

# Cyfarfod Cyhoeddus Y Pwyllgor Archwilio a Sicrwydd

Tue 07 October 2025, 09:30 - 12:30

## Agenda

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

0 min

#### 1.1 Croeso a chyflwyniadau

I'w Nodi Cadeirydd

#### 1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi Cadeirydd

#### 1.3 Datganiadau o Fuddiant

I'w Nodi Cadeirydd

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

5 min

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

##### 2.1i Cyhoeddus 08 Gorffennaf 2025

I'w Gymeradwyo Cadeirydd

📄 2.1i 080725 AA-MDA-PUBLIC DRAFT CP-en-cy-C.pdf (13 pages)

##### 2.1ii Preifat a chryno 08 Gorffennaf 2025

I'w Gymeradwyo Cadeirydd

📄 2.1ii 08072025 AA-MDA-PRIVATE DRAFT ABRIDGED-en-cy-C.pdf (5 pages)

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

I'w Nodi Cyfarwyddwr Gweithredol Cyllid

📄 2.2 SSPC Assurance Report 17 July 2025.pdf (8 pages)

#### 2.3 Blaengynllun Gwaith

I'w Nodi Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

📄 2.3 Forward Workplan 1.pdf (5 pages)

#### 2.4 Adroddiad Safonau Ymddygiad

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

📄 2.4 Standards of Behaviour.pdf (5 pages)

#### 2.5 Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth

Er Sicrwydd Pennaeth Tim Ystadau a Chydymffurfiaeth

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

## 2.6 Adroddiad Diweddar Cydymffurfiaeth Ansawdd a Rheoleiddio

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

📄 2.6 DHCW Quality and Regulatory Update Report October 2025.pdf (8 pages)

## 2.7 Cofrestr Sicrwydd Deddfwriaethol

*Er Sicrwydd* *Pennaeth Ansawdd a Rheoleiddio*

📄 2.7 October '25 Audit Assurance Legislative Assurance Register Report.pdf (8 pages)

## 2.8 Fframwaith Ansawdd

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

📄 2.8 Cover report for Quality Framework October 2025.pdf (5 pages)

## 2.9 Codi Pryderon

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

📄 2.9 Raising Concerns.pdf (5 pages)

## 2.10 Adroddiad Ymgynghori a Chymeradwyo Dogfennau

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

- i. POD-POL-17 Cydraddoldeb, Amrywiaeth a Chynhwysiant
- ii. DHCW-POL-19 Polisi ar Bolisiâu, Strategaethau a Fframweithiau
- iii. CLS-POL-1 Polisi IGDC ar Offer TGCh Staff Newydd, Staff sy'n Symud a Staff sy'n Gadael

📄 2.10 October Audit and Assurance Key Document Approval Report 12.09.2025.pdf (5 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 - 10:50 4. ARCHWILIO AC ATAL TWYLL

70 min

### 4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

*I'w Nodi* *Archwilio Mewnol PCGC*

📄 4.1 Progress Report Audit Committee Cover Sheet 7 October 2025.pdf (4 pages)

### 4.2 Adroddiadau Adolygiad Archwilio Mewnol

*Er Sicrwydd* *Archwilio Mewnol PCGC*

- i. Fframwaith Llywodraethu Gwybodaeth
- ii. Diwylliant / Llesiant Staff (ymgynghorol)

📄 4.2 DHCW Internal Audit Reports Audit Committee Cover Sheet 7 October 2025.pdf (5 pages)

### 4.3 Diweddariad Pwyllgor Archwilio Cymru, i gynnwys

*Er Sicrwydd* *Archwilio Cymru*

📄 4.3 Audit and Assurance Committee Update - October 2025.pdf (10 pages)

📄 4.3i DHCW Structured Assessment 2025 - Final Report.pdf (37 pages)

4.3ii DHCW SA 2025 - Management Response Form.pdf (3 pages)

### 4.3i Asesiad Strwythuredig

*Er Sicrwydd Archwilio Cymru*

### 4.4 Cofnodion Gweithredu Archwilio

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

4.4 Audit Action Log - Public.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 Q2 Progress Report - PUBLIC.pdf (4 pages)

**Egwyl - 10 munud**

## 10:50 - 12:25 5. ADRODDIADAU LLYWODRAETHU

95 min

### 5.1 Dull Uwchraddio IGDC

*Er Sicrwydd Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

5.1 Escalation Approach A&A Update.pdf (8 pages)

### 5.2 Ymateb IGDC i Ofynion Llywodraeth Cymru

*Er Sicrwydd Pennaeth Perfformiad*

5.2 WelshGovernmentDeliverables\_AuditCom\_20250107.pdf (5 pages)

### 5.3 Diweddariad Llafar ar Lywodraethu Cenedlaethol - Digidol, Data a Thechnoleg

*Er Sicrwydd Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd*

### 5.4 Diweddariad Cyllid a Chaffael

*Er Sicrwydd Cyfarwyddwr Gweithredol Cyllid*

5.4 Finance Update - October-2025-26.pdf (6 pages)

### 5.4ii. Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

*Er Sicrwydd Cyfarwyddwr Gweithredol Cyllid*

5.4ii - High Value Purchase Orders Oct 25-26 F-01.pdf (6 pages)

### 5.4iii. Colledion a Thaliadau Arbennig – diweddariad ar lafar

*Er Sicrwydd Cyfarwyddwr Gweithredol Cyllid*

5.4iii Procurement and Scheme of Delegation Compliance Report October 2025.pdf (5 pages)

### 5.4iv. Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

*Er Sicrwydd Cyfarwyddwr Gweithredol Cyllid*

### 5.5 Fframwaith Sicrwydd y Bwrdd - Archwiliad Dwfn

*I'w Nodi Cyfarwyddwr Gweithredol Cyllid*

- Y Ddyletswydd Ansawdd

📄 5.5 Board Assurance Framework Deep Dive Duty of Quality v3.0.pdf (7 pages)

## 5.6 Adroddiad Risg Corfforaethol

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

- Dadansoddiad Tueddiadau Risg Corfforaethol Blynyddol

📄 5.6 Corporate Risk Register - September 2025 AA (003).pdf (6 pages)

## 5.7 Rheoli Asedau Ffisegol

*Er Sicrwydd*      *Prif Swyddog Cwmwl*

📄 5.7 Management of Physical Assets.pdf (4 pages)

## 5.8 Adroddiad yr Iaith Gymraeg

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

📄 5.8 DHCW Welsh Language Audit and Assurance Report Oct 25.pdf (8 pages)

12:25 - 12:30  
5 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: 20 Ionawr 2026

*I'w Nodi*      *Cadeirydd*

## Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 09:30 – 12:10

 08/07/2025

 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW- J	Aelod Annibynnol, Cadeirydd	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 Ystadau a Chydymffurfiaeth	IGDC
Henry Bales	HB	Arbenigwr Atal Twyll Lleol Arweiniol	Caerdydd a'r Fro
Stephen Chaney	StC	Pennaeth 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	Rheolwr Archwilio Perfformiad	Archwilio Cymru

Ifan Evans (ar gyfer eitem 4.4i)	IE	Cyfarwyddwr Gweithredol Strategaeth	IGDC
Paul Evans	PE	Pennaeth Cydymffurfiaeth Ansawdd a Rheoleiddio	IGDC
Nadine Payne (ar gyfer eitem 4.4)	NP	Pennaeth Ymgysylltu a Phartneriaethau Strategol	IGDC
Shikala Mansfield	SM	Pennaeth Pobl a Datblygu Sefydliadol	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


Ymddiheuriadau			
Mike Whiteley	MW	Arweinydd Archwilio	Archwilio Cymru
David Tomalin	DT	Arweinydd Archwilio	Archwilio Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	IGDC
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
DDaT	Digidol, Data a Thechnoleg		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
<b>1</b>	<b>MATERION RHAGARWEINIOL</b>		
1.1	<p><b>Croeso a Chyflwyniadau</b></p> <p>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd.</p> <p>Rhoddyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.</p> <p>Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio ac y byddai'n cael ei bostio ar wefan IGDC yn dilyn y cyfarfod.</p>	Nodwyd	Dim i'w nodi
1.2	<p><b>Ymddiheuriadau am Absenoldeb</b></p> <ul style="list-style-type: none"> <li>• Mike Whiteley, Archwilio Cymru</li> <li>• David Tomalin, Archwilio Cymru</li> <li>• Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid</li> <li>• Julie Francis, Pennaeth Gwasanaethau Masnachol</li> </ul>	Nodwyd	Dim i'w nodi
1.3	<p><b>Datganiadau o Fuddiant</b></p> <p>Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.</p>	Nodwyd	Dim i'w nodi
<b>2</b>	<b>AGENDA GYDSYNIO - I'W CHYMERADWYO</b>		
2.1	<p><a href="#">Cofnodion heb eu cadarnhau o gyfarfodydd 08 Ebrill 2025</a> – Cyhoeddus a Phreifat Cryno.</p> <p>Gellir gwyllo y cyfarfod Pwyllgor yn llawn isod neu drwy ddilyn y ddolen yn y teitl.</p>	Cymeradwywyd	Dim i'w nodi



