

# Cyfarfod Cyhoeddus Y Pwyllgor Archwilio A Sicrwydd

Tue 20 January 2026, 09:30 - 11:55

## Agenda

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

0 min

#### 1.1 Croeso a chyflwyniadau

I'w Nodi Cadeirydd

#### 1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi Cadeirydd

#### 1.3 Datganiadau o Fuddiant

### 09:30 - 09:35 2. AGENDA GYDSYNIO

5 min

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

##### 2.1i Cyhoeddus 07 Hydref 2025

I'w Gymeradwyo Cadeirydd

2.1i 081025 AA-MDA-PUBLIC DRAFT MWJ V3 JA-en-cy-C.pdf (20 pages)

##### 2.1ii Preifat a chryno 07 Hydref 2025

I'w Gymeradwyo Cadeirydd

2.1ii 08102025 AA-MDA-PRIVATE DRAFTv1 ABRIDGED-en-cy-C.pdf (5 pages)

#### 2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi Cyfarwyddwr Gweithredol Cyllid

2.2 SSPC Assurance Report 30 September 2025.pdf (6 pages)

#### 2.3 Blaengynllun Gwaith

I'w Nodi Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

2.3 Forward Workplan.pdf (5 pages)

#### 2.4 Adroddiad Safonau Ymddygiad

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

2.4 Standards of Behaviour.pdf (5 pages)

#### 2.5 Adroddiad Cylchlythyr Iechyd Cymru

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

2.5 WHC Report.pdf (4 pages)

## 2.6 Adroddiad Ymgynghori a Chymeradwyo Dogfennau

*I'w Gymeradwyo* *Pennaeth Cydymffurfiaeth Ansawdd a Rheoleiddio*

📄 2.6 January '26 Audit and Assurance Key Document Approval Report v2.0.pdf (5 pages)

## 2.7 Adroddiad yr Iaith Gymraeg

*Er Sicrwydd* *Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd*

📄 2.7 Welsh Language update Jan26.pdf (6 pages)

## 2.8 Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio

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

📄 2.8 DHCW Quality and Regulatory Update Report January 2026.pdf (9 pages)

## 2.9 Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth

*Er Sicrwydd* *Pennaeth Tîm Ystadau a Chydymffurfiaeth*

📄 2.9 Estates Decarbonisation and Compliance Report.pdf (8 pages)

## 2.10 Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd

*Ar gyfer Cymeradwyaeth* *Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd*

📄 2.10 A&A Annual report.pdf (9 pages)

## 2.11 Hunan-asesiad o Effeithiolrwydd y Pwyllgor Archwilio a Sicrwydd

*Er Sicrwydd* *Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd*

📄 2.11 Self Effectiveness Survey 25-26.pdf (8 pages)

## 2.12 Cylich Gorchwyl y Pwyllgor Archwilio a Sicrwydd

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

📄 2.12 A&A ToR 2026-27.pdf (4 pages)

## 2.13 Cylich Busnes y Pwyllgor Archwilio a Sicrwydd

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

📄 2.13 A&A Cycle of Business cover report.pdf (4 pages)

## 09:35 - 09:40 3.BUSNES Y CYFARFOD

5 min

### 3.1 Cofnod Gweithredu

*I'w Nodi* *Cadeirydd*

📄 3.1 Action log - Public.pdf (1 pages)

## 09:40 - 10:40 4. ARCHWILIO AC ATAL TWYLL

60 min

### 4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

*I'w Nodi* *Archwilio Mewnol PCGC*

📄 4.1 Progress Report Audit Committee Cover Sheet January 2026 v2.pdf (4 pages)

### 4.2 Adroddiadau Adolygiad Archwilio Mewnol

*Er Sicrwydd*      *Archwilio Mewnol PCGC*

- i. Rheoli Rhaglenni
- ii. CaNISC
- iii. Rheoli Risg

 4.2 DHCW Internal Audit Reports Audit Committee Cover Sheet 20 January 2026 v2.pdf (6 pages)

### **4.3 Diweddariad Pwyllgor Archwilio Cymru**

*Er Sicrwydd*      *Archwilio Cymru*

 4.3 Audit and Assurance Committee Update - January 2026.pdf (11 pages)

### **4.4 Adroddiad Archwilio Blynyddol 2025**

*Er Sicrwydd*      *Archwilio Cymru*

 4.4 DHCW Annual Audit Summary 2025.pdf (12 pages)

### **4.5 Cofnodion Gweithredu Archwilio**


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

- i. Themâu Archwilio Blynyddol a Dysgu

 4.5 Audit Action Log - Public.pdf (6 pages)

### **4.6 Adroddiad Diweddar Atal Twyll Lleol**

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

 4.6 COVER SHEET - Local Counter Fraud Q3 Progress Report - PUBLIC.pdf (4 pages)


**Egwyl - 10 munud**

10:40 - 11:55  
75 min

## **5. ADRODDIADAU LLYWODRAETHU**

### **5.1 Dull Uwchraddio IGDC**

*Er Sicrwydd*      *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

 5.1 Escalation Board Update.pdf (7 pages)

### **5.2 Cyfarfod Atebolrwydd Cyhoeddus IGDC**

*Er Sicrwydd*      *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

 5.2 A&A Public Accountability Meeting Update.pdf (6 pages)

### **5.3 Diweddariad Cyllid a Chaffael**

*I'w Nodi*      *Cyfarwyddwr Gweithredol Cyllid*

#### **5.3.i) Adroddiad Archeb Prynu Gwerth Uchel a Chronnus**

*I'w Nodi*      *Cyfarwyddwr Gweithredol Cyllid*

 5.3i Audit Committee Report Cover Sheet - High Value Purchase Orders Jan 25-26 F-01.pdf (6 pages)

#### **5.3.ii) Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo**

*I'w Nodi*      *Cyfarwyddwr Gweithredol Cyllid*

 5.3ii Procurement & Scheme of Delegation Compliance Rep Jan 25.pdf (6 pages)

#### **5.3.iii) Colledion a Thaliadau Arbennig**

*I'w Nodi*      *Cyfarwyddwr Gweithredol Cyllid*

### **5.3.iv) Diweddariad ar Gynaliadwyedd Ariannol a Chyllid 2026-27**

*I'w Nodi*      *Cyfarwyddwr Gweithredol Cyllid*

 5.3iv Financial Sustainability and 2026-27 Budget Update.pdf (7 pages)

### **5.4 Archwiliad Dwfn i Fframwaith Sicrwydd y Bwrdd**


*I'w Draford*      *Cyfarwyddwr Gweithredol Cyllid*

- Yr Economi Sylfaenol

 5.4 DHCW-Board-and-Committee-Report\_Foundational Economy\_Jan\_2026.pdf (5 pages)

### **5.5 Adroddiad Risg Corfforaethol**

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

 5.5 Corporate Risk Register - January 2026 AA.pdf (7 pages)

11:55 - 11:55

0 min

## **6. MATERION I GLOI**

### **6.1 Adroddiad o Uchafbwyntiau'r Pwyllgor i'r Bwrdd**

*I'w Draford*      *Cadeirydd*

### **6.2 Unrhyw Faterion Brys eraill**


*I'w Draford*      *Cadeirydd*

### **6.3 Dyddiad y cyfarfod nesaf: 07 Ebrill 2026**

*I'w Draford*      *Cadeirydd*

## Pwyllgor Archwilio a Sicrwydd - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

 09:30 - 12:25

 08/10/2025

 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (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)
Henry Bales	HB	Arbenigwr Atal Twyll Lleol Arweiniol	Caerdydd a'r Fro
Sarah Brooks (ar gyfer eitem 4.2ii)	SB	Pennaeth Strategaeth Pobl a Diwylliant	Iechyd a Gofal Digidol Cymru (IGDC)
Stephen Chaney	StC	Pennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol   Ysgrifennydd	Iechyd a Gofal Digidol Cymru (IGDC)


		y Bwrdd	
Andrew Doughton	AD	Rheolwr Archwilio Perfformiad	Archwilio Cymru
Paul Evans	PE	Pennaeth Cydymffurfiaeth Ansawdd a Rheoleiddio	Iechyd a Gofal Digidol Cymru (IGDC)
Julie Francis	JD	Pennaeth Gwasanaethau Masnachol	Iechyd a Gofal Digidol Cymru (IGDC)
Darren Lloyd (ar gyfer eitem 4.2i)	DL	Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion	Iechyd a Gofal Digidol Cymru (IGDC)
Carwyn Lloyd Jones (ar gyfer eitem 5.7)	CLJ	Swyddog Cwmwl	Iechyd a Gofal Digidol Cymru (IGDC)
Isis Hreczuk-Hirst	IHH	Pennaeth Perfformiad Sefydliadol	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes	Iechyd a Gofal Digidol Cymru (IGDC)
Claire Osmundsen- Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru (IGDC)
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (IGDC)
Marcus Sandberg (ar gyfer eitem 4.2i)	MS	Rheolwr Sicrwydd Llywodraethu Gwybodaeth	Iechyd a Gofal Digidol Cymru (IGDC)
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol   Dirprwy Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Mike Whiteley	MW	Arweinydd Archwilio	Archwilio Cymru

Ymddiheuriadau			
Ruth Glazzard	RG	Cadeirydd Dros Dro	Iechyd a Gofal Digidol Cymru (IGDC)

Acronymau			
IGDC	Iechyd a Gofal Digidol Cymru	AS	Archwilio a Sicrwydd

AIA	Awdurdod Iechyd Arbennig	DPIF	Cronfa Fuddsoddi Blaenoriaethau Digidol
BAF	Fframwaith Sicrwydd y Bwrdd	PCGC	Partneriaeth Cydwasanaethau GIG Cymru
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	PSPP	Perfformiad Talu'r Sector Cyhoeddus
DDaT	Digidol, Data a Thechnoleg		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
<b>1</b>	<b>MATERION RHAGARWEINIOL</b>		
1.1	<p><b>Croeso a Chyflwyniadau</b></p> <p>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd.</p> <p>Rhoddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.</p> <p>Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio ac y byddai'n cael ei bostio ar wefan IGDC yn dilyn y cyfarfod.</p>	Nodwyd	Dim i'w nodi
1.2	<p><b>Ymddiheuriadau am Absenoldeb</b></p> <ul style="list-style-type: none"> <li>Ruth Glazzard, Cadeirydd Dros Dro</li> </ul>	Nodwyd	Dim i'w nodi
1.3	<p><b>Datganiadau o Fuddiant</b></p> <p>Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.</p>	Nodwyd	Dim i'w nodi
<b>2</b>	<b>AGENDA GYDSYNIO - I'W CHYMERADWYO</b>		
2.1	<p><a href="#">Cofnodion heb eu cadarnhau o gyfarfod 8 Gorffennaf 2025</a> – Cyhoeddus a Phreifat Cryno.</p> <p>Gellir gwylio cyfarfod y Pwyllgor yn llawn isod neu drwy ddilyn y ddolen yn y teitl.</p>	Cymeradwywyd	Dim i'w nodi

	 <p><b>Penderfynodd y Pwyllgor:</b>  <b>GYMERADWYO'R</b> cofnodion fel cofnod cywir o'r drafodaeth a fyddai ar gael i'r cyhoedd.</p>		
2.2	<p><b>Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru</b></p> <p><b>Penderfynodd y Pwyllgor:</b>  <b>NODI</b> Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru</p>	Nodwyd	Dim i'w nodi
2.3	<p><b>Blaengynllun Gwaith</b></p> <p><b>Penderfynodd y Pwyllgor:</b>  <b>NODI</b> cynnwys Blaengynllun Gwaith y Pwyllgor.</p>	Nodwyd	Dim i'w nodi
2.4	<p><b>Adroddiad Safonau Ymddygiad</b></p> <p><b>Penderfynodd y Pwyllgor:</b>  <b>NODI'R</b> Adroddiad Safonau Ymddygiad</p>	Nodwyd	Dim i'w nodi
2.5	<p><b>Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth</b></p> <p><b>Penderfynodd y Pwyllgor:</b>  <b>NODI'R</b> Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth</p>	Nodwyd	Dim i'w nodi
2.6	<p><b>Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio</b></p> <p><b>Penderfynodd y Pwyllgor:</b>  <b>NODI'R</b> Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio.</p>	Nodwyd	Dim i'w nodi
2.7	<p><b>Cofrestr Sicrwydd Deddfwriaethol</b></p>	Nodwyd	Dim i'w nodi

	Penderfynodd y Pwyllgor: NODI'R Gofrestr Sicrwydd Deddfwriaethol		
2.8	<b>Fframwaith Ansawdd</b> Penderfynodd y Pwyllgor: CYMERADWYO'r Fframwaith Ansawdd	Cymeradwywyd	Dim i'w nodi
2.9	<b>Codi Pryderon</b> Penderfynodd y Pwyllgor: NODI'R Adroddiad Codi Pryderon	Nodwyd	Dim i'w nodi
2.10	<b>Adroddiad Ymgynghori a Chymeradwyo Dogfennau</b> <ul style="list-style-type: none"> <li>• POD-POL-17 Cydraddoldeb Amrywiaeth a Chynhwysiant</li> <li>• Polisi IGDC-POL-19 ar Bolisiau, Strategaethau a Fframweithiau</li> <li>• Polisi TGCh Ymunwyr, Symudwyr ac Ymadawyr CLS-POL-1 IGDC</li> </ul> Penderfynodd y Pwyllgor: GYMERADWYO'r tri pholisi:	Cymeradwywyd	Dim i'w nodi
<b>RHAN 3 – BUSNES Y CYFARFOD</b>			
3.1	<b>Cofnod Gweithredu</b> Nododd y Pwyllgor fod dau gam gweithredu wedi'u cofnodi o'r cyfarfod diwethaf a oedd ill dau wedi'u cwblhau ac wedi'u dogfennu yn y Cofnod Camau Gweithredu. Penderfynodd y Pwyllgor: NODI statws y Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
<b>RHAN 4</b>	<b>ARCHWILIO AC ATAL TWYLL</b>		
4.1	<b>Adroddiad Cynnydd yr Archwiliad Mewnol</b> Cyflwynodd Stephen Chaney, Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Gwasanaethau a Rennir GIG Cymru, yr Adroddiad Cynnydd Archwilio Mewnol. Nododd y Pwyllgor y cynnydd hyd yma gyda dau adolygiad yn cael eu cyflwyno. <ul style="list-style-type: none"> <li>• Roedd nifer o archwiliadau ar y gweill, gyda'r nod o gwblhau cynifer â phosibl erbyn chwarter 4. Ar hyn o bryd, mae tri adroddiad wedi'u cwblhau, mae un arall bron â chyrraedd y camau adroddiad drafft a</li> </ul>	Er Sicrwydd	Dim i'w nodi

	<p>bydd yn cael ei gwblhau cyn bo hir.</p> <ul style="list-style-type: none"> <li>• Roedd sawl archwiliad wedi symud o'r cam cynllunio i waith maes.</li> <li>• Roedd ymgysylltiad da gan randdeiliaid, ac roedd archwiliadau'n dod i ben yn effeithlon heb unrhyw broblemau sylweddol yn cael eu codi.</li> <li>• Y nod oedd mynd i mewn i chwarter 4 gyda dim ond nifer fach o archwiliadau ar ôl i'w cwblhau, a ddylai helpu i leddfu'r pwysau ar y sefydliad.</li> </ul> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R diweddariad Archwilio Mewnol er SICRWYDD.</b></p>		
4.2	<p><b>Adroddiad yr Adolygiad Archwilio Mewnol</b></p> <p>Rhoddodd StC drosolwg lefel uchel o'r ddau adolygiad archwilio:</p> <p><b>Fframwaith Llywodraethu Gwybodaeth</b></p> <p>Derbyniodd yr adolygiad sgôr Sicrwydd <i>Sylweddol</i>, gan gadarnhau strwythur cadarn sy'n cyd-fynd â safonau cyfreithiol, rheoleiddiol a diwydiant.</p> <ul style="list-style-type: none"> <li>• Roedd goruchwyliaeth effeithiol, adnoddau a rolau wedi'u diffinio'n glir ar waith.</li> <li>• Mae polisiau, gweithdrefnau a rhaglenni hyfforddi yn gyson yn rhagori ar dargedau cydymffurfio.</li> <li>• Mae mecanweithiau monitro (adrodd ar ddigwyddiadau, adolygiadau rheolaidd) yn sicrhau bod gofynion yn cael eu dilyn yn barhaus.</li> <li>• Cwblhawyd Pecyn Cymorth LIG Cymru yn flynyddol, gan lywio cynlluniau gweithredu a gwelliant parhaus.</li> </ul> <p>Croesawodd Darren Lloyd, Cyfarwyddwr Cyswllt Llywodraethu Gwybodaeth a Diogelwch Cleifion (DL), ganlyniad cadarnhaol yr adolygiad, gan nodi cydymffurfiaeth statudol ac arweinyddiaeth IGDC mewn LIG ar draws GIG Cymru. Mae'r tîm LIG yn gyfrifol am gydymffurfiaeth fewnol a rheoli Pecyn Cymorth ar gyfer sefydliadau statudol eraill. Fodd bynnag, cydnabuwyd y meysydd i'w gwella a gofnodwyd drwy ddau ganfyddiad blaenoriaeth ganolig:-</p> <ul style="list-style-type: none"> <li>• Roedd diffyg amcanion neu dargedau SMART yn y Strategaeth LIG.</li> <li>• Roedd lle i wella proses Pecyn Cymorth LIG a gosod amserlenni gweithredu.</li> </ul>	Er Sicrwydd	



Trafododd y Pwyllgor y ddau risg allweddol a'u heffaith ar IGDC yn gwneud cynnydd ac yn parhau i wella yn y maes hwn. Cadarnhaodd DL fod y meysydd hyn yn cael eu holrhain a'u monitro drwy'r Pwyllgor Llywodraethu Digidol a Diogelwch a'u bod yn cael eu cydnabod fel risgiau hirdymor. Cynhaliwyd Ymchwiliad Dwfn yn ddiweddar i'r risgiau a edrychodd ar yr amserlen ar gyfer lliniaru camau gweithredu ar y risgiau. Yn ogystal, nodwyd nad cyfrifoldeb IGDC oedd y ddau risg yn unig a'u bod hefyd yn ddibynnol ar randdeiliaid a Llywodraeth Cymru.

Cytunodd y Pwyllgor i olrhain yr holl argymhellion archwilio, trefnu ymchwiliadau manwl ar feysydd allweddol ac adolygu cynnydd mewn cyfarfodydd yn y dyfodol.

### **Diwylliant / Llesiant Staff (ymgyngorol)**

Rhoddodd SC drosolwg lefel uchel o'r archwiliad, gan gynghori ei fod yn adolygiad ymgyngorol, nid yn ddarn sicrwydd ac felly ni ddarparwyd sgôr sicrwydd. Fodd bynnag, roedd hyn yn caniatáu archwiliad ehangach ac argymhellion mwy manwl i ychwanegu gwerth at y sefydliad. Cafodd yr argymhellion eu categoreiddio yn ôl blaenoriaeth gan ddefnyddio system graddio CAG.

Croesawodd Sarah Brooks, Pennaeth Diwylliant a Strategaeth Pobl, y canfyddiadau a'r sylwadau ar ddull staff, diwylliant a llesiant y sefydliad a oedd yn pwysleisio gwerth symud o strategaethau llesiant adweithiol i rai rhagweithiol, sy'n seiliedig ar dystiolaeth. Roedd 'map ffordd diwylliant' wedi'i ddatblygu, yn amlinellu camau gweithredu ar gyfer y 12 mis nesaf. Roedd y cynllun yn cael ei gyflwyno o fewn y sefydliad ar hyn o bryd.

Parhaodd SB gan ddweud ers yr archwiliad, mae arolwg pwls diwylliant tosturiol wedi'i gynnal a bod y canlyniadau'n cael eu dadansoddi.

Gofynnodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (CO-L), am gymorth i ddeall a chynnwys mesurau rhagweithiol mewn adolygiadau busnes a chododd bryderon ynghylch cyfrinachedd a rheoli straen, yn enwedig gyda'r arolwg staff newydd yn cychwyn.

Cadarnhaodd Laura Tolley, Pennaeth Llywodraethu Corfforaethol/Dirprwy Ysgrifennydd y Bwrdd (LT), y bydd argymhellion yr adroddiad yn cael eu cynnwys ar gofnod gweithredu archwilio IGDC oherwydd

pwysigrwydd y gwaith a bydd y pwyllgor yn goruchwyllo'r cynnydd, gyda chwiliadau manwl ar feysydd dethol i gael sicrwydd pellach.

Cynigiodd SC ddarparu rhagor o wybodaeth am fesurau rhagweithiol a thynnodd sylw at y cyfle i rannu dysgu ar draws sefydliadau. Yn ogystal, pwysleisiwyd pwysigrwydd gwneud offer cymorth yn hygyrch i staff.

