

Cyfarfod Cyhoeddus Y Pwyllgor Archwilio a Sicrwydd

Tue 21 January 2025, 09:30 - 12:15

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 Fuddiannau

I'w Nodi Cadeirydd

09:30 - 09:35 2. AGENDA GYDSYNIO

5 min

2.1 Cofnodion heb eu cadarnhau o gyfarfodydd blaenorol

2.1i Cyhoeddus 15 Hydref 2024

I'w Gymeradwyo Cadeirydd

📄 2.1i 15102024 AA-MDA-PUBLIC DRAFTv2 JA-en-cy-C.pdf (17 pages)

2.1ii Preifat a thalfyredig 15 Hydref 2024

I'w Gymeradwyo Cadeirydd

📄 2.1ii 15102024 AA-MDA-PRIVATE DRAFT ABRIDGED-en-cy-C.pdf (6 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi Cyfarwyddwr Gweithredol Cyllid

📄 2.2 SSPC Assurance Report 19 September 2024.pdf (5 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 Report Jan 2025.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 Blynyddol y Pwyllgor Archwilio a Sicrwydd

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

 2.6 A&A Annual Report.pdf (9 pages)

2.7 Hunanasesiad o Effeithiolrwydd y Pwyllgor Archwilio a Sicrwydd

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

 2.7 Effectiveness Self Assessment Survey.pdf (8 pages)


2.8 Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd

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

 2.8 Terms of Reference.pdf (4 pages)

2.9 Cylch Busnes y Pwyllgor Archwilio a Sicrwydd

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

 2.9 Committee Cycle of Business.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.pdf (1 pages)

09:40 - 10:55 4. ARCHWILIO AC ATAL TWYLL

75 min

4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Nodi *Archwilio Mewnol PCGC*

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

4.2 Adroddiadau Adolygiad Archwilio Mewnol

Er Sicrwydd *Archwilio Mewnol PCGC*

i Cenhadaeth Un - Gwasanaethau Cwmwl

ii Cenhadaeth Pump - Datblygu Staff

iii Rheoli Ynni SSU

 4.2 Internal Audit Reports Audit January v2.pdf (6 pages)

4.3 Diweddariad gan Bwyllgor Archwilio Cymru

Er Sicrwydd *Archwilio Cymru*

 4.3 Audit Wales Progress Report DHCW~1.pdf (12 pages)

4.3i Adroddiad Blynyddol Archwilio Cymru

4.3i DHCW 2024 Annual Audit Report.pdf (22 pages)

4.4 Cofnodion Gweithredu Archwilio

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

4.4 Audit Action Log - Public Jan 2025.pdf (6 pages)

4.5 Adroddiad Diweddarau ar Atal Twyll Lleol

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

4.5 Local Counter Fraud Update Report PUBLIC.pdf (4 pages)

Egwyl - 10 minutes

10:55 - 12:15

80 min

5. ADRODDIADAU LLYWODRAETHU

5.1 Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

5.1 High Value Purchase Orders Jan 24-25 F-01.pdf (7 pages)

5.2 Colledion a Thaliadau Arbennig – diweddariad ar lafar

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

5.3 Cynaliadwyedd Ariannol IGDC

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

- Cyllideb 2025-26

5.3 Financial Sustainability 2025-26 Plan F-01.pdf (8 pages)

5.4 Adroddiad Risg Corfforaethol

I'w Dra fod Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

5.4 Corporate Risk Report.pdf (7 pages)

5.5 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwy

I'w Nodi Pennaeth Gwasanaethau Masnachol

5.5 DHCW ST & CN Activity_Sep 2024 to Nov 2024.pdf (5 pages)

5.6 Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio

Er Sicrwydd Pennaeth Ansawdd a Rheoleiddio

- Diweddariad ar y Ddyletswydd Ansawdd

5.6 DHCW Quality and Regulatory Update Report 21012025.pdf (7 pages)

5.7 Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth

Er Sicrwydd Pennaeth Gwasanaethau Corfforaethol

5.7 DHCW Estates Decarbonisation Compliance Report.pdf (8 pages)

5.8 Adroddiad yr Iaith Gymraeg

12:15 - 12:15

0 min

6. MATERION I GLOI

6.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w Draford

Cadeirydd

6.2 Unrhyw Faterion Brys eraill

I'w Draford

Cadeirydd


6.3 Dyddiad y cyfarfod nesaf: 08 Ebrill 2025

I'w Nodi

Cadeirydd

Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 09:30 – 12:30

 15/10/2024

 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	IGDC
Alistair Klaas Neill	AKN	Aelod Annibynnol, Is- gadeirydd y Pwyllgor Archwilio a Sicrwydd	IGDC
Ruth Glazzard	RG	Aelod Annibynnol, Is- gadeirydd y Bwrdd	IGDC
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	IGDC
Yn bresennol			
Julie Ash	JA	Pennaeth Gwasanaethau Corfforaethol	IGDC
Henry Bales	HB	Arbenigwr Atal Twyll Lleol Arweiniol	Caerdydd a'r Fro
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	IGDC
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol Ysgrifennydd y Bwrdd	IGDC
Andrew Doughton	AD	Pennaeth Archwilio	Archwilio Cymru

Paul Evans	PE	Pennaeth Cydymffurfiaeth Ansawdd a Rheoleiddio	IGDC
Sam Lloyd (ar gyfer eitem 4.5)	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Carwyn Lloyd Jones	CLJ	Prif Swyddog Cwmwl	IGDC
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes	IGDC
Claire Osmundsen- Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	IGDC
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol Dirprwy Ysgrifennydd y Bwrdd	IGDC

Yn Arsylwi			
Diana Stroia			Comcen
Ymddiheuriadau			
Mike Whiteley	MW	Arweinydd Perfformiad Archwilio	Archwilio Cymru
Julie Francis	JF	Pennaeth Gwasanaethau Masnachol	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
BOF	Adeiladu ein Dyfodol		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd.</p> <p>Rhodddwyd 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>Ymddiheuriadau am Absenoldeb</p> <ul style="list-style-type: none"> • Mike Whiteley, Archwilio Cymru • Julie Francis, Pennaeth Gwasanaethau Masnachol 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nid oedd unrhyw ddatganiadau o fuddiannau i'w nodi.</p>	Nodwyd	Dim i'w nodi
2	AGENDA CYDSYNIO - I'W CHYMERADWYO		
2.1	<p>Cofnodion heb eu cadarnhau o gyfarfod 09 Gorffennaf 2024 – Cyhoeddus a Phreifat Cryno.</p> <p>Penderfynodd y Pwyllgor:</p> <p>GYMERADWYO'R cofnodion fel cofnod cywir o'r drafodaeth a fyddai ar gael i'r cyhoedd.</p>	Cymeradwywyd	Dim i'w nodi
2.2	<p>Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru</p>	Nodwyd	Dim i'w nodi



2.3	Blaengynllun Gwaith Penderfynodd y Pwyllgor: NODI cynnwys Blaengynllun Gwaith y Pwyllgor.	Nodwyd	Dim i'w nodi
2.4	Adroddiad Ymgynghori a Chymeradwyo Dogfennau Penderfynodd y Pwyllgor: GYMERADWYO'R un polisi i) Rheoli Contractwyr	Cymeradwyd	Dim i'w nodi
2.5	Adroddiad Safonau Ymddygiad Penderfynodd y Pwyllgor: NODI'R Adroddiad Safonau Ymddygiad	Nodwyd	Dim i'w nodi
2.6	Cofrestr Sicrwydd Deddfwriaethol Penderfynodd y Pwyllgor: NODI'R Gofrestr Sicrwydd Deddfwriaethol	Nodwyd	Dim i'w nodi
2.7	Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth Penderfynodd y Pwyllgor: NODI'R Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth er SICRWYDD .	Nodwyd	Dim i'w nodi
2.8	Adroddiad yr Iaith Gymraeg Penderfynodd y Pwyllgor: NODI Adroddiad yr Iaith Gymraeg.	I'w Nodi	Dim i'w nodi
2.9	Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio Penderfynodd y Pwyllgor: NODI Adroddiad Diweddaru Cydymffurfiaeth Ansawdd a Rheoleiddio.	I'w Nodi	Dim i'w nodi
RHAN 3 – BUSNES Y CYFARFOD			
3.1	Cofnod Gweithredu Nododd y Pwyllgor fod un cam gweithredu wedi'i nodi o'r cyfarfod diwethaf wedi'i gwblhau a'i ddogfennu yn y Log Gweithredu. Penderfynodd y Pwyllgor: NODI statws y Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
RHAN 4	ARCHWILIO AC ATAL TWYLL		

<p>4.1</p>	<p>Adroddiad Cynnydd yr Archwiliad Mewnol</p> <p>Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol Dros Dro (StC), Partneriaeth Cydwasaethau GIG Cymru, Gynllun Cynnydd yr Archwiliad Mewnol.</p> <p>Darparodd StC yr uchafbwyntiau o'r adroddiad cynnydd gan gynghori'r canlynol:-</p> <ul style="list-style-type: none"> • Roedd cynnydd da yn cael ei wneud ar yr adolygiadau archwilio. Mae dau yn dal yn y cam drafft a byddant yn cael eu cyflwyno yn y cyfarfod nesaf. • Nid oedd unrhyw faterion i'w hadrodd ynghylch cyflawni'r cynllun, gydag adolygiad ar y Cytundeb Lefel Gwasanaeth (CLG) wedi'i gwblhau i raddau helaeth. • Roedd gwaith pellach wedi'i wneud ar yr adolygiad Rheoli Ynni, a dyna pam ei fod yn dal yn y cam drafft er ei fod wedi'i gwblhau. • Roedd un archwiliad ychwanegol wedi'i drefnu ar gyfer eleni, Cenhadaeth Pump: Ymgysylltu â Rhanddeiliaid Allanol. Fodd bynnag, mae Archwilio Cymru yn gwneud darn tebyg o waith a chytunwyd y byddent yn bwrw ymlaen â'r gwaith hwn ac y byddai Archwilio Mewnol yn rhoi archwiliad amgen yn ei le yn targedu risg arall. <p>Trafododd y Pwyllgor yn fyr pa faes gwaith fyddai yn y sefyllfa orau i fod yn destun archwiliad newydd a chytunwyd y byddai'r drafodaeth hon yn parhau yn y cyfarfod preifat i archwilio'r holl opsiynau.</p> <p>Diolchodd CD i Archwilio Mewnol am eu hyblygrwydd ar y cynllun archwilio.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R diweddariad Archwilio Mewnol er SICRWYDD.</p>	<p>Er Sicrwydd</p>	<p>Dim i'w nodi</p>
<p>4.2</p>	<p>Adroddiad yr Adolygiad Archwilio Mewnol</p> <p>Darparodd StC drosolwg lefel uchel o'r adolygiad archwilio:</p> <p>Datganiad o Fuddiant</p> <p>Cafodd yr adolygiad sgôr Sicrwydd <i>Sylweddol</i>.</p> <p>Canfu'r adolygiad fod trefniadau da ar waith gyda'r</p>	<p>Er Sicrwydd</p>	<p>Dim i'w nodi</p>

	<p>fframwaith polisi arweiniad. Roedd y polisi Safonau Ymddygiad wedi'i wreiddio'n dda ar draws y sefydliad.</p> <p>Cynigiodd yr adolygiad argymhellion blaenoriaeth isel gyda'r nod o gryfhau a gwella'r prosesau presennol.</p> <p>DERBYN yr adolygiad archwilio er SICRWYDD.</p>		
4.3	<p>Diweddariad gan Bwyllgor Archwilio Cymru</p> <p>Cyflwynodd Andrew Doughton, Archwilio Cymru, ddiweddariad Archwilio Cymru, gan roi'r uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> • Roedd yr archwiliad ariannol wedi'i gwblhau ac roedd y cam cynllunio ar gyfer y flwyddyn nesaf ar y gweill, gyda'r bwriad o gyflwyno'r archwiliad ychydig wythnosau'n gynharach na'r disgwyl. • Gwaith Archwilio Perfformiad - roedd pedwar adolygiad yn y diweddariad: roedd yr arbedion effeithlonrwydd ariannol a'r Asesiad Strwythuredig ar yr agenda heddiw. • Nid oedd amserlen wedi'i gosod eto ar gyfer yr Adolygiad o Drefniadau Rhanddeiliaid. • Mae archwiliadau digidol dwfn wedi'u cynnal ar draws y 22 Awdurdod Lleol sydd wedi codi materion ynghylch sut i fynd i'r afael â strategaeth a thechnolegau newydd. Nid oedd y cymariaethau â strategaethau yn cael eu costio'n briodol. • Ym mis Medi, cynhaliwyd ymgynghoriad ar ffioedd a arweiniodd at godiad ffioedd o 1.8%. <p>Dywedodd CD fod yr adroddiad 'Digital by Design' yn ddiddorol a bod llawer o debygrwydd rhwng awdurdodau lleol a'r GIG. Cadarnhaodd AD fod y tîm archwilio a gynhaliodd y gwaith yn y cynghorau yn wahanol i'r tîm a gynhaliodd archwiliad dwfn yr Asesiad Strwythuredig, ond gellid gwneud trefniadau i groesgyfeirio'r adolygiadau.</p> <p>Awgrymodd CD y byddai'n gyfle da i gael sesiwn Datblygu'r Bwrdd ar rai o ganfyddiadau'r adroddiadau a wnaed yn yr awdurdodau lleol. Cadarnhaodd AD y byddai angen iddo fynd yn ôl at y tîm a gyflawnodd y gwaith i gadarnhau a fyddent</p>	Er Sicrwydd	<p>CAM GWEITH-REDU: 01 Archwilio Cymru i fynychu sesiwn Datblygu Bwrdd i gyflwyno canfyddiad au'r adroddiad-au a wnaed ar gyfer awdurdodau lleol.</p> <p>CAM GWEITH-REDU: 02 Ystyried a ddylai hon fod yn eitem sefydlog ar gyfer arbedion cost yn y Pwyllgor hwn o ystyried ei bod yn eitem sefydlog yn y Bwrdd, sy'n cyfarfod bob deufis.</p>

yn medru cefnogi sesiwn Datblygu'r Bwrdd.

Ychwanegodd y Cadeirydd y byddai gan y rhwydwaith Cadeiryddion Archwilio ddiddordeb yn hyn ac y byddai sesiwn Datblygu'r Bwrdd yn gadarnhaol i IGDC.

CAM GWEITHREDU: 20241015 A01 Archwilio Cymru i fynyachu sesiwn Datblygu'r Bwrdd i gyflwyno canfyddiadau'r adroddiadau a gynhaliwyd ar gyfer awdurdodau lleol.

Adolygiad Arbedion Cost

Cyflwynodd Nathan Couch, Arweinydd Archwilio (NC), yr adroddiad a chadarnhaodd ei fod wedi'i gwblhau ar draws yr holl Fyrddau Iechyd yng Nghymru sydd wedi cyflawni eu targedau arbedion cost yn gyffredinol dros y blynyddoedd diwethaf. Cyflwynodd NC yr uchafbwyntiau canlynol:

- O ran cwmpas yr adolygiad, y ffocws oedd nodi, cyflawni, monitro ac adrodd ar arbedion cost. Cynhaliwyd y gwaith maes ar gyfer IGDC rhwng mis Chwefror a mis Mai 2024 ac roedd yn cynnwys adolygu dogfennau, cyfweld ag aelodau allweddol o staff ac arsylwi ar gyfarfodydd Bwrdd Cyhoeddus a Phwyllgorau.
- Canfu'r adolygiad fod gan IGDC drefniadau cadarn ar y cyfan ar gyfer nodi, cyflawni a monitro cyfleoedd i wella costau. Fodd bynnag, roedd angen i'r sefydliad symud ymlaen yn gyflym â'i waith ar y rhaglen Adeiladu ein Dyfodol i leihau ei ddibyniaeth ar arbedion anghylchol.
- Mae gan IGDC ddealltwriaeth dda o'i yrwyr costau. Nod rhaglen Adeiladu ein Dyfodol yw cefnogi uchelgeisiau tymor canolig i hirdymor y sefydliad a chynaliadwyedd ariannol.
- Prin oedd y cyfleoedd i feincnodi o fewn sefydliadau GIG Cymru er mwyn helpu i lywio'r gwaith o nodi arbedion cost a threfniadau dethol, ond roedd rhywfaint o dystiolaeth dda o feincnodi'n fewnol ar gostau cynnyrch a gwasanaethau i nodi arbedion posibl.
- Efallai y bydd y Bwrdd am ystyried cael eitem sefydlog ar y Pwyllgor Archwilio a



	<p>Sicrwydd i drafod perfformiad ariannol a risgiau yn amlach.</p> <p>Dywedodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid (MC), fod yr adroddiad yn adeiladu ar y trafodaethau ar y cynllun arbedion rheolaidd ac yn sicrhau bod mwy o arbedion trawsnewidiol ac effeithlonrwydd wedi'u cynnwys yn y blaengynllun. Ychwanegodd MC fod pethau wedi symud ymlaen ers cwblhau'r adroddiad hwn, gyda gwaith yn mynd rhagddo ar y rhaglen Adeiladu ein Dyfodol.</p> <p>Ychwanegodd CD y cyd-destun bod y gwaith wedi cychwyn yn 2023/24 fel newid i'r cynllun oherwydd y sefyllfa y cafodd y system ei hun ynddi, wrth ymateb i'r sefyllfa ariannol sylweddol. Roedd yn ddefnyddiol cael rhywfaint o sicrwydd allanol ynghylch cymhlethdod y materion.</p> <p>Nodwyd bod y cymariaethau rhwng y GIG ac Awdurdodau Lleol yn ddefnyddiol iawn.</p> <p>CAM GWEITHREDU: 20241015 A02 Ystyried a ddylai hon fod yn eitem sefydlog ar gyfer arbedion cost yn y Pwyllgor hwn o ystyried ei bod yn eitem sefydlog yn y Bwrdd, sy'n cyfarfod bob deufis.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN adroddiad Archwilio Cymru er SICRWYDD.</p>		
4.4	<p>Asesiad Strwythuredig 2024</p> <p>Cyflwynodd Nathan Couch Asesiad Strwythuredig IGDC 2024 a rhai o'r meysydd ffocws.</p> <p>Trafododd y Pwyllgor yr adroddiad ac roedd yn falch o nodi bod yr Asesiad Strwythuredig yn gadarnhaol ar y cyfan.</p> <p>Rhoddodd LT rywfaint o adborth ar yr Asesiad Strwythuredig o safbwynt IGDC a dywedodd fod yr adborth a'r argymhellion wedi'u hystyried.</p> <p>Un o'r meysydd a grybwyllwyd yn yr adroddiad oedd cyfleoedd i Aelodau Annibynnol weld gweithgareddau digidol mewnol. Gyda hyn mewn golwg, mae ymweliadau safle wedi'u trefnu gyda'r gymuned Prif Nyrsys i ddangos y gweithgareddau digidol mewnol. Roedd IGDC wrthi'n symud yr argymhellion yn eu blaenau ac wedi ymrwymo i ddysgu, ac wedi defnyddio'r Asesiad Strwythuredig i nodi cyfleoedd pellach ar gyfer</p>	Er Sicrwydd	Dim i'w nodi