	 <p><b>Penderfynodd y Pwyllgor:</b> <b>GYMERADWYO’R</b> cofnodion fel cofnod cywir o’r drafodaeth a fyddai ar gael i’r cyhoedd.</p>		
2.2	<p><b>Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru</b></p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODI</b> Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru</p>	Nodwyd	Dim i’w nodi
2.3	<p><b>Blaengynllun Gwaith</b></p> <p>Holodd Ruth Glazzard, Is-gadeirydd ac Aelod Annibynnol (RG), am hepgor ail-uwchgyfeirio gwaith ar y blaengynllun gwaith. Cydnabuwyd bod gan y Pwyllgor Cyflawni Rhaglenni oruchwyliaeth o’r gwaith hwn, ond awgrymwyd y gallai’r Pwyllgor Archwilio a Sicrwydd dderbyn diweddariadau os nad oedd hyn yn dyblygu gwaith.</p> <p>Cadarnhaodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd y gellid edrych ar y dull uwchgyfeirio yn hytrach na’r garreg filltir a byddai’r dull ehangach hwn o uwchgyfeirio yn cael ei gyflwyno i’r cyfarfod nesaf ym mis Hydref.</p> <p><b>CAM GWEITHREDU 20250708-A01</b> ychwanegu’r diweddariad ar y dull ehangach o uwchgyfeirio materion i’r cyfarfod nesaf.</p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODI</b> cynnwys Blaengynllun Gwaith y Pwyllgor.</p>	Nodwyd	<b>CAM GWEITHREDU:</b> ychwanegu’r dull ehangach o uwchgyfeirio at y cynllun gwaith ar gyfer mis Hydref.
2.4	<p><b>Adroddiad Safonau Ymddygiad</b></p>	Nodwyd	Dim i’w nodi



	<p>Roedd y Pwyllgor yn falch o nodi, ar adeg ysgrifennu'r adroddiad, bod cyfradd cydymffurfio o 99% ar gyfer Datganiadau o Fuddiant wedi'i chyflawni ar gyfer band 8a ac uwch.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R Adroddiad Safonau Ymddygiad</b></p>		
2.5	<p><b>Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth</b></p>	Nodwyd	Dim i'w nodi
2.6	<p><b>Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio.</b></p>	Nodwyd	Dim i'w nodi
2.7	<p><b>Adroddiad Ansawdd Blynyddol</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO'R Adroddiad Ansawdd Blynyddol.</b></p>	Cymeradwyd	Dim i'w nodi
2.8	<p><b>Cylchlythyr Iechyd Cymru – Adroddiad Blynyddol Chwe-misol</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DDERBYN Adroddiad Cylchlythyr Iechyd Cymru er SICRWYDD.</b></p>	Nodwyd	Dim i'w nodi
2.9	<p><b>Adroddiad y Gymraeg ac Adroddiad Blynyddol y Gymraeg</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO Adroddiad y Gymraeg ynghyd ag Adrodd Blynyddol y Gymraeg.</b></p>	Cymeradwyd	Dim i'w nodi
2.10	<p><b>Gweithdrefn Rheoli Ariannol – Cronfa Blaenoriaethau Cenedlaethol</b></p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO'R Weithdrefn Rheoli Ariannol – Cronfa Blaenoriaethau Cenedlaethol</b></p>	Cymeradwyd	Dim i'w nodi
2.11	<p><b>Adroddiad Ymgynghori a Chymeradwyo Dogfennau</b></p>	Cymeradwyd	Dim i'w nodi



	<ul style="list-style-type: none"> <li>• Recriwtio ac Adnoddau</li> <li>• Trais, Cam-drin Domestig a Thrais Rhywiol</li> <li>• Llesiant (gan gynnwys Iechyd Meddwl a Rheoli Straen)</li> </ul> <p><b>Penderfynodd y Pwyllgor:</b> <b>GYMERADWYO</b>’r tri pholisi.</p>		
<b>RHAN 3 – BUSNES Y CYFARFOD</b>			
3.1	<p><b>Cofnod Gweithredu</b></p> <p>Nododd y Pwyllgor fod un cam gweithredu a nodwyd o’r cyfarfod diwethaf wedi’i gwblhau a’i ddogfennu yn y Cofnod Gweithredu.</p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODI</b> statws y Cofnod Gweithredu.</p>	Nodwyd	Dim i’w nodi
<b>RHAN 4</b>			
<b>ARCHWILIO AC ATAL TWYLL</b>			
4.1	<p><b>Adroddiad Cynnydd Archwilio Mewnol</b></p> <p>Cyflwynodd Stephen Chaney (StC), Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasaethau GIG Cymru, Adroddiad Cynnydd yr Archwiliad Mewnol. Roedd yr adroddiad yn rhoi trosolwg o’r gwaith ar gyfer 2025/26 a chrynodeb o’r gwaith a wnaed yn ystod cyfnod 2024/25.</p> <p><b>Penderfynodd y Pwyllgor:</b> <b>NODI’R</b> diweddariad Archwilio Mewnol er <b>SICRWYDD</b>.</p>	Er Sicrwydd	Dim i’w nodi
4.2	<p><b>Adroddiad yr Adolygiad Archwilio Mewnol</b></p> <p>Darparodd StC drosolwg lefel uchel o’r ddau adolygiad archwilio:</p> <p><b>Cynaliadwyedd Ariannol</b></p> <p>Cafodd yr adolygiad sgôr Sicrwydd <b>Sylweddol</b>.</p> <ul style="list-style-type: none"> <li>• Roedd rhywfaint o ansicrwydd ynghylch cyllid ond roedd rheolaethau da ar waith.</li> <li>• Derbyniwyd yr holl argymhellion gan y Rheolwyr.</li> </ul> <p><b>Gwaith dilynol ar yr Argymhellion Archwilio Mewnol</b></p> <p>Cafodd yr adolygiad sgôr Sicrwydd <b>Sylweddol</b>.</p> <p>Cafodd yr holl argymhellion eu cynnal yn dda ac nid oedd unrhyw eithriadau.</p>	Er Sicrwydd	Dim i’w nodi



	<p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DDERBYN</b> y ddau adolygiad archwilio er <b>SICRWYDD</b>.</p>		
4.3	<p><b>Cynllun Archwilio Mewnol 2025/26</b></p> <p>Cyflwynodd StC y Cynllun Archwilio Mewnol Terfynol ac atgoffodd yr aelodau fod y cynllun wedi dod i law yng nghyfarfod mis Ebrill a'i fod wedi'i ddiwygio i gynnwys y trafodaethau a'i fod bellach yn cael ei gyflwyno i'w gymeradwyo.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>GYMERADWYO</b> Cynllun Archwilio Mewnol 2025/26 a'r Mandad a'r Siarter Archwilio Mewnol.</p>	Cymeradwywyd	Dim i'w nodi
4.4	<p><b>Diweddariad gan Bwyllgor Archwilio Cymru</b></p> <p>Cyflwynodd Nathan Couch ac Andrew Doughton o Archwilio Cymru ddiweddariad Archwilio Cymru, gyda'r uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> <li>• Aeth yr archwiliad Ariannol yn dda ac mae bellach wedi'i gymeradwyo.</li> <li>• Amlinellwyd y rhaglen archwilio ar gyfer y flwyddyn.</li> <li>• Roedd y gwaith Asesu Strwythuredig yn mynd rhagddo'n dda gyda'r gwaith maes wedi'i gwblhau.</li> <li>• Roedd ymchwiliad digidol manwl ar y gweill ledled Cymru gyfan – 12 sefydliad a'u trefniadau i gyflawni eu huchelgais ddigidol.</li> </ul> <p><b>Cynllun Ymgysylltu â Rhanddeiliaid</b></p> <p>Cyflwynodd Nathan Couch, Arweinydd Perfformiad Archwilio, Archwilio Cymru, yr adroddiad a chadarnhaodd fod yr adolygiad wedi'i fwriadu i weld beth oedd dull IGDC o Ymgysylltu â Rhanddeiliaid ac archwilio sut mae IGDC yn cynllunio, yn cyflawni, yn ymateb ac yn goruchwylio gweithgareddau ymgysylltu â rhanddeiliaid. Ailadroddodd NC y casgliadau allweddol a'r prif bwyntiau:</p> <ul style="list-style-type: none"> <li>• Roedd yn strategaeth glir ond roedd risgiau o ran adnoddau.</li> <li>• Roedd angen i'r strategaeth alinio blaenoriaethau, sicrhau digon o adnoddau,</li> </ul>	Er Sicrwydd	Dim i'w nodi



	<p>gwella dysgu/adrodd ac ystyried cyfleoedd i aelodau'r tîm gweithredol gymryd rhan.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DDERBYN</b> Diweddariad Archwilio Cymru er <b>SICRWYDD, NODI'R</b> Cynllun Ymgysylltu â Rhanddeiliaid.</p>		
4.5	<p><b>Traciwr Camau Gweithredu Archwilio</b></p> <p>Cyflwynodd Laura Tolley (LT), Pennaeth Llywodraethu Corfforaethol, y Traciwr Camau Gweithredu Archwilio.</p> <p>Roedd y Cofnod Gweithredu Archwilio yn cynnwys cyfanswm o 39 o gamau gweithredu ar ôl derbyn pum adolygiad yng nghyfarfod diwethaf y Pwyllgor. Nodwyd yr ystyriwyd bod 21 o'r rhain wedi'u cwblhau, roedd 15 ar y trywydd iawn i'w cwblhau, ac roedd tri wedi pasio'r dyddiad gweithredu. Roedd pedwar 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>Cadarnhaodd LT y byddai'r drafodaeth ar y cais i ymestyn y dyddiad targed ar gyfer tri cham gweithredu yn cael ei chynnal yn y sesiwn breifat.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> statws y Traciwr Camau Gweithredu Archwilio.</p>	Nodwyd	Dim i'w nodi
4.6	<p><b>Adroddiad Diweddarau ar Atal Twyll Lleol</b></p> <p>Derbyniodd y Pwyllgor yr Adroddiad Diweddarau Atal Twyll Lleol ar gyfer Chwarter 1.</p> <p>Tynnodd Henry Bales, Pennaeth Atal Twyll, sylw at y gwaith a wnaed yn ystod y cyfnod:</p> <ul style="list-style-type: none"> <li>• Roedd cynnydd da yn cael ei wneud gyda'r cwrs e-ddysgu atal twyll gorfodol. Roedd y broses ymsefydlu corfforaethol hefyd yn mynd rhagddi'n dda.</li> <li>• Crynodeb o'r cynnydd gyda'r Fenter Twyll Genedlaethol – bron wedi eu hadolygu i gyd. Un ymchwiliad i'w drafod yn y sesiwn breifat.</li> <li>• Daethpwyd un digwyddiad i ben.</li> </ul> <p>Cadarnhaodd HB fod lefel dda o adnoddau ond bod</p>	Nodwyd	Dim i'w nodi