**CAM GWEITHREDU: 20251007-A01** Caiff cynllun gweithredu ag amserlenni clir ei ail-gyflwyno i'r Pwyllgor ym mis Ionawr

**ACTION**  
**20251097-A01**

Penderfynodd y Pwyllgor:

**DDERBYN** y ddau adolygiad archwilio ar gyfer **SICRWYDD**.

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<p>4.3</p>	<p><b>Diweddariad Pwyllgor Archwilio Cymru</b></p> <p>Cyflwynodd Nathan Couch, Archwilio Cymru (CC) y diweddariad gan Archwilio Cymru a rhoddodd yr uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> <li>• Roedd archwiliad o ddatganiadau ariannol 2024/25 wedi'i gwblhau.</li> <li>• Bydd cynllunio ar gyfer archwiliad datganiadau ariannol 2025/26 yn dechrau ddechrau'r flwyddyn nesaf.</li> <li>• Roedd adolygiad o Drawsnewid Digidol yn IGDC ar y gweill, gyda'r adroddiad wedi'i gynllunio i'w gyflwyno yng nghyfarfod y Pwyllgor ym mis Ionawr.</li> <li>• Bydd ail gam yr adolygiad trawsnewid digidol bellach yn cael ei ehangu i archwilio trefniadau cenedlaethol fel rhan o raglen waith gwerth am arian genedlaethol ehangach. Mae'r newid yn gadael bwch yng nghynllun archwilio IGDC, a fydd yn cael ei lenwi gan adolygiad lleol newydd yn archwilio trefniadau IGDC i gefnogi cyflawni llythyr Cylch Gwaith 2025/26.</li> <li>• Mae adolygiad manwl ar ystadau yn parhau i fod yn y cyfnod cwmpasu.</li> </ul> <p>Hysbysodd Andrew Doughton, Archwilio Cymru (AD) y Pwyllgor fod y tîm canolog sy'n gyfrifol am y Fenter Twyll Genedlaethol wedi darparu diweddariad yn rhy hwyr i'w gynnwys ym mhapurau'r Pwyllgor. O ganlyniad, bydd y papur diweddar yn cael ei ddsbarthu i aelodau'r Pwyllgor y tu allan i'r cyfarfod ffurfiol.</p> <p><b>CAMAU GWEITHREDU: 20251007 – A02</b> y papur wedi'i ddiweddarau ar y Fenter Twyll Genedlaethol i'w ddsbarthu y tu allan i'r Pwyllgor.</p> <p><b>Asesiad Strwythuredig</b></p> <p>Rhoddodd Andrew Doughton drosolwg byr o'r Asesiad Strwythuredig gan amlinellu ei ddiben a'r hyn a adolygwyd. Roedd yr arddull adrodd wedi newid a'r nod oedd bod yn fyrrach, yn fwy craff ac yn fwy clir o ran arddull adrodd a lleihau iaith dechnegol.</p> <p>Cyflwynodd Nathan Couch, Arweinydd Perfformiad Archwilio, Archwilio Cymru, yr Asesiad Strwythuredig gyda'r uchafbwyntiau canlynol:-</p> <p><b>Effeithiolrwydd y Bwrdd a'i Bwyllgorau</b></p> <ul style="list-style-type: none"> <li>• Mae IGDC yn gweithredu'n agored ac yn dryloyw</li> </ul>	<p>Er Sicrwydd</p>	<p><b>ACTION:</b> 20251007-A02</p>
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	<p>gyda threfniadau llywodraethu clir yn cael eu hadolygu'n flynyddol.</p> <p><b>Systemau Sicrwydd</b></p> <ul style="list-style-type: none"> <li>Mae gan IGDC reolaeth risg strategol a chorfforaethol gref, a rheolaeth perfformiad gwella.</li> </ul> <p><b>Strategaeth a Chynllunio</b></p> <ul style="list-style-type: none"> <li>Mae gan IGDC strategaeth hirdymor a chynllun tymor canolig clir, ond mae angen gwell sicrwydd arno ynghylch canlyniadau cyflawni ac effaith.</li> </ul> <p><b>Rheolaeth Ariannol</b></p> <ul style="list-style-type: none"> <li>Mae IGDC yn rheoli cyllid yn dda, gan gyrraedd targedau ariannol ar gyfer 2024/25 a rhagweld y bydd yn cyrraedd y pwynt o wneud elw ar gyfer 2025/26.</li> </ul> <p>Croesawodd y Pwyllgor y canfyddiadau cadarnhaol ac eglurder yr argymhellion gyda sicrwydd ar yr amod bod cynllun gweithredu ar gyfer meysydd arfer cadarnhaol yn cael ei ddatblygu a byddai'n cael ei gyflwyno i'r Pwyllgor nesaf.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DDERBYN</b> Diweddariad Archwilio Cymru er SICRWYDD, a <b>NODI'R</b> Asesiad Strwythuredig.</p>		
4.4	<p><b>Traciwr Camau Gweithredu Archwilio</b></p> <p>Cyflwynodd Laura Tolley (LT), Pennaeth Llywodraethu Corfforaethol, y Traciwr Camau Gweithredu Archwilio.</p> <p>Roedd y Cofnod Camau Gweithredu Archwilio yn cynnwys cyfanswm o 27 o gamau gweithredu agored yn dilyn derbyn tri adolygiad yng nghyfarfod diwethaf y Pwyllgor. Nodwyd bod saith o'r rhain yn cael eu hystyried yn gyflawn a bod 20 ar y trywydd iawn i'w cwblhau. Roedd pedwar o'r camau gweithredu hyn yn gamau gweithredu preifat a byddai papur adroddiad yn amlinellu'r sefyllfa yn cael ei drafod yn y cyfarfod preifat. Bydd nifer o gamau gweithredu newydd yn cael eu hychwanegu at y traciwr ar gyfer y chwarter nesaf.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> statws y Traciwr Camau Gweithredu Archwilio.</p>	Nodwyd	Dim i'w nodi
4.5	<p><b>Adroddiad Diweddar Atal Twyll Lleol</b></p>	Nodwyd	Dim i'w nodi

	<p>Derbyniodd y Pwyllgor yr Adroddiad Diweddarau Atal Twyll Lleol ar gyfer chwarter 2.</p> <p>Tynnodd Henry Bales, Pennaeth Atal Twyll, sylw at y gwaith a wnaed yn ystod y cyfnod:</p> <ul style="list-style-type: none"> <li>• Roedd ymgysylltiad uchel parhaus o fewn y sefydliad ynghylch ymwybyddiaeth o dwyll a chwblhau modiwlau E-ddysgu.</li> <li>• Roedd cylchlythyr newydd ar gael ar SharePoint (yn disodli rhifyn mis Mehefin)</li> <li>• Cynghorwyd i fod yn fwy gwyliadwrus, oherwydd cynnydd mewn twyll dynwared Prif Swyddog Gweithredol, sy'n targedu staff drwy e-bost a WhatsApp.</li> <li>• Roedd cyfarfod ar ddod wedi'i drefnu i drafod y dull o weithredu'r Fenter Twyll Genedlaethol a rhoi'r wybodaeth ddiweddaraf.</li> <li>• Roedd saith atgyfeiriad wedi dod i law. Caewyd un ymchwiliad, heb unrhyw dwyll wedi'i ganfod ac roedd un arall yn mynd rhagddo. Roedd un ymchwiliad yn cael ei gynnal gan y Gwasanaeth Atal Twyll yng Nghymru.</li> <li>• Ni chanfuwyd unrhyw ordaliadau cyflog sylweddol (dros £5,000) yn ystod y cyfnod hwn.</li> </ul> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Cynnydd Atal Gwrth-dwyll</p>		
<p>RHA N 5</p>	<p><b>ADRODDIADAU LLYWODRAETHU</b></p>		
<p>5.1</p>	<p><b>Dull Uwchraddio IGDC</b></p> <p>Rhoddodd Chris Darling, Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd, y wybodaeth ddiweddaraf am y Dull Uwchgyfeirio ar gyfer IGDC.</p> <p>Rhoddodd CD amlinelliad manwl o'r gwaith a wnaed ers y cyfarfod diwethaf gan dynnu sylw at nifer o feysydd:</p> <ul style="list-style-type: none"> <li>• Roedd Llywodraeth Cymru wedi darparu fframwaith uwchgyfeirio a gynhyrchwyd ar y cyd ganol mis Ebrill, yn amlinellu'r disgwyliadau ar gyfer IGDC a'r llywodraeth. Sefydlodd y fframwaith hwn gyfarfodydd rheoli perfformiad misol (IQPD) a chyfarfodydd tîm gweithredol ar y</li> </ul>	<p>I'w Nodi</p>	<p>Dim i'w nodi</p>

	<p>cyd i fonitro cynnydd.</p> <ul style="list-style-type: none"> <li>• Roedd y fframwaith yn nodi rolau a chyfrifoldebau, gan gynnwys penodi cynghorydd digidol arbenigol ac Uwch-berchennog Cyfrifol (SRO) ac yn pwysleisio'r defnydd o drefniadau llywodraethu cenedlaethol newydd ar gyfer data, digidol a thechnoleg.</li> <li>• Datblygodd IGDC gynllun gwella monitro gwell, gyda cherrig milltir ar gyfer sawl rhaglen ddiigidol. Roedd y cynllun hefyd yn cynnwys meini prawf a chamau gweithredu ar gyfer dad-ddwysáu yn seiliedig ar ymgysylltiad rhanddeiliaid a chanlyniadau arolygon annibynnol.</li> <li>• Mae cyfarfodydd a diweddariadau rheolaidd gyda Llywodraeth Cymru yn sicrhau goruchwyliaeth barhaus ac olrhain cynnydd yn erbyn y cynllun gwella.</li> </ul> <p>Trafododd y Pwyllgor sut y gallai IGDC ddatblygu y tu hwnt i ddiwedd y cyfnod uwchgyfeirio. Cytunodd CD y dylai cydweithio fod yn sail i waith yn y dyfodol a bod angen datblygiad sefydliadol (OD) dyfnach gyda Llywodraeth Cymru i ddeall eu pwysau yn well. Byddai cryfhau perthnasoedd yn fuddiol.</p> <p>Parhaodd y trafodaethau ar yr arbenigedd allanol a ddarparwyd i Lywodraeth Cymru a chymorth digidol a gomisiynwyd gan y Bwrdd. Roedd y cymorth hwn wedi rhoi mewnwelediad a gwybodaeth dechnegol ychwanegol trwy her adeiladol a groesawyd.</p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODI'R Dull Uwchraddio IGDC</b></p>		
5.2	<p><b>Ymateb IGDC i Ofynion Llywodraeth Cymru</b></p> <p>Cyflwynodd Isis Hreczuk-Hirst, Pennaeth Perfformiad Sefydliadol (IHH), sleidiau ar ymateb yr Adran Iechyd, Gofal Cymdeithasol a Lles i Ofynion Llywodraeth Cymru:-</p> <ul style="list-style-type: none"> <li>• Mae'r sefydliad yn rheoli blaenoriaethau sy'n newid drwy gydol y flwyddyn, gan ymateb i geisiadau Llywodraeth Cymru a chefnogi gwasanaethau iechyd a gofal ledled Cymru.</li> <li>• Mae nifer o dimau'n adrodd ar berfformiad ac atebolrwydd, gan rannu gwybodaeth yn fewnol a chyda chyrrff goruchwyllo allanol. Mae'r sefydliad yn olrhain yr holl ofynion i sicrhau ymatebion amserol i anghenion y llywodraeth a'r</li> </ul>	Er Sicrwydd	Dim i'w nodi

	<p>weithrediaeth.</p> <p>Roedd y Pwyllgor yn falch o dderbyn y wybodaeth a ddaeth â phob agwedd ar y gwaith i mewn i un lle, gan ddarparu trosolwg cyflym.</p> <p>Penderfynodd y Pwyllgor:</p> <p><b>NODI</b> ymateb yr Adran Iechyd, Gofal Iechyd (IGDC) i Ofynion Llywodraeth Cymru ar gyfer <b>SICRWYDD</b>.</p>		
5.3	<p><b>Diweddariad Llywodraethu Cenedlaethol Digidol, Data a Thechnoleg</b></p> <p>Rhoddodd CD ddiweddariad llafar ar Lywodraethu Cenedlaethol Digidol, Data a Thechnoleg gan ddarparu'r uchafbwyntiau canlynol:-</p> <ul style="list-style-type: none"> <li>• Rhwng mis Mehefin 2024 a mis Hydref y llynedd, comisiynodd Llywodraeth Cymru adolygiad llywodraethu system DDaT</li> <li>• Cyhoeddwyd canfyddiadau ym mis Rhagfyr 2024, gan ganolbwyntio ar wella trefniadau llywodraethu digidol ar draws y system.</li> <li>• Cadarnhaodd yr adolygiad sefyllfa sylfaenol o lywodraethu ar draws y systemau.</li> <li>• Arweiniodd yr adolygiad at 16 o argymhellion i Lywodraeth Cymru fynd i'r afael â nhw a'u datblygu.</li> <li>• Un o'r prif argymhellion oedd sefydlu Bwrdd Llywodraethu DDaT: mae cynnydd wedi'i wneud, gyda'r cyfarfod cyntaf wedi'i gynnal ym mis Mai a thri chyfarfod dilynol ers hynny.</li> <li>• Roedd yr is-strwythur ar gyfer llywodraethu yn cael ei ddatblygu ac yn cael ei ymgynghori arno, gyda gobaith y byddai ar gael yn fuan a'i gyflwyno i'r Pwyllgor unwaith y byddai wedi'i gytuno.</li> </ul> <p>Penderfynodd y Pwyllgor:</p> <p><b>NODI'R</b> diweddariad llafar ar Lywodraethu Cenedlaethol Digidol, Data a Thechnoleg ar gyfer <b>SICRWYDD</b>.</p>	Nodwyd	Dim i'w nodi
5.4	<p><b>Diweddariad Cyllid a Chaffael</b></p> <p>Rhoddodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid (COL) grynodedb byr o'r diweddariad cyllid cyn gwahodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid i gyflwyno uchafbwyntiau'r sleidiau:-</p>		

- Roedd GIG Cymru wedi gorwario'n sylweddol ym mis 4 ond roedd IGDC yn rhagweld sefyllfa gytbwys ar gyfer y flwyddyn hon.
- Roedd dros 90% o darged arbedion IGDC wedi'i gyflawni, yn bennaf drwy arbedion nad ydynt yn gysylltiedig â chyflogau fel effeithlonrwydd gweithredol a thrwyddedu. Roedd y sefydliad yn canolbwyntio ar arbedion hirdymor drwy fudo i'r cwmwl, gwaith hwb integreiddio a dod â mwy o wasanaethau'n fewnol.
- Roedd Cytundebau Lefel Gwasanaeth (CLG) yn cael eu hadolygu er mwyn gwella tryloywder a chyd-fynd â modelau gwasanaeth cyfredol.
- Roedd rheolaethau ariannol yn gryf, gydag adolygiad canol blwyddyn ar y gweill ac ymdrechion parhaus i sicrhau cyllid cyfalaf ychwanegol.
- Roedd risgiau o amgylch chwyddiant digidol ac adfer TAW, ond roedd y rhain yn cael eu rheoli'n weithredol.
- Roedd cynllunio ar gyfer y flwyddyn nesaf wedi dechrau, gyda disgwyliadau am gylch cyllidebu tymor byr arall a thrafodaethau parhaus gyda Llywodraeth Cymru.

**i. Adroddiad Archeb Prynu Gwerth Uchel a Chronnus**

Cyflwynodd MC i'r Pwyllgor y Gorchymyn Prynu Gwerth Uchel a'r Adroddiad Cronnus ar gyfer archebion sy'n fwy na'r trothwy o £750k. Y cyfanswm ar gyfer y cyfnod hwn oedd £39.6m gyda £4.4m wedi'i ychwanegu ers y pwyllgor diwethaf. Tynnwyd sylw at y prif orchmynion:

- Taliadau chwarterol am gymorth a chynnal a chadw gwasanaeth ar gyfer meddygfeydd teulu (system Optimum).
- Gorchmynion sy'n gysylltiedig â'r rhaglen frechu, yn enwedig ar gyfer negeseuon testun a phostio.
- Gwaith datblygu ar gyfer ap y GIG, gan ganolbwyntio ar ymarferoldeb presgripsiwn, atgyfeiriadau rhestr aros, a nodweddion apwyntiadau ysbyty.
- Buddsoddiad yn y ganolfan integreiddio fel rhan o brosiect Kainos, y disgwylir iddo sicrhau arbedion

	<p>cost yn y dyfodol drwy symud gwasanaethau o gyflenwyr trydydd parti i ddarpariaeth fewnol.</p> <p><b>ii. Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</b></p> <p>Rhoddodd Julie Francis, Pennaeth Gwasanaethau Masnachol (JF), uchafbwyntiau'r Adroddiad Cydymffurfio â Chynllun Caffael a Dirprwyo.</p> <ul style="list-style-type: none"> <li>• Dau dendr sengl gwerth cyfanswm o £247,00 – roedd y rhain ar gyfer cefnogi gwasanaethau mewnol ac achrediadau proffesiynol.</li> <li>• Un estyniad contract y tu allan i'r pecyn gwaith gwreiddiol, gwerth £13,418.</li> <li>• Ni adroddwyd am unrhyw risgiau ac roedd yr holl weithgarwch wedi bod yn unol â chyfraith caffael a chyfarwyddiadau ariannol sefydlog.</li> </ul> <p><b>iii. Colledion a Thaliadau Arbennig</b></p> <p>Cadarnhaodd MC nad oedd unrhyw golledion na thaliadau arbennig i'w hadrodd.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI er SICRWYDD y Diweddariad Cyllid a Chaffael</b></p>		
5.5	<p><b>Fframwaith Sicrwydd y Bwrdd – Ymchwiliad Dwfn – Dyletswydd Ansawdd</b></p> <p>Cyflwynodd Paul Evans, Pennaeth Sicrhau Ansawdd a Chydymffurfiaeth Rheoleiddiol, Ymchwiliad Dwfn i Ddyletswydd Ansawdd fel rhan o adrodd Fframwaith Sicrwydd y Bwrdd a rhoddodd yr uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> <li>• Mae IGDC yn gweithredu o dan ddyletswydd statudol o ansawdd, a orfodir gan Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020. Mae hyn yn ei gwneud yn ofynnol i holl sefydliadau GIG Cymru wella ansawdd gwasanaethau yn barhaus.</li> <li>• Mae prosesau ansawdd wedi'u hintegreiddio i weithrediadau arferol, gyda phenderfyniadau strategol yn cael eu gwerthuso trwy asesiadau effaith ansawdd.</li> <li>• Mae Adroddiad Ansawdd Blyneddol 2025 yn rhoi crynodeb cynhwysfawr o weithgareddau sy'n gysylltiedig ag ansawdd ar draws pob Cyfarwyddiaeth, gan adlewyrchu ymrwymiad IGDC i ragoriaeth a chydymffurfiaeth â safonau</li> </ul>	Nodwyd	Dim i'w nodi

	<p>rhyngwladol.</p> <ul style="list-style-type: none"> <li>• Mae Fframwaith Ansawdd newydd yn cael ei weithredu, sy'n cynrychioli newid strategol yn y ffordd y caiff ansawdd ei reoli.</li> <li>• Mae Gweithdrefn Weithredu Sefydlog (SOP) yn tywys y gwaith o greu cynlluniau ansawdd i sicrhau cysondeb a chydymffurfiaeth. Dylai pob cynllun fapio gweithgareddau yn ôl safonau perthnasol.</li> <li>• Mae'r risgiau'n cynnwys diffyg cydymffurfio, bylchau mewn adnoddau a gallu a'r angen am fonitro effeithiol a chymorth gweithredol i ymgorffori a chynnal cynlluniau ansawdd.</li> </ul> <p>Adolygodd y Pwyllgor y risgiau cysylltiedig ac ystyriodd fesurau i sicrhau digon o ymgysylltiad a chymorth gweithredol. O safbwynt Gweithredol, cafodd ansawdd ei gynnwys fel rhan o agenda'r Uwch-dîm Arweinyddiaeth, gyda phartneriaid ansawdd yn cymryd rhan yn y cyfarfodydd. Mae safonau ansawdd y sefydliad yn amrywio, ac roedd archwilwyr annibynnol hefyd yn asesu Gweithredwyr yn y maes hwn. Cynhelir adolygiadau cyfarwyddiaeth, a bydd cydymffurfiaeth ansawdd yn cael ei hymgorffori. Y nod yw symud o ddull sy'n canolbwyntio ar gydymffurfiaeth i ymgorffori ansawdd fel agwedd sylfaenol ar waith bob dydd.</p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODI'R Ymchwiliad Dwfn i Ddyletswydd Ansawdd</b></p>		
5.6	<p><b>Y Gofrestr Risg Gorfforaethol</b></p> <p>Rhoddodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, ddiweddiad ar y Gofrestr Risg Gorfforaethol:</p> <p>Mae gan y Gofrestr Risg Gorfforaethol 17 risg ar y gofrestr, a neilltuwyd pedwar risg i'r Pwyllgor:-</p> <ul style="list-style-type: none"> <li>• <b>IGDC0207</b> – Strategaeth Rheoli Dogfennau – roedd y risg wedi'i hisraddio i risg Cyfarwyddiaeth yn dilyn adborth cadarnhaol gan yr archwilydd allanol ynghylch anghydfurfiaethau ISO 9001, sydd bellach wedi dod i ben. Mae'r risg yn parhau i fod ar agor tan ei chwblhau'n llawn, ond helpodd cyfraniad yr archwilydd allanol i ddod â'r materion sy'n weddill i ben.</li> <li>• <b>IGDC0346</b> – Gweithredu Adolygiad Llywodraethu DDaT. Bydd y risg yn parhau ar y gofrestr nes bod</li> </ul>	Trafodwyd	Dim i'w nodi

yr is-strwythur llywodraethu newydd ar waith a bod hyder mewn rolau a chyfrifoldebau clir ar draws y dirwedd ddigidol genedlaethol.

- **IGDC0331** – Cyllid Adnoddau Tymor Penodol – mae is-grŵp adnoddau (Gorchwyl a Gorffen) yn mynd i'r afael â'r risg, gan ganolbwyntio ar ofynion sgiliau ac anghenion gallu yn y dyfodol dros y tair blynedd nesaf. Ar hyn o bryd, mae'r proffil ariannu ar gyfer blwyddyn, gyda thrafodaethau parhaus gyda Llywodraeth Cymru ynghylch cyllid yn y dyfodol.
- **IGDC0337** – Model Cyllido Datblygu a Gwasanaethau Digidol Cynaliadwy – mae'r tîm cyllid yn bwrw ymlaen â cham nesaf ail-wneud cytundeb lefel gwasanaeth (CLG) i sicrhau sylfaen gyllido gynaliadwy.