	<p>dysgu.</p> <p>Diolchodd CD i Archwilio Cymru, gan ddweud bod y dull o ymdrin â'r Asesiad Strwythuredig wedi dod yn haws dros y blynyddoedd. Y gair allweddol yn yr adroddiad oedd 'gwerth'; mae'n rhaid gweld trosi digidol a data fel galluogwr a thrawsnewidydd fel gwerth i'r GIG.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN yr Asesiad Strwythuredig er SICRWYDD.</p>		
4.5	<p>Traciwr Camau Gweithredu Archwilio</p> <p>Cyflwynodd Laura Tolley, Pennaeth Llywodraethu Corfforaethol (LT), y Traciwr Gweithredu Archwilio.</p> <p>Roedd y Log Camau Gweithredu Archwilio yn cynnwys cyfanswm o 35 o gamau gweithredu. Nodwyd yr ystyriwyd bod 22 o'r rhain wedi'u cwblhau, roedd naw ar y trywydd iawn i'w cwblhau, nid oedd yr un ohonynt nad oedd ar y trywydd iawn i'w gwblhau, ac roedd pedwar wedi pasio'r dyddiadau gweithredu. Roedd deg o'r camau gweithredu hyn yn gamau gweithredu preifat a byddai papur adroddiad sy'n amlinellu'r sefyllfa yn cael ei drafod yn y cyfarfod preifat.</p> <p>Gofynnwyd i'r Pwyllgor gymeradwyo'r estyniad i'r cam gweithredu sy'n ymwneud ag Ansawdd Data.</p> <p>Roedd Rebecca Cook, Prif Swyddog Data (RC), yn bresennol yn y cyfarfod i roi diweddariad ar y papur Gwasanaeth Newid. Mae'r swyddogaeth Gwasanaeth Newid yn galluogi Byrddau Iechyd i gyflwyno data a gafodd ei lanlwytho wedyn i'r warws ddata i'w adrodd yn genedlaethol.</p> <p>Nodwyd y Gwasanaeth Newid fel risg yn ôl yn 2021. Cynhaliwyd adolygiad yn unol â'r cynllun gweithredu mewnol i edrych ar risgiau ac i sicrhau bod risgiau'n cael eu lliniaru. Darparwyd pum argymhelliad o'r adolygiad archwilio mewnol ac roedd un argymhelliad yn ymwneud â'r lliniaru tymor hwy ar gyfer galluoedd NDR.</p> <p>Sicrhodd RC y Pwyllgor, o ran y risg ei hun, bod y sefyllfa wedi symud ymlaen a bod IGDC mewn sefyllfa wahanol. Roedd llawer o waith wedi'i wneud i wneud y gwasanaethau newid yn ddaearyddol wydn, ac roedd hyn, ynghyd â mentrau eraill, wedi arwain at lliniaru'r risg.</p>	Nodwyd	Dim i'w nodi



	<p>Felly gofynnwyd i'r Pwyllgor gau'r cam gweithredu, yn seiliedig ar y camau lliniaru a amlinellwyd. Ac i ddarparu cyd-destun pellach, rhoddwyd sicrwydd i'r Pwyllgor y byddai'r risg yn parhau i gael ei fonitro drwy'r gofrestr risg, drwy'r Pwyllgor Cyflawni Rhaglenni.</p> <p>Cytunodd y Pwyllgor fod hwn yn ddull synhwyrol.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Traciwr Camau Gweithredu Archwilio, CYMERADWYO'R cais am estyniad i'r cam gweithredu archwilio yn eitem 4.5, a CHYMERADWYO cau cam gweithredu'r gwasanaeth newid.</p>		
4.6	<p>Adroddiad Diweddarau ar Atal Twyll Lleol</p> <p>Derbyniodd y Pwyllgor yr Adroddiad Diweddarau ar 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"> • Roedd Atal Twyll wedi'i ymgorffori'n llawn yn y sesiynau Ymsefydlu Corfforaethol ac yn mynychu pob sesiwn. • Cyhoeddwyd cylchlythyr. • Roedd e-ddysgu bellach wedi cyrraedd 92.2% o ran cydymffurfiaeth hyfforddiant yn IGDC. • Pedwar bwletin Deallusrwydd wedi'u rhannu â chydweithwyr Seiberddiogelwch. Ni nodwyd unrhyw risgiau mewn cysylltiad â'r rhain. • Menter Twyll Genedlaethol – bydd y broses yn cychwyn yn fuan. • Roedd chwe atgyfeiriad. Roedd pedwar yn ymwneud â'r bwletinau deallusrwydd. • Nid oedd unrhyw ymchwiliadau ffurfiol newydd. • Gordaliadau cyflog – roedd polisi newydd i'w gyhoeddi'n fuan. <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adroddiad Cynnydd Atal Twyll</p>	Nodwyd	Dim i'w nodi

RHAN 5	ADRODDIADAU LLYWODRAETHU		
5.1	<p>Adroddiad Archeb Prynu Gwerth Uchel a Chronnus</p> <p>Cyflwynodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid, yr Adroddiad Archeb Prynu Gwerth Uchel a Chronnus ar gyfer y cyfnod 18 Mehefin i 30 Medi 2024, gan roi'r uchafbwyntiau a ganlyn:</p> <ul style="list-style-type: none"> Codwyd dwy archeb gwerth uchel o fwy na £0.75m y manylwyd arnynt yn yr adroddiad. Roedd dau gyflenwr wedi cyrraedd y trothwy archebion cronnus o dros £0.750m <p>Cadarnhaodd MC, o ran yr archeb gwerth uchel ar gyfer yr archeb e-lyfrgell, fod hwn yn ddarn ychwanegol o wybodaeth a oedd wedi'i gaffael y tu allan i brif gaffaeliadau'r e-lyfrgell.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Diweddariad yr Adroddiad Archeb Prynu Gwerth Uchel a Chronnus</p>	Nodwyd	Dim i'w nodi
5.2	<p>Colledion a Thaliadau Arbennig – diweddariad ar lafar</p> <p>Rhoddodd MC ddiweddariad ar lafar ar y Colledion a Thaliadau Arbennig a chadarnhaodd y byddai manylion yn cael eu rhannu yn y sesiwn breifat oherwydd natur sensitif y gwerthiant.</p> <p>Hysbyswyd y Pwyllgor y byddai o leiaf ddwy eitem i'w hadrodd yn y Pwyllgor nesaf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R diweddariad ar lafar ar Golledion a Thaliadau Arbennig</p>	Nodwyd	Dim i'w nodi
5.3	<p>Cynllun Arbedion 2024/25</p> <p>Cyflwynodd MC sleidiau ar y Cynllun Arbedion a darparu'r uchafbwyntiau canlynol o'r adroddiad a gynhaliwyd fel rhan o'r ymarfer CTCl:-</p> <ul style="list-style-type: none"> Cyd-destun Cynllunio Arbedion Perfformiad Cynllun 2024/5 Cyfleoedd am Arbedion Rheolaidd Sefyllfa sylfaenol Gosodwyd targed arbedion o £1.5m er mwyn mantoli'r cyfrifon ar gyfer y flwyddyn 	Trafodwyd	Dim i'w nodi



	<p>ariannol. Roedd hyn yn gymysgedd o arbedion cost nad sy'n gyflogau a rheoli swyddi gwag.</p> <ul style="list-style-type: none"> • Byddai'r rhaglen Adeiladu ein Dyfodol yn fwy trawsnewidiol ei natur ac yn arwain at arbedion effeithlonrwydd aml-flwyddyn sylweddol. <p>Trafododd y Pwyllgor y cyflwyniad a gofynnodd am eglurhad ar y canlynol:</p> <ul style="list-style-type: none"> • A oes digon yn hysbys am gyllid ar gyfer 2025/26 i sicrhau bod arbedion yn ddigonol ac yn synhwyrol ar gyfer y flwyddyn nesaf. • Mae arbedion yn cael eu gwneud yn flynyddol, ond a oedd angen i IGDC gymryd agwedd strategol fwy hirdymor tuag at yr arbedion a wneir. • O ran rheoli swyddi gweigion anghylchol, byddai'r rolau hyn yn cael eu hailsefydlu'r flwyddyn nesaf. <p>O ran y swyddi gwag anghylchol, fel y rhan fwyaf o AIAau ac Ymddiriedolaethau, mae IGDC yn cael cyllid rheolaidd, felly roedd hyn yn gymysgedd addas o ran cadw'r sgiliau sydd gennym a'r risg o amgylch y gofyniad ariannu. Roedd recriwtio rhai sgiliau allweddol wedi bod yn anodd ac roedd ceisio adeiladu ar gyfer y dyfodol yn her o ran cadw cydbwysedd.</p> <p>Cadarnhaodd COL yr amserlen ar gyfer y gyllideb derfynol gan Lywodraeth Cymru, nad oedd wedi dod i law eto. Byddai hyn mewn dwy ran, h.y. y dyraniad craidd y byddai Byrddau Iechyd ac Ymddiriedolaethau yn ei dderbyn cyn y Nadolig ac IGDC ychydig yn ddiweddarach. Roedd yr ail ran trwy Gytundebau Lefel Gwasanaeth (CLG). Roedd yr aelodau'n ymwybodol o'r drafferth a gafwyd i gytuno ar y CLGau mewn modd amserol y llynedd, ac felly roedd y dyddiad cau wedi'i ddwyn ymlaen i roi mwy o sicrwydd.</p> <p>Bydd y Pwyllgor yn cael mwy o eglurder ynghylch y rhagolygon ariannol yn y cyfarfod nesaf ym mis Ionawr.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI a THRAFOD Cynllun Arbedion 2024/25.</p>		
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<p>5.4</p>	<p>Cynaliadwyedd Ariannol IGDC</p> <ul style="list-style-type: none"> Diweddariad ar y Ffrwd Waith Adeiladu ein Dyfodol a Dod o Hyd i Werth <p>Cyflwynodd Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid, y sleidiau a oedd yn dangos cynnydd y rhaglen Adeiladu ein Dyfodol, gan dynnu sylw at y canlynol:-</p> <ul style="list-style-type: none"> Cyllid Cynaliadwy – diffinio beth oedd y gofyniad cyllid cynaliadwy. Ymchwil ac Adolygiadau Allanol: i lywio ein ffordd o feddwl gan ddefnyddio HFMA, Y Gymdeithas Rheolaeth Ariannol Gofal Iechyd, fel cyfrwng ar gyfer ymarfer meincnodi. Mae canfyddiadau interim wedi dangos bod buddsoddiad yng Nghymru ar ei hôl hi o gymharu â gweddill y DU ac Ewrop. Roedd y camau nesaf yn cynnwys edrych ar yr holl sefydliadau yn y DU oedd yn cymryd rhan i ddilysu a chymeradwyo canfyddiadau, adolygiad mewnol gyda fforymau llywodraethu priodol, cymdeithasu ac ymgorffori o fewn y dull cyllid cynaliadwy, a chytuno ar argymhellion i’w dilyn. Canfod gwerth ychwanegol - o ran yr agwedd ariannol, roedd tair ffrwd waith ar wahân, h.y. dileu costau a lleihau gwariant, cynhyrchu arbedion effeithlonrwydd, a sicrhau’r gwerth mwyaf. Roedd disgwyl adborth gan Lywodraeth Cymru, ond bu’n gadarnhaol hyd yma. <p>Trafododd y Pwyllgor y cyflwyniad a chawsant eu sicrhau gan y cynllun manwl. Roedd cwestiynau ynghylch Cyllideb yr Hydref sydd ar ddod a’r symiau canlyniadol posibl ar gyfer GIG Cymru yn deillio o unrhyw gynnydd yn y cyllid ar gyfer y GIG.</p> <p>Yn hyn o beth roedd yn bwysig edrych ar y cyd-destun strategol ehangach mewn trafodaethau â Llywodraeth Cymru.</p> <p>Trafododd y Pwyllgor y diffyg sicrwydd cyllid hirdymor, a oedd yn fater cyffredin i bob un o’r pedair gwlad. Nid oedd unrhyw eglurder o hyd ynghylch buddsoddiad cyfalaf ar gyfer digidol y</p>	<p>Nodwyd</p>	<p>Dim i’w nodi</p>
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	<p>flwyddyn nesaf, a'r hyn a oedd yn cael ei ddatblygu oedd y cyllid tymor byr i ganolig.</p> <p>Rhoddwyd sicrwydd i'r Pwyllgor y byddai diweddariad pellach yng nghyfarfod mis Ionawr.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI cynnydd Adroddiad Cynaliadwyedd Ariannol IGDC</p>		
5.5	<p>Rheoli Buddion</p> <p>Rhoddodd MC gyflwyniad ar y broses o Reoli Buddion, a thynnwyd sylw at y canlynol:-</p> <ul style="list-style-type: none"> • Gosod y Dull Cenedlaethol – Sefydlwyd y Grŵp Rhwydwaith Buddion yn 2022 gyda'r nod o ddatblygu ymarfer cymunedol sy'n canolbwyntio ar wireddu buddion, i helpu Byrddau Iechyd i feithrin capasiti, rhannu arferion gorau a gwella canlyniadau. • Cynlluniwyd y Fframwaith Rheoli Buddion i alluogi sefydliadau GIG Cymru i reoli eu proses reoli. <p>Roedd trefniadau cyllid tymor byr i ganolig ar gyfer digidol yn cael eu datblygu ond byddai'r ansicrwydd yn parhau hyd nes y byddai'n hysbys beth fyddai'r dyraniad cyllid a sut y byddai'n cael ei drosi i GIG Cymru.</p> <p>O safbwynt cyllid, roedd hyn yn dangos pwysigrwydd cael achosion busnes da a all ddiffinio buddion digidol fel y gallwn ysgogi mabwysiadu lle bynnag y bo modd.</p> <p>Penderfynodd y Pwyllgor:</p> <p>TRAFODWYD yr adroddiad Rheoli Buddion</p>	Trafodwyd	Dim i'w nodi
5.6	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Rhoddodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, ddiweddariad ar y Gofrestr Risg Gorfforaethol:</p> <ul style="list-style-type: none"> • Newidiadau yn y proffil risg corfforaethol – roedd y model cynaliadwy ar gyfer y dyfodol yn gais gan bwyllgor blaenorol, a dyna pam y canolbwyntiwyd ar hyn yn ystod y cyfarfod. • DHCW0269 Gwasanaeth Newid: Derbyniwyd diweddariad ar hyn trwy'r log 	Nodwyd	Dim i'w nodi



	<p>Camau Gweithredu Archwilio. Fodd bynnag, mae hwn yn gam gweithredu deul risg ac archwilio.</p> <ul style="list-style-type: none"> • Cafodd dwy risg eu dileu, DHCW0316 Croniad Dyledion Technegol a DHCW0332 Cyllid Cynaliadwy Rhaglenni Mawr, a ddisodlwyd gan DHCW0336. • Derbyniwyd diweddariad ar y tri risg a bennwyd i'r Pwyllgor hwn:- <p>DHCW0313 Pwysau Cost Digidol – Newidiadau i Fodelau Gwasanaeth. Roedd Achos Busnes wedi'i gymeradwyo ac yn aros am benderfyniad ariannu gan Lywodraeth Cymru. Bydd y risg yn cael ei ail-sgorio unwaith y bydd cadarnhad cyllid wedi ei dderbyn gan Lywodraeth Cymru.</p> <p>DHCW 0331 Cyllid Adnoddau Tymor Penodol - Roedd aelodau'r pwyllgor yn ymwybodol o'r risg sy'n gysylltiedig â'r model ariannu, h.y. naill ai penodi ar gcontractau tymor penodol neu benodi'n barhaol yn rhagweithiol gan wybod nad oes gennym gyllid rheolaidd ar gyfer y penodiadau. Roedd is-grŵp yn edrych yn fanwl ar opsiynau ynghylch y risg.</p> <p>DHCW0337 Gwasanaethau Digidol Cynaliadwy a Model Ariannu Datblygu. Roedd hon yn risg newydd a oedd yn disgrifio'r pryderon cynaliadwyedd ariannol. Adolygiad o sut fyddai'r flwyddyn ariannol nesaf yn edrych a beth mae'n ei olygu i IGDC.</p> <p>Bu'r Pwyllgor yn trafod y risg bosibl i'r broses o ddarparu rhaglenni os mai lleihau pwysau costau yw'r unig ffocws. Fodd bynnag, cadarnhaodd MC mai ansicrwydd oedd yn gyfrifol am y risg, h.y. nid yw'r llythyrau cyllid wedi dod i law eto. Bydd y risg hon yn cael ei rheoli a bydd yn hawdd ei dileu.</p> <p>Penderfynodd y Pwyllgor: DRAFOD y Gofrestr Risg Gorfforaethol</p>		
5.7	<p>Dadansoddiad Tueddiadau Risgiau Corfforaethol</p> <p>Derbyniodd y Pwyllgor y Dadansoddiad Tueddiadau Risg Corfforaethol a nododd ei</p>	Nodwyd	Dim i'w nodi