	<p>mwy o waith y gellid ei wneud a byddent yn manteisio ar Ddeallusrwydd Artiffisial / digidol.</p> <p><b>Adroddiad Blynyddol y Gwasanaeth Atal Twyll 2024-2025</b></p> <p>Cyflwynodd HB yr Adroddiad Blynyddol y Gwasanaeth Atal Twyll ar gyfer 2024/25 a thynnodd sylw at y gweithgareddau a gyflawnwyd gan dîm y Gwasanaeth Atal Twyll Lleol a dangosodd sut maen nhw wedi cyflawni eu gweithgareddau atal twyll, llwgrwobrwyo a llygredd. Yn ogystal, yn unol â safonau Gwasanaeth Atal Twyll y GIG ar gyfer darparwyr, dogfennodd yr adroddiad y manylion canlynol:-</p> <ul style="list-style-type: none"> <li>• Dyddiau a ddefnyddir i gyflawni gwaith atal twyll, llwgrwobrwyo a llygredd.</li> <li>• Roedd nifer yr atgyfeiriadau wedi cynyddu.</li> <li>• Cost gwaith atal twyll, llwgrwobrwyo a llygredd a wnaed yn ystod y flwyddyn</li> <li>• Manylion unrhyw ymarferion rhagweithiol yn seiliedig ar risg a gynhaliwyd yn ystod y flwyddyn</li> <li>• Nifer yr adroddiadau am ddigwyddiadau ac achosion a gofnodwyd ar system rheoli achosion Gwasanaeth Atal Twyll y GIG</li> <li>• Nifer a math y sancsiynau a osodwyd, gan gynnwys yr adferiadau a wnaed.</li> </ul> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Cynnydd y Gwasanaeth Atal Twyll a <b>CHYMERADWYO</b> Adroddiad Blynyddol y Gwasanaeth Atal Twyll 2024/25</p>		
<p><b>RHAN 5</b></p>	<p><b>ADRODDIADAU LLYWODRAETHU</b></p>		
<p>5.1</p>	<p><b>Fframwaith Sicrwydd y Bwrdd – Archwiliad Dwfn i Adolygiad o'r Gweithlu Digidol</b></p> <p>Fel rhan o Archwiliad Dwfn Fframwaith Sicrwydd y Bwrdd i Genhadaeth 5, darparodd Shikala Mansfield, Pennaeth Pobl a Datblygu Sefydliadol, ddiweddariad at lafar ar y Gweithlu Digidol.</p> <ul style="list-style-type: none"> <li>• Roedd cynnydd yn cael ei wneud ar alinio rolau digidol a llywodraethu.</li> <li>• Un o'r mentrau arwyddocaol yw creu pyrth datblygu, gan gynnwys porth newydd i IGDC a</li> </ul>	<p>I'w Nodi</p>	<p>Dim i'w nodi</p>

	<p>fydd yn cefnogi cynllunio gyrfaedd ac yn cyd-fynd â safonau cenedlaethol.</p> <ul style="list-style-type: none"> <li>• Yn ogystal, roedd ffocws ar gynllunio gweithlu systemau, sy'n cynnwys cynllunio cydlynol ar draws GIG Cymru.</li> <li>• Sefydlu rhwydwaith sgiliau digidol mewn cydweithrediad â phartneriaid.</li> <li>• Agwedd nodedig o'r adolygiad oedd y pwyslais ar gynhwysiant digidol, yn enwedig wrth gefnogi menywod mewn rolau digidol.</li> <li>• Wrth edrych ymlaen, roedd y blaenoriaethau'n cynnwys mapio rolau, safoni swydd-ddisgrifiadau, a chreu porth cymunedol. Hefyd, roedd yna gynllun i lansio menter i gefnogi menywod yn y byd digidol.</li> <li>• Roedd cynnydd cyson a chadarnhaol yn cael ei wneud yn y meysydd hyn.</li> </ul> <p>Trafodwyd yr heriau recriwtio parhaus a'r bwlch sgiliau, gydag ymdrechion i feithrin cysylltiadau â GIG Lloegr a chadw talent mewnol yn rhan o'r drafodaeth.</p> <p>Cytunodd y Pwyllgor y byddai'n ddefnyddiol derbyn diweddariad mewn cyfarfod yn y dyfodol pan fyddai'r mapio rolau wedi'i gwblhau.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Archwiliad Dwfn i Adolygiad o'r Gweithlu Digidol.</p>		
5.2	<p><b>Y Gofrestr Risg Gorfforaethol</b></p> <p>Rhoddodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, ddiweddariad ar y Gofrestr Risg Gorfforaethol:</p> <p>Mae 20 risg ar y Gofrestr Risg Gorfforaethol, a neilltuwyd pedair risg i'r Pwyllgor:</p> <ul style="list-style-type: none"> <li>• <b>DHCW0207</b> – Strategaeth Rheoli Dogfennau – risg newydd a oedd yn ymwneud â chydymffurfiaeth ac achrediad i ISO. Roedd cynnydd yn cael ei wneud ar ddychwelyd i gydymffurfiaeth erbyn diwedd mis Awst, ac ar hyn o bryd roedd 64% wedi'i gwblhau ar gynllun y prosiect.</li> <li>• <b>DHCW0331</b> – Cyllid Adnoddau Tymor Penodol – gweithgareddau ac asesiadau parhaus sy'n</li> </ul>	Trafodwyd	



	<p>gysylltiedig â risgiau a nodwyd. Tynnodd sylw at yr angen i raddio'r gorwel i bennu'r galw a'r gofynion capasiti yn y dyfodol. Roedd y sefydliad yn ymgysylltu'n weithredol â Llywodraeth Cymru i fynd i'r afael â heriau cyllido ac adnoddau tymor penodol ar gyfer y blynyddoedd 2024-2025 a 2025-2026.</p> <ul style="list-style-type: none"> <li>• <b>DHCW0337</b> - Gwasanaethau Digidol Cynaliadwy a Model Ariannu Datblygu - Roedd gwaith yn mynd rhagddo, fodd bynnag, roedd cynnydd wedi'i wneud ar y dyraniad ariannol ar gyfer y flwyddyn hon ond roedd mwy o waith o hyd; roedd y cyllid rheolaidd mewn sefyllfa dda.</li> <li>• <b>DHCW0346</b> - Gweithredu Adolygiad Llywodraethu DDaT. Sefyllfa bresennol - roedd rhai risgiau o fewn rheolaeth IGDC a rhai y tu allan. Fodd bynnag, roedd y risg wedi'i lliniaru'n rhannol gyda datblygiad y Bwrdd Arweinyddiaeth a'r Grŵp Cyflawni Digidol sy'n eistedd oddi tano.</li> </ul> <p><b>Risgiau wedi'u Dileu - DHCW0342</b> Llythyr Cylch Gwaith 2025/26</p> <p>Trafododd y Pwyllgor yr angen i nodi a dogfennu lliniariadau anwleidyddol gan gydnabod y potensial ar gyfer newidiadau mewn gwneud penderfyniadau ar lefel arweinyddiaeth genedlaethol ar gyfer y GIG ac IGDC.</p> <p>Cydnabu CD fod y mater hwn yn ffitio o fewn y golofn cyfleoedd a bygythiadau, fodd bynnag, cytunodd CD i fynegi risg yn ymwneud â'r newid posibl mewn pŵer gwleidyddol y flwyddyn nesaf i'w hystyried.</p> <p><b>CAM GWEITHREDU:20250708 A02</b> CD i fynegi risg yn ymwneud â'r newid posibl mewn pŵer gwleidyddol y flwyddyn nesaf i'w ystyried.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>DRAFOD</b> y Gofrestr Risg Gorfforaethol</p>		<p><b>CAM GWEITHREDU:</b> CD i fynegi risg yn ymwneud â'r newid posibl mewn pŵer gwleidyddol y flwyddyn nesaf i'w ystyried.</p>
5.3	<p><b>Adroddiad Archeb Prynu Gwerth Uchel a Chronnus</b></p> <p>Cyflwynodd Mark Cox, Cyfarwyddwr Cyswllt</p>	Nodwyd	Dim i'w nodi