Ni ychwanegwyd unrhyw risgiau newydd at y Gofrestr Risg Gorfforaethol ac mae sawl risg wedi cael eu dad-ddwysáu neu eu dileu yn dilyn lliniaru neu gau (e.e. Systemau Meddygon Teulu, risg ariannu Cyfarwyddwr Gofal).

### **Dadansoddiad Tueddiadau Risg Corfforaethol Blynyddol**

Cyflwynodd CD sleidiau a oedd yn adolygu symudiad risgiau ar y gofrestr risg gorfforaethol ac oddi arni o fis Hydref 2024 hyd at ddiwedd mis Awst 2025. Yn ystod y cyfnod o 10 mis:-

- Cafodd 14 o risgiau eu codi ar y gofrestr.
- Cafodd 11 o risgiau eu dileu neu eu hisgyfeirio.
- Nifer y risgiau ar y gofrestr ar y dechrau (Hydref 2024) oedd 14, sy'n cael ei ystyried yn isel o'i gymharu â lefelau nodweddiadol.
- Disgrifiwyd y gofrestr risg fel un 'hyblyg' gyda newidiadau rheolaidd yn adlewyrchu rheoli risg parhaus.

Yn ystod y cyfnod mae dau risg wedi aros ar y gofrestr am y cyfnod cyfan – Cyllid Tymor Sefydlog a Model Cyllido Gwasanaethau Digidol Cynaliadwy a Datblygu.

Nododd y Pwyllgor fod pob risg, ac yn enwedig risgiau parhaus, yn cael eu hadolygu gan y Pwyllgor perthnasol i asesu a oedd angen camau gweithredu pellach.

**Penderfynodd y Pwyllgor:**

	<b>TRAFOD</b> y Gofrestr Risg Gorfforaethol a'r Dadansoddiad Tueddiadau Risg Gorfforaethol Blynyddol.		
5.7	<p><b>Rheoli Asedau Ffisegol</b></p> <p>Cyflwynodd Carwyn Lloyd Jones, Prif Swyddog Cwmwl (CLJ) adroddiad Rheoli Asedau Ffisegol a rhoddodd yr uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> <li>Amlinellwyd y dull presennol o reoli asedau. Mae Tîm Dyfeisiau Bwrdd Gwaith yn defnyddio cynnyrch Rheoli Asedau WASP. Mae Tîm y Ganolfan Ddata yn rheoli asedau trwy daenlenni.</li> </ul> <p>Roedd y sefydliad bellach wedi prynu trwyddedau WASP ar gyfer y cefndir, felly bydd y ddau dîm yn fuan yn defnyddio offeryn a dull cyffredin ar gyfer rheoli asedau. Mae'r ddau dîm eisoes yn dilyn yr un prosesau gwaredu caledwedd ac yn cydymffurfio â'r broses asedau stociau ariannol flynyddol. Yn ogystal, mae'r ddau dîm yn cynnal archwiliadau ddwywaith y flwyddyn i wirio lleoliad ffisegol asedau yn erbyn cofnodion yn y systemau cefndirol.</p> <p><b>Penderfynodd</b> y Pwyllgor:</p> <p><b>NODI'R</b> Diweddariad ar yr Adroddiad Rheoli Asedau Ffisegol.</p>	Nodwyd	Dim i'w nodi
5.8	<p><b>Adroddiad yr Iaith Gymraeg</b></p> <p>Cyflwynodd LT yr Adroddiad ar y Gymraeg, a oedd yn cynnwys adroddiad blynyddol Mwy na Geiriau a fyddai'n cael ei gyflwyno i Lywodraeth Cymru. Tynnwyd sylw at nifer o ffrydiau gwaith.</p> <ul style="list-style-type: none"> <li>Mae gan 52% o staff sgiliau iaith Gymraeg Lefel 1 o leiaf</li> <li>Mae 98% o'r staff wedi cwblhau'r cwrs Ymwybyddiaeth o'r iaith Gymraeg.</li> <li>Mae tudalen we rhannu arferion gorau wedi'i chreu i gefnogi defnydd o'r Gymraeg.</li> <li>Canolbwyntiodd "Wythnos Ddysgu Yn Ôl i'r Ysgol" fewnol ar ddefnyddio'r Gymraeg mewn cyfarfodydd, gyda thua 200 o staff yn cymryd rhan.</li> <li>Mae digwyddiadau yn ystod mis "Shwmae" yn cynnwys sesiynau i staff sy'n dysgu Cymraeg ac i'r rhai sydd â phlant mewn addysg cyfrwng Cymraeg neu'n ystyried gwneud hynny.</li> </ul>	Cymeradwywyd	Dim i'w nodi



	<ul style="list-style-type: none"> <li>Mae'r sefydliad wedi derbyn hysbysiad cydymffurfio â safonau'r Gymraeg drafft, a nodir yn adran 5.2.</li> <li>Datblygwyd y drafft ar y cyd â Swyddfa Comisiynydd y Gymraeg ac mae bellach mewn cyfnod ymgynghori o dri mis.</li> <li>Bydd cynllun gweithredu yn cael ei ddatblygu ac mae hyder y gellir cyflawni'r rhan fwyaf o agweddau'r hysbysiad cydymffurfio, diolch i'r cynllun iaith Gymraeg presennol.</li> </ul> <p>Penderfynodd y Pwyllgor:</p> <p><b>CYMERADWYO</b> adroddiad blynyddol Mwy na Geiriau i'w gyflwyno i Lywodraeth Cymru a <b>NODI'R</b> Hysbysiad Cydymffurfio â Safonau'r Gymraeg drafft</p>		
<b>RHA N 6</b>	<b>MATERION I GLOI</b>		
6.1	<p><b>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</b></p> <p>Bydd y Cadeirydd yn gweithio gyda Llywodraethu Corfforaethol. Crynhoi adroddiadau Diwylliant a LIG i'r Bwrdd yn ogystal â gwersi allweddol:-</p> <ul style="list-style-type: none"> <li>Materion a nodwyd yn yr archwiliad ymgynghorol ar Ddiwylliant a Llesiant.</li> <li>Argymhellion cadarnhaol o'r Archwiliad Llywodraethu Gwybodaeth a'r Asesiad Strwythuredig.</li> <li>Dysgu allweddol o nifer o adroddiadau.</li> </ul>	Trafodwyd	Dim i'w nodi
6.2	<p><b>Unrhyw Faterion Brys eraill</b></p> <p>Ni chodwyd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
6.3	<p><b>Dyddiad ac Amser y Cyfarfod Nesaf:</b></p> <ul style="list-style-type: none"> <li>20 Ionawr 2026</li> </ul>	Nodwyd	Dim i'w nodi

## Pwyllgor Archwilio a Sicrwydd - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU I'W CYMRYD

🕒 12:30 – 13:10

📅 07/10/2025

📍 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW- J	Aelod Annibynnol, Cadeirydd	Iechyd a Gofal Digidol Cymru (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			
Henry Bales	HB	Pennaeth Atal Twyll	Gwrth-dwyll Caerdydd a'r Fro
Stephen Chaney	StC	Pennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Marged Cother (ar gyfer eitem 3.2)	MC	Dirprwy Gyfarwyddwr Gofal Sylfaenol	Iechyd a Gofal Digidol Cymru (IGDC)
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Kathryn Frith (ar gyfer eitem 3.3)	KF	Pennaeth Gwasanaethau Pobl	Iechyd a Gofal Digidol Cymru (IGDC)
Claire Osmundsen- Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru (IGDC)

Martyn Lewis	ML	Archwilio Mewnol	Archwilio Mewnol PCGC
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (IGDC)
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol / Dirprwy Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)

Ymddiheuriadau			
Ruth Glazzard	RG	Cadeirydd Dros Dro	Iechyd a Gofal Digidol Cymru (IGDC)

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

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
<b>1</b>	<b>MATERION RHAGARWEINIOL</b>		
1.1	<b>Croeso a Chyflwyniadau</b> 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	<b>Ymddiheuriadau am Absenoldeb</b> Cafwyd ymddiheuriadau gan: Ruth Glazzard, Cadeirydd Dros Dro	Nodwyd	Dim i'w nodi
1.3	<b>Datganiadau o Fuddiant</b> Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.	Nodwyd	Dim i'w nodi

## RHAN 2 - BUSNES Y CYFARFOD



2.1	<p><b>Cofnodion preifat heb eu cadarnhau o'r cyfarfod blaenorol ar 8 Gorffennaf 2025</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO'R</b> cofnodion fel cofnod cywir o drafodaeth.</p>	Cymeradwywyd	Dim i'w Nodi
2.2	<p><b>Cofnod Gweithredu</b></p> <p>Nododd y pwyllgor fod un cam gweithredu wedi'i gofnodi o'r cyfarfod diwethaf a bod hwn wedi'i gwblhau.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> statws y Cofnod Gweithredu.</p>	Nodwyd	Dim i'w nodi
<b>RHAN 3</b>	<b>ARCHWILIO A RISG LLYWODRAETHU</b>		
3.1	<p><b>Y Gwasanaeth Atal Twyll</b></p> <p>Rhoddodd Henry Bales, Pennaeth Gwrth-dwyll (HB) y wybodaeth ddiweddaraf am ymchwiliadau diweddar.</p> <p>Tynnodd aelodau'r pwyllgor sylw at bwysigrwydd dysgu gwersi o'r achosion hyn er mwyn gwella arferion yn y dyfodol. Roedd cymorth i ddod â'r gwersi hyn yn ôl gerbron y Pwyllgor i'w trafod a gweithredu arnynt.</p> <p><b>CAMAU GWEITHREDU: 20251007-A01</b> HB i dynnu gwersi o'r achosion hyn a'u dwyn yn ôl i gyfarfod yn y dyfodol.</p> <p>Trafodwyd y 'Ddeddfwriaeth Methiant i Atal Twyll'. Mae'r ddeddfwriaeth newydd yn targedu sefydliadau sy'n methu ag atal gweithwyr rhag cyflawni twyll yn erbyn trydydd partion er budd y sefydliad. Er bod hyn wedi'i anelu'n bennaf at y sector ariannol, mae'n berthnasol i'r GIG hefyd.</p> <p>Sicrhodd HB y Pwyllgor ei fod wedi cyfarfod â chydweithwyr uwch yn IGDC a bod yr holl gamau gweithredu ar y gweill, gan gynnwys y rhai a gydlynwyd ar lefel Cymru gyfan.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> diweddariad ar yr ymchwiliad llafar i Atal Twyll.</p>	Nodwyd	<b>CAM GWEITHRED U - 01</b>
3.2	<p><b>Adolygiad Archwilio Mewnol</b></p> <p><b>System Mudo Clinigol GMS</b></p> <p>Ymunodd Stephen Chaney, Archwilio Mewnol</p>	Er Sicrwydd	Dim i'w nodi



	<p>PCGC, â'i gydweithiwr Martyn Lewis, Arweinydd Archwilio, a gyflwynodd yr adolygiad archwilio mewnol a oedd wedi derbyn Sgôr Sicrwydd Rhesymol. Tynnwyd sylw at y pwyntiau allweddol lefel uchel canlynol:-</p> <ul style="list-style-type: none"> <li>• Roedd y canfyddiadau allweddol o'r adolygiad yn cynnwys: diffyg olrhain ffurfiol ar gyfer manteision o'r broses fudo.</li> <li>• Roedd rhanddeiliaid wedi ymateb yn gadarnhaol, gan nodi bod y prosiect wedi'i reoli'n dda.</li> </ul> <p>Cadarnhaodd Marged Cother, Dirprwy Gyfarwyddwr Gofal Sylfaenol, ei bod yn fodlon ar yr adroddiad a bod yr argymhellion yn gyraeddadwy. Roedd y tîm yn hyderus y byddent yn gweithredu gwelliannau a nododd y gwerth strategol mewn symud i un cyflenwr.</p> <p>Canmolodd y Pwyllgor Marged a'r tîm am eu cynnydd ar fudo practisau meddygon teulu.</p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODI'R</b> adolygiad archwilio ar gyfer <b>SICRWYDD</b></p>		
3.3	<p><b>Adroddiad ar Hapwiriadau ar gyfer Prosesau Recriwtio</b></p> <p>Cyflwynodd Kathryn Frith, Pennaeth Gwasanaethau Pobl, yr adroddiad a ofynnwyd amdano gan y Pwyllgor fel cam gweithredu o'r Archwiliad Prosesau Recriwtio a oedd wedi derbyn Sicrwydd Cyfyngedig. Darparwyd crynodeb manwl o'r adroddiad gyda nifer o uchafbwyntiau.</p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODWYD</b> yr Adroddiad ar yr Hapwiriadau ar gyfer Prosesau Recriwtio ar gyfer <b>SICRWYDD</b></p>	Er Sicrwydd	Dim i'w nodi
<b>RHAN 4</b>	<b>MATERION I GLOI</b>		
4.1	<p><b>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</b></p> <p>Byddai'r eitemau oedd i dynnu sylw'r Bwrdd atynt yn cael eu trafod y tu allan i'r cyfarfod oherwydd cyfyngiadau amser.</p>	Trafodwyd	Dim i'w nodi
4.2	<b>Unrhyw Faterion Brys eraill</b>	Nodwyd	Dim i'w nodi



	Ni chodwyd unrhyw faterion brys eraill i'w nodi.		
4.3	<b>Dyddiad ac Amser y Cyfarfod Nesaf:</b> <ul style="list-style-type: none"><li>• 20 Ionawr 2026</li></ul>	Nodwyd	Dim i'w nodi

DRAFT



**ASSURANCE REPORT  
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

<b>Reporting Committee</b>	<b>Shared Services Partnership Committee</b>
<b>Chaired by</b>	Professor Tracy Myhill OBE, NWSSP Chair
<b>Lead Executive</b>	Neil Frow OBE, Managing Director, NWSSP
<b>Author and contact details</b>	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
<b>Date of meeting</b>	30 September 2025
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made</b>	
<p><b>Chair’s Report</b> - The Chair updated the Committee on activities since the last meeting, which included:</p> <ul style="list-style-type: none"> <li>• chairing two meetings of the Welsh Risk Pool Committee in July and September 2025, with both sessions involving substantive discussions on the financial implications of claims. These deliberations continue to inform the broader risk and assurance landscape across NHS Wales;</li> <li>• conducting NF’s appraisal in August 2025, in collaboration with Welsh Government; and</li> <li>• participating in the September 2025 Chairs’ Peer Group Meeting, noting key changes in membership and a substantive discussion was held regarding the staff survey, with particular concern raised over the low response rate. TM welcomed the proactive engagement from Chairs and encouraged reflection on future strategies to enhance staff participation and voice.</li> </ul> <p>The Committee <b>NOTED</b> the Chair’s Report.</p>	
<p><b>Managing Director Update</b> - The Managing Director presented his report, which included the following updates:</p> <ul style="list-style-type: none"> <li>• <b>Welsh Risk Pool (WRP)</b> – A summary of key items from the WRP Committee was provided. At the September meeting a productive discussion was held on risk sharing and financial implications. Positive work is continuing in maternity, obstetrics and consent, with a focus on learning lessons across Wales.</li> <li>• <b>Finance</b> - The financial position was reported with a continued surplus at month 5, although financial risks remain as set out in the finance report. Discussions with Welsh Government regarding Personal Protective Equipment are ongoing. A decision will be required with partners and Welsh Government on the use of any year-end surplus.</li> <li>• <b>Pharmacy Developments</b> - Progress has been made on the Radiopharmacy Service, with panel construction expected to begin shortly and it is anticipated there will be significant physical progress made on-site during October 2025.</li> <li>• The Outline Business Case for the South East Hub has been approved by Welsh Government, and NWSSP has received the approval and funding letter to release the fees for the next stage in terms of the Full Business Case (FBC). In recognising</li> </ul>	

that timescales are tight, with the impact of the upcoming Senedd election, Welsh Government will confirm the final submission deadline for the FBC and organisations must work back from this date, to avoid delays. Discussions are being held in respect of the matters requested to be resolved prior to FBC submission, particularly around clinical trials. Discussions with Cardiff and Vale University Health Board and Velindre University NHS Trust are progressing regarding the model.

- Discussions have been positive in terms of taking forward the North Wales TrAMS programme and a more detailed meeting with the Betsi Cadwaladr University Health Board Chief Executive and the team will be arranged in due course. As regards the South West Hub, unfortunately the preferred site was recently purchased by a third party and therefore the teams are actively exploring alternative site options in West Wales.
- **All-Wales Vaccination Programme** - The programme has delivered approximately 800,000 doses, with nearly 1 million received. The programme is entering the final phase, focusing on redistribution to sites that were initially unable to accept full allocations due to storage limitations and responding to additional requests from sites requiring further supply. A small reserve of purchased vaccines remains available to meet any further demand. In addition, the 400,000 COVID vaccines are arriving at the Imperial Park 5 Newport site, with distribution to commence shortly. NF expressed his personal gratitude towards colleagues for their outstanding efforts in delivering this programme.
- **Senior Appointments** - Colin Powell, Director of Pharmacy Technical Services, will retire at the end of October 2025. Laura-Jayne Keating, the current Deputy Director, will be acting up in an interim role for six months, with a permanent appointment to follow.
- **Laundry Service** - Operations have seen capital investment and operational adjustments, which are expected to yield further savings.
- **Primary Care Workforce Intelligence System (PCWIS)** - The new PCWIS system has successfully launched across all four contractor groups. TM welcomed this development, noting its importance in addressing long-standing workforce risks.
- **Medical Examiner Service** - Winter surge planning has commenced and is informed by lessons learned, arising from last year. A number of sessions with colleagues and Welsh Government have been held as part of this workstream. A Schedule 5 Notice has been received from the Coroner in North Wales regarding a death, and correspondence is ongoing with both the Coroner and the UK Medical Examiner's Office as part of the response.
- **Accommodation** - NWSSP have been working in partnership with the Welsh Ambulance Service NHS Trust (WAST) in terms of consolidating the footprint and rationalising the estate. WAST will move into the top floor of the West Wales Regional Hub at Matrix House, in Swansea. Additionally, as part of the process, WAST will take up occupation of our Samlet Road site.
- **Personal Protective Equipment (PPE)** - Discussions continue regarding the Service Level Agreement (SLA) for PPE requirements. A finalised SLA will be brought to a future Committee for openness and transparency, to ensure the Committee has oversight of the arrangements.
- **Recognition** - The Committee noted that NWSSP was named runner-up in the Wales Team of the Year award at the HFMA Conference. The Committee congratulated the team for the achievement and acknowledged the excellent work of the Oracle teams in cloud development.

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

## Items for Approval

**Transforming Access to Medicines Service (TrAMS) Programme and Service Management Board Terms of Reference (ToR)** - The Committee received and approved the revised ToR for the TrAMS Programme and Service Management Board, subject to minor amendments. The revisions reflect feedback from the July meeting and align with the implementation of the new Radiopharmacy Service. The Committee welcomed progress and acknowledged the programme's complexity. Members requested consideration be given as to broader representation beyond Pharmacy, clearer distinction between decision-makers and contributors, and mechanisms to assess governance effectiveness. The final ToR are to be circulated once updated. A six-month review will be undertaken to evaluate effectiveness and inform further refinement.

The Committee **APPROVED** the TrAMS Programme and Service Management Board ToR, subject to the matters outlined above.

**Assignment of Lease for Samlet Road to Welsh Ambulance Services NHS Trust (WAST)** - The Committee received the proposal to assign the lease for the Samlet Road premises from NWSSP (formally named as Velindre University NHS Trust, on the lease) to WAST. The proposal offers mutual benefit, including a financial saving for NWSSP. The assignment will proceed to the Velindre University NHS Trust Board in November 2025 for final approval and execution.

The Committee **APPROVED** the Assignment of the Lease for Samlet Road to WAST.

**Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG) Annual Review of Terms of Reference (ToR)** - The Committee received the updated ToR in line with the requirement to review these annually, with minor updates noted. Members raised a strategic challenge regarding the proportionality of current governance arrangements, given the stabilisation of the energy market and it was agreed to review the frequency and structure of meetings, noting that while volatility persists, recent updates from Crown Commercial Services suggest a new form of stability. This will be considered at the next WEG meeting in November 2025.

The Committee **APPROVED** the WEG and WEOG Terms of Reference.

**Low Vision Aid Supply and Recycling Service Commitment of Expenditure** - The Committee received proposed operational and financial arrangements for the Low Vision Aid Supply and Recycling Service, delivered through NWSSP's Primary Care Services Division. The service operates under an all-Wales contractual framework, endorsed by Welsh Government and procured through standard processes.

The Committee **APPROVED** the proposed arrangements outlined for the Low Vision Aid Supply and Recycling Service Commitment of Expenditure.

**Defence Engagement Fellowships – NHS Wales and Defence Medical Services** - The Committee received a proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships. The initiative builds on NWSSP's role as a GMC Sponsorship Organisation and aims to support the placement of foreign military medical professionals into NHS Wales training environments. The proposal centres on a primary, non-legally binding Memorandum of Understanding (MOU) between NWSSP and Defence Medical Services, enabling Defence Medical Services to approach NHS Wales organisations with fellowship opportunities. Participating Health Boards would then enter into secondary MOUs with the relevant foreign military, detailing

employment, funding, and operational arrangements. NWSSP's role is facilitative, providing technical and HR support, with clinical and employment responsibilities remaining with individual Health Boards. The Committee was supportive of the initiative, recognising its strategic value and alignment with international recruitment and workforce development goals.

The Committee **APPROVED** the proposal outlining a new collaboration between NHS Wales and the Defence Medical Services to facilitate Defence Engagement Fellowships.