	<p>gynnwys.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Dadansoddiad Tueddiadau Risg Corfforaethol</p>		
5.8	<p>Y Ddeddf Caffael, Diweddariad ar Lafar</p> <p>Rhoddodd COL ddiweddariad ar lafar ar y newidiadau sydd wedi dod i rym drwy'r Ddeddf Caffael, gan gadarnhau ei fod bellach wedi'i ohirio tan 24 Chwefror 2025. Roedd cynllun hyfforddi wedi'i roi ar waith, gyda staff ym maes cyllid eisoes wedi'u hyfforddi. Y bwriad oedd ehangu'r hyfforddiant ar draws y sefydliad dros y misoedd nesaf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Diweddariad ar Lafar ar y Ddeddf Caffael</p>	Nodwyd	Dim i'w nodi
5.9	<p>Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p> <p>Cyflwynodd CO-L yr Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo. Tynnwyd sylw at y canlynol o'r adroddiad:-</p> <ul style="list-style-type: none"> • 1 x STA i werth datblygu meddalwedd ar gyfer MURA. Gwerth ychydig yn llai na £45,000 • 3 x Rheoli Newid y tu allan i delerau eu cytundebau contractiol. <p>Trafododd y Pwyllgor amler Tendrau Sengl a gofynnodd a ellid gwneud gwaith dadansoddi i weld a oedd y broses yn cael ei defnyddio'n fwy/llai aml nag o'r blaen.</p> <p>CAM GWEITHREDU: 20241015 A03 Tîm masnachol i edrych ar amllder STAs i weld a oedd cynnydd neu ostyngiad yn eu defnydd a'r rhesymau pam yr oedd eu hangen.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p>	Nodwyd	CAM GWEITH-REDU: 03 Tîm masnachol i edrych ar amllder STAs i weld a oedd cynnydd neu ostyngiad yn eu defnydd a'r rhesymau pam yr oedd eu hangen.
5.10	<p>Rheoli Asedau Ffisegol</p> <p>Cyflwynodd Carwyn Lloyd Jones, Prif Swyddog Cwmwl, adroddiad yn amlinellu bod IGDC wedi cwblhau cyfres o archwiliadau mewnol yn canolbwyntio ar reoli stoc a rheoli asedau. Mae'r</p>	Nodwyd	Dim i'w nodi



	<p>gweithgaredd dilynol yn seiliedig ar yr argymhellion a ddeilliodd o hynny wedi'u rhoi ar waith, ond nid oedd yr adroddiad wedi'i dderbyn eto a bydd yn cael ei gyflwyno yng nghyfarfod nesaf y Pwyllgor.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R adroddiad Rheoli Asedau Ffisegol.</p>		
RHAN 6	MATERION I GLOI		
6.1	<p>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</p> <ul style="list-style-type: none">• Rhaglen Adeiladu ein Dyfodol – cynaliadwyedd y sefydliad wrth edrych tua'r dyfodol.• Angen cadarnhad cyllid gan Lywodraeth Cymru i ganiatáu cynllunio hirdymor a lliniaru risgiau'n effeithiol.• Adolygiadau archwilio cadarnhaol• Asesiad Strwythuredig cadarnhaol	Trafodwyd	Dim i'w nodi
6.2	<p>Unrhyw Faterion Brys eraill</p> <p>Ni chodwyd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
6.3	<p>Dyddiad ac Amser y Cyfarfod Nesaf:</p> <ul style="list-style-type: none">• 21 Ionawr 2025	Nodwyd	Dim i'w nodi

Pwyllgor Archwilio a Sicrwydd – PREIFAT – CRYNODEB

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕒 12:40 – 13:05

📅 15/10/2024

📍 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	IGDC
Alistair Klaas Neill	AKN	Aelod Annibynnol, Is- gadeirydd y Pwyllgor Archwilio a Sicrwydd	IGDC
Ruth Glazzard	RG	Aelod Annibynnol, Is- gadeirydd y Bwrdd	IGDC
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	IGDC
Yn bresennol			
Henry Bales	HB	Pennaeth Atal Twyll (hyd at ddiwedd eitem 4.1)	BIPCF
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyllid Cyswllt (hyd at ddiwedd eitem 4.1)	IGDC
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd	IGDC
Martyn Lewis	ML	Archwilydd (hyd at ddiwedd eitem 4.1)	PCGC

Carwyn Lloyd Jones	CLJ	Prif Swyddog Cwmwl (hyd at ddiwedd eitem 4.1)	IGDC
Sam Lloyd (ar gyfer eitem 3.2)	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Claire Osmundsen-Little	CO-L	Cyfarwyddwr Gweithredol Cyllid	IGDC
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes (hyd at ddiwedd eitem 4.1)	IGDC
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol/Dirprwy Ysgrifennydd y Bwrdd	IGDC

Ymddiheuriadau			
Mike Whiteley	MW		Archwilio Cymru

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	DORA	Ymchwil ac Asesu DevOps
SBAR	Sefyllfa, Cefndir, Asesiad, Argymhelliad		



Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd preifat.</p> <p>Rhodddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd yr ymddiheuriadau canlynol:-</p> <ul style="list-style-type: none"> • Mike Whiteley, Archwilio Cymru 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nid oedd unrhyw ddatganiadau o fuddiannau i'w nodi.</p>	Nodwyd	Dim i'w nodi
RHAN 2 - BUSNES Y CYFARFOD			
2.1	<p>Cofnodion Preifat heb eu cadarnhau o'r cyfarfod blaenorol ar 9 Gorffennaf 2024</p> <p>Penderfynodd y Pwyllgor:</p> <p>GYMERADWYO'R cofnodion fel cofnod cywir o drafodaeth.</p>	Cymeradwywyd	Dim i'w Nodi
2.2	<p>Cofnod Gweithredu</p> <p>Nododd y Pwyllgor fod chwe cham gweithredu wedi'u nodi o'r cyfarfod diwethaf a gwblhawyd ac a ddogfennwyd yn y Cofnod Gweithredu.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Cofnod Gweithredu.</p>	Nodwyd	Dim i'w nodi
RHAN 3			
ARCHWILIAD A RISG			
3.1	Cofnod Gweithredu Archwilio Preifat	Nodwyd	Dim i'w nodi

	<p>Cyflwynodd Laura Tolley, Pennaeth Llywodraethu Corfforaethol/Dirprwy Ysgrifennydd y Bwrdd (LT), y Traciwr Gweithredu Archwilio.</p> <p>Roedd yr adroddiad yn dilyn yr adroddiad cyhoeddus. Cafwyd un adroddiad yn y cyfarfod diwethaf a oedd yn cynnwys pedwar cam gweithredu. Ychwanegwyd y rhain at y Cofnod Gweithredu Preifat a oedd bellach yn cynnwys deg cam gweithredu. Ystyriwyd bod saith o'r rhain wedi'u cwblhau, roedd un ar y trywydd cywir i'w gwblhau, ac roedd dau wedi pasio eu dyddiadau targed. Amlinellwyd y ddau gam gweithredu hyn ond ers cyhoeddi'r papurau, roedd Partneriaeth Cydwasanaethau GIG Cymru (PCGC) wedi cadarnhau y gellid cau un o'r camau gweithredu.</p> <p>Trafododd y Pwyllgor beth y gellid ei ddysgu o'r hyn oedd wedi digwydd gyda'r camau hyn, h.y. sicrhau bod y bobl iawn yn cael eu cynnwys yn y broses o gymeradwyo'r camau gweithredu / ymateb rheoli, i sicrhau y cytunir ar derfynau amser cywir ac osgoi angen dychwelyd at y Pwyllgor i ofyn am estyniad.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Traciwr Gweithredu Archwilio a CHYMERADWYO'R cais am estyniad Cam Gweithredu Archwilio fel yr amlinellwyd yn 4.5 o'r adroddiad a CHYMERADWYO cau y cam gweithredu.</p>		
3.2	<p>Adroddiad Archwilio Mewnol</p> <p>Rhoddodd Stephen Chaney, Pennaeth Archwilio Mewnol (StC), a Martyn Lewis, Archwilydd (ML), drosolwg o'r Adolygiad Archwilio.</p> <p>Rheoli Newid TG</p> <p>Roedd yr adroddiad yn gadarnhaol ar y cyfan ac wedi cael sgôr Sicrwydd Rhesymol, a rhoddwyd sicrwydd i'r Pwyllgor fod fframwaith rheoli newid cynhwysfawr ar waith, gyda pholisïau, gweithdrefnau a thempledi priodol.</p> <p>Roedd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau (SL), yn bresennol i ymateb i unrhyw gwestiynau a chadarnhaodd ei fod yn archwiliad defnyddiol.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adolygiad Archwilio.</p>	Nodwyd	Dim i'w nodi

RHAN 4	ADRODDIADAU LLYWODRAETHU		
4.1	<p>Colledion a Thaliadau Arbennig - Gwerthu Asedau</p> <p>Cyflwynodd Carwyn Lloyd Jones, Prif Swyddog Cwmwl, a Mark Cox, Cyfarwyddwr Cyswllt Cyllid, yr adroddiad ar y cyd.</p> <p>Gwnaethpwyd penderfyniad i uwchraddio ac amnewid yr offer yn sgil yr ymosodiadau meddalwedd wystlo sydd wedi digwydd ar draws y GIG yn ddiweddar, er nad oedd y feddalwedd wedi dibrisio'n llawn.</p> <p>Rhodddwyd sicrwydd i'r Pwyllgor fod IGDC yn adrodd i Lywodraeth Cymru ar bob colled a thaliad arbennig er tryloywder ac fel mater o arfer gorau.</p> <p>Penderfynodd y Pwyllgor</p> <p>DDERBYN yr adroddiad er SICRWYDD.</p>	Nodwyd	Dim i'w nodi
4.2	<p>Codi Pryderon</p> <p>Cyflwynodd LT yr Adroddiad Codi Pryderon. Roedd yr adroddiad yn cynnwys cyfanswm o bedwar pryder a dderbyniwyd yn ystod y cyfnod adrodd. Disgwylwyd i hyn fod o ganlyniad i'r gwaith hyrwyddo ar Godi Pryderon a oedd yn cael ei wneud ar draws y sefydliad.</p> <p>Awgrymodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd (CD), mai un o'r mecanweithiau oedd gan y pwyllgor i ystyried themâu codi pryderon fyddai gofyn i Archwilio Mewnol edrych ar y meysydd a nodwyd.</p> <p>Gan fod nifer o bryderon a godwyd yn ymwneud â chadw at bolisiau a gweithdrefnau recriwtio, cytunodd y Pwyllgor y byddai'n ddefnyddiol i Archwilio Mewnol gynnal archwiliad yn y maes hwn a threfnu'r archwiliad Gwireddu Buddion ar gyfer Chwarter cyntaf 2025/26 gan nad oedd gohirio'r archwiliad hwn yn peri risg.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adroddiad Codi Pryderon a CHYMERADWYO ychwanegu'r archwiliad cydymffurfio â pholisiau a gweithdrefnau at yr amserlen.</p>	Nodwyd	Dim i'w nodi



RHAN 5	MATERION I GLOI		
5.1	Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd	Trafodwyd	Dim i'w nodi
5.2	Unrhyw Faterion Brys eraill Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
5.3	Dyddiad ac Amser y Cyfarfod Nesaf: <ul style="list-style-type: none">• 21 Ionawr 2025.	Nodwyd	Dim i'w nodi

DRAFT



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

Reporting Committee	Shared Services Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	19 September 2024
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report</p> <p>The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:</p> <ul style="list-style-type: none"> - Gareth Hardacre, Director of People, Organisational Development & Employment Services, would be in contact with the members to discuss the Chair’s appraisal for this year and the Chair encouraged all partners to participate and provide feedback; - the Chair participated in the Chair’s Peers Group in August and September 2024 meetings; - the Chair was part of the Managing Director’s appraisal meeting with Judith Paget, Director General of Health and Social Services and the NHS Wales Chief Executive. The review was a very positive one, emphasising the progress and improvement in NWSSP during this year and its significant contribution to the NHS in Wales; and - the Chair attended a meeting with the new Cabinet Secretary for Health & Social Care, Jeremy Miles. The key messages were to ensure collective effort to deliver the Ministerial priorities to explore in depth how the NHS can be more resilient and sustainable, to invite organisations to collaborate to deliver the Ministerial priorities, to be open to learning about what is going well and to identify obstacles found in the system. The Cabinet Secretary’s invitation was to champion the good work undertaken to date and challenge organisations to go further. He stressed the importance of Once for Wales approaches as being fundamental and not contentious. 	
<p>Managing Director Update</p> <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> - A brief report from the Welsh Risk Pool (WRP) was provided in the report and would be a standing feature going forward. An update was provided by Jonathan Webb, Head of Safety and Learning, NWSSP Legal and Risk Services, to the Chief Executives meeting, which was timely in terms of the Annual Reviews, which would be sent out individually to NHS Wales organisations. Discussions included the financial position and the need to continue to learn lessons within and across NHS 	

organisations. An invitation was kindly extended to all individual committees within NHS Wales organisations to further explore WRP matters, should they wish to;

- The solar farm in IP5, Newport, received planning permission from Newport City Council. The next stage is to start installing the solar panels to contribute to the Radio Pharmacy project as well as to support the Decarbonisation Plan;
- Work is continuing on the larger South East Wales Hub element of the TrAMs programme;
- Sessions have been running in partnership with colleagues from Aneurin Bevan UHB on employee investigations where members of staff from different organisations are attending to start the journey to deal with investigations the best possible way, to try to reduce any avoidable employee harm in the process;
- We have signed up to the Armed Forces Covenant and have been working with them in areas such as recruitment;
- There was a further meeting recently with Welsh Government regarding PPE stock holding with an aim to reach resolution on the stock that NWSSP would be instructed to hold but further discussions would be required; and
- From 9 September 2024, the Medical Examiner Service became statutory and it has already caused an approximate 20% increase in work carried out during the first week. There were no significant issues in terms of records and the workload is well managed. A letter was sent on 22 August 2024 to Chief Executive Officers regarding the signing of Death Certificates by F1s (Junior Doctors), which legally they are not allowed to do as they are provisionally registered only.

Deep Dive

Developments in Audit & Assurance Services

A comprehensive deep dive was presented to the Committee by the Director of Audit and Assurance Services, Simon Cookson. The Committee received information as regards quality assurance, benchmarking and a new Global Internal Audit Standard to be introduced from 9 January 2025.

Items Requiring SSPC Approval/Endorsement

Audit Committee Terms of Reference

The Audit Committee Terms of Reference were endorsed by the Audit Committee on 25 July 2024 and presented to the Committee for approval, as required by the Standing Orders. The main aspect of the update of the Terms of Reference was to reflect the updated role for Assistant Director of Corporate Services. The Committee **APPROVED** the Terms of Reference.

Armed Forces Covenant

As NWSSP has already been awarded the Armed Forces Bronze Medal the Committee endorsed organisational efforts towards achieving the Silver Medal. The award demonstrates support to the defence and armed forces community and organisations pledge to align their values with the Armed Forces Covenant. The Committee **ENDORSED** the Covenant.

Items for Noting

Customer Service Excellence Organisational Action Plans (Verbal)

The outcome of the year two assessment of the Customer Service Excellence accreditation was very positive and provides assurance around excellence in the customer services delivered by NWSSP. Assessor feedback detailed exceptional performance, with 12 compliances pluses and 35 compliances overall. There were no areas of partial compliance. Areas of strength included organisational leadership and staff empowerment and areas for improvement included customer service training and the customer charter which would be covered in the Autumn SSPC Development Day. The Committee **NOTED** the Report.

2023/24 Wales Infected Blood Support Scheme (WIBSS) Annual Report

The Report provides an update on the finance and support provided during the financial year of 2023/24 and details the proactive work carried out by WIBSS during the period, looking ahead to priorities relating to 2024/25. The Committee received an update that the UK Infected Blood Compensation Authority (IBCA) would be in place by 1 April 2025 and the NWSSP team is working closely with the Cabinet Office in relation to the transitional arrangements. The Committee **NOTED** the Report.

2023/24 Audit Committee Annual Report

The Report had been discussed and approved by the Audit Committee in July 2024 and was brought to the Committee for discussion and noting, as detailed in the Standing Orders. It highlighted the activities and the performance of the Audit Committee during the previous twelve-month period. There was one limited internal audit review during the course of the year that related to Decarbonisation, which has been reported to Welsh Government. The Committee discussed the risks relating to limitations on capital funding around the affordability and deliverability of the Decarbonisation Action Plan, which was identified as one of the main contributing factors which underpinned the limited assurance rating. The Committee **NOTED** the Report.

Finance, Performance, People, Programme and Governance Updates

Finance – The financial position to the end of 31 August 2024 was a year-to-date surplus of £1.831m. This was reported as a surplus of £1.414m within core operational budgets and £0.417m against the recurrent covid allocation.

NWSSP has incurred £0.300m capital expenditure to date against its current £6.611m Capital Expenditure Limit (CEL). NWSSP is continuing to work on a capital prioritisation exercise to inform the allocation of the remaining £0.218m of discretionary capital funding and reviewing the prioritisation in readiness for any opportunities to bid for year-end capital slippage funding. Some of the capital challenges faced this year had been the medical records storage unit in Mamhilad and the Laundry Service.

Capital schemes are being reviewed and there had been meetings in terms of revenue position with all divisions in NWSSP. The main areas to be discussed were the control processes around the vacancy positions and the variable pay. The Welsh Risk Pool has no overall change to the forecast for the current year, but there will be some changes to the distribution of the risk which will be informed by Linsay Payne, Deputy Director of Finance to the NHS Wales Deputy Directors of Finance. There was good progress on the NWSSP

'no PO, no Pay' position.

People & Organisational Development Update – Sickness absence had slightly increased to 3.18% from 2.89%, compared to the same period last year, but remains under the NHS target of 3.3%. In e-learning, overall compliance remains very high, with two areas below target being Laundry Services and Welsh Employers Unit. Agency spend has been positively reduced in accordance with Welsh Government's target reduction of 15% until January 2025, seeing NWSSP reduce its overall spend year to date by 87% (£32,622). PADR compliance was above target this month at 85.28%. There had been a questionnaire targeted specifically to Single Lead Employer (SLE) employees regarding the Speaking Up Safely implementation. A deep dive session around the SLE model would be scheduled for a future meeting, together with an update on race equality, once data becomes available.