	<p>Cyllid, yr Adroddiad Archeb Prynu Gwerth Uchel a Chronnus ar gyfer y cyfnod 17 Mawrth i 24 Mehefin 2025, gan roi'r uchafbwyntiau a ganlyn:</p> <ul style="list-style-type: none"> <li>• Roedd pedair archeb gwerth uchel o fwy na £0.75m y codwyd ac y manylwyd arnynt yn yr adroddiad er gwybodaeth.</li> <li>• Gorchymyn Cronnus - mae gwariant cytundebol EMIS yn cwmpasu tua 230 o bractisiau ac wedi nodi'r trefniadau cymorth cynnal a chadw ar gyfer chwarter cyntaf y flwyddyn ariannol gyfredol.</li> </ul> <p>Cytunodd MC i ymateb y tu allan i'r cyfarfod i ymholiad ynghylch y contract Printiau Rheoledig Meddygon Teulu ac a fyddai'r contract yn gostwng gydag EMIS.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> Diweddariad yr Adroddiad Archeb Prynu Gwerth Uchel a Chronnus</p>		
5.4	<p><b>Colledion a Thaliadau Arbennig – diweddariad ar lafar</b></p> <p>Rhoddodd MC ddiweddariad ar lafar ar y Colledion a Thaliadau Arbennig, a chadarnhaodd nad oedd dim i'w ddwyn i sylw'r Pwyllgor. Fodd bynnag, bydd adroddiad ffurfiol yn cael ei gyflwyno yn y cyfarfod nesaf.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> diweddariad ar lafar ar Gollledion a Thaliadau Arbennig</p>	Nodwyd	Dim i'w nodi
5.5	<p><b>Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</b></p> <p>Cyflwynodd Chris Moreton (CM), Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes, yr adroddiad ar Gydymffurfiaeth Caffael a'r Cynllun Dirprwyo.</p> <ul style="list-style-type: none"> <li>• 2 x Gam Gweithredu Tendr Sengl - cyfanswm y gwerth £4,090,000.00 heb TAW</li> <li>• 2 x Reoli newid - cyfanswm gwerth £167,780.00 heb TAW</li> </ul> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adroddiad Cydymffurfiaeth Caffael a</p>	Trafodwyd	Dim i'w nodi



	Chynllun Dirprwyo		
<b>RHAN 6</b>	<b>MATERION I GLOI</b>		
6.1	<b>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</b> Oherwydd cyfyngiadau amser trafodwyd hyn y tu allan i'r Pwyllgor.	Trafodwyd	Dim i'w nodi
6.2	<b>Unrhyw Faterion Brys eraill</b> Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
6.3	<b>Dyddiad ac Amser y Cyfarfod Nesaf:</b> <ul style="list-style-type: none"><li>07 Hydref 2025</li></ul>	Nodwyd	Dim i'w nodi

DRAFT

## Pwyllgor Archwilio a Sicrwydd – PREIFAT – CRYNO

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕒 12:00 – 12:50

📅 08/07/2025

📍 MS Teams

Cadeirydd	Marian Wyn Jones
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Yn Bresennol (Aelodau)		Teitl	Sefydliad
Marian Wyn Jones (Cadeirydd)	MW-J	Aelod Annibynnol, Cadeirydd	IGDC
Ruth Glazzard	RG	Aelod Annibynnol, Is-gadeirydd y Bwrdd	IGDC
Alistair Klaas Neill	AKN	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	IGDC
Marilyn Bryan Jones	MB-J	Aelod Annibynnol	IGDC
Yn bresennol			
Henry Bales	HB	Pennaeth Atal Twyll	Gwasanaeth Atal Twyll Caerdydd a'r Fro
Stephen Chaney	StC	Pennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd	IGDC
Mark Edwards	ME	Prif Swyddog Diogelwch a Gwybodaeth	IGDC
Joanne Jamieson	JJ	Uwch Bartner Busnes Pobl a Datblygu Sefydliadol	IGDC
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid	IGDC



		a Sicrwydd Busnes	
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol / Dirprwy Ysgrifennydd y Bwrdd	IGDC

Ymddiheuriadau			
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	IGDC

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



Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
<b>1</b>	<b>MATERION RHAGARWEINIOL</b>		
1.1	<p><b>Croeso a Chyflwyniadau</b></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><b>Ymddiheuriadau am Absenoldeb</b></p> <p>Cafwyd ymddiheuriadau gan:</p> <p>Claire Osmundsen-Little, Cyfarwyddwr Gweithredol Cyllid</p>	Nodwyd	Dim i'w nodi
1.3	<p><b>Datganiadau o Fuddiant</b></p> <p>Nid oedd unrhyw ddatganiadau o fuddiant i'w nodi.</p>	Nodwyd	Dim i'w nodi
<b>RHAN 2 - BUSNES Y CYFARFOD</b>			
2.1	<p><b>Cofnodion Preifat heb eu cadarnhau o'r cyfarfod blaenorol ar 08 Ebrill 2025</b></p> <p>Penderfynodd y Pwyllgor:</p> <p><b>GYMERADWYO'R</b> cofnodion fel cofnod cywir o drafodaeth.</p>	Cymeradwywyd	Dim i'w Nodi
2.2	<p><b>Cofnod Gweithredu</b></p> <p>Nododd y Pwyllgor fod dau gam gweithredu wedi'u nodi o'r cyfarfod diwethaf, ac mae'r ddau wedi'u cwblhau.</p> <p>Penderfynodd y Pwyllgor:</p> <p><b>NODI</b> statws y Cofnod Gweithredu.</p>	Nodwyd	Dim i'w nodi
<b>RHAN 3</b>			
<b>ARCHWILIO A RISG LLYWODRAETHU</b>			
3.1	<p><b>Camau Gweithredu Archwilio (Preifat) Prosesau Recriwtio – Diweddariad ar Gamau Gweithredu</b></p> <p>Ymunodd Jo Jamieson, Uwch Bartner Busnes Pobl a Datblygu Sefydliadol, â Laura Tolley, Pennaeth Llywodraethu/Dirprwy Ysgrifennydd y Bwrdd i roi'r wybodaeth ddiweddaraf am gamau</p>		

	<p>gweithredu'r Prosesau Recriwtio. Roedd yr adolygiad wedi derbyn Sicrwydd Cyfyngedig ac felly darparwyd diweddariad manwl ar gynnydd i'r Pwyllgor at ddibenion monitro a sicrwydd.</p> <p>Rhoddodd Joanne Jamieson y wybodaeth ddiweddaraf am y camau gweithredu a rhoddwyd sicrwydd i'r Pwyllgor am y cynnydd yn y maes hwn.</p> <p>Roedd tri cham gweithredu yn hwyr; dau yn ymwneud â phrosesau recriwtio ac un yn ymwneud â datblygu staff o ran Cenhadaeth 5. Ceisiodd LT estyniad i fis Medi 2025 ar gyfer y tri cham gweithredu. Yn dilyn trafodaeth, cytunwyd y dylid diwygio'r estyniad i Ragfyr 2025 i roi mwy o amser i reolwyr recriwtio roi adborth.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> statws y Prosesau Recriwtio ar gyfer Camau Gweithredu Archwilio (Preifat) a <b>CHYMERADWYO'R</b> estyniad i fis Rhagfyr ar gyfer y tri cham gweithredu archwilio.</p>		
3.2	<p><b>Uned Seibergadernid – Adolygiad Archwilio</b></p> <p>Cyflwynodd Stephen Chaney, Pennaeth Archwilio Mewnol, yr adroddiad i'r Pwyllgor a thynnodd sylw at y ffaith mai agwedd graidd yr archwiliad oedd rôl y Seiber-Gydnwch (CRU), a gynhelir gan IGDC. Ochr yn ochr â hynny, adolygwyd y model staffio, yn enwedig y rôl gydlynu yr oedd yn ei darparu.</p> <p>Cadarnhaodd LT y byddai rhai o'r camau gweithredu allan o reolaeth IGDC i fwrw ymlaen â nhw a byddent yn cael eu holrhain drwy'r traciwr archwilio allanol.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI'R</b> Adolygiad Seiber er <b>SICRWYDD</b>.</p>	Sicrwydd	Dim i'w nodi
3.3	<p><b>Atal Twyll – Diweddariad ar lafar</b></p> <p>Rhoddodd Henry Bales (HB), Pennaeth Atal Twyll, ddiweddariad ar lafar ar ymchwiliad twyll cyfrinachol sy'n parhau.</p> <p><b>Penderfynodd y Pwyllgor:</b></p> <p><b>NODI</b> diweddariad ar yr ymchwiliad ar lafar i Atal Twyll.</p>	Nodwyd	<b>Cam gweithredu:</b> diweddariad i'r pwyllgor preifat ym mis Hydref.
3.4	<p><b>Adolygiad Diwylliant – Diweddariad ar y Camau Gweithredu a gymerwyd ymlaen</b></p>	Er Sicrwydd	Dim i'w nodi



	<p>Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, y diweddariad ar yr adroddiad camau gweithredu ar ran Sam Morgan, Cyfarwyddwr Pobl a Datblygu Sefydliadol. Rhoddwyd sicrwydd i'r Pwyllgor am y cynnydd yn y maes pwysig hwn.</p> <p>Gofynnir i'r Pwyllgor <b>NODI'R</b> diweddariad er <b>SICRWYDD</b></p>		
<b>RHAN 4</b>	<b>MATERION I GLOI</b>		
4.1	<p><b>Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd</b></p> <p>Byddai'r eitemau oedd i'w hamlygu i'r Bwrdd yn cael eu trafod y tu allan i'r cyfarfod oherwydd cyfyngiadau amser.</p>	Trafodwyd	Dim i'w nodi
4.2	<p><b>Unrhyw Faterion Brys eraill</b></p> <p>Ni chodwyd unrhyw faterion brys eraill i'w nodi.</p>	Nodwyd	Dim i'w nodi
4.3	<p><b>Dyddiad ac Amser y Cyfarfod Nesaf:</b></p> <ul style="list-style-type: none"><li>07 Hydref 2025</li></ul>	Nodwyd	Dim i'w nodi

