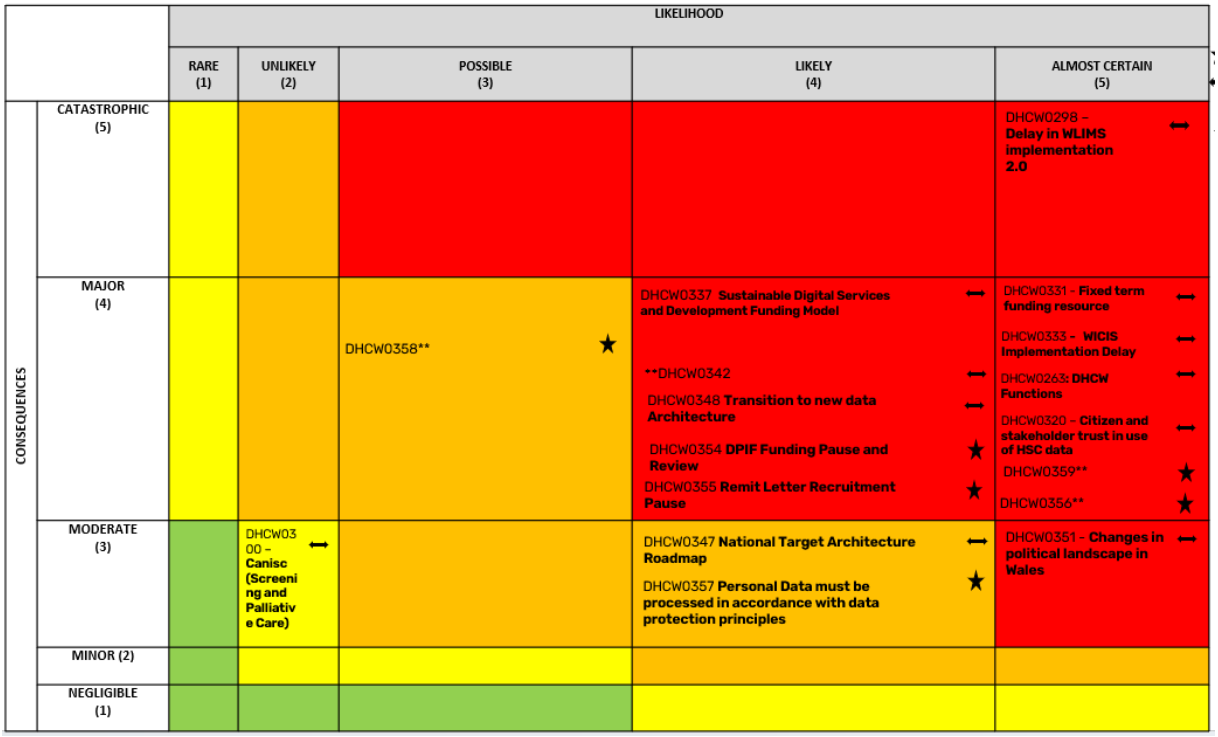
	productivity, RESULTING IN increased stress and burnout, inequitable workload distribution, workforce instability, and a reduced ability to deliver IMTP priorities and statutory commitments for clinicians and patient care.	
DHCW0356 - PRIVATE	PRIVATE	Digital Governance & Safety Committee
DHCW0357 - Personal data must be processed in accordance with the data protection principles (see Article 5 of the UK GDPR). Article 5(1)(c	IF GPC Wales or Practices perceive the bulk data extraction required by the in-house solution as excessive relative to Audit+ requirements, THEN voluntary adoption may be insufficient to achieve operational coverage, RESULTING IN service delivery failure and reputational damage for DHCW. This is material because: (i) the service cannot be made compulsory; (ii) the technical design inherently requires bulk extraction.	Digital Governance & Safety Committee
DHCW0358 - A replacement solution may not be able to be delivered in Audit+ & PDES sunsetting timescales (30th April 2027)	IF existing DQS services (all Lot items) are not delivered within Audit+ and PDES sunsetting timescales (30th April 2027) THEN a break in service may occur along with an inability to parallel run for some service recipients RESULTING IN service recipients being unable to access previously approved DQS information during the potential break in service period.	Digital Governance & Safety Committee
DHCW0359 - PRIVATE	PRIVATE	Digital Governance & Safety Committee