### Items for Noting and Discussion

**Personal Protective Equipment (PPE) Preparedness Update** - The Committee received a report on PPE Preparedness, outlining the current position regarding PPE stockpiling arrangements. An internal project team is in place to oversee this work and Welsh Government has indicated potential changes to the required stock profile, particularly in relation to hygiene products. Final confirmation is awaited. It is intended that the proposed Service Level Agreement for PPE stockpiling will be brought to the Committee in November 2025. NWSSP will seek to rotate PPE stock through business-as-usual supply chains to minimise the risk of write-downs or write-offs and ensure value for money.

The Committee **NOTED** the PPE Preparedness Update.

**Draft Committee Development Day Agenda** - The Committee received and noted a verbal update on the agenda for the Development Day on 10 October 2025 at Public Health Wales, Cardiff. The session will focus on strategic planning and cross-organisational engagement, including review of the NWSSP Strategy Map, Ministerial Advisory Group recommendations, and updates on TrAMS and ESR replacement. A placeholder is included for the NWSSP Governance and Accountability Review, subject to report availability. Members confirmed support for the event, recognising its value in shaping NWSSP's future direction and delivery priorities.

The Committee **NOTED** the update provided in relation to the Committee Development Day Agenda.

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

**Finance Report** – The Committee noted the financial position as at month 5, confirming a year-to-date surplus of £2.597m, driven by vacancy levels and strategic re-investment. Pay award confirmation is pending, with an estimated cost impact of £3.927m. Capital spend stands at £1.135m against an £8.701m Capital Expenditure Limit, with discretionary funding now fully committed, whilst Public Sector Payment Policy performance remains strong.

**People and Organisational Development Report** – The Committee received the latest workforce update to 31 August 2025, which highlighted improving sickness absence trends, strong time-to-hire performance, and positive feedback from Welsh Government on equality standards. Key developments include the launch of the Speaking of Safety platform, staff survey communications and external recognition for NWSSP programmes.

**Performance Information Report** – The Committee received the report detailing the Key Performance Indicators (KPIs) from May to August 2025. The report confirmed that all KPIs were met in August, with continued delivery against stretch targets and NWSSP having generated £53 million in professional influence benefits for the year to date as at

31 August 2025. A review of performance targets is underway as part of IMTP development. There were no areas of concern to be brought to the Committee's attention.

**Outcome Measures Report** – The Committee received the report focused on outcomes aligned to NWSSP's strategic objectives across services, people and value. NWSSP continues to demonstrate progress in evidencing impact and the overarching report detailed high levels of customer satisfaction, strong employee engagement, and positive impact across procurement, decarbonisation and foundational economy.

**Integrated Medium-Term Plan (IMTP) Quarter 1 of 2025-26 Update Report** –The Committee received the latest update in respect of progress made against NWSSP's IMTP. The overarching report confirmed that 85% of objectives are on track, with targeted actions in place for off-track items. Key areas of focus included the Medicines Unit, Speaking Up Safely, International Recruitment, the National Ophthalmic Contract for Wales and the Electronic Prescribing Service. There remains work ongoing to strengthen data quality in procurement, progress in equality and diversity, staff well-being, and continued development of digital and recruitment initiatives. NWSSP received a satisfactory rating from Welsh Government for its IMTP submission, with positive recognition from the Cabinet Secretary.

**Transformation Management Office (TMO) Update Report** – The Committee received an update on the work of the TMO. The overarching report summarised the breadth of transformation activity across NWSSP and national programmes, indicating a stable position with 18 projects, 2 programmes and 5 initiatives currently being tracked. Of which, 2 are red, 7 are amber and 16 are green-rated projects. Overall, the portfolio demonstrates consistent delivery momentum across a diverse range of transformation and service improvement programmes, with 92% of projects rated green or amber and several nearing completion.

**NWSSP Corporate Risk Register** – The Committee received the latest Risk Register update, which was reported as stable and continues to be scrutinised regularly at each Senior Leadership Group meeting. The latest position identifies 17 risks for action, comprising four red, twelve amber and one yellow-rated risk. In addition, four risks are recorded for monitoring, including one amber and three yellow. The overarching report also outlines four emerging risks currently under consideration.

The Committee **DISCUSSED** and **NOTED** the above Reports.

### **Options for the Appointment of the Shared Services Partnership Committee Chair**

The Vice Chair chaired this item due to the interest declared by the Chair. The Committee reached consensus to **APPROVE** the offer of a 12-month extension to the current Chair's term.

### **Papers for Information**

The following items were provided for information only and the Committee **NOTED** receipt of the reports:

- Integrated Medium-Term Plan 2025-28 Accountability Conditions
- SSPC Forward Plan 2025-26
- Finance Monitoring Returns (Months 4 and 5)
- Personal Protective Equipment (PPE) Reports (August and September 2025)
- NWSSP Audit Committee Assurance Reports (May and July 2025)
- Wales Infected Blood Support Scheme Annual Report 2024-25

<b>Part B - Private</b>	
The Committee received one item for <b>NOTING</b> and <b>DICSUSSION</b> , in the Welsh Risk Pool Expenditure Update. In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 21 August 2025 and the Welsh Risk Pool and Legal and Risk Services Annual Review 2024-25, for information.	
<b>Any Other Business (AOB)</b>	
No matters were raised under Any Other Business.	
<b>Matters requiring Board/Committee level consideration and/or approval</b>	
The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.	
<b>Matters referred to other Committees</b>	
No further matters were referred to other Committees.	
<b>Date of next meeting</b>	Friday 14 November 2025, 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
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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 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 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	The Corporate Risk log is presented at every meeting for oversight and scrutiny
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	
<b><u>DEDDF LLESIAINT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	Information
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	September 2025	Approved

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 January 2026 meeting:

Item
Action log
Annual Audit Themes and Learning Report
Audit & Assurance Committee Annual Report
Audit & Assurance Committee Cycle of Business
Audit & Assurance Committee Effectiveness Self-Assessment
Audit & Assurance Committee Terms of Reference
Audit & Assurance Committee Update
Audit Recommendations Tracker
Audit Wales Annual Audit Report
Audit Wales Review Reports (as relevant)
Committee Highlight Report to SHA Board
Corporate Risk register
Corporate Risk register - Private Risks
Counter Fraud Private Risks
Decarbonisation and Estates Compliance Report
Declarations of interest
Deep Dive Digital Workforce Review Q2, Duty of Quality Q3, Foundational Economy Q4 Commercial Operating Model Q 1 of next Financial year.
Finance update - highlight report
Forward Work Programme
Internal Audit Progress Report
<b>Internal Audit Review Reports</b>
Local Counter Fraud Update
Losses & Special Payments Report
Minutes
NWSSP Assurance Report
Policy Report approval of policies
Procurements & Scheme of Delegation Report
Quality and Regulatory Compliance
Standards of Behaviour Report
Welcome and Introductions
Welsh Health Circular Report
Welsh Language Scheme Update

#### 4.2 Additional items identified for the 07 April 2026 meeting are:

Item	Executive Lead
Accountability Report	Director of Corporate Affairs/Board Secretary
Action log	Director of Corporate Affairs/Board Secretary
Annual Financial Accounts	Executive Director of Finance
Audit & Assurance Committee Update	Audit Wales
Audit Enquiries Q&A (if required)	Audit Wales
Audit Recommendations Tracker	Director of Corporate Affairs/Board Secretary
Audit Wales Annual Audit Report	Audit Wales
Audit Wales Audit Plan 2026/27	Audit Wales
Audit Wales Committee Update	Audit Wales
Audit Wales Review Reports (as relevant)	Audit Wales
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
Counter Fraud Draft Work plan 26/27	Head of Local Counter Fraud
Counter Fraud Private Risks	Head of Internal Audit
Decarbonisation and Estates Compliance Report	Executive Director of Finance
Declarations of Interest	Chair
Finance update - highlight report	Executive Director of Finance
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Legislative Assurance Register	Executive Director of Finance
Local Counter Fraud Update	Head of Local Counter Fraud
Losses & Special Payments Report	Executive Director of Finance
Management of Physical Assets	Executive Director of Operations
Minutes	Chair
NWSSP Annual Internal Audit Plan 26/27	Head of Internal Audit
NWSSP Assurance Report	Executive Director of Finance
NWSSP Internal Audit Progress Report	Head of Internal Audit
NWSSP Internal Audit Review Reports	Head of Internal Audit
Policy Report approval of policies	Executive Director of Finance
Procurements & Scheme of Delegation Report	Executive Director of Finance
Quality and Regulatory Compliance	Executive Director of Finance
Recruitment Processes - update	Director of People & OD
Staff Culture & Wellbeing review. An action plan with clear timelines to be brought back to the January Committee.	Director of People & OD
Standards of Behaviour Report	Director of Corporate Affairs/Board Secretary
Welcome and Introductions	Chair
Welsh Language Report	Director of Corporate Affairs/Board Secretary

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

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the report	

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

Eitem ar yr Agenda: Agenda Item:	2.4
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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
<b>NOTE</b> the Standards of Behaviour Report.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
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<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	

<b><u>DEDDF LLESIAINT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	Leadership
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	January 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SoB	Standards of Behaviour	DoI	Declaration 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](#). The register focuses initially on staff band 8a and above, however, DHCW are pursuing best practice and asking all staff to complete a declaration of interest form.
- 3.3 In line with other NHS Trusts, Health Boards and Special Health Authorities, DHCW have agreed to operate a 3-year declaration of interest form. However, [DHCW Board members](#) will be required to complete an annual declaration of interest form.

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

- 4.1 As of 03/01/2026, 87% of band 8a and above declarations of interest have been received and captured on the Declarations of Interest Register. In addition, 32% 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 Further work will be undertaken by the Corporate Governance team, in collaboration with People & Organisational Development to ensure a declaration of interest form is mandatory and completed on appointment for staff banded 8a+.
- 4.4 The Committee are asked to note the [Gifts, Hospitality, Honoraria and Sponsorship Register](#) and note since the last meeting, ten declarations have been submitted and included on the register, a summary of these can be found in the table below.

Nature of Declaration	Accepted	Declined	Grand Total	Value accepted	Value of declined
Gifts	£50	£0	£50	£50	£0
Honorarium	£0	£0	£0	£0	£0
Hospitality	£4845	£0	£4845	£4845	£0
Sponsorship	£0	£0	£0	£0	£0
Grand Total	£4895	£0	£4895	£4895	£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
<b>NOTE</b> 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
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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 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
<b>NOTE</b> the updated provided and take <b>ASSURANCE</b> on the process for recording and monitoring the organisation's compliance with Welsh Health Circulars.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Globally Responsible Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below: N/A	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	January 2026	Reviewed
Chris Darling, Director of Corporate Affairs/Board Secretary	January 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 July 2025 and 31 December 2025. 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, and two which have yet to be reviewed by the Executives 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

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the updated provided and take <b>ASSURANCE</b> 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 CONSULTATION AND DOCUMENT APPROVAL REPORT

Eitem ar yr Agenda: Agenda Item:	2.6
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Alex Lawrence – QMS Manager
Cyflwynwyd gan: Presented By:	Paul Evans, Head of Quality Assurance & Regulatory Compliance

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL</b> <b>STRATEGIC MISSION</b>	Deliver high quality digital products and services
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<b>RISG GORFFORAETHOL</b> (cyf, os yw'n briodol) <b>CORPORATE RISK</b> (ref if appropriate)	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD</b> (cyf, os yw'n briodol) <b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	N/A

<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u></b> <b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>SAFONAU ANSAWDD IGDC</u></b> <b><u>DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></b> <b><u>DUTY OF QUALITY ENABLER</u></b>	Information
<b><u>PARTH ANSAWDD</u></b> <b><u>DOMAIN OF QUALITY</u></b>	Safe
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u></b> <b><u>GYDRADDOLDEB</u></b> <b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: This report does not require an EQIA.	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Controlled documents underpin a quality approach to Organisational management.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Some Policies outline legal requirements which public bodies are required to adhere to.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below Controlled documents have roles and responsibilities outlined within them.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	Noted

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		
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### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 DHCW have a number of key documents that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation, and regulation.
- 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
Framework	DHCW-FRA-8	<a href="#">Social Value Approach</a>	Claire Osmundsen-Little	24.09.2025 – 08.10.2025	16.10.2025	A&A	20.01.2026
Strategy	POD-STR-60	<a href="#">DHCW People Strategy 2026-2030</a>	Samantha Morgan	10-24.11.2025	11.12.2025	A&A	20.01.2026
Policy	EC-POL-226	<a href="#">Suspect Packages and Bomb Threats Policy</a>	Chris Darling	10-24.11.2025	11.12.2025	A&A	20.01.2026
Policy	POD-POL-5	<a href="#">Working Outside the UK Policy</a>	Samantha Morgan	12-29.12.2025	15.01.2025	A&A	20.01.2026
Policy	DHCW-POL-24	<a href="#">Integrated Management System Policy</a>	Claire Osmundsen-Little	22.12.2025 – 05.01.2025	15.01.2025	A&A	20.01.2026

- 3.3 All documents are shared with the Local Partnership Forum for discussion / review as part of the formal consultation process.
- 3.4 All documents are required to be approved by the assigned committee (per policy).

### 4 MATERION PENODOL I'W HYSTRYD / SPECIFIC MATTERS FOR CONSIDERATION

- 4.1 The five above key documents are requested to be reviewed and approved by the Audit and Assurance Committee prior to publication and use within DHCW.



## 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
<b>REVIEW</b> and <b>APPROVE</b> the submitted Key documents.	

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

Eitem ar yr Agenda: Agenda Item:	2.7
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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 Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the report for <b>ASSURANCE</b> .	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A
<b><u>DEDDF LLESIAENT CENEDLAETHAU'R DYFODOL</u> <u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Wales of Vibrant Culture and Thriving Welsh Language
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: A more equal Wales	
<b><u>SAFONAU ANSAWDD IGDC</u> <u>DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u></b>	Leadership
<b><u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below: Workforce Culture	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u> <u>GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Date of submission:
Choose an item.	Outcome: Approved
Datganiad: Statement:	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Welsh Language Measure 2011 Welsh Language Standards no7 Regulations
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below External recruitment advertising costs Increase use of Welsh Interpretation
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below Welsh language skills required in specific roles e.g. service desk, engagement and communications, people and organisational development, Welsh speaking managers
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.  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
Director of Corporate Affairs	6/1/26	Approved
Head of Corporate Governance	6/1/26	Approved

<b>Acronymau</b> <b>Acronyms</b>
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DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ESR	Electronic Staff Record		

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 Digital Health and Care Wales (DHCW) is A bilingual organisation, embedding Welsh language and culture across all services in compliance with Welsh Language Standards (Regulation No. 7). DHCW’s approach aligns with the Welsh Language Measure 2011 and the Well-being of Future Generations Act, supporting the goal of a vibrant culture and thriving Welsh language. The Welsh Language Commissioner is currently reviewing a section 47 response form submitted in December 2025. It is expected that DHCW will receive a final compliance notice in February 2026.
- 3.2 The Welsh Language Standards require the recording of staff Welsh language skills. This is supported by ESR data. The more than just words five-year plan 2022-2027 also requires NHS Wales staff to have a minimum of ‘courtesy level’ Welsh. The following tracker has been produced to encourage staff to complete a ‘courtesy’ level Welsh language course. A milestone of 60% is the target for this financial year an increase of 7% is required to achieve this.



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

### 4.1 Key Issues Identified

Training provision is available free for DHCW staff. A wide range of Welsh language courses are promoted including residential courses for confidence building. The new 'courtesy level' Welsh language course offered by Coleg Cambria has been available to staff since September 2025. The number of staff who have attended to date is shown in the chart below, DHCW are hoping to increase course attendance with the Welsh Language Team engaging with Directorates and Staff to promote attendance.

<b>Cwrs Croeso attendance count by Directorate</b>							
<b>CG</b>	<b>Clinical</b>	<b>FBA</b>	<b>Ops</b>	<b>PCMH</b>	<b>POD</b>	<b>ST</b>	<b>Total</b>
3	6	6	18	6	3	6	<b>48</b>

4.2 The organisation has set a target to recruit and retain 20% Welsh-speaking staff to reflect population demographics. The current percentage of staff with level 2 skills or above is 15.9%.

DHCW therefore, needs to increase the number of Welsh speakers recruited to achieve the target of 20%. The Welsh language standards associated with recruitment processes include advertising posts bilingually with categorised language requirements, and that Welsh applications are treated equitably.

To ensure compliance with the associated operational standards, recruiting managers are required to submit an accurate assessment of a post for the recruitment scrutiny panel. The recruitment team and Welsh Language Manager will carry out regular spot checks to ensure this procedure is followed. Financial resources will be needed to support training, recruitment advertising, translation, and interpretation services.

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

### 5.1 Key Risks

Failure to comply with Welsh Language Standards poses significant legal and reputational risks for DHCW. Non-compliance could undermine stakeholder confidence and impact patient experience, particularly where services cannot be delivered in the language of choice. There are financial risks associated with increasing demand for training and translation services, which require proactive resource planning. Workforce risks include the challenge of meeting the 20% Welsh-speaking staff target and ensuring accurate ESR data

for monitoring progress.

## 5.2 Escalation

Work is ongoing to agree and secure Welsh language funding for 2026–27. Any significant reduction in funding would limit the volume of Welsh language training that Digital Health and Care Wales (DHCW) is able to provide to its workforce.

At present, there is no dedicated funding to support Welsh language 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 Welsh-speaking workforce. Addressing this gap within the recruitment budget is necessary to ensure DHCW meets its Welsh language obligations and supports growth in Welsh language capability across the organisation.

## 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the report for <b>ASSURANCE</b> .	

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

Eitem ar yr Agenda: Agenda Item:	2.8
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance
Cyflwynwyd gan: Presented By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A

<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Globally Responsible Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENabler</u></b>	Whole Systems Approach
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below  Duty of Quality implications throughout this report
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	January 2026	Reviewed
Claire Osmundsen-Little	January 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISO	International Standards Organisation	QI	Quality Improvement
SaMD	Software as a Medical Device	SLT	Senior Leadership team
MDR	Medical Devices Regulations	MHRA	Medicines and Healthcare Products Regulatory Agency



## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

### Introduction

The following reports 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

Five (5) external audits have been completed within the period October to December 2025:

- **ISO 30415:2021 – Human Resource Management (Diversity & Inclusion)**
  - Type: Surveillance
  - Outcome:
    - 1 Opportunity for Improvement
- **BS 76000:2015 – Human Resource (Valuing People)**
  - Type: Surveillance
  - Outcome:
    - 6 Minor NCs
    - 11 Opportunities for Improvement
- **BS 10008-1:2020 – Evidential Weight & Legal Admissibility of ESI**
  - Type: Re-Certification
  - Outcome:
    - 1 Opportunity for Improvement
- **ISO 9001:2015 – Quality Management Systems**
  - Type: Certificate Transfer November '25.
  - Status: Successful
- **ISO 14001:2015 – Environmental Management Systems**
  - Type: Certificate Transfer November '25.
  - Status: Successful

The scheduled Service Desk Institute (SDI) surveillance was underway at the time of compiling this report (December '25).

### 3.2 Internal Quality Performance Milestones

The Quality Assurance and Regulatory Compliance team have one IMTP milestone for Quarter Three, an SBAR has been produced recommending removal of this milestone due to advice received from the MHRA.

### Non-Compliance Management

Open Quality Improvements have continued a slight downward trend since the last report, decreasing from 78% to 75%. A number of the long-standing findings were not

actionable due to constraints such as transition projects, supplier limitations, and resourcing challenges. NC positions are reported monthly to various meetings including Directorates Senior Leadership Team (SLT).

### **Document Management Strategy (DMS) & iPassport**

The Organisation continues to manage documentation effectively through iPassport. The current document compliance rate stands at 96%, alongside a continued increase in the number of controlled documents held within the system. This demonstrates ongoing improvement in documentation management 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 2025/26 with the development and continued roll-out of the 5 Minute Improvement initiative across DHCW.

## **3.3 Legislation**

### **Medical Devices**

The new [Post-Market Surveillance](#) (PMS) requirements for the UK's Medical Devices Regulations (UK MDR) came into force on June 16, 2025 which introduced a new Part 4A to the UK MDR 2002. DHCW procedures have been developed to ensure compliance with this legislation.

### **Duty of Quality**

The Annual Quality Report has been fully approved. The report has now been published on DHCW's website in both Welsh and English. Work is underway to generate content for next year's Annual report.

### **Legislation Assurance Register**

Updates to the Legislative Register within iPassport continue to be effective, with the Quality team undertaking monthly reviews through established governance meetings to ensure ongoing compliance with standards requiring a maintained Legislative Register.

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

### **Update**

#### **4.1 External Audits**

Two (2) recertification audits are due in January 2026:

- ISO 9001:2015 – Quality Management Systems
- ISO 14001:2015 – Environmental Management Systems

#### **4.2 Internal Quality Performance Milestones**

The Quality Assurance and Regulatory Compliance IMTP milestone for Quarter Three is awaiting approval to change control out of plan. Focus will now move to Quarter four milestones.

### **Non-Compliance Management**

Work continues to strengthen DHCW's non-compliance management arrangements. The majority of directorates are performing well, with a small number of identified hotspots where the Quality team is working closely with non-compliance owners to drive improved compliance.

Going forward, the team will explore approaches to setting more practical target dates, working collaboratively with auditees and Non-Compliance owners to ensure potential blockers are identified and addressed prior to scheduling.

Longstanding overdue Major NCs and incidents shall be migrating to DATIX.

### **Document Management Strategy (DMS) & iPassport**

The majority of directorates are now assessed as 'complete', with 71% (5 of 7) having successfully completed the categorised migration of documents across their teams and operational units. This continues to demonstrate alignment with the agreed DMS structure and appropriate management of controlled documentation.