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Services Partnership Committee
<b>Chaired by</b>	Professor Tracy Myhill OBE, NWSSP Chair
<b>Lead Executive</b>	Neil Frow OBE, Managing Director, NWSSP
<b>Author and contact details</b>	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
<b>Date of meeting</b>	17 July 2025
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made</b>	
<p><b>Chair's Report</b> - The Chair updated the Committee on activities since the last meeting, including:</p> <ul style="list-style-type: none"> <li>• attending recent Chairs' meetings, including a face-to-face session at Velindre University NHS Trust in May 2025. At this session, Jonathan Webb, NWSSP's Head of Safety and Learning, delivered a comprehensive presentation on the Welsh Risk Pool, which received positive feedback and engagement from attendees;</li> <li>• regular meetings with the NWSSP Managing Director and NWSSP Senior Leadership Group;</li> <li>• meeting and corresponding with Simon Dean regarding the Governance and Accountability Review;</li> <li>• meeting with Judith Paget, Director General for Health, Social Services &amp; NHS Wales Chief Executive and Donna Mead, Chair of Velindre, focusing on hosting arrangements and relationships;</li> <li>• ongoing discussions with Judith Paget and Velindre University NHS Trust colleagues to support and strengthen relationships between NWSSP and the host organisation;</li> <li>• attending the Early Years Programme session, linked to the Anti-Racist Wales Action Plan which highlighted valuable learning from experience and the benefit of attending alongside the Chair of a differently governed arrangement; and</li> <li>• sharing positive feedback arising from the Cabinet Secretary's recent visit to IP5, which was well received.</li> </ul> <p>The Committee <b>NOTED</b> the Chair's Report.</p>	
<p><b>Managing Director Update</b> - The Managing Director presented his report, which included the following updates:</p> <ul style="list-style-type: none"> <li>• The Welsh Risk Pool Committee on 21 May 2025 ratified 297 cases totalling £20.6m in reimbursements. Progress was noted regarding digital consent, the All-Wales Venous Thromboembolism (VTE) Strategy, Maternity and Neonatal Education and Training Wales (MoNET), and legal service improvements at BCUHB. NHS indemnity was approved for WAST's Call Prioritisation Streaming System (CPSS) and a Symptom Checker system.</li> <li>• NWSSP achieved a balanced year-end position, returning £3.6m to health boards. The current year also starts in balance, although the impact of changes to National</li> </ul>	

Insurance presents a challenge which remains under review. Risk pool pressures and emerging costs are being discussed with Directors of Finance.

- Audit Wales raised no issues regarding NWSSP in the audit of the Velindre University NHS Trust accounts, and the Head of Internal Audit Opinion provided reasonable assurance, supporting the Annual Governance Statement for 2024–25 and reflecting strong internal controls.
- A positive Joint Executive Team (JET) meeting with Welsh Government confirmed no performance concerns, with encouraging feedback on NWSSP’s savings and initiatives. Formal feedback on the submitted Integrated Medium-Term Plan (IMTP) is awaited.
- The enabling works for the South-East RadioPharmacy were completed, with cleanroom installation underway and go-live scheduled for April 2026. Medicines and Healthcare products Regulatory Agency (MHRA) engagement continues, with thanks extended to Swansea Bay and Cardiff & Vale University Health Boards for their continued support.
- A site selection workshop for the South-West Hub development reduced the longlist from six, with strategic considerations including storage and regional collaboration. Engagement continues with Hywel Dda and Swansea Bay UHBs.
- Investment in the Laundry Service has driven significant progress, with plans in place to manage plant shutdowns without disruption and cost-saving opportunities through workload redistribution being identified.
- The Medical Examiner Service has aligned performance metrics with English regions. Additional resources are improving case handling, with further work underway on practitioner engagement and winter resilience planning.
- Welsh Government have confirmed their PPE Stockholding policy, which NWSSP is implementing with PHW support on fit testing.
- Recent infrastructure projects include solar PV installation at Matrix House and EV charger deployment at IP5. All TEF bids for 2025/26–2026/27 were successful, with further estate upgrades underway.
- The Cabinet Secretary’s visit to IP5 on 4 June was positive, highlighting NWSSP’s regional capacity and the impact of approved business cases, supporting future capital bids.
- Executive-level engagement continues with Cwm Taf Morgannwg, Swansea Bay and Aneurin Bevan University Health Boards, with plans to extend engagement to all Health Boards and Special Health Authorities.
- NWSSP won Best Sustainability Network for the Welsh Health Environmental Forum (WHEF) at the NHS Wales Sustainability Awards and has submitted further nominations for national and UK-wide recognition.

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

## Deep Dive

**Operational Planning for the Central Procurement of Flu Vaccines** – The Committee received a comprehensive update on NWSSP’s preparations for the 2025 flu vaccination programme, delivered through a co-ordinated approach involving Pharmacy, Procurement, and Supply Chain Logistics and Transport (SCLT). The approach has previously been reported to the Committee and this deep dive provides an update on implementation and assurance over operational plans. The programme aligns with the Welsh Government’s 2022 commitment to centrally procure flu vaccines under the National Immunisation Framework, aiming to reduce waste, ensure equitable access, and achieve financial efficiencies through a Once for Wales procurement model.

A total of 912,000 vaccine doses have been procured for distribution to 1,083 sites across

Wales. Two vaccine types have been secured: adjuvanted trivalent (aTIV) for individuals aged 65 and over, and trivalent cell culture (TIVc) for those aged 18–64, including pregnant women and frontline staff.

Operational milestones are on track and orders were validated in spring to ensure appropriate fridge capacity and minimise waste. The first inbound delivery to IP5 is scheduled for early August, with four phased deliveries planned through to mid-September. All sites will receive stock in readiness for the campaign start date of 1 October 2025.

To support delivery, two modular cold rooms have been installed at IP5 with validated temperature control (2–8°C), which are designed for outdoor use. A minor roof leak has been addressed through additional sealing and contingency storage is available on the second floor. The packing capacity enables processing of up to 50 site orders per day, with outbound storage prepared for dispatch.

Delivery prioritisation has been structured to ensure timely access for high-priority cohorts. Health Board occupational sites will receive stock first, followed by BCUHB (due to geographical spread), HDUHB and then South Wales sites. All deliveries are scheduled to be completed by mid/end September.

Additional logistics resources have been secured, including dual-zone refrigerated vans and increased staffing across relevant NWSSP teams. Delivery routes have been optimised to reduce unnecessary mileage and improve environmental efficiency, with 65% of deliveries to be made using electric vehicles.

All recipient sites have confirmed fridge capacity and delivery preferences. Amendments to orders are not permitted post-submission, although cancellations are accepted. In the event of technical issues, sites are advised to liaise with their respective Health Boards.

The Committee was assured that the cold storage infrastructure is fit for purpose and that robust, scalable processes are in place under NWSSP's Wholesale Dealers Authorisation. Extensive temperature mapping and validation has been undertaken to ensure full regulatory compliance. Building on NWSSP's successful delivery and management of over 10.3 million vaccines to date, the programme benefits from experienced teams, MHRA-regulated service, and enhanced operational capacity to support successful implementation.

The Committee **DISCUSSED** the Deep Dive of Operational Planning for the Central Procurement of Flu Vaccines and **SUPPORTED**

### Items for Approval

**Transforming Access to Medicines Service (TrAMs) Programme Board Terms of Reference (ToR)** - The revised ToR were presented, with key updates including broader representation from Health Boards and Trusts and the introduction of a quorum. These changes support the accelerated implementation of the new RadioPharmacy Service. Feedback highlighted the need for clearer distinction between governance structures, improved clarity on roles and decision-making and consideration of trade union representation. Further refinement is underway, with approval deferred to September 2025. The current ToR remain in effect until superseded.

The Committee resolved to **DEFER APPROVAL** to the Committee's next meeting on 30 September 2025.

**NWSSP Student Awards Services' Service Level Agreement (SLA) 2025** – The SLA formalises the arrangement with Health Education and Improvement Wales (HEIW) following an internal audit recommendation. Originally established before HEIW's formation, the service will now be governed under a recurring review framework. HEIW confirmed support and is working with NWSSP to improve validation of bursary tie-in conditions. While not directly affecting the SLA, this aims to streamline post-qualification employment tracking. The importance of aligning student output with workforce needs was also reaffirmed.

The Committee **APPROVED** the NWSSP Student Awards Services' SLA 2025.

### Items for Noting and Discussion

**NWSSP Decarbonisation and Adaptation Activity Update** - The Committee received an update on NWSSP's progress against the NHS Wales Decarbonisation Strategic Delivery Plan, which targets a 16% carbon reduction by 2025 and 34% by 2030. The programme, spanning six strategic workstreams, is currently amber-rated, with Welsh Government assessing performance as green/amber. Key achievements include solar photovoltaic (PV) installation, electric vehicle (EV) infrastructure rollout, increased uptake of low-emission vehicles and a pilot heat recovery system. A procurement initiative is projected to deliver significant cost and carbon savings. Challenges persist around transport infrastructure, procurement pressures and limited capital. Planned actions focus on risk adaptation, review of logistics, EV strategy development, energy feasibility studies and promoting sustainable supply chains.

The Committee **NOTED** the NWSSP Decarbonisation and Adaptation Activity Update.

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

**NWSSP Annual Review 2024-25** – The Committee received the NWSSP Annual Review 2024-25 for noting and endorsement, subject to minor post-drafting amendments. The document serves as an important mechanism for providing assurance to customers and partners by reflecting NWSSP's activity over the reporting period and is a non-statutory requirement. The document incorporates Committee feedback, offering a more balanced narrative that includes lessons learned, challenges and areas for improvement. Committee Members welcomed the enhanced format and presentation, particularly the inclusion of partner feedback and acknowledgement of operational challenges.

Committee Members resolved to **ENDORSE** the NWSSP Annual Review 2024-25, save for Velindre who opted to **NOTE** the document, pending the outcome of the ongoing Welsh Government Accountability and Governance Review.

**Finance Report** – The financial position to the end of June 2025, was reported as a surplus of £1.741m, primarily due to recruitment delays in vaccination programmes. £0.744m of this is required to offset the shortfall in funding for increased Employers National Insurance Contributions, which remains a recurrent pressure. The financial position is subject to confirmation of £10.438m in pay award funding for 2024/25 and 2025/26, representing a significant risk to the financial plan. Capital expenditure totals £0.584m against a limit of £8.094m, with £5.5m allocated to the RadioPharmacy project. Discretionary capital has been reduced due to NWSSP's 30% contribution to eight approved Targeted Estates Funding schemes.