Performance – The report presented the Key Performance Indicators (KPIs) for April to July 2024. To date, there were no significant areas of concern to be brought to the Committee's attention. The website is going under a major review by the Communications team, and NWSSP are in the process of recruiting for a Head of Communications. Professional influence benefits amount to £111m as at the end of July, and there was a significant reduction in the Time to Hire metrics, which are showing a reduction to 59 days, where the target is 71 days. In accordance with the IMTP cycle, there will be a review of all targets including Time to Hire.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and has a focus on outcomes from the IMTP. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction and employee well-being, noting room for improvement with staff turnover. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Project Management Office Update – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to the Committee. The Headquarters relocation project has suffered some delays which are being worked through and SSPC will continue to be informed of developments. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee.

Corporate Risk Register – There are six red risks reflected in the Corporate Risk Register. The Primary Care Workforce Intelligence System risk was escalated by the SLG at its last meeting. As it has been detailed and discussed by the SLG, the assurance has been given on the actions to take forward to mitigate the risk and to bring to the Committee any further assurance required. The remainder of the Corporate Risk Register position remains stable.

The Committee **DISCUSSED** and **NOTED** the update Reports

Papers for Information

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

- Personal Protective Equipment (PPE) Report;

<ul style="list-style-type: none"> • Finance Monitoring Returns (Month 4 2024/25 and Month 5 2024/25); • NWSSP Audit Committee Assurance Report - July 2024; • Draft Agenda October Development Session; and • Forward Plan. 	
<p>Part B (Private Session) <i>Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960</i></p>	
<p>The Minutes the 18th July 2024 Shared Services Partnership Committee meeting Part B were approved.</p>	
<p>Any Other Business (AOB)</p>	
<p>The Committee approved Linsay Payne, Deputy Director of Finance, NWSSP as the Welsh Energy Group Vice Chair.</p>	
<p>Matters requiring Board/Committee level consideration and/or approval</p>	
<p>The Board is asked to NOTE the work of the Shared Services Partnership Committee.</p>	
<p>Matters referred to other Committees</p>	
<p>No further matters were referred to other Committees.</p>	
<p>Date of next meeting</p>	<p>21 November 2024</p>



DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	The Corporate Risk log is presented at every meeting for oversight and scrutiny
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	January 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

3.1	The Audit and Assurance Committee have a Cycle of Business that is reviewed on an annual basis. Additionally, there is a forward workplan which is used to identify any additional timely items for inclusion to ensure the Committee are reviewing and receiving all relevant matters in a timely fashion.
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4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Forward Workplan has been updated to include the following items to be presented at the January 2025 meeting:

- Welsh Health Circular Report
- Audit and Assurance Committee Annual Report
- Audit and Assurance Committee Effectiveness Self-Assessment
- Audit and Assurance Committee Terms of Reference
- Audit and Assurance Committee Cycle of Business
- Audit Wales Annual Audit Report

4.2 Additional items identified for the April 2025 meeting are:-

- Audit Wales – Stakeholder Review
- Building our future (BOF) and finding value workstream
- Annual Audit Themes and Learning Report
- Cyber Resilience Unit Annual Report

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

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

4.5 Once the Committee Cycle of Business 2025-26 is approved, the Corporate Governance team will develop a new forward workplan for 2025-26 and this will be presented at the next Committee meeting in April.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the report.



DIGITAL HEALTH AND CARE WALES STANDARDS OF BEHAVIOUR REPORT

Agenda Item	2.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Director of Corporate Affairs Board Secretary	January 2025	Approved

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

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 All Board Members declarations of interest have been updated for 2024/25 and captured on the [Declarations of Interest Register](#).
- 4.2 As of 03/01/2025, 98% of band 8a and above declarations of interest have been received and captured on the Declarations of Interest Register. In addition, 37% of staff banded 2-7 have also been received and captured on the register.
- 4.3 Work is ongoing to capture the declarations of interest of all DHCW staff band 8a and above, in line with the SOB Policy requirement and an escalation process is in place to address if staff banded 8a and above have been requested to complete a declaration form, but it has not been submitted.
- 4.4 Further work will be undertaken during 2025-26 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+.
- 4.5 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	0	0	0	0	0
Honorarium	0	0	0	0	0
Hospitality	£1,310	0	£1,310	£1,310	0
Sponsorship	£302	0	£302	£302	0
Grand Total	£1,612	0	£1,612	£1,612	0

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES

WELSH HEALTH CIRCULARS

COMPLIANCE UPDATE REPORT

Agenda Item	2.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
<p>NOTE the updated provided and take ASSURANCE on the process for recording and monitoring the organisation's compliance with Welsh Health Circulars.</p>	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Equitable
If more than one enabler / domain applies, please list below:	

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance Deputy Board Secretary	January 2025	Reviewed
Chris Darling, Director of Corporate Affairs Board Secretary	January 2025	Approved

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

3 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The [WHC Register](#) details the WHC's received in the period 2023/24 and the one Ministerial Directive, these have been reported to Weekly Executive Directors and Management Board.
- 4.2 With the exception of two WHCs, to be reviewed by Executive Directors after the date of reporting, the majority of WHCs are completed and have been signed off by the Executive Leads.
- 4.3 There are a number of WHC's that have implications for DHCW and the Corporate Governance Team are working with the Executive leads for updates/progress status and the updated register will be presented to the next Committee.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the updated provided and take ASSURANCE on the process for recording and monitoring the organisation's compliance with Welsh Health Circulars.	

DIGITAL HEALTH AND CARE WALES

ANNUAL REPORT OF THE AUDIT AND ASSURANCE COMMITTEE

Agenda Item	2.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Endorsement
Recommendation	The Committee is being asked to
ENDORSE the Annual Report of the Audit and Assurance Committee 2024/25 for APPROVAL to the SHA Board.	

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance Deputy Board Secretary	January 2025	Reviewed
Marian Wyn Jones, Committee Chair	January 2025	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 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 2024-25 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Committee met five times during the period 1 April 2024 and 31 March 2025, 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 100% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1st April 2024 to 31st March 2025 (excluding extraordinary meetings) as set out below:-

	16.04.24	09.07.24	15.10.24	21.01.25	Attendance
Marian Wyn Jones (Chair)	✓	✓	✓	✓	100%
Alistair Klaas Neill (Vice Chair)	✓	✓	✓	✓	100%
Ruth Glazzard	✓	✓	✓	✓	100%
Marilyn Bryan-Jones	✓	✓	✓	✓	100%
Total	100%	100%	100%	100%	100%

4.3 During the financial year 2024/25 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. There were £44,105.36 in payments in the 2024-2025 financial year.

Procurement and Scheme of Delegation Compliance

The Committee received regular updates on procurement activity undertaken including compliance with the Standing Financial Instructions. Learning was noted from incidents of Inappropriate Adherence with Standing Financial Instructions for a number of work packages during the period 2024-2025.

Corporate Risk Register

The Register was 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 updates from the Counter Fraud officer at each meeting. In addition, the introduction of a new Salary Overpayments dashboard was implemented during the period 2024-25.

Policies

The Committee received and approved four policies.

- Standards of Behaviour
- Shared Parental Leave
- Quality 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, in addition the first Duty of Quality Annual Report was received during 2023-24.

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 an update 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 will receive an annual report on themes and learning from Raising Concerns in April 2025.

Welsh Health Circulars and Ministerial Directives

The Committee received a bi-annual update on the current status of the Welsh Health Circulars and one Ministerial Directive at the July and January Committee meetings.

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 compliance to the Welsh Language Standards and received assurance on the work being undertaken regarding Welsh Language recruitment. Additionally, further progress was being made on the development of Welsh Learners in DHCW including the addition of a Welsh Language Learner of the Year award to the Staff Recognition Awards.

Internal Audit

A draft Internal Audit Plan for 2024/25 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 April 2024.

Ten reports were presented during the year:

- Programme Management – **Reasonable** Assurance rating,
- Digital Eyecare Programme – *Assurance Rating not applicable for this audit*
- Decarbonisation (All Wales Review) – **Reasonable** Assurance rating,
- Follow up of High Priority Internal Audit Recommendations – **Reasonable** Assurance rating,
- Financial & Service Delivery Sustainability – **Reasonable** Assurance rating,
- Data Quality – *Assurance Rating not applicable for this audit*
- Declarations of Interest – **Substantial** Assurance rating,
- Cloud Services – **Substantial** Assurance rating,
- Estates Assurance – Energy Management– **Reasonable** Assurance rating,
- Mission Five – Staff Development – **Reasonable** Assurance rating.

Audit Wales

Structured Assessment

DHCW's third Structured Assessment was presented to Audit and Assurance Committee, additionally, the results of a Deep Dive of Cost Savings were received at the October 2024 meeting. 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, and DHCW now needs to use its new long-term strategy to demonstrate its value and consolidate its position as a digital system leader and enabler in the NHS.

Audit Wales Progress Reports

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

- From Firefighting to Future Proofing – the Challenge for Welsh Public Services
- Digital By Design
- DHCW Nationally Hosted NHS IT System Review

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 or 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.

Committee Effectiveness Self-Assessment

The annual self-assessment questionnaire was reviewed at the January 2025 meeting. The feedback indicated a generally positive response with the culture of the meetings considered conducive to open and productive debate.

4.3. Audit and Assurance Committee Private Agenda items

4.3.1 During the financial year 2024/25 the Audit and Assurance Committee reviewed the following key items at its **private** meetings.

- Business Continuity (Ransomware) Internal Audit Report.
- Eyecare Review Internal Audit Report.
- Legacy Software Modernisation.
- IT Change Management Internal Audit Report.
- Raising Concerns updates – the Committee received regular updates on the progress of concerns raised. In addition, members discussed learnings from these and also sought assurance from lead officers that actions were taken forward appropriately.
- Counter Fraud.
- Management of Physical Assets.
- Programme Governance.
- Losses and Special Payments.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Audit and Assurance Committee is of the opinion that the draft Audit and Assurance Annual Report 2024/25 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 RECOMMENDATION

Recommendation	The Committee is being asked to
<p>ENDORSE the Annual Report of the Audit and Assurance Committee 2024/25 for APPROVAL to the SHA Board.</p>	



DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE EFFECTIVENESS SELF ASSESSMENT REPORT

Agenda Item	2.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to RECEIVE the content of the report and its findings for ASSURANCE .

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	ALL
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance Deputy Board Secretary	January 2025	Reviewed
Chris Darling, Director of Corporate Affairs Board Secretary	January 2025	Approved

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		

3 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 2024/25.
- 3.3 Members should note eleven responses were received. The report does not include comments in order to ensure anonymity.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

Members were aware that:

- There were approved **Terms of Reference** and there was an expectation they would be reviewed before March 2024 and would consider changes or developments throughout the year.
- The Committee will prepare an **annual report** on its work and performance for 2024/25 to the SHA Board.
- The Committee have established an **annual cycle of business** to be dealt with across the year.

Members felt:

- They have been **provided with sufficient authority** to perform its role effectively, however, one Member raised concern around organisational resource being sufficient to support embedding learning identified by the Committee. Executive Directors attend when specifically invited to present reports on areas for which they are accountable.
- The Committee meet sufficiently **frequently to deal with planned matters** 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.
- The atmosphere is considered conducive to open and productive debate and behaviour is courteous and professional.
- There was appropriate use of **private sessions of the Committee**, with it noted that the use of private sessions was more frequent than other NHS organisations but never inappropriately.



	<p>Area: Internal Controls and Risk Management</p> <p>Finding:</p> <ul style="list-style-type: none"> • The Committee formally considered how it integrates with other Committees that are reviewing risk. • The Committee had reviewed the robustness and effectiveness of the content of the organisations internal assurance system. • The Committee considered that the reports received were timely and high quality to enhance discharge of its internal control and risk management responsibilities.
	<p>Area: Audit</p> <p>Finding</p> <ul style="list-style-type: none"> • The Committee have received and approved the Internal Audit plan for 2024/25 and would approve any material changes as they occurred. • The Committee felt the Internal Audit plan was derived from clear processes based on risk assessment and linked to the systems of assurance and receive regular updates on the progress of the audit work. • The Committee received progress reports from the Head of Internal Audit at each meeting. • The members noted there were no investigations into management refusal to accept audit recommendations, but should they occur, the Committee would investigate. • All Committee members felt there was effective monitoring of the implementation of management actions, with a focus given to any actions overdue. • The Head of Internal Audit provides reports directly to the Committee and its Chair, including the Head of Internal Audit’s Annual Report and Opinion as part of the cycle of business. • The Committee reviews the effectiveness of Internal Audit and the adequacy of staffing and resources within Internal Audit. • The Committee evaluated whether Internal Audit complies with the Public Sector Internal Audit Standards which is done as part of the Head of Internal Audit Opinion and Annual Report. One member was unaware if this had been completed. • The Committee agreed a range of Internal Audit performance measures, the internal Audit Performance measures are included in the Internal Audit Charter.



	<p>Area: Audit continued</p> <ul style="list-style-type: none">• Members were aware the Committee will receive the Head of Internal Audit's Annual Report and Opinion within the annual reporting cycle.• Members were aware of the Auditor General's representatives (Audit Wales) audit plan and strategy for DHCW.• Members were clear the Committee receive and monitor actions taken in respect of prior years' reviews.• Members were aware the Committee assesses the quality and effectiveness of External Audit work.• Most Members were aware of the nature and value of non-statutory work commissions by DHCW from the Auditor General.
	<p>Area: Counter Fraud</p> <p>Findings:</p> <ul style="list-style-type: none">• The Committee were aware the annual counter fraud plan was reviewed and approved and were satisfied that the Work Plan adequately covers the areas within the NHS Counter Fraud Policy.• Members were all aware that any material changes to the planned counter fraud work plan would be reviewed and approved by the Committee.• All but one of the members were aware the Counter Fraud Plans were derived from clear processes based on risk assessment.• All were aware the Committee received regular reporting and should any management actions arise, the Committee would monitor their implementation.• Most of the Committee members were aware of the effectiveness of the Local Counter Fraud services and the adequacy of its staffing is reviewed.• Members agreed the Local Counter Fraud Specialist had opportunity for direct access to the Committee and its Chair.• Most of the Committee members were aware the effectiveness of the Local Counter Fraud Service and the adequacy of its staffing is reviewed.• The Committee expected to review the Local Counter Fraud Specialist's Annual Report and Qualitative assessment.• All Members were aware the Committee receive and discuss reports arising to quality inspections by the NHS Counter Fraud Authority.



	<p>Area: Compliance with Legislation and Regulations Governing NHS Wales</p> <p>Findings:</p> <ul style="list-style-type: none"> • All Members were aware the Committee review assurance and regulatory/legislative compliance reporting, processes. • All Members were aware the Committee have a mechanism to ensure awareness of topical, legal and regulatory issues.
	<p>Area: Committee Leadership and Support</p> <ul style="list-style-type: none"> • All Members were unified that meetings are chaired effectively, with clarity of purpose and outcome. • Members agreed that each agenda item is 'closed off' appropriately so it was clear what the conclusion is. • Members felt the Committee Chair provided clear and concise information to the Board on the activities of the Committee. • All Members felt the committee was adequately supported by Executive Directors in terms of attendance, quality and length of papers. One Member noted that attendance had much improved this financial year in terms of Executive Directors with wider officers attending only for their specific items. • Members agreed that reports had improved in terms of quality and length. • 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. • Whilst most Members considered they did not require any further training to fulfill 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.
	<p>Area: General Feedback</p> <ul style="list-style-type: none"> • Members provided positive comments outlining the effectiveness of the committee in the last year. • 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. • The Committee was well chaired, with good challenge from members.
Appendices	Audit and Assurance Effectiveness Self-Assessment Survey

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 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 RECOMMENDATION

Recommendation	The Committee is being asked to
RECEIVE the content of the report and its findings for ASSURANCE .	



DIGITAL HEALTH AND CARE WALES AUDIT AND ASSURANCE COMMITTEE TERMS OF REFERENCE

Agenda Item	2.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Approval
Recommendation	The Committee is being asked to APPROVE the Audit and Assurance Terms of Reference to go the SHA Board.

1 IMPACT ASSESSMENT

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance Deputy Board Secretary	January 2025	Reviewed
Chris Darling, Director of Corporate Affairs Board Secretary	January 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
A&A	Audit and Assurance Committee	SOs	Standing Orders
SFI's	Standing Financial Instructions		

- 3.1 The Audit and Assurance Committee Terms of Reference were reviewed and agreed by the Committee in February 2024 and approved by the SHA Board in March 2024.
- 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 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 2025.
- 4.2 The Terms of Reference have been reviewed by the Corporate Governance Team and can be found at item [2.8i Appendix A](#). There are a limited number of changes made to the Terms of Reference, these changes have been tracked and left in the document so that Committee members can easily see the changes made.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the Audit and Assurance Terms of Reference to go the SHA Board.	

DIGITAL HEALTH AND CARE WALES

AUDIT AND ASSURANCE COMMITTEE

CYCLE OF BUSINESS 2025-26

Agenda Item	2.9
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Approval
Recommendation	The Committee is being asked to
APPROVE the Audit and Assurance Cycle of Business 2025-26.	

1 IMPACT ASSESSMENT

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little, Executive Director of Finance	January 2025	Reviewed
Chris Darling, Director of Corporate Affairs Board Secretary	January 2025	Approved

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

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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Cycle of Business is presented as item [Appendix 2.9i](#). 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 2025 to 31 March 2026. 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 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the Audit and Assurance Cycle of Business 2025-26.	