Overall programme completion remains at 91%, an improvement from the previous reporting period. A small number of directorates continue to face challenges linked to the volume and complexity of their documentation, requiring sustained focus and additional effort to complete the migration. These areas remain under active oversight to ensure consistency and full compliance across the organisation.

The associated corporate risk (ID 14200) will remain open until the programme is fully completed and assurance has been gained through the ISO 9001 recertification audit scheduled for Q4.

## **Quality Improvement Framework**

- We continue to deliver the 5 Minute Improvement training and encourage staff members to submit their improvement ideas. We have delivered this training to 227 people so far across the organisation and have been delivering team specific sessions. 97% 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 say they are satisfied with the content of this course. This workshop is now being delivered bi-monthly instead of monthly.
- Our improvement dashboard remains active so that everyone at DHCW can submit, share and celebrate the improvements across directorates. We have had 51 ideas submitted so far. These submissions are automatically considered for the '5-Minute Improvement of the Month Award', and we have awarded our October and November awards.

- The QI team have been actively involved with a Kaizen Event on our end-to-end WIAG process at DHCW, where they have engaged with stakeholders and mapped the entire process to identify issues and potential solutions. Additional stakeholder engagement is underway to gain further insight on the process from our colleagues.
- Communication pieces have been published internally to highlight the 5-Minute Improvement initiative and the importance of registering improvement ideas. Communications have also been published to demonstrate the value of Kaizen Events and seeking candidates for further events.
- The 'What Matters to You' initiative has been piloted with the Finance & Business Assurance Senior Leadership Team, Estates & Compliance team, EDI Network and Quality team. A paper on progress and next steps is being developed currently for weekly Execs.

## 4.3 Legislation

### Medical Devices

We are continuing work on readiness for the new UK Medical Device Regulation compliances. The Quality team is maintaining communication and working closely with MHRA, not only to keep up to date with progress against new UK MDR but being directly involved defining guidance that will be published regarding SaMD.

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 DHCW colleagues to establish 'quality agreements' to ensure the approach aligns with the organisations shift to product led digital services.

We are currently working with the project team to manage DHCW's first Medical Device, 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.

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

The new UK legislation is still anticipated to come into force in 2026.

### Duty of Quality

The Annual Quality Report has been approved and published on the DHCW website. Moving forward, implementation of the Quality Framework will allow for much more

forward-looking content of future Quality reports, with examples of good quality practice coming from product/service quality plans.

### Legislation Assurance Register

Recent updates to the Legislative Assurance Register (LAR) reflect ongoing compliance efforts. The latest review introduced Two (2) new legislative requirements and requests, zero (0) amendments, and one (1) requested removal 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

### Summary

In summary, the last period saw a continuation of the work conducted in the previous quarter. The document management strategy is ongoing and is being monitored by the Quality and Regulatory Group, Risk Management Group and Directorate SLT's. A focus will be redesigning the Always On Quality Reporting process in line with the DHCW Quality Framework.

### Forward Plan for Next Quarter

#### 5.1 External Audit

- ISO 9001:2015 – Quality Management Systems
- ISO 14001:2015 – Environmental Management Systems

#### 5.2 Quality Performance

- Revised approach to corrective action scheduling working alongside auditee and Non-Compliance (NC) Owners.
- Initiate migration of overdue Major NCs and Major Incidents on the Risk Management system, DATIX, following lapses of agreed target dates.
- Reduce open-quality non-compliances and sustain documentation management.
- Delivery of quality improvement training to colleagues at DHCW
- Continued engagement with the Centre for Digital Public Services to align the Quality Framework with the Digital Service Design standards

#### 5.3 Legislation

- Continue maintaining communication with MHRA and other stakeholders regarding new UK Medical Device regulations.
- Continue preparations for compliance with new UK Medical Device regulations.
- 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 ESTATES, DECARBONISATION AND COMPLIANCE UPDATE

Eitem ar yr Agenda: Agenda Item:	2.9
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Julie Ash, Head of Estates and Compliance

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the Estates, Decarbonisation and Compliance Report for <b>ASSURANCE</b> .	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Globally Responsible Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 14001 - Environmental Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	Whole Systems Approach
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Efficient
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Ddim yn berthnasol Statement: Not required	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Measures are in place at all sites to ensure the environments are safe
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with legislation and lease arrangements
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Proposals will be costed and ongoing savings identified as part of the DHCW Savings Plan
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below Any changes to the estate with impact for staff will be subject to consultation
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> 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.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	5 January 2026	Approved
Audit and Assurance Committee	20 January 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



### 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. A three year Estates Plan for 2025-28 has been developed and approved. Our leased sites are:

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

Sites occupied under SLA 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
- Decarbonisation Performance against baseline year & Adaptation Risk Assessment
- DHCW Estates and Compliance Report for November 2025

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 Reporting regime for Decarbonisation and Adaptation is being reviewed in light of the new Delivery Plan. DHCW have been involved in discussions which include the future intention to utilise other reports already in place.

3.5 The annual emissions return is due every year at the beginning of September. Estates and Facilities Performance Management System (EFPMS) Returns are completed on an annual basis. All returns to date have been submitted on time.

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

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

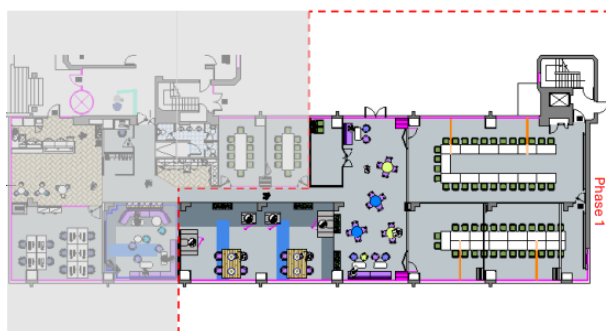
## 4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

### 4.1 Estates Development

The DHCW Estates Plan 2025-28 reflects DHCW's future focus on estates modernisation and optimisation.

The current focus is on improving accessibility at Ty Glan-yr-Afon and the development of a Digital Futures Space on the Ground Floor of the building to provide a collaborative space with facilities for Conferencing, User Centered Design and Digital Inclusion. This is a really exciting opportunity and work has been ongoing in the background to set up a suitable support model. Accessibility has now been improved with the installation of a ramp.

Development of the Digital Futures Space is split into two phases, Phase 1 (outlined by a dotted line in the picture below) is complete. This consisted of the Conferencing Facility, Mingle Zone, Storage facility and Touchdown area.



Phase 1 space was temporarily available for use (limited numbers) until Phase 2 works commenced in November 2025. Feedback was extremely positive.

Phase 2 (commenced in November 2025, to be completed by March 2026) includes:

- **Hospitality and Kitchen Area:** full refit with new ceiling, lighting, commercial kitchen facilities, seating area electrics, and decorative finishes.
- **Corporate/Accessible Working Area:** creation of secure and accessible flexible workspace including glazed partitions, modern lighting, ceiling systems, and data/power access.
- **Digital Inclusion Lounge:** enhancements to walls, lighting, ceiling, power/data, and finishes to support community and digital training events.
- **Security and Cloakroom Areas:** improved layout and infrastructure for better functionality, access control, and user experience.
- **Universal Toilet Facilities:** high-quality accessible WC refurbishments including intelligent lighting, radiant heating, IPS panelling, integrated hand-washing systems, and upgraded partitions.

- **Additional Fire Exit capacity:** to enable full use of the Conferencing Facility

We continue to explore potential for estates rationalisation. The next opportunity presents itself in March 2026 when the Technium 2 lease ends. We will be reducing the number of units occupied from 5 to 2 and will retain the Madoc Room. A Project Team has been established to manage this work, which will include some changes to be made under Licence.

DHCW will work with NHS Wales Shared Services Partnership Specialist Estates Services (NWSSP-SES) to agree a new lease from 1 April 2026.

#### 4.2 Decarbonisation Performance against Baseline Year

The table below provides a summary of DHCWs Gross emissions targets and performance during 2024-25 vs 2019/2020 (our baseline year). The figures confirm that we are well ahead of target.

DHCW Target and actual performance	Emissions (tCO2e)	Percentage reduction vs 2019/20	Cumulative Savings tCO2e
2019/2020 (Baseline)	19,964	-	-
2020/2021	17,501	-12%	-2,463
2021/2022	13,978	-30%	-5,986
2022/2023	7,003	-65%	-12,961
2023/2024	8,538	-57%	-11,426
<b>2024/2025</b>	<b>8,015</b>	<b>-60%</b>	<b>-11,949</b>
2025 (Target)	16,770	-16%	-3,194
2030 (Target)	13,176	-34%	-6,788

Progress continues to be good in this area. The Gross Emissions figure includes both operational and supply chain emissions. Against the baseline year, operational reductions are currently at 49% and supply chain reductions at 62%.

DHCW are aware of the need to understand, and advise on, the impact of digital on carbon emissions, work continues in this area.

As required by Welsh Government, we submitted our [Adaptation Risk Assessment](#) before the end of December 2025, following approval by Executive Directors at their meeting on 10 December 2025.

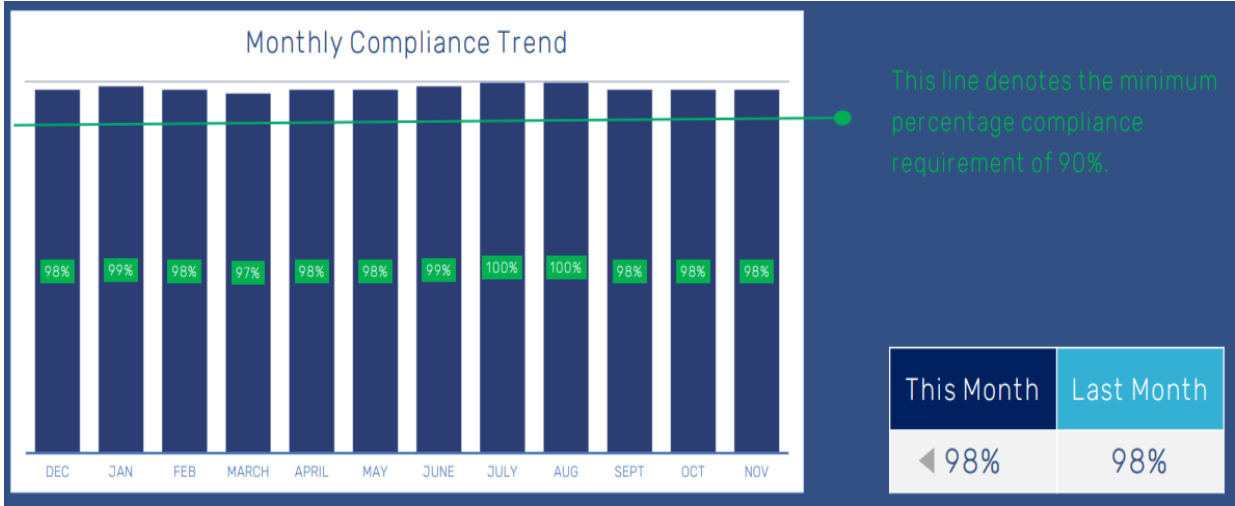
#### 4.3 Compliance Update

The latest [Estates and Compliance Report for November 2025](#) 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**

Overall compliance of plant systems and equipment is at 98%, significantly above the target of 90%.



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	DHCW		% Complete
Total Inspections	51	100%	Total Inspections	173	100%
Total Complete	51		Total Complete	173	
Media Point		% Complete	Technium 2		% Complete
Total Inspections	43	100%	Total Inspections	36	100%
Total Complete	43		Total Complete	36	
Bocam		% Complete	This Month	Last Month	
Total Inspections	43	100%	100%	100%	
Total Complete	43				



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

- 5.1 There is a big focus on Estates Development currently, specifically the Ground Floor Development at Ty Glan-yr-Afon. Phase 2 works are now underway. We will be further rationalizing our estate in April 2026 by reducing our footprint at Technium 2. Plans are in place for modernisation at Bocam Park.
- 5.2 Decarbonisation focus remains strong and we continue to see great progress. The NHS Wales Decarbonisation Strategic Delivery Plan (SDP) has undergone a refresh and a new reporting regime is under consideration. DHCW's Adaptation Risk Assessment was submitted to Welsh Government on time prior to the end of December 2025.
- 5.3 Compliance figures are at 98% for November 2025, the detail can be found in the latest monthly Estates and Compliance Report which is attached.

## 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the Estates, Decarbonisation and Compliance Report for <b>ASSURANCE</b>	

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### ANNUAL REPORT OF THE AUDIT AND ASSURANCE COMMITTEE

Eitem ar yr Agenda: Agenda Item:	2.10
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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, Deputy Board Secretary   Head of Corporate Governance

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



ENDORSE the Annual Report of the Audit and Assurance Committee 2025/26 for APPROVAL to the SHA Board.

## 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
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<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAID O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	

<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Globally Responsible Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	Information
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol
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<b>EQUALITY IMPACT ASSESSMENT STATEMENT</b>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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, Head of Corporate Governance   Deputy Board Secretary	December 2025	Reviewed
Marian Wyn Jones, Committee Chair	December 2025	



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

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with best practice and good governance, the Audit and Assurance Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

3.2 This report outlines Audit and Assurance Committee attendance, and key items discussed in public and private during the 2025-26 financial year.

#### 3.3 Audit and Assurance Committee Membership

3.3.1 The Committee was appointed by the Board from amongst the Non-Officer Members of the Health Authority and consists of not less than 3 members, comprising:

**Chair:** Independent Member

**Members:** Independent Members x 4 (one of whom is the Chair)

The Executive Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings.

However, at least once a year, the Committee will meet privately with External and Internal Auditors without any Executive Director or Officer present. The opportunity to meet with Auditors private will be available at each meeting.

**Other usual expected attendees:**

Executive Director of Finance

Director of Corporate Affairs / Board Secretary

Head of Corporate Governance / Deputy Board Secretary

Deputy Director of Finance & Business Assurance

Head of Internal Audit

External Audit Representative

Counter Fraud Representative

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Committee Vice Chair.

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

4.1 The Committee met five times during the period 1 April 2025 and 31 March 2026, one of these was an extraordinary meeting to consider the Annual Report and Accounts. This is in line with its Terms of Reference.

4.2 The Audit and Assurance Committee achieved an attendance rate of 87.5% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026 (excluding extraordinary meetings) as set out below:-

Committee members are asked to note that during 2025-26, DHCW Vice Chair, Ruth Glazzard was appointed DHCW Interim Chair, therefore removed as a member of the Audit & Assurance Committee during this period.

	08.04.25	08.07.25	07.10.25	20.01.26	Attendance
Marian Wyn Jones (Chair)	✓	✓	✓	✓	100%
Alistair Klaas Neill (Vice Chair)	✓	✓	✓	✓	100%
*Ruth Glazzard*	✓	✓			50%
Marilyn Bryan-Jones	✓	✓	✓	✓	100%
Total	100%	100%	75%	100%	87.5%

\*Ruth Glazzard was appointed interim Chair of DHCW in September 2025 and temporarily removed from the Committee. \*

4.3 During the financial year 2025/26 the Audit and Assurance reviewed the following key items at its meetings:

### Losses and Special Payments

As defined in the Standing Financial Instructions, the Audit and Assurance Committee is required to approve the write off of all losses and special payments within the delegated limits determined by Welsh Government.

### Procurement and Scheme of Delegation Compliance

The Committee received regular updates on procurement activity undertaken including compliance with the Standing Financial Instructions. In addition, the Committee received regular updates on the new Procurement Act.

### Corporate Risk Register

The register and corporate risks assigned to the Committee, were received and scrutinised at each meeting The Committee were assured that risks were assessed by the Risk Management Group; in addition, it was reviewed on a monthly basis by the DHCW Management Board.

### Local Counter Fraud Update

The Committee received detailed updates from the Counter Fraud Manager at each



meeting.

## Policies

The Committee received and approved six policies during the period.

- Recruitment & Resourcing
- Violence, Domestic Abuse and Sexual Abuse
- Wellbeing (including mental health and stress management)
- Equality, Diversity and Inclusion
- Policy on Policies, Strategies and Framework
- Joiners, Movers and Leavers ICT Policy
- Suspect Package and Bomb Threat Policy
- Working Outside the UK Policy
- Integrated Management System Policy

## Standards of Behaviour

The Committee received a report on a quarterly basis and noted that work was progressing on capturing Declarations of Interest, Gifts and Hospitality for all DHCW staff. The Committee are assured by the processes in place to ensure adherence to the Standards of Behaviour Policy.

## Decarbonisation and Estates Compliance

The Committee received an update at all regular meetings on Estate Compliance and noted that this area of work continued to make good progress on all targets.

## Quality and Regulatory Compliance

The Committee received an update at all regular meetings on Quality and Regulatory Compliance which includes the work to embed the Duty of Quality across DHCW.

## High Value Purchase Order Report

Committee members received regular reports on orders which exceeded £750k which included the addition of a log of the cumulative high value transactions.

## Raising Concerns

The Committee received regular updates on Raising Concerns and were assured by robust processes in place and promotion of the policy that all staff were provided with the ability to raise concerns confidently and anonymously. The Committee scrutinised action plans and learning from concerns raised with the relevant executive, and officer leads during private sessions for assurance.

The Committee also received an annual report on themes and learning from Raising Concerns in October 2025.

## Welsh Health Circulars and Ministerial Directives

The Committee received a bi-annual update on the current status of the Welsh Health Circulars at the July and January Committee meetings. There were no Ministerial Directives received during the 2025/26 period.

## DHCW Escalation Approach

Following DHCW's escalation to level three enhanced monitoring for major programmes, the committee received an update on its escalation status for assurance.

## Legislative Assurance Framework

The Audit and Assurance Committee received a bi-annual update on the legislative assurance framework at the July and April Committee meetings.

## Welsh Language Report

The Committee received regular updates on progress of embedding a bilingual culture within DHCW and the organisations compliance to the Welsh Language Scheme. The Committee also monitored progress DHCW is making to formally come under the Welsh Language Standards. Additionally, the Committee approved the Welsh Language Annual Report which was submitted to the Welsh Language Commissioners Office and the Mwy na Geiriau annual report which was submitted to Welsh Government.

## Internal Audit

A draft Internal Audit Plan for 2025/26 was developed following meetings and correspondence with the Special Health Authority's Executive Directors, Chief Executive and Committee Chair. The Committee approved the plan at the meeting in 8 July 2025. Eleven reports were presented during the year:

- Programme Management – **Reasonable** Assurance rating,
- Performance Framework – **Reasonable** Assurance rating,
- National Data Resource Review – **Reasonable** Assurance rating,
- Service Management – **Reasonable** Assurance rating,
- Financial Sustainability – **Substantial** Assurance rating,
- Follow up of internal Recommendations – **Substantial** Assurance rating,
- Information Governance Framework – **Substantial** Assurance rating,
- Staff Culture – Wellbeing (Advisory) – *Assurance Rating not applicable for this audit*
- Risk Management – **Reasonable** Assurance rating
- CaNISC Review – **Reasonable** Assurance rating
- Programme Management – **Reasonable** Assurance rating

## Audit Wales

### Structured Assessment

DHCW's Structured Assessment was presented to Audit and Assurance Committee. The Committee were pleased to note that Audit Wales found overall DHCW's corporate arrangements support good governance and the efficient, effective, and economical use of resources. There were a small number of recommendations that DHCW will take forward which will be monitored by the Committee via the Audit Action Log.

### Audit Wales Progress Reports

The Committee received progress reports from Audit Wales on the following:-

- Auditor General Report on Cancer Services, including Welsh Government

- Management Response
  - Stakeholder Engagement Plan

### Audit Action Tracker

The reports and tracker provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which had been made by Internal Audit and Audit Wales by means of an internal / external recommendation tracking report and were able to view progress and improvements made from audit recommendations being addressed. The Committee were pleased to note the development of a PowerBi Dashboard for tracking audit actions has been implemented.

### Committee Effectiveness Self-Assessment

The annual self-assessment questionnaire was reviewed at the January 2026 meeting. The feedback indicated a generally positive response with the culture of the meetings considered conducive to open and productive debate.

#### 4.4. Audit and Assurance Committee Private Agenda items

4.4.1 During the financial year 2025/26 the Audit and Assurance Committee reviewed the following key items at its **private** meetings.

- DDaT Governance Review Update
- Accounting Update on:- Welsh Intensive Care Information System (WICIS), Radiology Information System Procurement (RISP) and In Practice Systems (INPS)
- Recruitment Processes Internal Audit Review and associated action plan
- Cyber Resilience Unit Annual Plan
- Cyber Resilience Unit – Internal Audit Review
- People & Organisational Development Culture Review
- Counter Fraud Investigation Updates
- GMS Clinical System Migration System – Internal Audit Review
- Recruitment Processes Internal Audit Actions – the Committee received and scrutinised actions relating to the Recruitment Processes audit for monitoring and assurance.

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

5.1 The Audit and Assurance Committee is of the opinion that the draft Audit and Assurance Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no key risks / matters for escalation to the Board / Committee.



## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:  
Recommendation:

The Committee is being asked to

**ENDORSE** the Annual Report of the Audit and Assurance Committee 2025/26 for  
**APPROVAL** to the SHA Board.

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES AUDIT & ASSURANCE COMMITTEE EFFECTIVENESS SELF ASSESSMENT REPORT

Eitem ar yr Agenda: Agenda Item:	2.11
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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 Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
<b>RECEIVE</b> the content of the report and its findings for <b>ASSURANCE</b> .	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	ALL
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u> <u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: N/A	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: N/A	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u></b>	Safe
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement:	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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, Head of Corporate Governance   Deputy Board Secretary	January 2026	Reviewed
Chris Darling, Director of Corporate Affairs   Board Secretary	January 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
A&A	Audit and Assurance Committee	Sos	Standing Orders
PSIAS	Public Sector Internal Audit		



Standards		
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### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The Chair of the Audit and Assurance Committee is required to present an annual report outlining the business of the Committee throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny on behalf of the DHCW Board in relation to their remit. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.
- 3.2 Members of the Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Committee on behalf of the Board during 2025/26.
- 3.3 Members should note ten responses were received. The report does not include comments in order to ensure anonymity.