RISKS REMOVED (5) 4 Public, 1 Private

RISK REF	RISK TITLE	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0237	New requirements on impact and plan	Has now become an issue and will be managed as such within the Directorate	Portfolio Delivery Committee
DHCW0351	Changes in political landscape in Wales	Elections concluded the organisation is in communication with the new government to agree remit	Audit & Assurance Committee
DHCW0341	PRIVATE	Amalgamated with DHCW0342 as the mitigation is the same	Digital Governance & Safety Committee
DHCW0349	RADIS Team scaling back 25/26	Clear plan in place and risk has been mitigated to sufficient level for closure	Portfolio Delivery Committee
DHCW0352	Delivery of 2025-2026 Milestones	IMTP being closely managed by PPMG	Portfolio Delivery Committee

CHANGES IN SCORE (0) 0 Public, 0 Private
There were no changes in score during the period.

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



5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 The Committee are asked to note the three risks on the Corporate Risk Register which are assigned to the Committee.

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

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
WELSH LANGUAGE REPORT

Eitem ar yr Agenda: Agenda Item:	5.5

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	14 July 2026

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Eleri Wyn Roberts, Welsh Language Manager
Cyflwynwyd gan: Presented By:	Laura Tolley, Deputy Board Secretary | Head of Corporate Governance

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the: • Welsh Language Strategy 2026-2028 • Welsh Language Scheme Annual Report 2025-2026 • More Than Just Words Annual Report 2025-2026	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Yes, please see detail below The measures outlined in the Welsh language strategy will foster a bilingual culture, enhance compliance with statutory standards, and promote the importance of the Welsh language in healthcare delivery—ultimately improving patient experience and outcomes for the citizens of Wales.
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The Welsh Language Standards Compliance Notice places statutory duties on Digital Health and Care Wales under the *Welsh Language (Wales) Measure 2011*. DHCW must comply with all imposed Service Delivery, Policy-Making, Operational, and Supplementary Standards by the stated imposition dates. Non-compliance may result in formal investigation, enforcement action, or penalties issued by the Welsh Language Commissioner. The organisation must therefore ensure that policies, procedures, systems, and services are aligned with the Standards, and that legally required records are maintained and published (e.g., annual compliance reports, complaints records, workforce skills records).
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Achievement of the objectives of the Welsh language strategy may require further investment in translation, digital system development, staff training, recruitment activity, policy revision, signage, and communication materials. There may also be financial impacts linked to upgrading digital platforms (e.g., bilingual web pages, Welsh interfaces, apps), ensuring translation provision for meetings, and resourcing Welsh language training programmes.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The Welsh Language Standards highlighted in the strategy introduce several duties relating directly to the workforce. This requires comprehensive workforce planning, targeted skill development, improved recording systems, and ongoing support to embed bilingual working practices.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below The strategy contributes positively to linguistic equity and inclusion, supporting Welsh Government aims to increase Welsh language use and access to public services. Strengthening bilingual service delivery enhances fairness for Welsh-speaking communities, particularly in areas where the Welsh language is central to social, cultural, and economic life. There are no adverse socio-economic impacts anticipated; instead, improved access to services through the medium of Welsh supports broader well-being and participation.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below Language Revitalisation: Strengthening Welsh in public services supports the Welsh Government's target of one million speakers by 2050, reinforcing cultural identity. Community Cohesion: Promoting bilingualism fosters inclusivity and equal access to services, reducing linguistic discrimination.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Directorate Manager Strategy	June 2026	Approved
Director of Corporate Affairs	June 2026	Approved
Head of Corporate Governance	June 2026	Approved
Welsh Language Group	June 2026	Approved
Strategy Assurance Group	June 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Digital Health and Care Wales (DHCW) work within clear legal and national expectations for Cymraeg. This includes delivering its Welsh Language Scheme, and actions within the More Than Just Words Five-Year Plan 2022-2027.

The organisation has made good, steady progress to date. The latest Welsh Language Scheme Annual Report shows strong compliance, clear governance, high staff training levels, and no complaints about Welsh language services in the last reporting period.

The More Than Just Words Annual Report demonstrates that Cymraeg is being considered in workforce planning, digital systems, policies, and recruitment.