Action Log 3.1

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20241015-A01	15/10/2024	Audit Wales to attend a Board Development session to present the findings from the reports undertaken for local authorities.	Wales Audit Office 3	02/12/2024	DHCW are working with Audit Wales colleagues to identify a date for this in 2025-26.	Complete			Public
20241015-A02	15/10/2024	Reflect on whether this should be a standard item for cost savings at this Committee given that it is a standing item at Board which meets bi-monthly.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary)	24/10/2024	The cost savings are covered within the regular finance report presented to the Committee.	Complete			Public
20241015-A03	15/10/2024	Related to Procurement and Scheme of Delegation Compliance Report. Action for the Commercial team to look at the frequency of STAs to see if there was an increase/decrease in their use and the reasons why they were needed.	Claire Osmundsen-Little (DHCW - Director of Finance)		The analysis has been completed and it has been put into the Audit Committee report format	Complete			Public

DIGITAL HEALTH AND CARE WALES

INTERNAL AUDIT PROGRESS REPORT

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

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

WC:
APP:
TOTAL:

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

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

1 IMPACT ASSESSMENT

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

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

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

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

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

Outcome: N/A

Statement: N/A

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



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

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

3.1 This document sets out a summary of the progress of the [Internal Audit Plan for 2024/25](#) for Digital Health and Care Wales.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The report details the final assurance rating and a summary of recommendation priorities for the internal audit reports:
- Mission Five – Staff Development (reasonable assurance)
 - Mission One – Cloud Services (substantial assurance)
 - Estates Assurance – Energy Management (reasonable assurance)
- 4.2 In addition, the following reports are at a draft report stage: Performance Framework, Service Management (Service Level Agreements) and Recruitment Process (replacement audit for Mission Five – External Stakeholder Engagement).

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES

INTERNAL AUDIT REPORTS

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to RECEIVE the internal audit reports for ASSURANCE .

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below The Energy Management audit contains relevant conclusions.
WORKFORCE	Yes, please see detail below

IMPLICATION/IMPACT	Several matters arising within the M5 – Staff Development audit have been raised.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

<p>3.1 The following audit reports are included:</p> <p>Mission One – Cloud Services (Substantial)</p> <p>We provided substantial assurance and three medium priority matters arising.</p> <p>Mission Five – Staff Development (Reasonable)</p> <p>We provided reasonable assurance and raised one high and four medium priority matters arising for this audit.</p> <p>Estates Assurance – Energy Management (Reasonable)</p> <p>We provided reasonable assurance with eight medium priority recommendations across six matters arising.</p>

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 A summary of the key findings is provided below:

Mission One – Cloud Services (substantial)

Whilst we found good arrangements in place, the following matters requiring management attention:

- there is no specific reporting to Board / Committee level that explicitly reports on progress against the Cloud Strategy, and there is no specific cloud programme reported within the portfolio oversight report that would enable this;
- we note that there is no risk that explicitly deals with the failure to secure funding for the business case and the impact on the delivery of the Cloud Strategy, migration to a truly cloud native position and subsequent impact on plans that rely on the move to the cloud;
- the business case proposal for the cloud migration is for a rehost approach that enables DHCW to deliver the cloud programme and exit the data centres. However, this approach does not fully enable DHCW to exploit the opportunities of the cloud and does not match the services ideal migration approach in many cases.

Mission Five – Staff Development (reasonable)

Whilst we have concluded reasonable assurance on this area, due to recent work completed and the establishment of priorities, there is a significant risk to the delivery of the M5-SD Strategy. The People and Organisational Development (POD) Team is currently undergoing a leadership transition, and the available resources within the department are limited. However, whilst progress has been made on establishing a baseline and work completed towards implementing actions supporting the strategic objectives, the following matters still require urgent management's attention:

- Development of the People and Organisational Development Strategy (POD Strategy) for 2025-2030 has not yet been commenced;
- On-going initiatives are not fully aligned or incorporated into the delivery of the M5-SD Strategy;
- Some of the objectives to support the delivery of the M5-SD and the POD Strategies do not meet the SMART criteria and consequently, it is difficult to determine the overall progress of the deliverables;
- Resources to deliver the M5-SD Strategy have not been formally assessed and secured (e.g. staff and funding requirements); and
- Training opportunities for staff are not supported by an adequate reporting mechanism.

Estates Assurance – Energy Management (reasonable)

Energy consumption within DHCW relates primarily to usage at two data centres and office accommodation. The data centres were the largest component in this, being circa £600k p.a. direct energy charge as compared to £240k p.a. for offices.

Office accommodation includes a mix of directly charged usage under the national energy contract; charges at one office outside of that contract; and offices where energy costs are included within fixed lease charges.

Office energy costs have reduced by 38% over the last year, driven by a range of factors including reductions in occupancy and increased efficiencies. Associated estates rationalisation was ongoing at the time of audit. Office energy costs could therefore be reasonably expected to continue to fall.

Annual figures for data centre consumption were not published. Direct energy costs were circa 600k p.a. (as assessed by audit), with charges for air conditioning included within occupancy rentals. Energy costs had been assessed and approved within the lease arrangements and were being actively monitored.

Accordingly, both in terms of data centres and office accommodation, DHCW were seen to be actively addressing core issues to drive energy efficiency.

Audit testing of the data centre payments was satisfactory. However, the audit found discrepancies between meter reads, invoicing and payments in respect of office charges. Accordingly, management have agreed to review reasons for the anomalies identified and the adequacy of the associated monitoring controls

Other key matters raised at the audit included the need to:

- Ensure energy reporting to a scrutiny forum with assigned responsibility e.g. the decarbonisation forum;
- include annual data centre usage within energy reporting to an assigned scrutiny forum; and
- Ensure accurate monitoring of office occupancy to better inform ongoing reductions.

Noting the reductions in energy usage together with active management of key issues, reasonable assurance has been determined in relation to energy management.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

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

Audit and Assurance Committee Update – Digital Health and Care Wales

Date issued: January 2025

Document reference: 4656A2025

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

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

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

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In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales, the Wales Audit Office and, where applicable, the appointed auditor are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

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About this document

- 1 This document provides the Audit and Assurance Committee with an update on our current and planned accounts and performance audit work at Digital Health and Care Wales.
- 2 We also provide additional information on:
 - Other relevant examinations and studies published by the Audit General.
 - Relevant corporate documents published by Audit Wales (e.g. fee schemes, annual plans, annual reports), as well as details of any consultations underway.
- 3 Details of future and past Good Practice Exchange (GPX) events are also available on our [website](#).

Accounts audit update

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

Exhibit 1 – Accounts audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of 2024-25 financial statements	Executive Director of Finance	Planning the audit of the 2024-25 financial statements	To commence early 2025	To be confirmed
Review of Nationally Hosted IT Systems	Executive Director of Finance	The review focussed on the IT environment and application controls that are applied to nationally hosted IT systems for the purposes of providing assurance for NHS financial	Report finalised and included in today's private committee papers	January 2025

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		<p>audit opinions in 2023-24. It also considered progress made by DHCW in addressing 2022-23 audit recommendations as well as any outstanding recommendations made in previous years.</p>		

Performance audit update

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

Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Annual Audit Report 2024.	Chief Executive Officer	This report summarises the findings from our 2024 audit work at Digital Health and Care Wales.	Report finalised and included in today's committee papers	January 2025
Structured Assessment 2024 – Deep Dive – Digital	Chief Executive Officer	This work will examine DHCW's role in designing, developing, and delivering digital services for the NHS in Wales.	Scoping	To be confirmed
Local project work – Review of stakeholder engagement arrangements	Executive Director of Strategy	This work will assess the effectiveness of DHCW's stakeholder engagement arrangements and the extent to which they are supporting the organisation to be seen	Fieldwork Underway	April 2025

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		as a trusted digital partner within the NHS in Wales.		

Other relevant publications

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

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

Title	Publication date
<u>National Fraud Initiative Self Assessment Checklist</u>	December 2024
<u>The National Fraud Initiative in Wales 2022-23</u>	October 2024
<u>NHS Wales Data tool</u> and <u>press release</u>	August 2024
<u>Digital by Design</u>	August 2024

Additional information

- 7 **Exhibit 4** provides information on corporate documents published by Audit Wales since the last committee update. Links to the documents on our website are provided.
- 8 The Auditor General is currently consulting on revisions to the Code of Audit Practice. The consultation document sets out a proposed new Code of Audit Practice that includes changes in response to significant factors in the context in which audit and related functions are undertaken. Following the consultation, the Auditor General intends to publish a revised Code of Audit Practice early in 2025. Responses can be submitted using the online form by 27 January 2025.

Exhibit 4 – Audit Wales corporate documents

Title	Publication Date
<u>Audit Wales Equality Report 2023-24</u>	November 2024
<u>Estimate of Income and Expenses for Audit Wales for the year ended 31 March 2026</u>	November 2024
<u>Audit Wales Interim Report 2024-25</u>	October 2024



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Website: www.audit.wales

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

Annual Audit Report 2024 – Digital Health and Care Wales

Audit year: 2023-24

Date issued: December 2024

Document reference: 4629A2024

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@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.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

About this report

- 1 This report summarises the findings from my 2024 audit work at Digital Health and Care Wales Special Health Authority (DHCW) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
 - examine and certify the accounts submitted to me by DHCW, and to lay them before the Senedd;
 - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
 - satisfy myself that the DHCW has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
 - Audit of accounts
 - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- 4 We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and DHCW officers.
- 6 The focus and approach of my performance audit work continues to be aligned to the post-pandemic challenges facing the NHS in Wales and is conducted in line with INTOSAI¹ auditing standards.
- 7 This report is a summary of the issues presented in more detailed reports to DHCW this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

¹ INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2024 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit and Assurance Committee on 21st January 2025. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage DHCW to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the DHCW staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

- 12 I concluded that the DHCW's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit).
- 13 DHCW achieved financial balance for the year ending 31 March 2024, and 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 DHCW's 2023-24 accounts.
- 14 My review of the IT environment and application controls applied to the national financial systems hosted by DHCW and used by other NHS organisations in Wales assured me that financial values produced by the systems for 2023-24 were likely to be free from material misstatement, although some controls could be strengthened.
- 15 I placed no substantive report alongside my opinion this year as there were no issues to report.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 16 My programme of Performance Audit work has led me to draw the following conclusions:
- DHCW's corporate arrangements support good governance and the efficient, effective, and economical use of resources. However, it now needs to use its new long-term strategy to demonstrate its value and consolidate its position as a digital system leader and enabler in the NHS.

- DHCW has generally sound arrangements for identifying, delivering, and monitoring cost improvement opportunities. However, it needs to rapidly progress work on its 'Building our Futures' transformation programme to reduce its reliance on non-recurrent savings.

17 These findings are considered further in the following sections.

Detailed report

Audit of accounts

- 18 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 an opinion on both their accuracy and the proper use (‘regularity’) of public monies.
- 19 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4, Appendix 3**.
- 20 My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

Accuracy and preparation of the 2023-24 accounts

- 21 I concluded that DHCW’s accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some minor issues to the attention of officers for improvement.
- 22 The unaudited accounts were submitted by the required deadline. The working papers provided were comprehensive and of good quality, and officers responded to audit queries and requests for further information promptly.
- 23 I must report issues arising from my work to those charged with governance (the Audit and Assurance Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues on 9 July 2024. **Exhibit 1** summarises the key issues set out in that report.

Exhibit 1: issues reported to the Audit Committee

Issue	Auditors’ comments
Uncorrected misstatements	There were no non-trivial uncorrected misstatements within the accounts.
Corrected misstatements	<p>There were 10 corrected misstatements noted within Appendix 4 of our ISA260. Of these misstatements, 9 had a £nil impact on the overall financial position.</p> <p>There was one corrected misstatement that resulted in a reduction of expenditure of £14,000, relating to General Medical Services, Systems & Services Contracts.</p>

Issue	Auditors' comments
Other significant issues	There were no other significant issues reported.

24 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with DHCW's financial position on 31 March 2024 and the return was prepared in accordance with the Treasury's instructions.

Regularity of financial transactions

- 25 DHCW's financial transactions must be in accordance with authorities that govern them. DHCW must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which DHCW does not have the powers to receive or incur.
- 26 Where a Special Health Authority does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 27 DHCW achieved financial balance for the year ending 31 March 2024, with an underspend of £307,000 against its Revenue Resource Limit and an underspend of £19,000 against its Capital Resource Limit. 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 DHCW's 2023-24 accounts.
- 28 I have the power to place a substantive report on the DHCW's accounts alongside my opinions where I want to highlight issues. As DHCW met its financial duty to ensure that expenditure does not exceed the aggregate of funding allocated to it for the financial year, and there were no other issues warranting report, I did not issue a substantive report on the accounts.

Review of nationally hosted IT systems

- 29 DHCW hosts a number of national financial systems which are used by other NHS organisations in Wales. These IT systems include the:
- National Health Application and Infrastructure Services system, used for NHS patient demographics and the payments engine for calculating primary care General Medical Services contractor payments by NHS Wales Shared Services Partnership;
 - CareFlow Hospital Pharmacy system, provided by DHCW to NHS organisations and used for ordering, stock receipting and invoicing of Hospital dispensed pharmaceutical items and drugs for payment via Oracle Accounts Payable;

- losses and Special Payments Register system, provided by DHCW to NHS organisations for the recording, payments processing and provisioning from Welsh Legal and Risk reports arising on claims for clinical negligence and personal injury from patients and staff; and
 - NHS national ICT infrastructure and Wales wide area network, the communication links between all NHS organisations in Wales, provided by DHCW.
- 30 My IT auditors reviewed the IT environment and application controls that are applied to these systems for the purposes of providing assurance for NHS financial audit opinions in 2023-24. My IT auditors also considered progress made by DHCW in addressing my 2022-23 audit recommendations as well as any outstanding recommendations made in previous years.
- 31 My IT auditors found that the IT controls we examined assured us that financial values produced by the systems for 2023-24 were likely to be free from material misstatement, although some controls could be strengthened. I have made a small number of IT recommendations in the 2023-24 work that should be addressed by DHCW in order to minimise the potential for future application and infrastructure system risks. My IT auditors also found that some good progress has been made in addressing prior year IT recommendations.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 32 I have a statutory requirement to satisfy myself that the DHCW has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a programme of performance audit work at DHCW the last 12 months to help me discharge that responsibility. This work has involved:
- undertaking a structured assessment of DHCW's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically; and
 - reviewing the effectiveness of DHCW's cost improvement arrangements.
- 33 My conclusions based on this work are set out below.

Structured assessment

- 34 My 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key

stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.

- 35 My team focussed on DHCW's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.
- 36 At the time of my structured assessment work, DHCW was subject to level 1 routine monitoring status under the [Welsh Government's escalation and intervention arrangements](#).

Board transparency, effectiveness, and cohesion

- 37 My work considered whether DHCW's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
- Public transparency of Board business
 - Arrangements to support the conduct of Board business
 - Board and committee structure, business, meetings, and flows of assurance
 - Board commitment to hearing from staff, users, other stakeholders
 - Board skills, experiences, cohesiveness, and commitment to improvement
- 38 **My work found that DHCW has an effective Board that conducts its business appropriately and transparently. However, scope exists to improve flows of assurance from its committees and for Board members to gain insight from frontline services**
- 39 DHCW has a stable and cohesive Board that continues to demonstrate a strong commitment to public transparency of Board business. Board and committee meetings continue to be conducted properly and effectively, however, opportunities exist to further strengthen assurance reporting from committees to the Board. The new Programmes Delivery Committee is improving the level of oversight on key national digital programme risks.
- 40 There are reasonable arrangements to hear from staff and service users, however, as DHCW is an enabler for other health bodies, periodic Independent Member visits to frontline health services would help them triangulate assurances from management, secure independent assurance, and gain firsthand experience on digital issues, capability, and maturity across NHS Wales

Corporate systems of assurance

- 41 My work considered whether DHCW has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:
- overseeing strategic and corporate risks;

- overseeing organisational performance;
- overseeing the quality and safety of services; and
- tracking recommendations.

42 **My work found that DHCW's systems of assurance continue to be robust and operate effectively, but there is scope to evolve the content and use of the Board Assurance Framework and to ensure timelier implementation of some audit recommendations**

43 DHCW continues to have effective arrangements for managing its strategic and corporate risks. It maintains a Board Assurance Framework (BAF) which is fully owned and actively used by the Board. However, there are opportunities for the BAF to be clearer on the impact of actions to mitigate risks, to reflect the risks to achieving DHCW's wellbeing objectives and to shape Board and committee business.

44 DHCW has effective performance management arrangements. The Integrated Organisational Performance Report (IOPR) provides a clear assessment of performance against key indicators and assures the Board that appropriate action is taken where there is underperformance or unwanted variation in performance. There has been a notable increase in the level of scrutiny and challenge provided by Board members on organisational performance in the context of the risks the organisation is holding on programme delivery.

45 DHCW continues to have effective quality assurance arrangements, with clear organisational structures, lines of accountability and processes to enable staff to raise concerns. The Audit and Assurance Committee and the Digital Governance and Safety Committee continue to maintain good oversight of quality and regulatory compliance and clinical quality and safety, respectively. DHCW is strengthening its arrangements to enable staff to raise concerns and continues to embed the Health and Social Care (Quality and Engagement) Act 2020.

46 DHCW has broadly effective arrangements for monitoring and tracking progress against internal and external audit recommendations. It continues to make good progress in closing audit recommendations; however, we note outstanding recommendations that remain open from our 2022 and 2023 structured assessments. While acknowledging that DHCW's response to these are linked to wider development of corporate initiatives and the reporting of their progress, there is a need for more timely action in some instances.

Corporate approach to planning

47 My work considered whether DHCW has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:

- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan; and
- overseeing the delivery of corporate strategies and plans.

48 **My work found that DHCW's has set an ambitious direction for the organisation, however, it needs to strengthen how it assesses the impact and**

value it is providing to the NHS and enhance reporting on plan delivery in some areas.