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

#### 4.1 Summary report

The report is split into three areas:

- Positive assurance
- Areas requiring further assurance
- Areas requiring further action

Positive Assurance	Area: Composition, Establishment and Duties
	<p>Members were aware that:</p> <ul style="list-style-type: none"> <li>• There were approved <b>were approved</b> and there was an expectation they would be reviewed before March 2025 and would consider changes or developments throughout the year.</li> <li>• The Committee will prepare an <b>annual report</b> on its work and performance for 2025/26 to the SHA Board.</li> <li>• The Committee have established an <b>annual cycle of business</b> to be dealt with across the year.</li> </ul> <p>Members felt:</p> <ul style="list-style-type: none"> <li>• They have been <b>provided with sufficient authority</b> to perform its role effectively. Executive Directors attend when specifically invited to present reports on areas for which they are accountable.</li> </ul>



	<ul style="list-style-type: none"> <li>• The Committee meet sufficiently <b>frequently to deal with planned matters</b> and there was sufficient time for questions and discussions. However, one member felt that meetings tend not to debate issues and reports as a matter of course, but comments, questions and issues of concern were openly raised by members.</li> <li>• The atmosphere is considered conducive to open and productive debate and behaviour is courteous and professional.</li> <li>• There was appropriate use of <b>private sessions of the Committee</b>, with it noted that nothing that was discussed in the private sessions could legitimately have been conducted in the public session.</li> </ul>
	<p>Area: Internal Controls and Risk Management</p> <p>Findings:</p> <ul style="list-style-type: none"> <li>• The Committee formally <b>considered how it integrates</b> with other Committees that are reviewing risk.</li> <li>• The Committee <b>had reviewed the robustness and effectiveness of the content of the organisations internal assurance system.</b></li> <li>• The Committee considered that the <b>reports received were timely and high quality to enhance discharge of its internal control and risk management responsibilities.</b></li> <li>• The Committee <b>undertakes deep dives into significant risks to review and challenge management’s actions to manage and mitigate risks.</b></li> </ul> <p>Area: Audit</p> <p>Findings</p> <ul style="list-style-type: none"> <li>• The Committee have <b>received and approved the Internal Audit plan for 2025/26</b> and would approve any material changes as they occurred. Members noted that during the year, the Internal Audit Plan has been amended/changed to accommodate Committee requests to reprioritise Audit activity resulting in the Plan being modified to accommodate concerns that have arisen part way during the year, which proved positive and helpful.</li> <li>• The Committee felt <b>the Internal Audit plan was derived from clear processes based on risk assessment</b> and linked to the systems of assurance and received regular updates on the progress of the audit work.</li> <li>• The Committee <b>received progress reports</b> from the Head of Internal Audit at each meeting.</li> <li>• The members noted there were no investigations into management refusal to accept audit recommendations, but should they occur, the Committee would investigate.</li> <li>• All Committee members felt there was <b>effective monitoring of the implementation of management actions, with a focus given to any</b></li> </ul>



	<p><b>actions overdue.</b></p> <ul style="list-style-type: none"> <li>• The Head of Internal Audit <b>provides reports directly</b> to the Committee and its Chair, including the Head of Internal Audit’s Annual Report and Opinion as part of the cycle of business.</li> <li>• The Committee <b>reviews the effectiveness of Internal Audit and the adequacy of staffing and resources within Internal Audit</b> on a regular basis.</li> <li>• The Committee <b>evaluated whether Internal Audit complies with the Public Sector Internal Audit Standards</b> which is done as part of the Head of Internal Audit Opinion and Annual Report.</li> <li>• The Committee agreed a <b>range of Internal Audit performance measures, the internal Audit Performance measures are included in the Internal Audit Charter.</b></li> <li>• Members were aware the Committee will receive the <b>Head of Internal Audit’s Annual Report and Opinion</b> within the annual reporting cycle.</li> <li>• Members were aware of the Auditor General’s representatives (Audit Wales) audit plan and strategy for DHCW.</li> <li>• Members were clear the Committee <b>receive and monitor actions taken in respect of prior years’ reviews.</b></li> <li>• Members were aware the <b>Committee assesses the quality and effectiveness of External Audit work.</b></li> <li>• Most Members were aware of the <b>nature and value of non-statutory work commissions</b> by DHCW from the Auditor General.</li> <li>• The Committee <b>considers the external audit fee and challenges it,</b> if considered appropriate.</li> </ul>
	<p>Area: Counter Fraud</p> <p>Findings:</p> <ul style="list-style-type: none"> <li>• The Committee were <b>aware the annual counter fraud plan</b> was reviewed and approved and were satisfied that the Work Plan adequately covers the areas within the NHS Counter Fraud Policy.</li> <li>• Members were all <b>aware that any material changes to the planned counter fraud work plan</b> would be reviewed and approved by the Committee.</li> <li>• Members were aware the Counter Fraud Plans were derived from clear processes based on risk assessment.</li> <li>• All were aware <b>the Committee received regular reporting</b> and should any management actions arise, the Committee would monitor their implementation.</li> <li>• Members agreed the Local Counter Fraud Specialist had opportunity for direct access to the Committee and its Chair.</li> <li>• Most of the Committee members were aware the effectiveness of the Local Counter Fraud Service and the adequacy of its staffing is reviewed.</li> <li>• The Committee expected to <b>review the Local Counter Fraud Specialist’s</b></li> </ul>



	Annual Report and Qualitative assessment.
	Area: Compliance with Legislation and Regulations Governing NHS Wales
	Findings: <ul style="list-style-type: none"> <li>• All Members were aware the Committee review assurance and regulatory/legislative compliance reporting, processes.</li> <li>• All Members were aware the Committee have a mechanism to ensure awareness of topical, legal and regulatory issues.</li> </ul>
	Area: Committee Leadership and Support
	Findings: <ul style="list-style-type: none"> <li>• All Members agreed that meetings are chaired effectively, with clarity of purpose and outcome.</li> <li>• Members agreed that each agenda item is 'closed off' appropriately so it was clear what the conclusion is.</li> <li>• Members agreed regular use of the Consent Agenda ensures the Committee devotes adequate time to focus on key areas and risks.</li> <li>• Members felt the Committee Chair provided clear and concise information to the Board on the activities of the Committee.</li> <li>• All Members felt the committee was adequately supported by Executive Directors in terms of attendance, quality and length of papers.</li> <li>• Members agreed that the Committee operates in line with the DHCW Values.</li> <li>• All Members agreed the Committee was adequately supported by the meeting secretariat, with the Chair being comprehensively briefed and the papers all published in line with DHCW standing orders.</li> <li>• Whilst most Members considered they did not require any further training to fulfil their roles in the Committee, where answers had been selected as 'do not know' the Corporate Governance team will work with Members on enhancing knowledge and understanding in these areas.</li> </ul>
	Area: General Feedback
	<ul style="list-style-type: none"> <li>• Members provided positive comments outlining the effectiveness of the committee in the last year.</li> <li>• Continued use of Consent Agenda and consideration of adding to it periodically.</li> <li>• The Committee had strengthened its areas of focus, using the Board Assurance Framework to help shape agenda items and introduced the addition of 'Deep Dives' where appropriate.</li> <li>• The Committee was well chaired, with good challenge from members.</li> </ul>
Actions	The Committee will consider a periodic update to scrutinise adequacy of implementation of audit recommendations, especially for high priority actions / recommendations.



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

5.1 The outcome of the Audit and Assurance Committee Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
<b>RECEIVE</b> the content of the report and its findings for <b>ASSURANCE</b> .	

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### AUDIT AND ASSURANCE COMMITTEE

#### TERMS OF REFERENCE

Eitem ar yr Agenda: Agenda Item:	2.12
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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 Approval
Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the Audit and Assurance Terms of Reference to go the SHA Board.	

# 1 ASESAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	
<u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u> <u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<u>SAFONAU ANSAWDD IGDC</u> <u>DHCW QUALITY STANDARDS</u>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<u>DATGANIAD ASESAD O'R EFFAITH AR</u> <u>GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	January 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ToR	Terms of Reference	SOs	Standing Orders
SFI's	Standing Financial Instructions	A&A	Audit & Assurance

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The Audit and Assurance Committee Terms of Reference were reviewed and agreed by the Committee in January 2025 and approved by the SHA Board in March 2025.
- 3.2 In-line with the SHA's Standing Orders, Terms of Reference for Committees of the Board should be reviewed on an annual basis.

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

- 4.1 The review of the Audit and Assurance Committee Terms of Reference by Members of the Committee allows for any comments or changes to be incorporated prior to submission to the SHA Board for approval in March 2026.
- 4.2 The [Terms of Reference](#) have been reviewed by the Corporate Governance Team, there are a limited number of changes made, and these changes have been tracked and left in the document so that Committee members can easily see the amendments.
- 4.3 The main amendment to the Terms of Reference is the reflection of the Committees duties under the Well-being of Future Generations (Wales) Act 2015, to ensure the Act's requirements are fully embedded into DHCW's governance arrangements

### 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
APPROVE the Audit and Assurance Terms of Reference to go the SHA Board.	

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE CYCLE OF BUSINESS 2026-27

Eitem ar yr Agenda: Agenda Item:	2.13
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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 Approval
Argymhelliad: Recommendation:	The Committee is being asked to
<b>APPROVE</b> the Audit and Assurance Cycle of Business 2026-27.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL</b> <b>STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL</b> (cyf, os yw'n briodol) <b>CORPORATE RISK</b> (ref if appropriate)	All
<b>ASESIAD O'R EFFAITH AR ANSAWDD</b> (cyf, os yw'n briodol) <b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u></b> <b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC</u></b> <b><u>DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></b> <b><u>DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD</u></b> <b><u>DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below: N/A	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u></b> <b><u>GYDRADDOLDEB</u></b> <b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement:	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
Claire Osmundsen-Little, Executive Director of Finance	December 2025	Reviewed
Chris Darling, Director of Corporate Affairs   Board Secretary	January 2026	Reviewed

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
A&A	Audit and Assurance Committee	SO's	Standing Orders



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The DHCW Audit and Assurance Committee should, on annual basis, receive an Annual Cycle of Committee Business which identifies the agenda items and reports which will be regularly presented to the Committee for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

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

4.1 The Cycle of Business is presented as item [Appendix 2.13i](#). The approval of the annual Cycle of Committee Business will take place before the start of the new financial year.

4.2 The Cycle of Business covers the period 1 April 2026 to 31 March 2027. The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

### 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

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>APPROVE</b> the Audit and Assurance Cycle of Business 2026-27.	

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
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	This has been added to the Forward Work plan for April.	Underway			Public
20251007-A02	07/10/2025	The updated paper on National Fraud Initiative to be circulated outside of Committee. Andrew Doughton to provide paper.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary)	20/10/2025	Document circulated on 20th October 2025.	Completed			Public

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

Eitem ar yr Agenda: Agenda Item:	4.1
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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
<b>NOTE</b> the Internal Audit Progress Report.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A
<b><u>DEDDF LLESIAINT CENEDLAETHAU'R DYFODOL</u> <u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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:

- Risk Management (reasonable assurance), with three medium priority recommendations raised;
- Programme Management (reasonable assurance), with five medium priority recommendations raised; and
- CaNISC (reasonable assurance), with two medium priority recommendations included.

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

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

### 6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	4.2
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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
<b>RECEIVE</b> the internal audit reports for <b>ASSURANCE</b> and <b>NOTING</b> .	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
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<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A

<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENabler</u></b>	N/A
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
CaNISC	Cancer Network Information System Cymru	GDPR	General Data Protection Regulation

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The following reports are included:

#### [Programme Management \(reasonable\)](#)

We raised five medium priority matters arising.

#### [CaNISC \(reasonable\)](#)

We raised two medium priority matters arising.

#### [Risk Management \(reasonable\)](#)

We raised three medium priority matters arising.

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

4.1 A summary of the key findings is provided below:

#### [Programme Management \(reasonable\)](#)

We assessed the programme management arrangements for delivering key digital initiatives, specifically the Welsh Emergency Care Data Set (WECDS) project and the Electronic Prescribing and Medicines Administration (ePMA) programme. The audit aimed to provide assurance on timely delivery, governance, risk management, and benefits realisation.

Overall, we concluded **reasonable assurance** for most objectives, noting positive developments such as the establishment of the Digital Portfolio Management Office and the Benefits Realisation Network Group. However, issues were identified, including gaps in project planning documentation, delays caused by varying health board priorities, uncertainty around future funding, and incomplete benefit identification and monitoring. These factors have contributed to missed timelines and increased risk of not achieving strategic objectives, although we recognise that DHCW has very limited control over these aspects.

While governance structures and escalation mechanisms were found to be robust, with regular reporting and risk tracking through RAID logs and Datix, benefits management remains an area for development. The new Benefits Realisation Management Framework launched in August 2025 has not been fully implemented, and neither

initiative has measured or reported benefits to date. Additionally, project documentation such as PIDs lacked updates for some changes, and engagement from the health boards was inconsistent, causing further delays.

### CaNISC (reasonable)

The internal audit review of the Cancer Network Information System Cymru (CaNISC) withdrawal and replacement concluded with **reasonable assurance**. We confirmed that user access to CaNISC has been significantly reduced, and there is a clear awareness of the remaining users and their reasons for continued access. Replacement functionality has largely been delivered through national systems such as WPAS, WCP, and Mediscan, with a targeted end date for CaNISC of January 2026. Governance arrangements, including stakeholder input and oversight groups, were in place during the Cancer Informatics Programme, and ongoing development now falls under business-as-usual processes.

However, challenges such as resource constraints, technical limitations, and communication gaps have impacted delivery, leaving some functionality outstanding. Key risks identified relate to communication and functionality delivery.

### Risk Management (reasonable)

The audit of the risk management arrangements concluded **reasonable assurance** overall, indicating that while a robust corporate risk management framework remains in place, its consistent application across service areas requires improvement. Key issues identified include limited staff awareness and training and inconsistent metadata quality within the Datix risk system. Although strategic risk oversight through the Board Assurance Framework and Governance Assurance Framework is strong, operational practices such as defining “issues,” maintaining a central issue log, and ensuring timely updates to risk workplans need enhancement.

Overall, the organisation demonstrates a sound risk governance structure, but embedding consistent practices and improving data integrity remain critical to achieving an overall substantial assurance rating.

## 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
<b>RECEIVE</b> the internal audit reports for <b>ASSURANCE</b> and <b>NOTING</b> .	

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

Date issued: January 2026



# Contents

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For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email [info@audit.wales](mailto:info@audit.wales).

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

# Introduction

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This document provides the Audit and Assurance Committee with an update on our current and planned accounts and performance audit work at Digital Health and Care Wales. We presented our most recent Audit Plan to the committee in April 2025.

We also provide additional information on:

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

# Accounts audit update

## Audit of the 2025-26 Annual Report and Accounts

- **Executive Lead:** Executive Director of Finance and Business Assurance
- **Focus of the work:** To provide an audit opinion on the SHA's 25-26 Annual Report and Accounts.
- **Status:** In Progress
- **Expected committee date:** June 2026

# Performance audit update

## Structured assessment 2025 – core

- **Executive Lead:** Director of Corporate Affairs / Board Secretary
- **Focus of the work:** Our structured assessment work is designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2025 Structured Assessment will review:
  - Board and committee cohesion and effectiveness;
  - Corporate systems of assurance;
  - Corporate planning arrangements; and
  - Corporate financial planning and management arrangements.
- **Status:** Complete
- **Committee Date:** Final report presented at Audit and Assurance Committee in October 2025

## Structured assessment 2024 - deep dive review of investment in digital systems

- **Executive Lead:** Chief Executive Officer
- **Focus of the work:** This work will examine digital arrangements, with a particular focus on how NHS bodies are investing in digital technologies, solutions, and capabilities to support the workforce, transform patient care, meet demand, and improve productivity and efficiency.
- **Status:** Fieldwork
- **Expected committee date:** April 2026

### Remit Letter Review (Local Work)

- **Executive Lead:** Executive Director of Strategy
- **Focus of the work:** This work will examine how effectively DHCW is responding to the strategic and operational demands set out in its 2025–26 remit letter.
- **Status:** Fieldwork
- **Expected committee date:** April 2026

### Structured assessment 2025 - deep dive review of the arrangements to manage estates

- **Executive Lead:** Director of Corporate Affairs / Board Secretary
- **Focus of the work:** This work will examine the effectiveness of corporate arrangements to manage the SHA's estate with a particular focus on how NHS bodies are prioritising resources to meet strategic priorities whilst also ensuring the current estate remains fit for purpose.
- **Status:** Planning
- **Expected committee date:** July 2026

## Other relevant publications

Since the last committee update, the Auditor General has published other relevant outputs which have relevance to the NHS. These are set out below.

<a href="#"><u>Facing the Future – Auditor General for Wales Podcast – Episode 4</u></a>	November 2025
<a href="#"><u>Opportunities for Change – Auditor General for Wales Podcast – Episode 3</u></a>	November 2025
<a href="#"><u>Under Pressure – Auditor General for Wales Podcast – Episode 2</u></a>	November 2025
<a href="#"><u>A Unique Perspective – Auditor General for Wales Podcast – Episode 1</u></a>	November 2025
<a href="#"><u>NHS Wales Finances Data Tool</u></a>	September 2025

Since the last committee update, Audit Wales has also published the following corporate documents.

<a href="#"><u>Interim Report 2025-26</u></a>	November 2025
<a href="#"><u>Estimate of Income and Expenses for the year ended 31 March 2027 (supporting information)</u></a>	November 2025

We are currently running a [consultation on our proposed Audit Wales equality objectives for 2026-2030](#). The closing date for responses is 20 January 2026.

## Further information

Audit Wales has a range of other information to support the scrutiny of Welsh public bodies and to continue to improve the services provided to the people of Wales.

Visit our [website](#) to find:



Our [publications](#) which cover our audit work at public bodies.



Information on our upcoming work and forward work programme for [performance audit](#).



[Data tools](#) to help you better understand public spending trends.



Details of our [Good Practice](#) work and events including the sharing of emerging practice and insights from our audit work.



Our [newsletter](#) which provides you with regular updates on our public service audit work, good practice, and events.



Audit Wales

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

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

We welcome correspondence and telephone calls in Welsh and English.

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



# Digital Health and Care Wales – Annual Audit Summary 2025

Date issued: January 2026

This document is a draft version pending further discussions with the audited body. Information may not yet have been fully verified and should not be widely distributed.



# Contents

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Audit of accounts findings	6
Performance audit findings	8
Audit quality	10
Further information	11

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For further information, or if you require any of our publications in an alternative format and/or language, please contact us by telephone on 029 2032 0500, or email [info@audit.wales](mailto:info@audit.wales).

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# Foreword



**Adrian Crompton**

Auditor General for  
Wales

I am pleased to share my Annual Audit Summary for the Special Health Authority (the SHA). It summarises the main findings from my 2025 audit work undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004 and the Well-Being of Future Generations (Wales) Act 2015.

I provided opinions on whether the accounts were properly prepared and gave a true and fair view, in all material aspects, and whether expenditure and income have been used for the purposes intended and in accordance with the authorities which govern you.

My audit team has also assessed whether the SHA has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and acted in line with the sustainable development principle. In doing so, my audit team has undertaken my annual structured assessment work and also reviewed stakeholder engagement arrangements. As set out in my audit plan, these reviews have been carried out in line with the [International Organisation of Supreme Audit Institutions \(INTOSAI\) standards](#).

At the time of publishing this summary, the SHA was escalated to Level 3 for performance and outcomes related to delivery of major programmes under the [Welsh Government's escalation and intervention arrangements](#).

The detailed audit findings for each of my reviews are set out in the respective reports which my audit team have presented to the Audit and Assurance Committee throughout the year. The performance audit reports are available on the [Audit Wales website](#) and further links are available in the summary.

The Annual Audit Summary should be shared with the Board. I will then make the summary available to the public on the [Audit Wales website](#).

I would like to extend my gratitude to the SHA's staff for their help and cooperation throughout my audit.

# Your audit at a glance



I received the draft accounts in line with the statutory deadline of 2 May 2025. The quality of the draft accounts and working papers was good.



In advance of the statutory deadline of 30 June 2025, I issued an unqualified true and fair opinion and an unqualified regularity opinion.

There were no uncorrected misstatements in the accounts.

There were no other significant issues to report.



My performance audit work found that SHA has strong governance, financial management, and a clear long-term plan, though short-term funding poses risks. However, DHCW needs stronger performance reporting and strategy tracking, while stakeholder engagement requires better alignment, resources, and better use of feedback.



My audit team made several recommendations to the SHA to strengthen governance and oversight, improve performance reporting and delivery planning, and enhance stakeholder and clinical engagement to support strategic objectives and digital priorities.



There is still some work outstanding from my Audit Plan dated April 2025. My team expects the majority of this work to be complete by March 2026.

# Audit of accounts findings

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Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides opinions on whether the accounts are properly prepared and give a true and fair view, in all material aspects, and the proper use ('regularity') of public monies.

My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

The draft accounts were presented for audit on 2 May 2025. This was in line with the deadline set by the Welsh Government. The quality of the draft accounts presented for audit was generally good.

## My audit opinions

I must report issues arising from my work to those charged with governance for consideration before I issue my audit opinion on the accounts. I reported these issues within my Audit of Accounts Report to the Audit and Assurance Committee on 26 June 2025.