The new Welsh Language Strategy (2026–2028) builds on this progress but also raises the level of ambition for DHCW. The strategy moves the focus beyond compliance and aims to make Cymraeg a natural and everyday part of how the organisation works, across leadership, staff, culture, and digital systems.

DHCW's current data shows that:

- 54% of staff have basic Welsh skills
- 15% can use Welsh confidently at work
- 98% have completed Welsh Language Awareness training

4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 Workforce Capability and Skills

DHCW continues to raise awareness of Cymraeg, with most staff completing training and all

having access to learning opportunities. Whilst many staff have basic skills, far fewer feel confident using Cymraeg in their roles. The new Welsh Language Strategy looks to strengthen this by:

- setting a target for more staff to reach a functional level (20%)
- making basic Welsh a normal expectation
- focusing on building confidence and everyday use

The table below shows the % of staff with a minimum of level 1 Welsh language skills by directorate as of May 2026.

4.2 Leadership, Governance and Accountability

There are clear structures in place to support Welsh language work, including leadership roles and a Welsh Language Group.

The Welsh Language Strategy builds on these foundations by placing more responsibility on leaders to actively support change. This includes:

- setting clear expectations
- including Cymraeg in performance objectives
- leading by example

4.2 Recruitment and Workforce Planning

DHCW has consistent processes for assessing Welsh language needs in recruitment, and essential roles are advertised bilingually. However, most roles are still classed as "desirable" which limits how quickly skills can grow across the workforce.

The Welsh Language Strategy suggests a more targeted approach, focusing on roles where Cymraeg makes the biggest difference, such as public-facing roles. In addition, committing to a more proactive approach to Welsh language recruitment by advertising a number of roles bilingually, regardless of skills requirement.

4.3 Digital Systems and Bilingual Capability

There has been good progress in digital services, including bilingual systems (NHS Wales App) and translation support. The Welsh Language Strategy seeks to enhance this by making Cymraeg a core part of how digital systems are designed and developed.

4.4 Service Delivery and User Experience

Cymraeg is embedded into service delivery, supported by clear processes, guidance, and bilingual communication.

There is also a focus on the 'Active Offer', ensuring services are offered in Cymraeg without people needing to ask. The Welsh Language strategy focused more on user experience, making sure people can access services in Cymraeg easily and consistently.

Going forward, it will be important to understand and measure how this improves user experience.
A sample DHCW's recent service desk feedback, included below, demonstrated the teams commitment to the 'Active Offer' and compliance with DHCW's Welsh Language Scheme:

Likes	Comments	Rating
Medru siarad Cymraeg ac hefyd y profiad safon uchel arferol o wasanaeth	Diolch	Completely Satisfied
Gallu cael gwasanaeth Cymraeg ac ymateb cyflym		Completely Satisfied
Gwasanaeth Cymraeg – Zack Bond yn hynod o dda a gwybodus	Bob dim yn gret Effiicient iawn diolch Diolch am roi gwasaneth yn Gymraeg	Completely Satisified

4.5 Data, Monitoring and Assurance

DHCW collects and uses data to monitor Welsh language activity, including workforce data

and compliance reporting.
The next step is to build on this by focusing more on outcomes to understand impact, such as:

- how often Welsh is used
- how confident staff feel
- how easy it is for people to access services in Welsh

5 RISGIAU ALLWEDDOL & MATERION I'W HUWCHGYFEIRIO / KEY RISKS & MATTERS FOR ESCALATION

5.1 Workforce skills gap – Challenge of meeting the 20% Welsh-speaking staff target and the 100% courtesy level skills. Senior management leadership and support are required to ensure accurate ESR data is recorded for monitoring progress.

5.2 Recruitment - At present, there is no dedicated funding to support Cymraeg recruitment activity, including advertising on Welsh language platforms. As a result, DHCW is unable to proactively promote Welsh-essential and Welsh-desirable roles in a targeted way to strengthen the Cymraeg workforce. Addressing this is necessary to ensure DHCW meets its Welsh language obligations and supports growth in Welsh language capability across the organisation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the: • Welsh Language Strategy 2026-2028 • Welsh Language Scheme Annual Report 2025-2026 • More Than Just Words Annual Report 2025-2026	