Welsh Risk Pool expenditure is £11.187m, down from £18.981m last year, but revised

forecasts suggest costs may rise to £187.5m, requiring a £78m contribution. This reflects a rise in high-value claims, including six over £5m. The financial risk remains unconfirmed, and forecasting is under review. Committee Members affirmed that continued monitoring and consistency in approach across organisations will be required as the risk evolves.

**People and Organisational Development Report** – The Committee received the latest workforce update to 31 May 2025 and the key messages detailed in the overarching report were:

- Sickness absence remained stable overall and reported consistently below the NHS Wales sickness rate, with NWSSP reporting the third lowest rate in comparison to similar sized NHS Wales organisations.
- Headcount remained static (excluding SLE) and decreased slightly overall, with increases anticipated in August and September due to onboarding of trainees under the Single Lead Employer model.
- Turnover decreased to 9.04% (excluding SLE) and 21.19% overall, reflecting ongoing retention efforts.
- Statutory and mandatory training compliance remains high at 92.65% (excluding SLE) and PADR compliance, whilst slightly reduced, remains strong at 82.10%, which will be a key focus in upcoming quarterly divisional reviews. Both metrics saw NWSSP reporting the second highest rate in comparison to similar sized NHS Wales organisations.
- Strong recruitment performance was highlighted with NWSSP ranking second highest in NHS Wales for both metrics and time to hire improving significantly to 54.4 days, with five of seven recruitment KPIs now being met.
- Bank usage has decreased and agency spend remains at zero for the second consecutive month.
- Staff experience activity focused on improving induction compliance, embedding development programmes and promoting psychological safety. Key initiatives included Compassionate Cultures training, Speaking Up Safely rollout, and the launch of “Supporting You” Roadshows. Work on the Employee Value Proposition progressed through enhanced employer branding and widening access initiatives.

**Performance Information Report** - Key Performance Indicators (KPIs) from February to May 2025 were reported and there were no significant areas of concern to be brought to the Committee’s attention. The Report indicated a stable and positive position with 38 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £19m at the end of May 2025, reflecting NWSSP’s continued impact across procurement, estates, legal and financial services. Quarter 1 performance reports will be shared with partners at the end of July 2025, followed by discussions to review service delivery, exchange feedback and address any issues or compliments.

**Outcome Measures Report** – The report focused on outcomes aligned to NWSSP’s strategic objectives across services, people and value. It continues to demonstrate progress in evidencing NWSSP’s impact, with high levels of customer and employee satisfaction, positive professional influence and contributions to decarbonisation and the foundational economy. Measures such as procurement savings, internal promotions and electric vehicle usage show sustained positive trends. A ‘Voice of the Customer’ has been introduced to capture feedback from quarterly engagement with NHS Wales Directors of Finance and Workforce., informing service improvements and highlighting key themes for review by the Senior Leadership Group. Areas for development include benchmarking, system improvements, and enhancing qualitative feedback.

**Transformation Management Office Update Report** – The Committee received an

update on the Transformation Management Office, following its rebranding to reflect a combined focus on project delivery and service transformation. The overarching report indicates a stable position, with 24 initiatives currently being tracked, of which 18 are rated green, 5 amber and 1 red. The Primary Care Workforce Intelligence System (PCWIS) has progressed from red to amber status, with implementation now underway across all primary care sectors. The TrAMS Programme remains the only red-rated initiative due to ongoing regulatory, resourcing and infrastructure challenges. Overall, 75% of projects are rated green, with several nearing completion, reflecting steady progress across the transformation portfolio.

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

**NWSSP Annual Governance Statement 2024-25** – The Statement was presented to the Committee in its finalised version, for noting, having previously received a draft of the document for comment at its May meeting. It provides an overview of the governance, risk management and internal control arrangements in place throughout the year. The document confirms that NWSSP continues to operate within a robust governance framework under its hosting arrangement with Velindre University NHS Trust, and in alignment with NHS Wales standards. It is issued by NWSSP Managing Director, as NWSSP's Accountable Officer, and has been produced consistently for the past 14 years. Guidance from Judith Paget was reiterated, confirming that current arrangements should continue unchanged and Committee Members reaffirmed the importance of the Statement in providing assurance.

**NWSSP Head of Internal Audit Opinion and Annual Report 2024-25** - The Committee received the Opinion and Annual Report, confirming Reasonable Assurance over NWSSP's governance, risk management and internal controls. During the year, 14 audit reviews were completed, including 3 with Substantial Assurance, 5 with Reasonable Assurance, 1 with Limited Assurance, and 5 advisory reviews. The Limited Assurance review related to Capital Equipping Procurement (Swansea Bay and Cwm Taf Morgannwg UHBs), with actions agreed to address identified weaknesses. The service remains fully compliant with Public Sector Internal Audit Standards and the audit plan was delivered in full. The Opinion supports the NWSSP Managing Director in forming his Annual Governance Statement and reflects a continued commitment to assurance, improvement, and transparency across NWSSP.

**NWSSP Audit Committee Annual Report 2024-25** – The Committee received the Annual Report which outlines the scope and outcomes of assurance activity over the year, confirming compliance with NHS Wales guidance and its Terms of Reference. Oversight was maintained across internal and external audit, counter fraud and risk management. Positive assurance was noted from Audit Wales and Internal Audit. Internal Audit issued 12 reports, with the majority receiving Substantial or Reasonable Assurance. Governance effectiveness was supported by regular updates and a member survey, which endorsed strong leadership and recommended appointing a third Independent Member. Going forward, the Committee remains focused on enhancing governance, risk oversight, and value for money.

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

## Papers for Information

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

- Finance Monitoring Returns (Month 2 of 2025-26).
- Personal Protective Equipment (PPE) Report – May and June 2025.
- SSPC Forward Plan 2025-26.

In addition, the Committee received the following Annual Reports, for information:

- NWSSP Concerns and Complaints Annual Report 2024-25.
- NWSSP Conflicts of Interest Declarations, Gifts, Hospitality and Sponsorship Annual Report 2024-25.
- NWSSP Information Governance Annual Report 2024-25.
- NWSSP Welsh Language Annual Report 2024-25.
- NWSSP Local Counter Fraud Services Annual Report 2024-25.

## PRIVATE – PART B AGENDA

The Part B agenda included four items for approval and three items for noting, which were considered by the Committee.

### **Transforming Access to Medicines Service (TrAMs) Outline Business Case (OBC) –**

The TrAMs OBC was considered and discussed in detail, and approval was sought to submit the OBC to Welsh Government and then progress to completion of the Full Business Case (FBC) stage. The programme has received broad support from Committee Members, subject to resolution of caveats, which have been formally received and acknowledged with commitments to address prior to FBC submission. A recent workshop helped identify common themes and risks, which have been captured in an executive summary and will be addressed through further engagement and modelling work. Welsh Government indicated support for the programme. The Committee approved the OBC, subject to the caveats being addressed prior to submission of the Full Business Case.

The Committee **APPROVED** the TrAMs OBC, subject to the caveats outlined being addressed, prior to the submission of the Full Business Case.

### **IP5 Roof Over Cladding Business Justification Case (BJC) –**

The BJC was considered for roof and gutter repairs at the IP5 facility and the Committee was asked to approve the investment, with final endorsement to be sought if there were material changes via Chair's action in August 2025. The facility, which houses warehousing, laboratories and key services including TrAMS and RadioPharmacy, has experienced roof leaks impacting operations. Tender analysis is underway and will inform the final BJC submission and Welsh Government has indicated support, subject to review of final costs. Velindre Trust Board approval is also required, with Chair's action necessary due to governance timelines.

The Committee acknowledged the urgency and governance challenges and **APPROVED** the IP5 Roof Over Cladding BJC, subject to Chair's action being clearly recorded where appropriate.

**NWSSP Charnwood Court Lease Renewal** – The proposal to renew the lease for NWSSP's Headquarters lease at Charnwood Court, Nantgarw, was considered. Following Committee approval, the lease requires execution under the common seal of Velindre as a deed. Committee Members sought assurance on timely actioning of governance processes, particularly given the holiday period and imminent departure of Chair and Vice Chair of Velindre.

The Committee **APPROVED** the NWSSP Charnwood Court Lease Renewal, with confidence expressed in the arrangements to ensure continuity and timely execution.

**All Wales Supply of Energy (Gas and Electricity) - Proposed Transition to NHS England (NHSE) Basket Strategy** – The proposal to transition to the NHSE Basket Strategy was considered by the Committee. In addition to financial benefits, improved risk management and the approach being tailored to NHS operational needs, NHS Wales will gain representation on the trading board, enhancing its influence. The change does not alter administrative structures but aligns purchasing with NHS-specific patterns. The recommendation was supported by the Welsh Energy Group.

The Committee **APPROVED** the proposal to proceed with joining the NHS England basket by no later than 2028–29, with flexibility to join earlier if agreed by the Welsh Energy Group.

The following items were noted by the Committee:

- Employee Relations Update;
- Letter from Judith Paget regarding All Wales Influenza Vaccination Programme; and
- NHS Wales Emergency Planning, Resilience and Response (EPRR) Annual Report 2024-25.

In addition, the Committee received the Draft Welsh Energy Group Minutes of the meeting held on 15 May 2025, for information.

#### **Papers for Information**

**Draft Welsh Energy Group Minutes of Meeting Held on 15 May 2025** - The Committee received the Draft Welsh Energy Group Minutes of the meeting held on 15 May 2025, for information.