### True and fair

A number of changes were made to the draft accounts arising from my audit work. There were no uncorrected misstatements and there were no other significant issues to report.

My work did not identify any material weaknesses in internal controls (as relevant to my audit), and I made no recommendations.

I concluded that the SHA's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them.

## Regularity

The SHA is only allowed to receive income and incur expenditure in ways that follow the rules set by the authorities that govern it. Further, where an SHA does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.

The SHA met its first financial duty as it achieved financial balance for the year ending 31 March 2025. All other material financial transactions were in accordance with authorities and used for the purposes intended, so I have issued an unqualified opinion on the regularity of the financial transactions within the SHA's 2024-25 accounts. The SHA met its second financial duty to prepare and submit a financially balanced three-year plan to the Welsh Government.

## Whole of Government Accounts

I also undertook a review of the Whole of Government Accounts return and I concluded that the counterparty consolidation information was not consistent with the SHA's financial position at 31 March 2025. Specifically, expenditure recorded in the Whole of Government Accounts return relating to employer pension and social security costs was incomplete. As a result, I was unable to conclude that the return was prepared fully in accordance with the Treasury's instructions.

# Performance audit findings

## Structured Assessment

My team looked at how well the SHA is governed and whether it makes the best use of its resources.

I found that the SHA has an effective Board supported by good governance arrangements. It has strong financial management processes and a clear long-term plan, including the Integrated Medium-Term Plan (IMTP). However, its reliance, in part, on short-term funding and savings from job vacancies continue to present some financial risks.

DHCW's corporate governance systems are effective, and current actions are helping to reduce key risks. The Programmes Delivery Committee is rightly focused on major digital programmes, but it should concentrate more on what DHCW can control and work better with partners to support wider delivery. While DHCW is responding positively to its recent escalation by Welsh Government, stronger performance reporting and better tracking of organisational strategies would help it to assess and demonstrate its impact and value to partners.

I made four recommendations which focused on:

- ensuring the Programmes Delivery Committee prioritises areas where DHCW can directly influence outcomes;
- ensuring performance reports clearly explain missed targets, corrective actions, and whether those actions are effective;
- adopting a standard format for delivery plans; and
- ensuring IMTP updates to the Board clearly show how well current objectives are being met.

Eight recommendations are still outstanding from previous years' structured assessment work.

## Review of Stakeholder Engagement Arrangements

My team looked at whether the SHA has an effective approach to stakeholder engagement, in line with its strategic aims.

I found that the SHA has a clear stakeholder engagement strategy and engages its stakeholders reasonably well. However, it needs to use engagement as a means of aligning its priorities with its stakeholders, ensure sufficient engagement resources and improve learning and reporting on stakeholder feedback.

I made six recommendations focused on:

- ensuring there are sufficient resources within the Engagement and Strategic Partnership Team;
- ensuring effective clinical engagement on all key digital programmes;
- building resilience into stakeholder engagement arrangements;
- strengthening alignment with key stakeholders IMTP digital requirements and clearly communicating delivery plans, risks and mitigating actions;
- providing assurance to the Board on the SHA's response to stakeholder feedback; and
- updating the Board on stakeholder engagement strategy delivery.

## Performance audit work still underway

At the time of reporting, the following reviews from the 2025 Audit Plan were still underway at the Health Board:

- digital transformation;
- estates management; and
- arrangements to deliver 2025-26 remit letter requirements.

# Audit quality

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

We use three lines of assurance to show how we achieve this. We have set up an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board, acts as a link to our Board on audit quality. For more information see our [Audit Quality Report 2024](#).



## Our People

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



## Arrangements for achieving audit quality

### Selection of right team

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



## Independent assurance

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

## Further information

Audit Wales has a range of other information to support the scrutiny of Welsh public bodies and to continue to improve the services provided to the people of Wales.

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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.



# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES AUDIT ACTION LOG AND ANNUAL AUDIT THEMES 2025-26

Eitem ar yr Agenda: Agenda Item:	4.5
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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
<p><b>NOTE</b> the Audit Action Log;  <b>APPROVE</b> the audit action extension requested in 4.5; and  <b>NOTE</b> the Annual Audit Themes 2025-26.</p>	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	
<b><u>DEDDF LLESIAINT CENEDLAETHAU'R DYFODOL</u> <u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u></b>	Information
<b><u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u> <u>GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below Audit findings contribute towards the improvement of processes and procedures leading to better quality services.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	September 2025	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

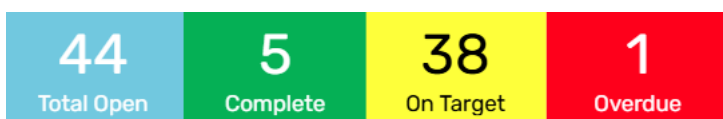
4.1 The Audit Tracker Dashboard shows the current reported status against recommendations received and the analysis shows all recommendations giving the current status of each recommendation which remained open at the last Committee meeting, and also those presented in report form to the Committee since the last meeting.

4.2 Following advice from Internal Audit, actions dependent on a third party are managed via a separate log for tracking.

4.3 The Committee received 3 reports at the last meeting (listed below) which contained a total of 21 new actions. These have been added to the Audit Action Log, which now contains a total of 44 open actions.

- Information Governance Framework
- Staff Culture (Wellbeing)
- GMS Clinical System Migration Project

4.4 The status of the 44 open actions is shown below.



Number of Actions by Status

4.5 The Committee are requested to note the completion of the following 5 actions:

Audit Title	Audit Action Reference	Target Date	Private/ Public
GMS Clinical System Migration Project	DHCW-2526-GMS-R2	31/12/2025	Private
GMS Clinical System Migration Project	DHCW-2526-GMS-R3	31/12/2025	Private
GMS Clinical System Migration Project	DHCW-2526-GMS-R4	31/12/2025	Private
Stakeholder Engagement	4751A2025 Rec 2	Dec-25	Public
Stakeholder Engagement	4751A2025 Rec 4.1	Dec-25	Public



4.5 The Committee are requested to approve an extension request from 31/12/2025 to 31/03/2026 for the following action:

Audit Title	Audit Action Reference	Target Date	Private/ Public
GMS Clinical System Migration Project	DHCW-2526-GMS-R1	31/12/2025	Private

Recommendation(s)	Executive Lead	Target Date	Status	Outcome/Status Narrative	Management Response
There is no formal process to confirm the secure deletion of patient data by the vendor following migration, as no certificates or logs are provided once their contractual obligations end. This will create potential data protection and compliance risks.	Sam Hall (DHCW – Director of PCMH)	31/12/2025	Action Overdue	In progress. Raised by commercial colleagues with suppliers. Dependency on responses to complete. At risk for 31 December target date.	30.12.25 Update - Extension to 31 March 2026 request at A&A in January 2026. DHCW Commercial Services are working with the suppliers to complete this. We will request a written process from both the incoming and outgoing supplier regarding how they manage the deletion of GP data, in alignment with ISO 27001.

4.6 The remaining 38 actions are reported as on track for completion by the target date.

### Annual Audit Themes 2025/26

4.7 During 2025/26, a number of audits, broad in nature, were undertaken. From these, there are a number of themes / areas that can be identified from the audits undertaken as below:

- The need to **strengthen reporting**, ensuring information and data quality and accuracy
- The need to **enhance planning, delivery and deadline management** to ensure **appropriate timescales are met**
- The importance of **focusing on People and Organisational Development**, acknowledging the Limited Assurance report for Recruitment Processes and high number of actions in the Staff Culture (Wellbeing) advisory audit.

## 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 5 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
<b>NOTE</b> the Audit Action Log; <b>APPROVE</b> the audit action extension requested in 4.5; and <b>NOTE</b> the Annual Audit Themes 2025-26.	

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

Eitem ar yr Agenda: Agenda Item:	4.6
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Henry Bales, Counter Fraud Manager
Cyflwynwyd gan: Presented By:	Henry Bales

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the contents of the report that relate to the Counter Fraud work carried out in Quarter 3 of the financial year 2025/26	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Resilient Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement:	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
Claire Osmundsen-Little		

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 Quarterly reports ([appendix 4.6i](#)) are required to appraise the Audit and Assurance Committee and provide assurance that the organisation has a robust Counter Fraud Bribery and Corruption provision.

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

- 4.1 The progress made in the Counter Fraud Provision for DHCW during Quarter 3 of the 2025/26 financial period.
- 4.2 Summary of fraud alerts and intelligence in period.
- 4.3 Summary of progress with the National Fraud Initiative.
- 4.4 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

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the contents of the report that relate to the Counter Fraud work carried out in Quarter 3 of the financial year 2025/26	

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES ESCALATION APPROACH - UPDATE

Eitem ar yr Agenda: Agenda Item:	5.1
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Helen Thomas, Chief Executive Officer
Paratowyd gan: Prepared By:	Chris Darling, Director of Corporate Affairs / Board Secretary
Cyflwynwyd gan: Presented By:	Helen Thomas, Chief Executive Officer

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the approach taken to being placed into Enhanced Monitoring and <b>DISCUSS</b> and provide feedback on the approach based on learning to date for <b>ASSURANCE</b> .	

## 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
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RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<a href="#"><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u></a> <a href="#"><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></a>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<a href="#"><u>SAFONAU ANSAWDD IGDC</u></a> <a href="#"><u>DHCW QUALITY STANDARDS</u></a>	ISO 27001 - Information Security Management Systems
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<a href="#"><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></a> <a href="#"><u>DUTY OF QUALITY ENABLER</u></a>	Leadership
<a href="#"><u>PARTH ANSAWDD</u></a> <a href="#"><u>DOMAIN OF QUALITY</u></a>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<a href="#"><u>DATGANIAD ASESIAD O'R EFFAITH AR</u></a> <a href="#"><u>GYDRADDOLDEB</u></a> <a href="#"><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></a>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
Helen Thomas, CEO	Oct 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DDaT	Digital, data, and technology	SRO	Senior Responsible Owner
LIMS	Laboratory Information Management System	RISP	Radiology Information System Procurement
DSPP	Digital Services for Patients and the Public	PDC	DHCW Programmes Delivery Committee

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 On 11 March 2025, DHCW's escalation status changed from [Level 1 – Routine Monitoring, to Level 3 – Enhanced Monitoring](#).
- 3.2 The increased escalation relates specifically to the delivery of major programmes, under the 'performance and outcomes' domain of the [NHS Oversight, Assurance, Escalation and Intervention Framework](#).
- 3.3 DHCW have worked closely with Welsh Government to confirm the arrangements for escalation via an agreed [Escalation Framework](#) and associated Enhanced Monitoring Improvement Plan to be monitored to inform the future escalation status.

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

#### 4.1 DHCW Approach to Escalation

DHCW have worked closely with Welsh Government and the Escalation Framework to respond to escalation. In relation to DHCW's role and responsibility, the Escalation Framework sets out the below, with a status update include:

	DHCW Requirement – Roles and Responsibilities	Status Update – December 2025
1.	Appoint an SRO	DHCW CEO confirmed the appointment of the Director of Corporate Affairs as the SRO for Escalation.
2.	Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.	Escalation Updates have been a standing agenda item for all SHA Board meetings since May 2025, in addition, the Board confirmed the Programmes Delivery Committee (PDC) as the Committee with Board oversight for monitoring and scrutiny of the Escalation Improvement Plan progress.
3.	To produce an enhanced monitoring plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved	An Enhanced Monitoring Improvement Plan was developed and approved in May 2025, at the Welsh Government Integrated Quality, Performance and Delivery Meeting.



4.	Provide progress reports and evidence against the escalation plan to Welsh Government	Routine updates against the Enhanced Monitoring Improvement Plan have taken place on a monthly basis via the IQPD meetings with Welsh Government.
5.	Give assurance that there are formal review mechanisms in place within the organisation to monitor and deliver the required improvements.	The Programmes Delivery Committee has increased the frequency of meetings from quarterly to six weekly. In addition, a number of PDC Development sessions have taken place focused on escalation.

Under the Welsh Government role/responsibility action includes the action to: *Introduce updated governance to the system to support the delivery of national programmes.*

#### 4.2 DHCW / Welsh Government Engagement

DHCW have reported to the Welsh Government Joint Executive Team (JET) and Integrated Quality, Performance and Delivery (IQPD) Meetings routinely on escalation approach and improvement plan monitoring, this has included with the attendance and input of the Welsh Government Digital Special Advisor.

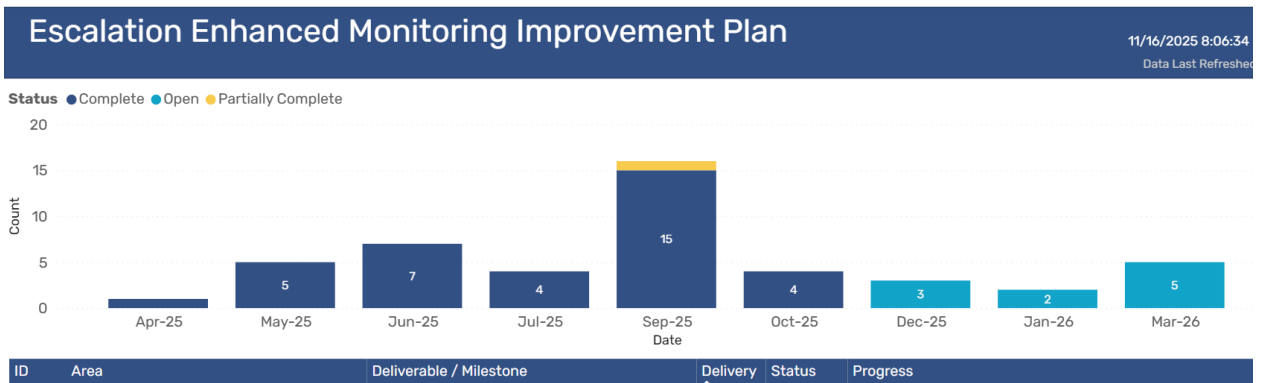
In addition, regular interaction has taken place between the DHCW SRO for Escalation and Welsh Government Head of Performance, Escalation and Intervention and Welsh Government Digital Policy Lead for Escalation.

The DDaT Governance structure has also been used since the introduction of the DDaT Leadership Board in May 2025, with major programmes being report to ensure system wide oversight and input.

#### 4.3 Enhanced Monitoring Improvement Plan

The [Enhanced Monitoring Improvement Plan](#), sets out DHCW’s response to the areas of concern/escalation and the proposed milestones and actions against the de-escalation criteria to demonstrate the required improvement. A shared information repository has been developed between DHCW and Welsh Government, to allow a transparent approach to tracking milestone delivery, with each milestone broken down by month. The repository also allows evidence to be uploaded, to show the evidence/outputs/outcomes that demonstrate the milestone has been completed. The distribution of milestone delivery over time can be seen below:

The plan sets out 36 milestones to be delivered by the end October 2025, with 35 delivered and, and one partially delivered (milestone 2.2). However, it should be noted four were delivered after their target dates, these were: 4.1 NHS bodies entering into the WASPI Joint Data Controller Agreement – due for delivery by the end of July but delivered at the end of September 2025, 9.1 Colposcopy go-live – due for delivery by the end of June but delivered on 9 July 2025, 1.5 National Target Architecture – current and future state mapped by end of September 2025, the current state was complete by end of September 2025 but the future state mapping was completed at the end of October 2025, approved by the Project Board, 2.2 the NHS Wales App secondary care new appointments feature is now live in 6 of the 7 Health Boards with one still outstanding, due to go live in early December 2025.



#### 4.4 Board Oversight

In addition to routine updates being provided at each SHA Board meeting and oversight of the Enhanced Monitoring Improvement Plan at the Programmes Delivery Committee, the DHCW Board has also had a number of Board Development and Briefing sessions focusing on DHCW’s areas of escalation, this included a Board reflections session.

#### 4.5 Staff Engagement

DHCW have kept staff engaged and aware of DHCW’s escalation status. This started with an email update from the DHCW Chair and Chief Executive to all staff advising of DHCW’s change in escalation status in March 2025. This was followed by a virtual staff engagement session on DHCW’s escalation status soon after, including Q&A with staff, hosted by the DCHW Chief Executive and Director of Corporate Affairs. Staff input to the DHCW Enhanced Monitoring Improvement Plan took place at the Quarterly Leadership Day and updates on escalation progress has been provided at the CEO All Staff Briefing, and Quarterly Leadership days.

#### 4.6 Additional Support

Following the DHCW Board reflections session, additional independent support and capacity was commissioned to support with DHCW’s response to escalation to ensure additional independent digital expertise, this has included support on DHCW’s stakeholder engagement approach, learning from other international digital health

economies, an assessment of the NHS Wales digital health governance arrangements and input on NHS Wales ways of working.

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

- 5.1 DHCW has been put into Level 3 - Enhanced Monitoring for escalation in relation to delivery of major programmes. For the majority of major programmes included within DHCW's Escalation Framework, working in partnership with other Health Bodies and wider partners is essential for successful delivery, and as such the Enhanced Monitoring Improvement Plan has a 'dependencies' column to ensure if action is required by a partner to achieve a milestone this is documented and tracked as part of the improvement plan.
- 5.2 The DHCW Board must ensure they continue to provide sufficient oversight and scrutiny of all areas of DHCW business. Major programmes account for circa 20% of DHCW's investment annually and therefore ensuring continued assurance of digital product and service delivery will be vital whilst also ensuring enhanced scrutiny on major programme delivery.

## 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the approach taken to being placed into Enhanced Monitoring and <b>DISCUSS</b> and provide feedback on the approach based on learning to date for <b>ASSURANCE</b> .	

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES DHCW PUBLIC ACCOUNTABILITY MEETING

Eitem ar yr Agenda: Agenda Item:	5.2
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Helen Thomas, Chief Executive Officer
Paratowyd gan: Prepared By:	Chris Darling, Director of Corporate Affairs / Board Secretary
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the requirements and preparation needed for the DHCW Public Accountability Meeting for <b>ASSURANCE</b> .	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL</b> <b>STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL</b> (cyf, os yw'n briodol) <b>CORPORATE RISK</b> (ref if appropriate)	
<b>ASESIAD O'R EFFAITH AR ANSAWDD</b> (cyf, os yw'n briodol) <b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u></b> <b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC</u></b> <b><u>DHCW QUALITY STANDARDS</u></b>	ISO 27001 - Information Security Management Systems
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></b> <b><u>DUTY OF QUALITY ENABLER</u></b>	Leadership
<b><u>PARTH ANSAWDD</u></b> <b><u>DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u></b> <b><u>GYDRADDOLDEB</u></b> <b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
Helen Thomas, CEO	Dec 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DDaT	Digital, data, and technology	SRO	Senior Responsible Owner
LIMS	Laboratory Information Management System	RISP	Radiology Information System Procurement
DSPP	Digital Services for Patients and the Public		



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The Ministerial Advisory Group Accountability Review, published in 2024, included a recommendation for the Cabinet Secretary (and the public) to hold NHS bodies to account in annual public accountability meetings.
- 3.2 The Cabinet Secretary for Health and social care confirmed his intention to hold public accountability meetings with each NHS body during the 2025/26 financial year in October 2025, to provide greater transparency in accountability arrangements across NHS Wales.

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

#### 4.1 Approach to NHS Bodies

Public Accountability Meetings for Health Boards took place between October and December 2025, with national NHS bodies taking place during January and February 2026.

These meetings are supported by an evidence paper submitted by the NHS body to Welsh Government at least ten working days in advance of the meeting. An agenda and data pack will be circulated in advance of each meeting.

The meetings will take place in Welsh Government offices, with up to ten attendees from the NHS body Board able to join in person. The meetings are for a duration of 2 hours and are recorded and uploaded, with stakeholders able to attend the meetings live via the link.

#### 4.2 Public Accountability Meetings to Date

DHCW was originally scheduled to hold their Public Accountability Meeting on 5 March 2026, however, this has been moved to the 29 January 2026.

The agenda for Health Board meetings can be seen below.

#### Health Board Public Accountability Meetings (2 hours duration):

##### 1. Finance, planning and escalation

- Funding, sustainability and value
- Progress against de-escalation requirements
- Progress against clinical plan
- Service change
- Regional working

## 2. Improving access for all

- Planned care, cancer and diagnostic activity
- Urgent and emergency care, inc. delayed pathways of care
- Mental health • Quality and safety, patient experience and feedback

## 3. Getting services ready for the future

- Improving women’s health services, maternity and mental health
- More effective prevention of ill health
- Putting more services into the community
- Realising the potential of digital and innovation

## 4. Strengthening how we run the NHS

- Modernising leadership and culture
- Resilience - recruitment/retention and staff wellbeing

## 5. Board Local Issues

### 4.3 DHCW Public Accountability Meeting

Bespoke agendas for national NHS bodies are being developed by Welsh Government. DHCW have had confirmation that their agenda will be:

Date: 29 January 2026

Time: 12:30-14:30

Location: Welsh Government Offices

Welcome, introduction and purpose of the meeting	Cabinet Secretary for Health and Social Care
Improving public access to digital services	Digital Health and Care Wales
Delivery of enabling digital services for health and care services	Digital Health and Care Wales
Supporting safe and effective digital solutions	Digital Health and Care Wales
Strengthening the organisation	Digital Health and Care Wales
Digital issues	Digital Health and Care Wales
Summary of issues discussed, and actions agreed	Cabinet Secretary for Health and Social Care

The DHCW interim Chair and CEO will work to confirm the ten members of the DHCW Board who will attend this session.

#### 4.4 Preparation for DHCW Public Accountability Meeting

Insight can be gained from the Public Accountability meetings held to date on the approach taken, which focuses on challenges and risks to the organisation as oppose to showcasing the good work that is done.