- 49 DHCW has an effective corporate approach to producing strategies and plans. It has clearly outlined its vision and strategic objectives in its new long-term strategy for 2024-2030 and Integrated Medium-Term Plan for 2024-2027. The long-term strategy is ambitious, however challenges within the wider system could compromise the extent of progress. The IMTP is clear on what the organisation plans to deliver in year 1, but less so for years 2 and 3 indicating a need for clearer and more detailed medium-term planning.
- 50 Since June 2024, DHCW has a statutory responsibility to comply with the Wellbeing of Future Generations (Wales) Act 2015 (the Act). DHCW will need to consider how it can apply the objectives of the Act across all areas of its business and more clearly set out how it will work in line with the sustainable development principle.
- 51 DHCW has effective processes for developing wider corporate strategies and plans. There is Executive Director ownership and alignment to the organisation's strategic objectives. They contain clear objectives, underpinned by high-level priorities with appropriate governance, delivery, and reporting arrangements to oversee their delivery. However, not all strategies and plans are supported by detailed business plans. The overall arrangements for overseeing and scrutinising implementation and delivery of corporate strategies and plans continue to be effective. However, the quality of update reports to Board could be enhanced by clearly articulating where delivery is off-track, mitigating actions, and revised delivery timescales.
- 52 Last year, we reported that DHCW was developing a new product-focused operating model to support the delivery of its strategic objectives and IMTP priorities. It also started to develop its 'value proposition' work to demonstrate the impact of digital investments to NHS Wales and DHCW's role as a 'trusted digital partner'. However, to date, the progress on both workstreams has been slow due to resource, capacity, and programme delivery challenges. This work is now incorporated into DHCW's 'Building our Future'² transformation programme and work is underway to create a roadmap for its delivery.

Corporate approach to managing financial resources

- 53 My work considered whether DHCW has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:
- achieving its financial objectives; and

² The 'Building our Future' transformation programme will support delivery of DHCW's strategic objectives by creating several projects and aligning key critical deliverables of its strategic missions 1 to 4 with the enablers of mission 5. The focus of the programme will be to enable DHCW to introduce its 'product-approach' operating model.

- overseeing financial planning, management and performance

54 **My work found that DHCW continues to have a generally effective approach to financial planning, monitoring, and reporting. However, there are risks that need to be managed in respect of funding flows and over-reliance on non-recurrent savings.**

55 DHCW met its financial objectives to break even for both revenue and capital expenditure in 2023-24 and it is currently forecasting a breakeven position for 2024-25. However, DHCW is operating in an increasingly challenging financial environment which includes a reliance on funding from the Welsh Government's Digital Priorities Investment Fund (DPIF). The non-recurrent nature of DPIF funding inhibits DHCW's ability to plan with certainty and recruit staff with appropriate skills and expertise on longer term contracts.

56 DHCW is funding elements of work 'at risk', i.e. progressing work without guaranteed funding from external stakeholders³. While the 'at risk' funding values are small at present, this coupled with the more significant un-resourced priorities further compound and highlight deliverability risks for the organisation.

57 Scrutiny and oversight of financial performance is appropriate, but the Board may need to strengthen its arrangements should the financial challenges increase.

Review of cost savings arrangements

58 My review examined whether the DHCW an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the DHCW's 2023-24 year-end position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.

59 **My work found that DHCW has generally sound arrangements for identifying, delivering, and monitoring cost improvement opportunities. However, it needs to rapidly progress work on its 'Building our Futures' transformation programme to reduce its reliance on non-recurrent savings.**

60 DHCW has a good understanding of its cost drivers and acknowledges the increasingly challenging financial environment in which the organisation is operating. Its Integrated Medium-Term Plan (IMTP) describes the 'Building our Futures' transformation programme (**see paragraph 52**) which aims to support DHCW's medium to long-term organisational ambitions and financial sustainability. A key deliverable of this programmes is the 'Finding More Value' workstream which will identify and deliver on strategic efficiency programmes across the organisation and help reduce reliance on non-recurrent savings.

³ DHCW has spent £0.86 million on the development case for replacing the Welsh Community Care Information System with 'Connecting Care'. It is also anticipating an additional funding requirement to support the Welsh Intensive Care Information System following a planned independent clinical review.

- 61 DHCW has a good track record of delivering its overall savings targets. However, a high proportion of the savings delivered were non-recurrent in nature mainly driven by an over-delivery of vacancy savings. This coupled with growing cost pressures continues to present risks to its financial sustainability.
- 62 As part of its wider response to the significant financial pressures within the NHS during 2023-24, the Welsh Government asked DHCW to identify financial improvement actions to help improve the overall NHS Wales position. DHCW was able to rapidly complete a review of all non-committed pay and non-pay spending by directorate identifying £2.4 million of funding reductions across several areas.
- 63 DHCW has clear arrangements in place for turning its high-level savings requirements into a deployable savings plan. It also has effective mechanisms for communicating its cost savings plans to staff. DHCW has reasonably effective arrangements for monitoring and overseeing savings delivery. Financial performance is reported directly to Board with routine updates providing a detailed overview of savings delivery. Deep dives of financial risks were also completed by the Audit and Assurance Committee which provided additional assurance to the Board on the financial challenges. DHCW's Finance Team closely monitors savings delivery at directorate level and takes the necessary action to address risks as they arise. To date, this approach has been successful in ensuring both operational and organisational savings delivery.

Appendix 1

Reports issued since my last annual audit report

Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to DHCW in 2024.

Report	Date
Financial audit reports	
Audit of Financial Statements Report	9 July 2024
Opinion on the Financial Statements	12 July 2024
Performance audit reports	
Structured Assessment 2024	16 December 2024
Review of Cost Savings Arrangements	2 October 2024
Other	
2024 Audit Plan	16 April 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at DHCW These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Review of Digital Transformation	July 2025
Review of Stakeholder Engagement Arrangements	April 2025

Appendix 2

Audit fee

The 2024 Audit Plan set out the proposed audit fee of £200,939 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is in keeping with the fee set out in the outline.

In addition to the fee set out above, the audit work undertaken on the shared services provided to DHCW by the NHS Wales Shared Services Partnership cost £313.

Appendix 3

Audit of accounts risks

Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the DHCW's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries and other adjustments made in preparing the financial statements • review accounting estimates for bias; and • evaluate the rationale for any significant transactions outside the normal course of business. 	<p>On a sample basis my team tested both journal entries and accounting estimates and found no evidence of the management override of controls.</p> <p>My team were satisfied that the accounts were free from material error</p>
<p>There is a risk of material misstatement due to fraud in expenditure and as such is treated as a significant risk [PN 10].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • substantively test all material areas of pay and non-pay expenditure; • test the appropriateness of accruals made at the year-end; and • perform focussed cut-off testing on post year end payments to ensure expenditure was appropriately accrued. 	<p>The work was carried out as proposed. My team did not identify any issues.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>In 2022-23, parts of the draft staff report presented for audit did not comply with the requirements of the Welsh Government Manual for Accounts (MFA), which required additional auditor input and audit time to complete.</p>	<p>We will:</p> <ul style="list-style-type: none"> continue to engage with the finance team, building on the progress made during the 2022-23 audit, to confirm understanding of the MFA requirements for 2023-24; and Undertake timely audit testing & review of the staff report, ensuring sufficient time for review and subsequent amendment where issues are identified. 	<p>The work was carried out as proposed. My team did not identify any issues in respect of compliance with the requirements of the MFA and did not experience any delays with the testing.</p>
<p>The Digital Eye Care Records System was transferred to Digital Health and Care Wales from Cardiff & Vale University Health Board in June 2023.</p>	<p>We will:</p> <ul style="list-style-type: none"> test the completeness, classification and accuracy of any balances transferred from Cardiff & Vale University Health Board; and complete verification procedures to ensure any assets transferred still exist at year end or have been disposed of during the year. 	<p>The work was carried out as proposed. My team did not identify any issues.</p>
<p>Special Health Authorities have a financial duty to ensure their expenditure does not exceed the aggregate of funding allotted to them for a financial year. As at Month 10, the SHA is forecasting to break even against its revenue and capital resource allocations.</p>	<p>We will focus our testing on areas of the financial statements which could contain reporting bias.</p>	<p>My team undertook a range of audit work to provide assurance over the risk of bias to ensure that the actual year end position was true and fair.</p> <p>This included:</p> <ul style="list-style-type: none"> detailed sample testing of transactions either

Audit risk	Proposed audit response	Work done and outcome
<p>However, the existence of this duty increases the risk that management judgements and estimates included in the financial statements could be biased to help achieve this financial duty.</p>		<p>side of the year-end to ensure that they were recorded in the correct accounting period. This was focussed on the areas of greatest risk.</p> <ul style="list-style-type: none"> ensuring that accounting estimates were prepared on a reasonable basis and were supported by appropriate accounting judgements. <p>My team were satisfied that the accounts were free from material error</p>



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

DIGITAL HEALTH AND CARE WALES

AUDIT ACTION LOG

Agenda Item	4.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

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

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Director of Corporate Affairs Board Secretary	January 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

3.1	<p>This report details the current position with respect to audit recommendations that have been made, including:</p> <ul style="list-style-type: none"> • 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	<p>The audit recommendation analysis outlines progress being made and illustrates the ongoing movement and change of status.</p>

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The [Audit Action Log](#) shows the current reported status against recommendations received and the analysis shows all recommendations giving the current status of each recommendation which remained open at the last Committee meeting, and also those presented in report form to the Committee since the last meeting.
- 4.2 Following advice from Internal Audit, the one action dependent on a third party is being managed via a separate log for tracking.
- 4.3 The Committee received 3 reports at the last meeting (listed below) which contained a total of 13 new actions. These have been added to the Audit Action Log, which now contains a total of 25 actions.
- Declarations of Interest
 - Structured Assessment 2024
 - Private Status*
- 4.4 The status of the 25 open actions is shown below:

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

4.4 The Committee are requested to note the completion of the following 13 actions:

Area	Actions
Structured Assessment 2024 x 2	4354A2024 - R2 4354A2024 - R3
Structured Assessment 2023 x 1	DHCW R3.2
Centre of Excellence x 3	DHCW-2223-07 1.1 DHCW-2223-07 1.2 DHCW-2223-07 2.1
Financial and Service Delivery Sustainability x 1	DHCW-2324-02 Rec 3.1
Data Quality Internal Audit Report x 1	DHCW-2324-09 Rec 1.1
Declarations of Interest x 2	DHCW-2425-03 Rec 1.1 DHCW-2425-03 Rec 2.1
Private Status** x 3	DHCW-2425-09 Rec 1.1 DHCW-2425-09 Rec 1.2 DHCW-2425-09 Rec 2.1

4.5 There is one action overdue with a **RED** status allocated during the period, which requires a response from the action lead.

Area	Ref:	Action	Executive Lead
Structured Assessment 2023	DHCW R3.1	DHCW is experiencing resource challenges to deliver its IMTP priorities, and the scope of its planned transformational work may require significant Welsh Government investment at a time of considerable financial constraint across the NHS in Wales. In light of these challenges, DHCW should:a) Progress its 'value proposition' work at pace to demonstrate the impact of digital across NHS Wales.	Claire Osmundsen-Little

4.6 The remaining 11 actions are reported as on track for completion by the target date.

4.7 Following a recent Audit Tracking Best Practice Exchange session with Audit Wales and NWSSP Internal Audit via the All Wales Director and Deputy Director of Corporate Governance Peer Group, the Corporate Governance team are looking to strengthen the Audit tracking process by having oversight on Draft Internal Audit Reports to ensure management responses are provided in a timely manner in addition to undertaking a quality assurance check on Management Responses and Target Dates to ensure these are sufficient and achievable.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 Due to their technical nature, 5 actions have been classified as private and have sensitive details redacted. These will be discussed in detail in the private Committee meeting.
- 5.2 Progress has been made over the period with a total of 13 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 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES COUNTER FRAUD PROGRESS REPORT

Agenda Item	4.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 3 of the financial year 2024/25	

1 IMPACT ASSESSMENT

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The progress made in the [Counter Fraud Provision Progress Report](#) for DHCW during Quarter 3 of the 2024/25 financial period.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 3 of the financial year 2024/25



DIGITAL HEALTH AND CARE WALES HIGH VALUE ORDERS REPORT 2024/25

Agenda Item	5.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the High Value Orders report to 31 December 2024.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	06/01/2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
VAT	Value Added Tax	DSPP	Delivering Services to Patients and the Public
WCCIS	Welsh Community Care Information System		

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 During the period 1st October 2024 – 31st December 2024 there were nine 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) 1st October 2024 – 31st December 2024**

Ref	Area	Supplier	Service / good detail	Date
A7	Data Centre Services	COMPUTACENTER (UK) LTD	Computer Infrastructure, Licences & Support	01/10/2024
A8	Data Centre Services	SOFTCAT	Enterprise Licence and Remote technical support	10/10/2024
A9	GP Systems	IN PRACTICE SYSTEMS LTD	VISION SUPPORT & MAINTENANCE	05/12/2024
A10	Data Centre Services	XMA LTD	HARDWARE & SOFTWARE	11/12/2024
A11	GP Systems	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	EMIS SUPPORT & MAINTENANCE	06/12/2024
A12	E-Library	WOLTERS KLUWER (UK)	E-JOURNALS	20/12/2024
A13	E-Library	ELSEVIER BV	CLINICALKEY	20/12/2024
A14	E-Library	EBSCO INFORMATION SERVICES	E-JOURNALS	20/12/2024
A15	E-Library	SPRINGER NATURE	E-JOURNALS	20/12/2024

4.4 The details of suppliers whose cumulative orders for the year have also reached the £0.750m threshold are also presented within this report and itemised further in [Appendix B](#) and within Table 2 of this report. During the period 1st October 2024 – 31st December 2024 there are seven suppliers that have since reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with [Appendix A](#)).

4.5 **Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 1st October 2024 – 31st December 2024**

Ref	No of Orders	Area	Supplier	Description
B5	4	E-Library	BMJ PUBLISHING GROUP	E-JOURNALS
B6	23	Computer Hardware	CDW LTD	Computer Hardware
B7	67	Computer Hardware	DELL COMPUTER CORPORATION LTD	Computer Hardware
B8	10	GP Systems	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	EMIS SUPPORT & MAINTENANCE
B9	15	Network Service Team	INSIGHT DIRECT (UK) LTD	Computer Hardware Purchases
B10	10	Diagnostics	INTERSYSTEMS CORPORATION	Computer Software/License Fees
B11	4	Firewall Infrastructure	XMA LTD	Firewall Infrastructure

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

4.7 **Table 3: Suppliers with Spend of over £0.750m for the period of 1st October 2024 – 31st December 2024.**

Ref	Area	Supplier
C1	GP Systems Maintenance Support	DELL LTD
C2	COVID-19 Response	CABINET OFFICE
C3	GP Systems Maintenance Support	HP INC UK LTD
C4	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD
C5	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD
C6	WCCIS & Covid response	TPXIMPACT LTD
C7	Vehicles	NORTHUMBRIA HC NHS TRUST
C8	DSPP	KAINOS
C9	E-Library	PHARMACEUTICAL PRESS LTD
C10	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)
C11	Firewall Infrastructure	XMA LTD
C12	Data Centre Services	SOFTCAT
C13	Diagnostics	INTERSYSTEMS CORPORATION
C14	E-Library	WOLTERS KLUWER (UK)
C15	E-Library	ELSEVIER BV
C16	Data Centre Services	COMPUTACENTER (UK) LTD
C17	E-Library	BMJ PUBLISHING GROUP
C18	Computer Hardware Purchases	CDW LTD
C19	Network Service Team	INSIGHT DIRECT (UK) LTD
C20	NHS Wide Computer Hardware Purchases	DELL COMPUTER CORPORATION LTD
C21	E-Library	EBSCO INFORMATION SERVICES
C22	E-Library	SPRINGER NATURE



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the High Value Orders report to 31 December 2024.	



DIGITAL HEALTH AND CARE WALES FINANCIAL SUSTAINABILITY - 2025/26 BUDGET UPDATE

Agenda Item	5.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the Financial Sustainability & 2025/26 Budget Update.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	7/12/2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAU	Business As Usual	Est	Estimated
ITSM	Information Technology Service Management	FCP	Financial Control Procedure
DPIF	Digital Priority Investment Fund		

3 SITUATION / BACKGROUND

- 3.1 This document (supported by [Appendix A](#) slide pack) notes progress in drafting the Financial plan to support the production of a sustainably funded Integrated Medium-Term Plan (IMTP) 2025-2028 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 2025 with the non-recurrent programme element (previously termed DPIF) yet to be confirmed.
- 3.3 A financial planning and budget allocation meeting with senior NHS finance representatives and Welsh Government was held on December 20th to confirm key planning assumptions and principles. With plans to reflect:
- The Recently published A Healthier Wales refreshed actions
 - Focus on improving performance and outcomes
 - Driving down waste, harm and unwarranted variation
 - The Planning Framework has a clear focus on specific expectations
 - Cabinet Secretary's 3-year Strategic Priorities
 - Timely access to care
 - Population health & prevention
 - Building community capacity
 - Mental health access
 - Women's health
 - Strategic priorities underpinned by specific delivery expectations for year 1 of plans (2025/26)
 - To support delivery there are mandated enabling actions (**on an "adopt or justify" basis**)

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 A budget approach and allocation which builds on progress in 2023/24 & 2024/25 and it was clarified:
- Strengthened alignment NHS Wales Planning Framework and Allocation letter.
 - Additional funding recognises increasing demand for services and that costs are rising. Even with this, continued savings will be required to support financial improvement and sustainability, improve productivity, and improvements in both financial and service performance.
 - Allocation supports unavoidable inflationary pressures, and inescapable costs of demand.
 - Consideration and recognition required of where inflationary pressures are greatest – e.g. medicines inflation.
 - Budget approach intended to support return to financial stability and baselining recurrent issues where appropriate to support efficiency and effectiveness.
 - NHS organisations will need to deliver a minimum of 2% savings requirement across total baseline expenditure (therefore increased in certain areas). Essentially, maintaining this year savings delivery, and a new level of savings akin to recent years delivery (min 2% total baseline).
 - Alongside fair pay, actions required to control overall workforce expenditure and contain costs through being more productive and efficient.
 - Increased expectation in delivery on consistent implementation of actions that improve productivity and efficiency, quality and outcomes, at reduced cost – priority enabling actions.
- 4.2 To ensure a sustainable and robust financial plan it is intended it will need to meet the following requirements:
- will need to follow the familiar formula for the three-year plans with ‘Firm, Indicative and Outline’ levels of detail and a clear progression over time. Year one of the plan will contain a level of detail that provides clarity on milestones, actions and projections that set the ambition for operational delivery and management of risk for the year ahead, along with financial sustainability.
 - Strategically and Operationally Aligned: The plan will align to national priorities and approaches & triangulate fully between operational delivery, workforce and finance.
 - Value-Driven: the plan will focus on Value-Based use of resources.
 - Deliverable: the plan will be robust and high quality; developed using best practice approaches; provide an achievable stretch target; have Board and wider Senior Leadership team buy-in and ownership.