#### **Any Other Business (AOB)**

**Autumn Committee Development Day – 10 October 2025** - It was confirmed that the Autumn Committee Development Day is scheduled for Friday 10 October 2025 and suggestions for agenda items were welcomed.

**Rescheduled Meeting – 30 September 2025** - Committee Members were reminded that next meeting has been rescheduled from Thursday 18 September to Tuesday 30 September 2025.

#### **Matters requiring Board/Committee level consideration and/or approval**

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

#### **Matters referred to other Committees**

No further matters were referred to other Committees.

<b>Date of next meeting</b>	Tuesday 30 September 2025, 10.00am to 12.00pm
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# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### FORWARD WORKPLAN

Eitem ar yr Agenda: Agenda Item:	2.3
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	September 2025	Approved

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



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

Item
Action log
Audit & Assurance Committee Update
Audit Recommendations Tracker
Audit Wales Review Reports (as relevant)
Board Assurance Framework Escalations - deep dives
Building our Future (BOF) and Finding Value Workstream
Committee Highlight Report to SHA Board
Corporate Risk register
Corporate Risk register - Private Risks
Corporate Risk Trending Analysis
Counter Fraud Private Risks
Decarbonisation and Estates Compliance Report
Declarations of interest
Deep Dive Digital Workforce Review Q2, Duty of Quality Q3, Foundational Economy Q4 Commercial Operating Model Q 1 of next Financial year
DHCW Biodiversity Plan
Finance update - highlight report
Forward Work Programme
Internal Audit Progress Report
Internal Audit Review Reports
Legislative Assurance Register
Local Counter Fraud Update
Losses & Special Payments Report
Management of Physical Assets
Minutes
NWSSP Assurance Report
Policy Report approval of policies
Procurement Act Update
Procurements & Scheme of Delegation Report
Quality and Regulatory Compliance
Quality Framework
Report on Spot Checks for Recruitment Processes
Standards of Behaviour Report
Updates to escalation / de-escalation of programmes
Welcome and Introductions
Welsh Language Scheme Update



#### 4.2 Additional items identified for the 20 January 2026 meeting are:

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

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

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

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

### 6 ARGYMHELLIAD / RECOMMENDATION

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

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### STANDARDS OF BEHAVIOUR REPORT

Eitem ar yr Agenda: Agenda Item:	2.4
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 In accordance with the requirements of the DHCW's [Standing Orders](#) and [Standards of Behaviour Policy](#), a report is required to be received by the Audit & Assurance Committee as a standing agenda item, which details the Declarations of Interest, Gifts, Honoraria, Hospitality and Sponsorship activities.
- 3.2 All declarations of interest are reviewed and checked by the Corporate Governance team and any queries are addressed prior to entry on the [register](#). The register focuses initially on staff band 8a and above, however, DHCW are pursuing best practice and asking all staff to complete a 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 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

- 4.1 As of 03/09/2025, 68% of band 8a and above declarations of interest have been received and captured on the Declarations of Interest Register. In addition, 27% of staff banded 2-7 have also been received and captured on the register, The Committee will note the decline in compliance, which is due to the requirement for individuals to review and update any declaration after three years.
- 4.2 Work is ongoing to address the decrease in compliance and a higher rate of compliance will be reported to the next meeting. Furthermore, in line with the SOB Policy requirement, an escalation process is in place to address if staff banded 8a and above have been requested to complete a declaration form, but it has not yet been submitted.
- 4.3 Further work will be undertaken 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+. In addition, a reminder for staff to complete a Declaration of Interest was included in the September edition of the DHCW publication 'The Insider'.
- 4.4 The Committee are asked to note the [Gifts, Hospitality, Honoraria and Sponsorship Register](#) and note since the last meeting, ten declarations have been submitted and included on the register, a summary of these can be found in the table below.

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



Hospitality	£731	£0	£731	£731	£0
Sponsorship	£	0	£	£	0
Grand Total	£731	£0	£731	£731	£0

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

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

## 6 ARGYMHELLIAD / RECOMMENDATION

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

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES ESTATES, DECARBONISATION AND COMPLIANCE UPDATE

Eitem ar yr Agenda: Agenda Item:	2.5
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	16 September 2025	Approved
Audit and Assurance Committee	7 October 2025	

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

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

Sites occupied under SLA are:

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

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

- Estates Development Update
- Decarbonisation Performance against baseline year (including 2024-25 Quantitative Return to Welsh Government)
- Biodiversity Plan 2025-26
- DHCW Estates and Compliance Report for August 2025

3.3 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum. DHCW are also active members on other All Wales forums focused on Climate Change, such as Transport & Procurement Project Board, the Approach to Healthcare Project Board, 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 (currently paused whilst the NHS Wales Decarbonisation Strategic Delivery Plan (SDP) is currently undergoing a refresh) requires six monthly reports showing progress against each initiative in the NHS Wales Action Plan. Estates and Facilities Performance Management System (EFPMS) Returns are completed on an annual basis. All returns have been submitted on time.

3.5 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

3.6 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.

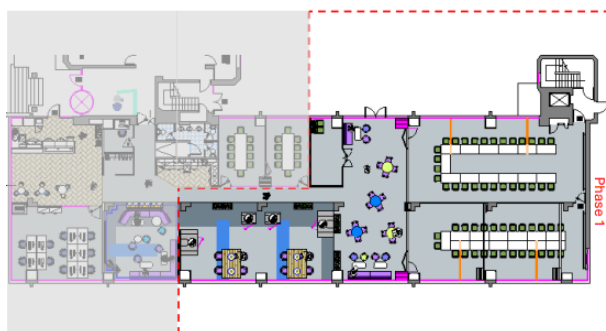
## 4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

### 4.1 Estates Development

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

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

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



Phase 1 space is temporarily available for use (limited numbers) until Phase 2 works commence when it will close until completion of the project.

Phase 2 will commence in November 2025 and includes:

- **Hospitality and Kitchen Area:** full refit with new ceiling, lighting, commercial kitchen facilities, seating area electrics, and decorative finishes.
- **Corporate/Accessible Working Area:** creation of secure and accessible flexible workspace including glazed partitions, modern lighting, ceiling systems, and data/power access.

- **Digital Inclusion Lounge:** enhancements to walls, lighting, ceiling, power/data, and finishes to support community and digital training events.
- **Security and Cloakroom Areas:** improved layout and infrastructure for better functionality, access control, and user experience.
- **Universal Toilet Facilities:** high-quality accessible WC refurbishments including intelligent lighting, radiant heating, IPS panelling, integrated hand-washing systems, and upgraded partitions.
- **Additional Fire Exit capacity:** to enable full use of the Conferencing Facility

We continue to explore potential for estates rationalisation. The next opportunity presents itself in March 2026 when the Technium 2 lease ends. We have undertaken an options appraisal which included a wide range of options, including closure, relocation, shared space opportunities and a reduced footprint. This has been considered in detail and the recommendation, to remain on site with a reduced footprint, was approved by Executives on 10<sup>th</sup> September 2025. We are now working collaboratively with the University to agree the space we will take.

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

#### 4.2 Decarbonisation Performance against Baseline Year

The table below provides a summary of DHCWs Gross emissions targets and performance during 2024-25 vs 2019/2020 (our baseline year). The figures confirm that we are well ahead of target. Our Decarbonisation Action Plan 2025-28 received Board approval in March 2025.

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

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

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

#### 4.3 [Biodiversity Plan 2025-26](#)

Digital Health and Care Wales (DHCW) are committed to reducing its impact on the environment through the preservation and promotion of biodiversity. DHCW is classed as a 'Group 1' organisation, as set out in the "Guidance for Section 6 – The Biodiversity and Resilience of Ecosystems Duty Reporting Guidance", as we "rent an office building(s) and our remit is not directly connected to biodiversity and/or land management."

In early 2025, DHCW carried out a Biodiversity Assessment (Appendix A.) at our Ty Glan-yr-Afon, Media Point, Technium 2 and Bocam offices. The assessment refreshed the previous biodiversity survey, which was carried out in 2021, and it features actions ranging from Enhancement of Existing Habitats to Office Initiatives. The assessment sought to further DHCW's commitment to the requirements under Section 6 of the Environment (Wales) Act 2016 in which, each public authority in Wales must publish a plan setting out what it proposes to do to maintain and enhance biodiversity and in so doing promote the resilience of ecosystems.

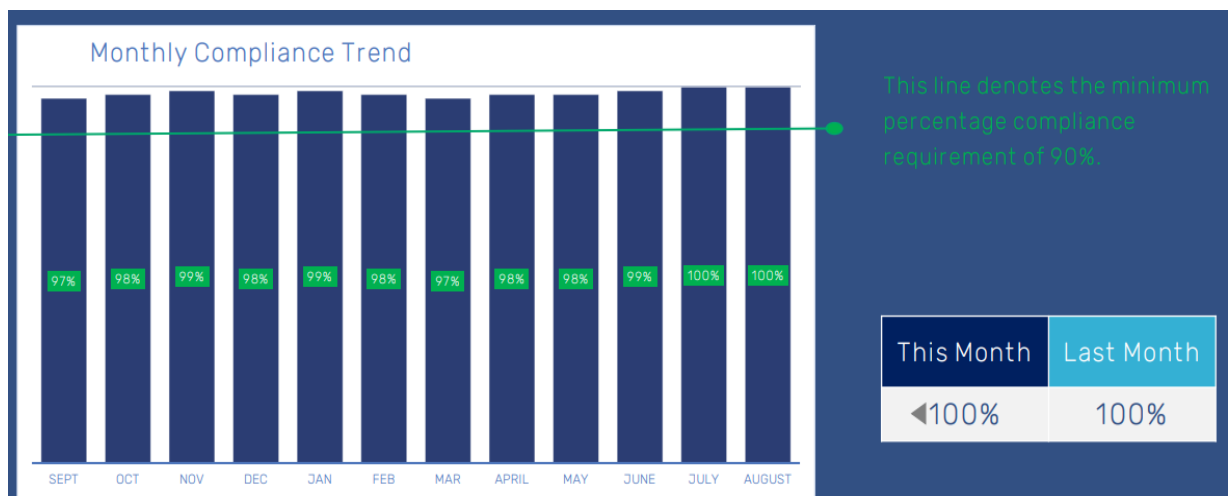
A Biodiversity Recommendations Action Plan (attached) has now been created in order for us to ensure continual progress in this area as well as enabling DHCW to annually publish a report on what has been done towards achieving its biodiversity aims.