A schedule of preparation time for the Public Accountability Meeting has been developed to help ensure there is time to prepare the written evidence and prepare for the session on the 29 January, noting the evidence paper will need to be submitted by DHCW to Welsh Government by the 15 January 2026.

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

- 5.1 DHCW are working with Welsh Government colleagues to developed the written evidence ahead of the Public Accountability Meeting to take place on the 29 January 2025.
- 5.2 A maximum of ten DHCW Board members can attend the Public Accountability Meeting, to include both Executive and Independent Board Members.

### 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the requirements and preparation needed for the DHCW Public Accountability Meeting for <b>ASSURANCE</b> .	

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### HIGH VALUE ORDERS REPORT

Eitem ar yr Agenda:  
Agenda Item:

5.3i

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Claire Osmundsen-Little, Executive 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
The Audit and Assurance Committee is asked to <b>NOTE</b> the High Value Orders report to December 31st 2025.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u> <u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement:	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
Claire Osmundsen-Little	5.1.26	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



### 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 16<sup>th</sup> September 2025 – 31<sup>st</sup> December 2025 there were 6 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) 16th September 2025 – 31st December 2025.**

Ref	Area	Supplier	Service/Good Detail	Date Order Raised
A8	GP Systems Maintenance Support	OneAdvanced Ltd	Support & Maintenance	07/10/2025
A9	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (EMIS Health)	Support & Maintenance	29/10/2025
A10	Cloud	Trustmarque Solutions Ltd	Microsoft Azure Consumption Commitment Agreement 2025-2028	04/11/2025
A11	WLIMS	Intersystems Corporation	Support and hosting contract	10/11/2025



A12	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (EMIS Health)	Support & Maintenance	02/12/2025
A13	Data Centre Services	Computacenter (UK) Ltd	Citrix Platform Licenses – Year 3	10/12/2025

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 16th September 2025 – 31st December 2025.**

Ref	Area	Supplier	Service/Good Detail	Number of Orders
B6	Computer Hardware Purchases	Dell Computer Corporation LTD	Computer Hardware Purchases	60
B7	GP PSBA & Cloud	British Telecommunications Plc	Data lines & Telecommunications	30

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 table 3 of this report and in [Appendix C](#). The table is a year-to-date position as of the 31st December 2025.

4.7 **Table 3: Suppliers with Spend of over £0.750m for the period of 17<sup>th</sup> March 2025 – 31st December 2025.**

Ref	Area	Supplier	Amount £
C1	All Wales Licence Provision	Trustmarque Solutions Ltd	>£0.750m
C2	Data Centre Services	Computacenter (UK) Ltd	>£0.750m
C3	Professional Fees	Kainos Software Ltd	>£0.750m
C4	GP Systems Maintenance Support	HP INC UK Ltd	>£0.750m
C5	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (EMIS Health)	>£0.750m
C6	Various	NHS England	>£0.750m
C7	Lease car	Northumbria HC NHS Trust	>£0.750m
C8	Covid	Department For Science Innovation And Technology	>£0.750m



C9	GP Systems Maintenance Support	OneAdvanced Ltd	>£0.750m
C10	GP PSBA & Cloud	British Telecommunications PLC	>£0.750m
C11	WLIMS	Intersystems Corporation	>£0.750m
C12	Computer Hardware Purchases	DELL COMPUTER CORPORATION LTD	>£0.750m
Grand Total High Value Purchase Orders			£68,476,000

## 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

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
The Audit and Assurance Committee is asked to <b>NOTE</b> the High Value Orders report to December 31st 2025.	

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

Eitem ar yr Agenda: Agenda Item:	5.3ii
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Claire Osmundsen-Little, Executive 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 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
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<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	

<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 20000 - IT Service Management Systems
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: ISO 27001 ISO 9001 BS 10008	

<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement:	



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ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below  The contracts within the report are legally binding and there could be legal implications arising from activity
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> 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
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below  There are financial implications from single tenders and potentially change notices.
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	January 26	Reviewed
Claire Osmundsen Little, Executive Director of Finance	January 26	Reviewed



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

## 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
MOU	Memorandum of Understanding		

### 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 1<sup>st</sup> October to 31<sup>st</sup> December 2025 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	1
12.13	Single Tender Actions	1
12.13	Single Tenders for consideration following a call for Competition under PCR2015.	0
12.17	Contract Extensions: Award of additional funding outside the terms of the contract either in relation to additional value or term (executed via Contract Change Note (CCN) or Variation of Terms)	3

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

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

- 1 x Single Tender Actions ([Set out in item 5.3ii Appendix A](#)) Total Value £77,000.00 ex VAT
- 1 x Single Quotation Action (Set out in item 5.3ii Appendix A) Total Value £18,634.00 ex VAT
- 3 x Change Control Notice (Set out in item 5.3ii Appendix A) Total Value £1,751,678.00 ex VAT



## 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
NOTE the report	

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES FINANCIAL SUSTAINABILITY AND 2026/27 BUDGET UPDATE

Eitem ar yr Agenda: Agenda Item:	5.3iv
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Sian Williams, Head of Financial Services and Reporting
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
<b>NOTE</b> the Financial Sustainability & 2026/27 Budget Update	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
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<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A

<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement:	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
Claire Osmundsen-Little	5/1/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DPIF	Digital Priority Investment Fund	BAU	BAU Business As Usual
FCP	Financial Control Procedure		



DPIF	Digital Priority Investment Fund	BAU	BAU Business As Usual
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### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 This document notes progress in drafting the Financial plan to support the production of a sustainably funded Integrated Medium-Term Plan (IMTP) 2026-2029 and the proposed delegation and deployment of operational budgets to support financial grip and control.
- 3.2 The requirement is for DHCW to submit a 3-year plan setting out compliance with financial break evens. DHCW’s plan is usually ‘noted’ rather than approved by the Minister and is typically followed up by an accountability letter setting out requirements to address. More detail regarding Core and Primary Care IM&T funding is anticipated during January 2026 with the non-recurrent programme element (previously termed DPIF) yet to be confirmed.
- 3.3 A NHS Wales planning Framework 2026-29 was issued on December 19<sup>th</sup> to confirm key delivery expectations for 2026-27. The NHS Wales Planning Framework for 2026-2029 builds on the previous Framework, and is aligned with the commitments made by the First Minister in relation to planned care, delayed pathways of care and women’s health.

This Planning Framework reiterates expectations from the Ministerial Advisory Group on Performance and Productivity and the priorities in the letter from the Cabinet Secretary for Health and Social Care on 3 July 2025, *“Improving Performance Together”*. Plans must include an assessment of progress in delivering the MAG recommendations on performance and productivity and the priorities set out in *Improving Performance Together*, as well as your commitment to deliver these during 2026-27

The Framework sets out the strategic priorities that must be delivered by all health boards, and (where relevant) other NHS organisations over the next three years. The areas of focus are as follows:

- Timely access to care
- Population health & prevention
- Community by Design
- Mental health access
- Women’s health
- Quality and Safety

Ministerial delivery expectations have been set for each of these areas. Further, there are a set of Enabling Actions for Delivery in 2026/27 which includes two additional strategic priorities on Productivity and Mental Health. The mandated enabling actions are mandated on an “adopt or justify” basis.

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

### 4.1 Financial Framework and Principles

The expectations set out in the Planning Framework should be achieved within existing resources. Plans are expected to be free from discretionary investment with funding used to support inescapable demand and unavoidable inflation. As in previous years, funding for NHS pay awards in 2026–27 will be held centrally and allocated to employers once awards are agreed. There will be a focus on savings with an expectation that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis. There will be an increase in discretionary capital allocations, which is a 12% uplift on the baseline allocation, to support local plans and resilience.

The Principles for Financial Plans are as follows:

- **Statutory Duty** – Plans should set out how organisations will secure compliance with their break-even duty over a rolling three-year accounting period, while improving population health and healthcare delivery. Plans will be subject to scrutiny on the following:-
  - **Ambition** – Whether the plan is ambitious enough in the scope of its savings and efficiencies; improving productivity while driving out harm, waste and variation.
  - **Route to financial balance**– There is a clear, credible path to financial recovery and financial balance.
- **Robust and Deliverable** – Plans should be supported by evidence-based assumptions and forecasts. They must have Board approval and full senior leadership ownership.
- **Triangulated** – Plans must show that resource prioritisation aligns with national priorities and objectives and ensure they triangulate fully across operational delivery, workforce and finance.
- **Value & Sustainability** – Saving plans should be appropriately assured and opportunity driven – incorporating both local and national opportunities and enablers. The plans should clearly demonstrate the organisation’s approach to maximise resource utilisation through improved productivity and efficiency. The plans should further explain the route to embed Value Based Health Care principles and culture across the organisation.
- **Risk Management** – Plans should clearly explain any material risks and opportunities, and how these will be managed.
- **Capital** – Capital investment must be prioritised to deliver national and local objectives effectively.

The key deadlines from Welsh Government are as follows:

- By 13 February 2026 – DHCW is required to submit an Accountable Officer letter if it is unable to produce a balanced IMTP.
- By 27 February 2026 – confirmation of ability to agree SLAs / LTAs and plans for commissioned and provider services.
- By 31 March 2026 – Final Board approved Plan, Ministerial templates and MDS submission, including the financial templates.

At the time of writing the report, DHCW has not yet received a funding allocation letter. However, it is expected that there will be no funding uplift outside of pay awards in line with wider Trust / SHA Funding assumptions issued by NHS Wales Performance and Improvement. It is expected that the funding allocation letter will be issued alongside the mandate and remit letter.

In order to deliver a robust, sustainable plan that meets both DHCW and Welsh Government requirements and deadlines, the following high-level timelines have been agreed as set out in [Appendix A](#).

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

5.1 DHCW is yet to receive its formal funding letter from Welsh Government with the following agreements yet to be confirmed:

- Confirmation of National Programmes funding.
- Finalisation of 2025/26 National Insurance funding.
- Agreement of Primary Care GP Funding.
- Agreement of Primary Care GP migration Funding.
- Agreement of EPMA and EPS BAU funding.

Additionally, there are further funding items to be confirmed with the following actions agreements currently progressing:

- Organisations to agree NHS SLA uplift and content.
- Organisations to agree All Wales Licence Recharges.

Non-Recurrent National Programmes funding is yet to be communicated, we will continue to engage with Welsh Government urgently to agree assumptions for planning purposes pending finalisation and multi-year indications to support efficient & effective resource and capacity management.



5.2 DHCW will need to deliver significant savings requirement across total core baseline expenditure. As part of the planning process targets will be assigned and opportunities solidified.

5.3 The plan seeks to manage the core underlying position which presented a brought forward deficit of £0.4m into 2025/26. The final position will be subject to the confirmed funding position, ongoing cost pressure assessment and any strategic or local initiatives approved to proceed.

5.4 The plan will be deployed consistent with Standing Financial Instructions and the organisations Budgetary Control FCP to ensure compliance, grip and control.

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the Financial Sustainability & 2026/27 Budget Update	

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### FOUNDATIONAL ECONOMY UPDATE

Eitem ar yr Agenda: Agenda Item:	5.4
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Chris Moreton, Deputy Director of Finance and Business Assurance
Cyflwynwyd gan: Presented By:	Chris Moreton, Deputy Director of Finance and Business Assurance

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE / DISCUSS the Board Assurance Framework Deep Dive into Foundational Economy.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL</b> <b>STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol)</b> <b>CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD</b> (cyf, os yw'n briodol) <b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	N/A
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u></b> <b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: All standards apply	
<b><u>SAFONAU ANSAWDD IGDC</u></b> <b><u>DHCW QUALITY STANDARDS</u></b>	ISO 30415 - Human Resource Management. Diversity & Inclusion
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: All quality standards apply	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></b> <b><u>DUTY OF QUALITY ENABLER</u></b>	Whole Systems Approach
<b><u>PARTH ANSAWDD</u></b> <b><u>DOMAIN OF QUALITY</u></b>	Equitable
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u></b> <b><u>GYDRADDOLDEB</u></b> <b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: This is a summary report for noting	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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	13/11/2025	Noted

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
FE	Foundational Economy		



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

#### Welsh Government Foundational Economy Policy and DHCW's Social Value Delivery Model

- 3.1 The **Foundational Economy (FE)** refers to the essential sectors that provide the infrastructure of everyday life—goods and services consumed by all, regardless of income or status. These include:
- Health and social care
  - Education
  - Housing
  - Food supply
  - Utilities (water, electricity, waste)
  - Public transport
  - Retail and local services
- 3.2 Unlike high-growth or export-oriented sectors, the foundational economy is locally rooted, employs a significant portion of the population and is critical to community resilience, wellbeing, and sustainability.
- 3.3 In its Mission Statement for the Foundational Economy, Welsh Government has outlined that in working with stakeholders, its foundational economy objectives will be delivered through a 'People, Procurement, and Place' approach. Consequently, Welsh Government advises that organisations should consider the impacts of their decisions on:
- People (i.e. workforce and local population),
  - Procurement, and
  - Place (i.e. the impact on the local area).
- 3.4 DHCW has adopted these areas within its Social Value Delivery Model, which integrates Foundational Economy policy and aligns with wider legislation and strategy.
- Given the importance of stakeholder engagement in achieving our wellbeing objectives, DHCW has added Partnerships as part of its delivery mechanisms to help embed social value as 'business as usual'.
- 3.5 Finally, given the cross-cutting nature of innovative initiatives required to deliver social value, Investment and Innovation is included to help realise opportunities for transformational change.
- 3.6 For DHCW, the Foundational Economy is embedded at the heart of the Social Value Delivery Model, which was set out in the Social Value approach approved by Management Board in October 2025.

This paper provides an update and overview on progress made in relation to the Foundational Economy policy agenda.



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

4.1 The specific matters for consideration are set out in [Appendix A Foundational Economy Update](#).

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

5.1 There are no key risks or matters for escalation

#### 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE / DISCUSS the Board Assurance Framework Deep Dive into Foundational Economy.	

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### CORPORATE RISK REGISTER

Eitem ar yr Agenda: Agenda Item:	5.5
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	20 January 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 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
<b>DISCUSS</b> the Corporate Risks assigned to the Audit and Assurance Committee. <b>NOTE</b> the status of the Corporate Risk Register.	



## 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL</b> <b>STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol)</b> <b>CORPORATE RISK (ref if appropriate)</b>	All Apply
<b>ASESIAD O'R EFFAITH AR ANSAWDD</b> (cyf, os yw'n briodol) <b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	
<b><u>DEDDF LLESIAINT CENEDLAETHAU'R DYFODOL</u></b> <b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC</u></b> <b><u>DHCW QUALITY STANDARDS</u></b>	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: ISO 14001, ISO 20000, ISO 27001, BS10008	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></b> <b><u>DUTY OF QUALITY ENABLER</u></b>	Leadership
<b><u>PARTH ANSAWDD</u></b> <b><u>DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below: Safe Care, Governance, Leadership and accountability	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u></b> <b><u>GYDRADDOLDEB</u></b> <b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> 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.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be financial implications
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 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
Risk Management Group	02/12/2025	Discussed and verified
Management Board	18/12/2025	Discussed and verified
Laura Tolley, Deputy Board Secretary Head of Corporate Governance	January 2026	Reviewed
Chris Darling, Director of Corporate Affairs   Board Secretary	January 2026	Approved

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

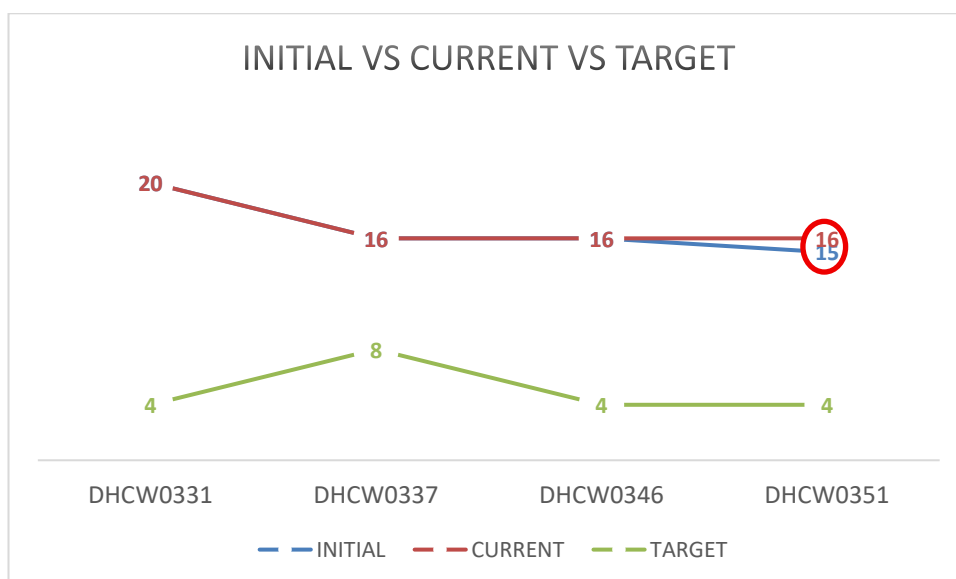


### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 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 2025 and was approved by the SHA Board in May 2025.

### 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
  - DHCW0346 – DDaT Governance Review Implementation
  - DHCW0351 – Changes in Political Landscape in Wales
- 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.



NB: DHCW0331/0337/0346 are trending on the same scores and therefore represented on one line within the graph.

4.3 DHCW's Corporate Risk Register currently has 17 risks on Register, 4 of which are allocated to the Audit and Assurance Committee. 4 are detailed at item [5.5i Appendix A](#) for consideration by this Committee. The remaining 13 risks are assigned to the Digital Governance and Safety and the Programmes Delivery Committee and are considered in public/private session as per the Committee assignment approach.

4.4 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 (3) 3 Public, 0 Private

RISK REF/TITLE	RISK DESCRIPTION	COMMITTEE ASSIGNMENT
DHCW0351 -Changes in Political Landscape in Wales	IF there is a change in political landscape in Wales that brings about revised priorities or interpretations regarding health policy, digital transformation, or the allocation of healthcare resources, THEN DHCW may need to adapt to evolving funding arrangements, regulatory expectations, or procurement procedures, RESULTING IN the possibility of adjustments to project timelines, a period of uncertainty for stakeholders and staff, and the need to carefully manage the continuity and quality of digital health services delivered across NHS Wales.	Audit & Assurance Committee
(**Re-escalation) DHCW0237 New Requirements impact on Resources and Plan	IF new requirements (additional work or new services) do not come via the approved processes and receive adequate prioritisation, THEN staff may be diverted from other agreed deliverables in the plan RESULTING in non-delivery of our IMTP objectives, delays to delivery and potential reputational damage.	Programmes Delivery Committee
DHCW0352 – Delivery of 2025-2026 Milestones	IF delivery of 2025-26 milestones (agreed with Welsh Government through the IMTP and Remit Letter, or added as additional priority requirements during the year) is significantly behind the planned milestone completion profile THEN available resources may not be sufficient to recover delayed milestones within the year RESULTING IN agreed milestones or additional priority requirements not being delivered in year, leading to potential reputational impact and reduced confidence in DHCW's ability to deliver.	Programmes Delivery Committee

#### RISKS REMOVED (3) 2 Public, 1 Private

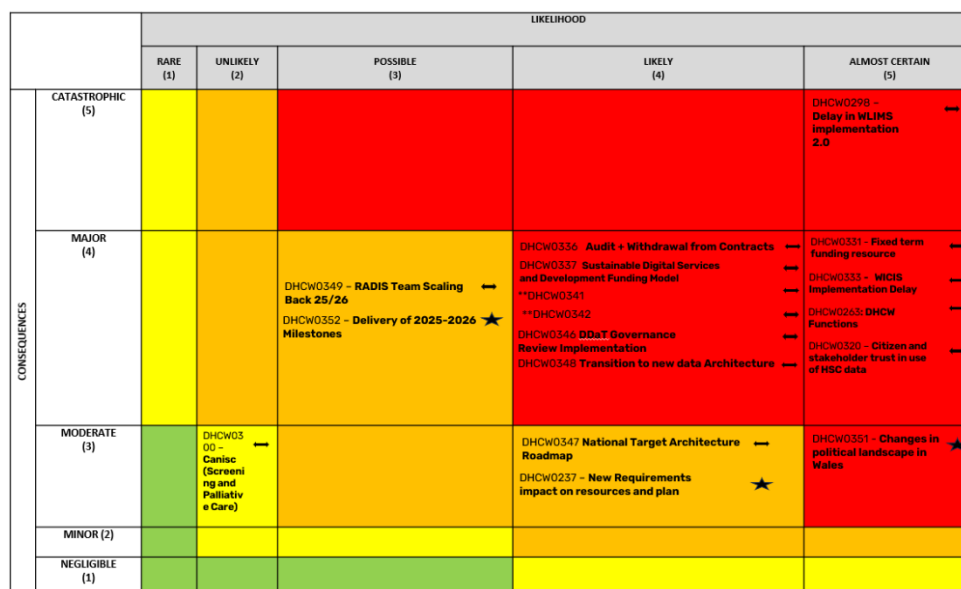
RISK REF	RISK TITLE	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0207	Document Management	Document Management plan now at 88% complete, feedback on progress	Audit & Assurance Committee

	Strategy	has been provided to our external auditor who has approved closing the non-compliances. Risk to be held at directorate level until plan is 100% complete.	
DHCW0281	PRIVATE	Downgraded to Directorate level for management	Digital Governance & Safety Committee
DHCW0318	Welsh Language Compliance Scheme	Downgraded to Directorate level for management	Programmes 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.



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

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

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

5.2 The Committee is asked to note the changes in the organisation's risk profile during the reporting period (since the last Audit and Assurance Committee meeting) as a result of three new risks being added and three 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.