- Evidence Based: The plan will provide for a clear and robust evidence base for the key elements of the plan.
- Increased expectation in delivery on consistent implementation of actions that improve productivity and efficiency, quality and outcomes, at reduced cost – priority enabling actions.

4.3 The current DHCW planning funding assumptions are as follows:

- “Core” Funding
 - DHCW WG Core baseline allocation uplift of 1.77% in recognition of digital inflation and priority given to national digital solutions supporting required service plans and change (est. £1.1m).
 - 2024/25 Pay Award funding will be added recurrently to the Core funding baseline (est. £3.2m).
 - The Welsh Government uplift is assumed to flow down to intra NHS service charges “unequivocally” and a consequential DHCW SLA uplift of 1.77% will be applied (est. £0.5m).
 - All Wales Licencing recharges will increase to reflect contractual obligations (est. £2.3m).
- Primary Care IM&T
 - DHCW WG baseline allocation uplift of 1.77% (est. £0.3m).
 - 2024/25 Pay Award funding will be added recurrently to the funding baseline (est. £0.3m).
 - GP Migration activity support (est. £2.9m).
- 2025/26 Pay-award
 - The pay award for 2025/26 is yet to be agreed, the planning assumption is that once again this will be managed centrally at Welsh Government with funding allocated once known.

4.4 As part of the approach to the 2025/26 financial planning process we have brigaded plan cost pressures into two group “unavoidable” (those which are inevitable and cannot be materially mitigated) and “avoidable” (effectively currently uncommitted initiatives where the choice in terms of pace or delivery is an internal decision).

- Unavoidable
 - Unmitigated underlying Pressures brought forward & growth in services
 - Pay Pressures (representing unfunded A4C increment costs)
 - Macroeconomic Inflationary pressures (General Inflation).
 - Contractual Digital Inflation (representing sector specific cost pressures).

- **Avoidable**
This element has been further categorised to brigade by those deemed National Strategic Priorities and those which reflect internal service improvement requirement and opportunities.
 - Strategic Priorities (include Cloud Transition, Cancer Informatics Solution & NHS App operational costs).
 - Local Initiatives (ITSM and internal support service requirements).
- **Savings**
The baseline minimum savings requirement is 2% (est. £1.5m) and will be supported by the Building Our Futures programme focusing on identifying and realising cash releasing and non-cash releasing savings and efficiencies.
- **Capital**
DHCW's capital allocation for 2025/25 has been increased by 9.5% (£0.281m) to a discretionary total of £3.250m

4.5 In order to deliver a robust, sustainable plan that meets both DHCW and WG requirements and deadlines, the following high level timelines have been agreed.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

- Agreement of Cancer Informatics Solution funding.
- Confirmation of Cloud Business Case funding.
- Confirmation of NHSaPP Funding.
- Finalisation of 2024/25 Central Pay Award Funding Allocation.
- Agreement of Primary Care GP Migration 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 Programme funding (previously the DPIF) 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 a minimum 2% savings requirement across total core baseline expenditure (est. £1.5m). As part of the planning process targets will be assigned and opportunities solidified.

5.3 The plan seeks to address the pressured core underlying position which presented a brought forward deficit of £2.7m into 2024/25 and has indicatively forecast a manageable position of £0.1m. 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 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the Financial Sustainability & 2025/26 Budget Update.



DIGITAL HEALTH AND CARE WALES CORPORATE RISK REPORT

Agenda Item	5.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	All Apply
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
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If more than one standard applies, please list below:

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

DUTY OF QUALITY ENABLER	Leadership
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DOMAIN OF QUALITY	Effective
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If more than one enabler / domain applies, please list below:
Safe Care, Governance, Leadership and accountability

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

Statement:
Risk Management and Assurance activities, equally affect all. An EQIA is not applicable

IMPACT ASSESSMENT

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	7/01/2025	Discussed and Verified
Management Board	16/01/2025	Discussed and Verified

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

3 SITUATION / BACKGROUND

- 3.1 The DHCW [Risk Management and Board Assurance Framework \(BAF\) Strategy](#) outlines the approach the organisation will take to managing risk and Board assurance.
- 3.2 A full review of the BAF took place during April 2024 and was approved by the SHA Board in May 2024.

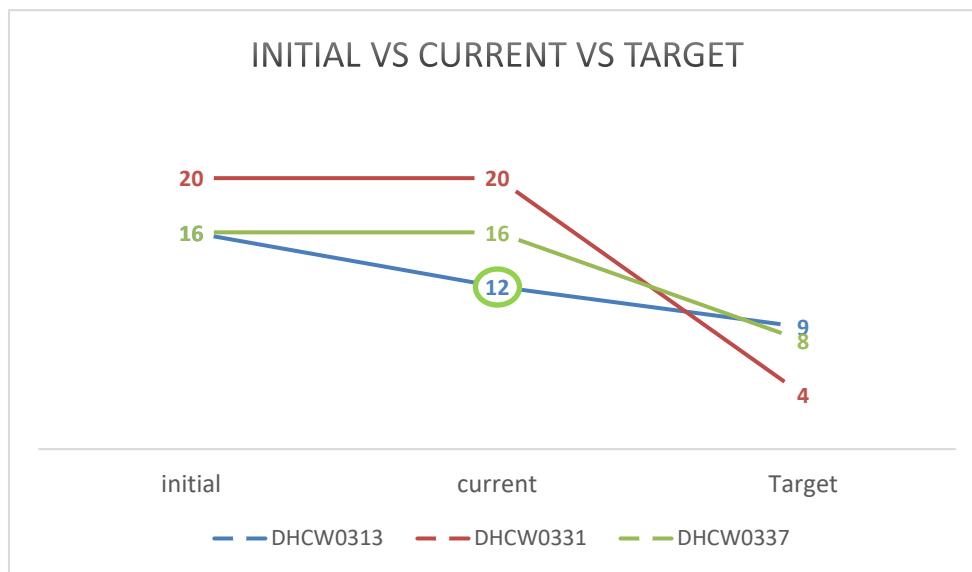
4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

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

- DHCW0313 Digital Cost Pressure – Service Model Changes
- DHCW0331 – Fixed Term Resource Funding
- DHCW0337 – Sustainable Digital Services and Development Funding Model

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



4.3 DHCW's Corporate Risk Register currently has 13 risks on Register, 3 of which are allocated to the Audit and Assurance Committee. 3 are detailed at item [5.4i Appendix A](#) for consideration by this Committee. The remaining 10 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 (1) 1 Public, 0 Private

RISK REF	RISK TITLE	COMMITTEE ASSIGNMENT
DHCW0340	GP Systems and Services provided by third party could be withdrawn	Digital Governance & Safety Committee

RISKS REMOVED (6) 3 Public, 3 Private

RISK REF	RISK TITLE	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0315	***PRIVATE***	Mitigated and monitoring in place, risk closed.	Digital Governance & Safety Committee
DHCW0277	***PRIVATE***	Mitigated in full and risk closed.	Digital Governance & Safety Committee
DHCW0269	Switching Service - Data Warehouse	Downgraded for management at directorate level	Programmes Delivery Committee
DHCW0334	Impact of cost of transition team	Mitigation in place risk downgraded for management at	Programmes Delivery Committee
DHCW0338	Connecting Care Funding	Risk Mitigated and Closed	Programmes Delivery Committee
DHCW0335	Service Catalogue Agile Process	Risk has now been fully mitigated, robust mechanisms are in place.	Digital Governance & Safety 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.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0281 ↔ **DHCW0282 ↔	DHCW0340 - GP Systems and Services provided by third party could be withdrawn ★	
	MAJOR (4)			DHCW0263: DHCW Functions ↔ DHCW0313 – Digital Cost Pressure – Service Model Changes ↔ DHCW0320 – Citizen and stakeholder trust in use of HSC data ↔	DHCW0300 – Canisic (Screening and Palliative Care) ↔ DHCW0336 - Audit + Withdrawal from Contracts ↔ DHCW0337 - Sustainable Digital Services and Development Funding Model ↔ DHCW0339 - Digital Eyecare Service Delivery ↔	DHCW0331 - Fixed term resource funding ↔ DHCW0333 - WICIS Implementation Delay ↔
	MODERATE (3)			DHCW0318 – Welsh Language Scheme Compliance ↔		
	MINOR (2)					
	NEGLECTIBLE (1)					

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

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Committee are asked to note the three risks on the Corporate Risk Register which are assigned to the Committee.
- 5.2 The Committee is asked to note the changes in the organisations risk profile during the reporting period (since the last Audit and Assurance Committee meeting) as a result of one new risk being added, and six risks being removed from the Corporate Register.

6 RECOMMENDATION

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.	



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

Agenda Item	5.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The contracts within the report are legally binding and there could be legal implications arising from activity
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below All contracts have been awarded in line with the SHA Governance and the Public Contracts Regulations 2015

FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below There are financial implications from single tenders and potentially change notices.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Julie Francis Head of Commercial Services	03 January 2024	Approved

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

3 SITUATION / BACKGROUND

3.1 The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1st September 2024 to 30th November 2024 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the standing Financial Instructions.

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

SFI Reference	Description	Items
12.9.4	Free of Charge Services	0
12.11.5	Procurement Thresholds	0
12.13	Single Quotation Actions	0
12.13	Single Tender Actions	2
12.13	Single Tenders for consideration following a call for Competition under PCR2015.	0
12.17	Contract Extensions: Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	1

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Committee is required to note the following DHCW activity, as set out in item [5.5i Appendix A](#):
- 2 x Single tender actions
 - 1 x Change control

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 No risks or key matters to escalate to the Audit Committee as the procurement activity reported on is in accordance with the Public Contracts Regulations 2015 and Standing Financial Instructions.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report.	



DIGITAL HEALTH AND CARE WALES QUALITY ASSURANCE & REGULATORY COMPLIANCE REPORT

Agenda Item	5.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

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

DUTY OF QUALITY ENABLER	Whole Systems Approach
DOMAIN OF QUALITY	Effective
If more than one enabler / domain applies, please list below: All Quality Standards apply	

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Moreton	20/12/2024	Approved
Claire Osmundsen-Little	06/01/2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISO	International Standards Organisation	QIAL	Quality Improvement Action List
eQMS	Electronic Quality Management System	MHRA	Medicines and Healthcare Products Regulatory Agency
OFI	Opportunity for improvement	IOPR	Integrated Organisational Performance Report
SaMD	Software as a Medical Device	SLT	Senior Leadership Team
DMS	Document Management Strategy	IMS	Integrated Management System
SOP	Standard Operating Procedure	DORS	Device Online Registration System

3 SITUATION / BACKGROUND

<p>The following reports summarises the key activities for quality performance in relation to</p> <ul style="list-style-type: none"> External Audit performance Internal quality performance against the annual quality plan Legislation changes and requirements <p>3.1 External Audits</p> <p>There were three external audits conducted within the period October to December 2024:</p> <ul style="list-style-type: none"> Combination ISO 30415:2021 Human Resource Management - Diversity and inclusion & BS 76000:2015 Human Resource - Valuing People - Management System <ul style="list-style-type: none"> 1 New Minor NC's & 2 OFI's against ISO 30415 11 New OFI's against BS 76000
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- BS 10008-1:2020 Evidential weight and legal admissibility of electronically stored information (ESI)
 - Zero findings
- Service Desk Institute (SDI)
 - Audit reporting pending for January 2025

The received audits and reports, in total presented 1 Minor Non-Conformity (NC), 13 Opportunities for Improvement (OFI)/observations, additionally, 20 outstanding findings were successfully closed out from the previous audits.

All findings are being logged and managed on the Organisations eQMS, iPassport.

3.2 Internal Quality Performance

Milestones

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

Risk-Based Audit Programme

The risk-based internal audit programme continued to achieve 100% completion against its targeted goal of conducting two audits per month, pulling ahead of schedule. Many areas of risk for audit have been identified, ensuring the programme remains robust.

Non-Compliance Management

The open Quality Improvements have seen significant improvements over the last period from 48% within target date to 90% and reduced to 60 open findings from 80.

Document Management Strategy (DMS) & iPassport

The Organisation continues to manage documentation successfully on iPassport. The document position on iPassport is at 94%, reflecting improved documentation management and prompt actioning of upcoming documentation for review.

Quality Improvement Framework

The Quality Improvement Framework is on track against the project plan and our objectives for 2024/25 with the development and roll-out of the 5 Minute Improvement initiative across DHCW.

3.3 Legislation

Medical Devices

No further changes in relation to medical device legislation in this period. DHCW are now in a position to take a Class I SaMD to market under the supervision of the Quality team. DHCW have a registered account with MHRA in preparation to register SaMD.

Duty of Quality

The series of Duty of Quality workshops across directorate SLTs have been completed. The aims were to tailor the Health and Care Quality Standards to directorates and to identify what information could be shared in the Always On reports. A summary of the workshop actions will be shared in the next Always On report.

DHCW has continued to be represented in the national Duty of Quality Reference Group chaired by the NHS Executive. Work is ongoing to produce a self-assessment tool which includes both clinical and non-clinical functions.

Legislation Assurance Register

Legislation Register updates via iPassport remain effective, with the Quality team conducting thorough monthly reviews during key meetings to ensure compliance with standards requiring a managed Legislative Register.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 External Audits

A combination 4-day surveillance audit against standards ISO 9001:2015 Quality Management Systems & ISO 14001:2015 Environmental Management Systems is scheduled for March 2025

4.2 Internal Quality Performance Milestones

The Quality Assurance and Regulatory Compliance IMTP milestones for Quarter Three have been achieved. Work continues on quarter four milestones. These are currently on track for completion within timeframes.

Risk-Based Audit Programme

The programme pulled ahead of schedule last period so only additional highlighted areas of risk shall be considered.

Non-Compliance Management

Further improve the current status (90%) with the aim of improving the 90% target non-compliance position by the end of Q4.

Document Management Strategy (DMS) & iPassport

Phase two of the document migration exercise is underway with an exploratory phase where Quality Business Partners are initiating sessions with teams within their appointed Directorates to discover what documentation the teams have in private folders to be migrated to iPassport.

Quality Improvement Framework

We are continuing to deliver the 5 Minute Improvement training and encourage staff members to submit their improvement ideas.

The Fundamentals of Quality Improvement training has been launched via a TenTalk held on 10/12/2024 with over 110 attendees.

We currently have 31 staff members registered for sessions scheduled across January, February and March 2025. Further communications have been prepared for release in the new year to promote the available training dates.

Next steps are to finalise the Board Quality Improvement Training sessions in readiness for delivery in February and April 2025 and to finalise Quality Improvement Coach training.

4.3 Legislation

Medical Devices

Work on the new UK Medical Device Regulation compliance continues. The Quality team is maintaining communication with MHRA and other relevant stakeholders and attending the 'all Wales MDR group' to act upon guidance when available.

The new UK legislation is still anticipated to come into force in 2025.

To aid compliance to current and future MDR the Quality team have established a manual that outlines how DHCW shall manage SaMD alongside mandatory SOP's to support successful development, registration and management/surveillance post adoption by user. The SaMD process is being developed to closely align with DHCW's presently established processes to support standardisation.

The Quality team has registered an account with the MHRA via the requested DORS system in readiness to register SaMD developed by DHCW.

Work shall continue to ensure all processes and documentation are in place and fit for use to evidence working in accordance with ISO 13485 'Quality Management System for Medical Device Manufacturing'.

Next steps are to approach approved body to start certification against ISO 13485 within Q4. Next steps are to approach the approved body (SGS Limited) to start certification against ISO 13485 within Q4.

Assessment of new services and changes to existing services will be managed via DHCW's Service Evaluation Request Group (SERG) and WIAG processes. Any services identified as a Medical Device will follow UK 2002 legislation until the new UK Medical Device regulations come into force.

Duty of Quality

Always on Reports will continue to be produced in line with legislative requirements. A summary report of actions following SLT workshops will be included in the next Always On report.

Team level workshops will be run as required to support the organisation in aligning processes with the Duty of Quality and the Quality Standards 2023. The Quality Framework will be aligned with the Performance Framework to aide in embedding Duty of Quality requirements.

4.4 Move to Product Based Approach

Quality Framework

To support the move to product-based delivery, the Quality team is adopting the framework in line with Juran's quality quadrilogy, aligning with Duty of Quality expectations and requirements.

In November, the final draft version was presented to both the Executive Director of Finance and Business Assurance and the deputy Director of Finance and Business Assurance.

It was agreed that an executive summary would be beneficial to summarise the key areas; this has been drafted and is due to be circulated for review and feedback.

In January 2025 the Head of Quality will engage with wider DHCW Senior Management to finalise the Framework.

Objectives have been created as part of the IMTP and Annual Plan to implement the Framework during Q1 2025/26.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

In summary, the last period saw a number of positive audits with closure of previous non-compliances. The Quality and Regulatory Group will focus on integrating quality and regulatory plans into directorate Annual Plans. Emphasis on good document management practices continues, with enhancements to quality management systems and ongoing internal and external audits.

Forward Plan for Next Quarter

5.1 External Audit

- Continue to prepare for a combination surveillance audit against ISO 9001 and 14001

5.2 Quality Performance

- Complete quarter four IMTP milestones.
- Maintain 100% completion of the risk-based internal audit programme.
- Further reduce open Quality Improvements and improve documentation management.
- Roll out quality improvement training and toolkit.
- Implement phase two of the Document Management Strategy.
- Conduct a critical evaluation of the Risk-based Internal Audit programme.

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.
- Produce a summary report of Duty of Quality workshops.
- Produce next Always On report.

5.4 Move to Product-Based Approach

- Finalise and circulate the Product-based Quality framework.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the contents of the report for **ASSURANCE**.



DIGITAL HEALTH AND CARE WALES ESTATES, DECARBONISATION AND COMPLIANCE REPORT

Agenda Item	5.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the Estates, Decarbonisation and Compliance Report for ASSURANCE	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Efficient
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	Yes, please see detail below Measures are in place at all sites to ensure the environments are safe
<u>LEGAL</u> IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with legislation and lease arrangements
<u>FINANCIAL</u> IMPLICATION/IMPACT	Yes, please see detail below Proposals will be costed and ongoing savings identified as part of the DHCW Savings Plan
<u>WORKFORCE</u> IMPLICATION/IMPACT	Yes, please see detail below Any changes to the estate with impact for staff will be subject to consultation
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	Yes, please detail below Social impacts on health are embedded in the broader environment and shaped by complex relationships

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	17 December 2024	Approved
Audit and Assurance Committee	21 January 2025	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
TGYA	Ty Glan-yr-Afon	UHB	University Health Board
NWSSP	NHS Wales Shared Services Partnership	EV	Electric Vehicle
HTW	Health Technology Wales	EFPMS	Estates and Facilities Performance Management System
DCR	Decarbonisation Reporting		

3 SITUATION / BACKGROUND

- 3.1 Digital Health and Care Wales (DHCW) have 5 offices across Wales following a review of the estate in 2022 in terms of location, required area and suitability. A three year Estates Plan for 2022 to 2025 was developed, this is currently being refreshed for 2025 to 2028.
- 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
 - DHCW Estates and Compliance Report for August 2024
- 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, Welsh Health Estates Forum and other sub-groups within this structure.
- 3.4 Regular reports are required by Welsh Government at varying frequencies. The annual emissions return is due every year at the beginning of September. We also submit narrative progress reports to Welsh Government at the end of each financial year and a reporting regime now requires six monthly reports showing progress against each initiative in the NHS Wales Decarbonisation Action Plan. All returns have been submitted on time.
- 3.5 Welsh Government advised the DHCW Chief Executive of two changes to EFPMS Reporting on 18 January 2024. The changes were a) Reporting Threshold Adjustment and b) Inclusion of Uncaptured Organisations. Both had an impact for DHCW as previously non-hospital sites were not reportable. Data was submitted for 2023-24 on schedule.
- 3.6 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:
- Decarbonisation Working Group
 - Environmental Awareness Group
 - Safety, Health and Environmental (SHE) Group
 - Water Safety Group
 - Estates Development Group
- 3.7 DHCW have established a programme entitled “Building Our Future” which has five sub-projects, the first of which is “Putting Our People First”. A key component of Putting Our People First is the establishment of a Digital Futures Space, therefore this has enabled views on future estates development to be gathered in an additional forum improving the quality of staff input into design.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Estates Development

The following work is progressing:

- Staff have relocated from the Ground Floor of Ty Glan-yr-Afon to Floors 2, 4, 5 and 6 to enable design of a Collaboration Space.
- Work on a design for the Ground Floor of Ty Glan-yr-Afon (TGYA) to provide a Conferencing Facility, a User Centered Design space and a Digital Inclusion Lounge has been completed. This new space will need to be supported by robust procedures for managing the space which set out clear responsibilities. We have appointed an Architect and Cost Advisor to and are working on the development of a detailed specification to be used for the tender process.
- Space has been identified within the plans for the preferred User Centered Design Hybrid Model.
- We have appointed a Project Manager to manage the TGYA Ground Floor Development.
- Planning for modernisation at Bocam Park and Technium 2.
- Installation of Electric Vehicle (EV) charging facilities at Bocam Park.
- Castlebridge 2 has now been vacated and will become available for storage until lease end in March 2025 which will aid modernisation of TGYA. The high quality modern furniture currently in Castlebridge 2 will be relocated to TGYA.

Welsh Government, following on from discussions at Capital Review Meetings, wrote to all NHS organisations regarding estates rationalisation of non-clinical space. Given the current financial climate we are all operating within, reviewing the utilisation of estates is now more essential than ever. They were keen that organisations look at estate rationalisation opportunities which can be derived from:-

- Disposing of surplus freehold property
- Terminating leases or renewing leases on a reduced footprint
- Sharing accommodation with other NHS bodies and the wider public sector
- Letting surplus accommodation to the private sector

We met with Welsh Government in late 2023, the meeting was very positive with the following actions already undertaken by DHCW noted:

- Surrender (at break point) of two leases in Castlebridge 5
- Surrender (at lease end) of three leases for two and half floors in Mamhilad House

We intend to surrender our space on the Ground Floor of Castlebridge 2 in March 2025 when the lease ends. There is further opportunity for estates rationalisation in Technium 2 when the lease expires in March 2026.

We have received a proposal for a new lease at Ty Glan-yr-Afon from 1 April 2025 for 10 years (with a break option at Year 6). We were able to request works in lieu of a rent free period and this option has been exercised with a request for improved accessibility to the front of the building in the form of a ramp which has been agreed. The ramp requires planning permission and Building Regulations approval and we have engaged with an Accessibility Design Company to ensure that proposals are robust and fit for purpose.

As part of the Ty Glan-yr-Afon lease negotiations, we have agreed a programme of improvement works with the Landlord which will take place within the initial phase of the lease.

We have agreed a licence with the NHS Confederation to provide them with access to 10 desks on a part time basis at Ty Glan-yr-Afon under licence. The licence runs from 1st August 2024.

Health Technology Wales (HTW) now occupy 8 desks on a part time basis at Ty Glan-yr-Afon.

We currently share our space in Mold with the Joint Commissioning Committee and the NHS Executive who access a total of 10 desks. Interest in shared accommodation in North Wales has also been expressed by Betsi Cadwaladr University Health Board and Health and Care Research Wales.

Other opportunities for shared space include Health and Care Research Wales desks in Ty Glan-yr-Afon and interest from a patient advocacy body for shared space in Swansea.

4.2 Decarbonisation Performance against Baseline Year

There has been progress against actions identified in our Decarbonisation roadmap in all areas of the DHCW Decarbonisation Action Plan, including Buildings, Transport, Supply Chain and Approach to Healthcare.

Our gross (Operational and Supply Chain) emissions performance for 2023/24 shows an overall reduction of 57% which is ahead of the 2030 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
2025 (Target)	16,770	-16%	-3,194
2030 (Target)	13,176	-34%	-6,788

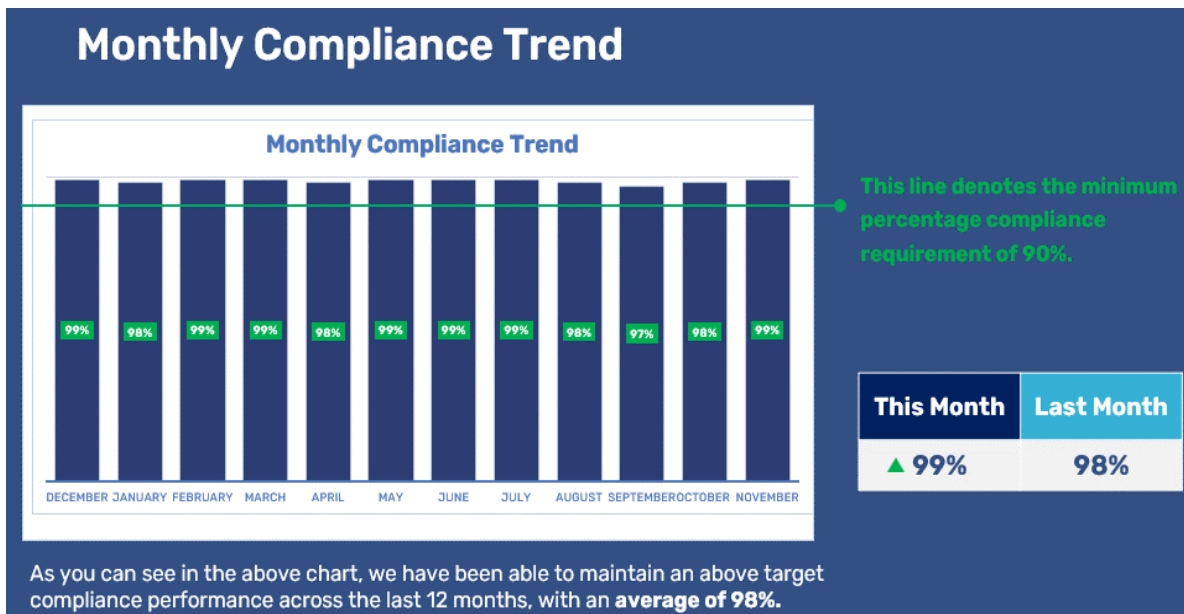
4.3 Compliance Update

The latest [Estates and Compliance Report for November 2024](#) is attached.

DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014. ISO 14001 is an internationally agreed standard that sets out the requirements for an environmental management system.

ISO 14001 EMS Assurance Rating	Substantial Assurance / Good Control
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Overall compliance of plant systems and equipment has risen to 99%, significantly above the target of 90%.



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

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The focus is currently on the re-design of the Ground Floor of Ty Glan-yr-Afon to provide a collaborative space providing facilities for Conferencing, User Centered Design and Digital Inclusion. This is a really exciting opportunity and work is ongoing in the background to set up a suitable support model.
- 5.2 We will further rationalise our Estate in March 2025 when the lease at Castlebridge 2 expires and there is further opportunity for estates rationalisation in Swansea when the current lease for Technium 2 expires in March 2026.
- 5.3 A proposal for a new lease for Ty Glan-yr-Afon has been received for 10 years (which has a break option at Year 6) As part of this proposal, we were able to request works in lieu of a rent free period and this option has been exercised with a request for improved accessibility. Planning permission and Building Regulation approval is required for the ramp and we have also engaged with an Accessibility Consultant.
- 5.4 Our Decarbonisation journey remains positive with good progress noted for Operational and Supply Chain emissions and focus now being given to the impact digital can have.
- 5.5 Estates Compliance continues to be of a high standard with performance significantly above targets set.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the Estates, Decarbonisation and Compliance Report for ASSURANCE	



DIGITAL HEALTH AND CARE WALES WELSH LANGUAGE REPORT

Agenda Item	5.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	21 January 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

DUTY OF QUALITY ENABLER	Leadership
DOMAIN OF QUALITY	Effective
If more than one enabler / domain applies, please list below: Culture	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The Welsh Language Act and legislation
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Translation and recruitment costs
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Welsh speaking staff required to meet service delivery standards

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	07/01/25	Reviewed
Chris Darling, Board Secretary	07/01/25	Approved
Welsh Language Group	13/01/25	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

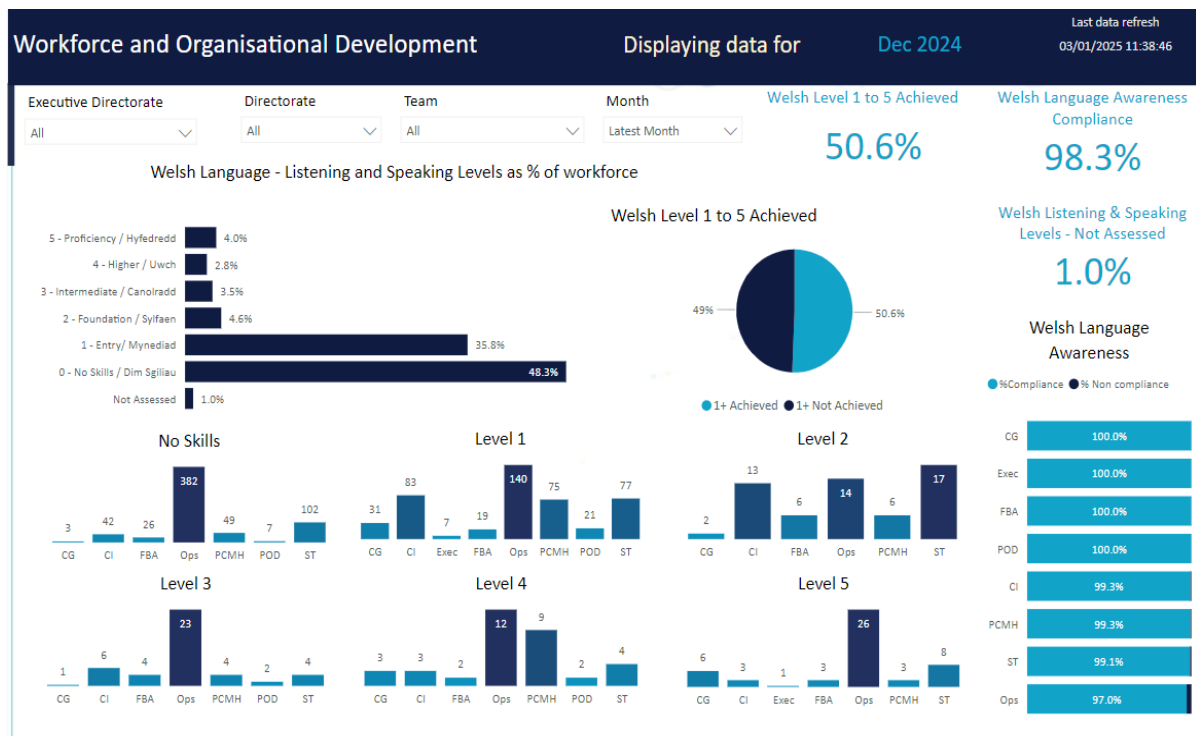
3 SITUATION / BACKGROUND

3.1	DHCW has implemented the standards within the Welsh Language Scheme for almost two years. This report highlights the success and progress made to date and outlines the approach to ensuring we are ready to receive a Welsh Language Standards Compliance notice in 2025.
3.2	A new compliance monitoring spreadsheet separates the standards as follows: <ul style="list-style-type: none"> • Service Delivery Standards (focus in quarter 1/ 2) • Operational Standards (focus in quarter 3) • Policy Making Standards (focus in quarter 4)
3.3	A copy of the new Welsh Language Scheme monitoring spreadsheet was shared and approved by Welsh Language Group and Management. This report includes a summary of the progress.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Quarter 3 Focus on Operational Standards

4.1 (i) **Assessing and recording the Welsh language skills of staff.** Staff are required to self-assess their Welsh language skills on ESR. This information is captured in a power BI dashboard enabling the Welsh language team to target groups of staff who may be interested in learning Welsh or improving their Welsh language skills. Since the last report the number of staff with a minimum of level 1 Welsh language skills has increased by 3.5% to 50.6%. The target for 2024-2025 is to reach 60%.



4.1(ii) **Welsh Language learning.** DHCW offers staff free Welsh language learning through the Centre for Learning Welsh. In addition to this DHCW offers staff the following:

- A mentoring scheme providing learners with support from fluent speakers.
- Welsh speaking staff wishing to build confidence can access free 1:1 tutoring with Coleg Cambria.
- A new courtesy course is due to be launched by the Centre for Learning Welsh. This course will be available to complete online, however the Welsh language team will use the content of the course to develop a new in person course.

4.1(iii) **Recruitment related standards.** DHCW are compliant with recruitment related standards including:

- the translation of job descriptions and job adverts,
- assessing the Welsh language skills requirements of posts
- offering interviews in Welsh
- bilingual contracts of employment

However, work continues with recruiting managers, alongside the People and Organisational Development team to ensure Welsh Essential roles are advertised as such. The Welsh Language Assessment application has been further developed to ensure roles with at least 50% stakeholder engagement are advertised as Welsh Essential.

4.3 Summary of compliance

The summary below is an estimate of compliance in each of the Welsh language standards within the DHCW Welsh language scheme.

Type of Standards	RAG rating
Service Delivery Standards	Green
Policy Making Standards	Green
Operational Standards	Yellow
Record Keeping Standards	Green

4.4 Quarter 4 Focus on Policy Making Standards.

During quarter 4, the Welsh language team will work closely with People and Organisational Development team on the Equality Impact Assessment to ensure the Welsh language assessment meets the requirements of the Welsh language standards. Further work is also planned with the project management office, research and development, quality and performance teams.

4.5 More Than Just Words Five Year Plan 2022-2027

4.5(i) Further progress with the more than just words plan particular in relation to the collection of patient language preference is dependent on Welsh Government priorities for data standards and work on the NHS Wales app.

4.5(ii) Due to the lack of training available in relation to leading a bilingual country, DHCW will engage with Health Education and Improvement Wales to deliver a new course 'Agor y Drws' as part of a Board Development session, planned for February 2025.

4.5(iii) A new [NHS website](#) has been created to share best practice across health and social care. Collaborative work with Welsh Government to publish and promote the resource will take place over the coming weeks.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Areas for Improvement with the Operational Standards

5.1(i) Staff are able to request meetings in relation to their employment e.g disciplinary meetings, in Welsh. In order to comply with these standards, DHCW need to ensure there are suitably qualified Welsh speaking staff in the People and Organisational Development team. It is therefore recommended that any new business partner posts are advertised with Welsh language skills as an essential requirement.

5.2 Standard 110 from Welsh Language Standards no 7 (2018) and actions 36 of the More than just words five-year plan 2022-2027

5.3(i) Standard 110 (providing consultations in Welsh) and point 36 of the [More than just words five year plan 2022-2027](#) are priorities for the Welsh Language Commissioner and more than just words advisory board. DHCW met with the Welsh Government Policy department and More Than Just Words Board members to discuss progress on the 7 January 2025. It was agreed that the best way to collect patient language preference is via the NHS Wales app. The Head of the Welsh Language Policy Unit, Welsh Government, will raise this with Welsh Government officials and request this becomes a priority for the NHS Wales app within the timeframe of the five-year plan.

5.3 NHS Wales App Login – Welsh Language Interface

(5.3i) Work on the Welsh Language Interface for the NHS Wales App which was planned for early 2025, however, NHS England have advised that this has been delayed to summer 2025. DHCW have [written to the Welsh Language Commissioner](#) regarding this and will continue to monitor risks, complaints, concerns and enquiries regarding this matter.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the report for ASSURANCE .