#### 4.4 Compliance Update

The latest [Estates and Compliance Report](#) for August 2025 is attached. DHCW (via its predecessor organisation, the NHS Wales Informatics Service) has held ISO 14001 Environmental Management System certification since 2014.

ISO 14001 EMS Assurance Rating	Substantial Assurance / Good Control
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Overall compliance of plant systems and equipment is at 100%, significantly above the target of 90%.



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

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

- 5.1 There is a big focus on Estates Development currently, specifically the Ground Floor Development at Ty Glan-yr-Afon. A ramp has now been installed at Ty Glan-yr-Afon improving accessibility. Bocam Park has been modernized and space optimized to provide an area suitable for flexible working and collaboration. We will be further rationalizing out estate in April 2026 by reducing our footprint at Technium 2.
- 5.2 Decarbonisation focus remains strong and we continue to see great progress. The NHS Wales Decarbonisation Strategic Delivery Plan (SDP) is currently undergoing a refresh (comments have been sought) and six-monthly Decarbonisation Co-ordination Returns (DCRs) have been paused whilst this activity is underway.
- 5.3 DHCWs has a commitment under the requirements under Section 6 of the Environment (Wales) Act 2016 in which, each public authority in Wales must publish a plan setting out what it proposes to do to maintain and enhance biodiversity and in so doing promote the resilience of ecosystems. A Biodiversity Recommendations Action Plan has now been created and will be published on our website.
- 5.4 Compliance figures are at 100% for August 2025, the detail can be found in the latest monthly Estates and Compliance Report which is attached.

## 6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	2.6
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance
Cyflwynwyd gan: Presented By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Globally Responsible Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	Whole Systems Approach
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton	September 2025	Reviewed
Claire Osmundsen-Little	September 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISO	International Standards Organisation	QI	Quality Improvement
SaMD	Software as a Medical Device	SLT	Senior Leadership team



MDR	Medical Devices Regulations	MHRA	Medicines and Healthcare Products Regulatory Agency
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### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

#### Introduction

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

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

#### 3.1 External Audits

There was one external audit conducted/completed within the period July to September 2025:

- ISO 20000-1:2018 Information Technology Service Management Surveillance
  - Seven (7) Opportunities for Improvement

The ISO 27001:2022 recertification audit (2022) was conducted through June, however, the audit report which was pending at the time of last report submission highlighted:

- One (1) Minor Non-Compliance
- Thirteen (13) Opportunities for Improvement

#### 3.2 Internal Quality Performance

##### Milestones

The Quality Assurance and Regulatory Compliance team have two IMTP milestones for Quarter Two, these are on track for completion.

##### Non-Compliance Management

Open Quality Improvements have decreased from 92% to 78%, a large decline in NC closures within target date. The team are exploring the root cause behind the decline while discussing and developing potential improvements to tackle the issue.

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

The Organisation continues to effectively manage documentation through iPassport. The current document status stands at 95%, while continually growing the number of controlled documents on the system, demonstrating ongoing improvement in documentation management and timely handling of documents due for review.

##### Quality Improvement Framework

The Quality Improvement Framework is on track against the project plan and our objectives for 2025/26 with the development and roll-out of the 5 Minute Improvement initiative across DHCW.

#### 3.3 Legislation

##### Medical Devices

The new [Post-Market Surveillance](#) (PMS) requirements for the UK's Medical Devices Regulations (UK MDR) came into force on June 16, 2025 which introduced a new Part 4A to the UK MDR 2002.

### Duty of Quality

The Annual Quality Report has been fully approved. The report has now been published on DHCW's website. Work will continue to prepare for next year's Annual report.

### Legislation Assurance Register

Updates to the Legislative Register through iPassport continue to be effective, with the Quality team conducting comprehensive monthly reviews during key governance meetings to ensure compliance with standards that mandate a maintained Legislative Register.

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

### Update

#### 4.1 External Audits

The Organisation is facing a large volume of external audits over coming months:

- **ISO 30415:2021 – Human Resource Management (Diversity & Inclusion)**  
Type: Surveillance  
Planned Date: 17<sup>th</sup> – 20<sup>th</sup> November 2025 (Proposed)
- **BS 76000:2015 – Human Resource (Valuing People)**  
Type: Surveillance  
Planned Date: 17<sup>th</sup> – 20<sup>th</sup> November 2025 (Proposed)
- **BS 10008-1:2020 – Evidential Weight & Legal Admissibility of ESI**  
Type: Surveillance  
Planned Date: November 2025 (Proposed)
- **Service Desk Institute (SDI)**  
Type: Surveillance  
Confirmed Date: 16<sup>th</sup> December 2025 (Confirmed)

These audits could potentially be pulled into December 2025 due certificate expiry with contract end and new contract award:

- **ISO 9001:2015 – Quality Management Systems**  
Type: Re-Certification  
Planned Date: December 2025 (Proposed)
- **ISO 14001:2015 – Environmental Management Systems**  
Type: Re-Certification  
Planned Date: December 2025 (Proposed)

#### 4.2 Internal Quality Performance Milestones

The Quality Assurance and Regulatory Compliance IMTP milestones for Quarter Two are on track for completion. Focus will now move to Quarter three milestones.

### Non-Compliance Management

Work continues to further improve DHCW's non-compliance management. Most directorates are performing well; there are a few identified hot spots that the Quality team are working

closely with non-compliance owners to improve and meet the target of 90% compliance by the end of Q3.

### Document Management Strategy (DMS) & iPassport

A significant proportion of directorates are now considered 'complete', with 71% (5 out of 7) having successfully undertaken the categorised migration of documents within their teams and operational units. This demonstrates strong progress in aligning with the agreed DMS structure and ensuring controlled documentation is stored appropriately.

Overall, the project is currently 85% complete. However, a small number of directorates still face challenges due to the volume and complexity of their documentation, which requires additional effort to finalise the migration process. These areas remain a key focus to ensure full compliance and consistency across the organisation.

The associated corporate risk (ID 14200) will remain open until the project reaches full completion and after the next ISO 9001 recertification audit scheduled for Q4, providing assurance that all document control requirements have been met.

### Quality Improvement Framework

- We continue to deliver the 5 Minute Improvement training and encourage staff members to submit their improvement ideas. We have delivered this training to 194 people so far across the organisation and have been delivering team specific sessions. 97% of our attendees say they are satisfied with the content of this course and feedback remains positive regarding the course content and delivery.
- The Fundamentals of Quality Improvement workshop has been delivered to 70 people so far with 100% of our attendees say they are satisfied with the content of this course. This workshop is now being delivered bi-monthly instead of monthly.
- Our improvement dashboard remains active so that everyone at DHCW can submit, share and celebrate the improvements across directorates. We have had 39 ideas submitted so far. These submissions are automatically considered for the '5-Minute Improvement of the Month Award', and we have awarded our July and August awards.
- The QI team have been actively involved with a Kaizen Event on our end-to-end recruitment process at DHCW, where they have engaged with stakeholders and mapped the entire process to identify issues and potential solutions. This map is being shown around all DHCW offices in a roadshow to gain further insight on the process from our colleagues.
- Communication pieces have been published internally to highlight the 5-Minute Improvement initiative and the importance of registering improvement ideas. Communications have also been published to demonstrate the value of the Kaizen Event and when colleagues can see the process map at their local office.
- The 'What Matters to You' pilot team will be the Finance & Business Assurance Senior Leadership Team. The first pulse survey has been sent to individuals in this group and a WMTY conversation has been scheduled for September. The facilitators will gather valuable lessons from this first conversation which will be applied to the current process before being rolled out to other teams at DHCW, demonstrating iterative improvement.

## 4.3 Legislation

### Medical Devices

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

guidance that will be published regarding SaMD.

We are maintaining attendance at the 'all Wales MDR group' to act upon guidance when available.

Members of the Quality team are attending with the possibility of presenting at the Medical Device Showcase on 10th Nov 2025 at PHW Cardiff with representatives from Welsh Government and the MHRA.

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

We are currently working with the project team to manage DHCW's first Medical Device, Manchester Triage System (MTS). The project team are engaging well with the quality team to successfully register MTS with the MHRA and place on the market. This project enables us to test and amend our processes to continually improve and better our compliance with lessons learned.

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

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

### **Duty of Quality**

The Annual Quality Report has been approved and published on the DHCW website. Moving forward, implementation of the Quality Framework will allow for much more forward-looking content of future Quality reports, with examples of good quality practice coming from product/service quality plans.

### **Legislation Assurance Register**

Recent updates to the Legislative Assurance Register (LAR) reflect ongoing compliance efforts. The latest review introduced one new legislative requirement, amended ten existing entries to ensure accuracy, and removed one item that is no longer applicable. These changes were captured through the iPassport system and validated during governance meetings, reinforcing the organisation's commitment to maintaining a current and robust Legislative Register in line with regulatory standards.

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

### **Summary**

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



## Forward Plan for Next Quarter

### 5.1 External Audit

- ISO 30415:2021 – Human Resource Management (Diversity & Inclusion)
- BS 76000:2015 – Human Resource (Valuing People)
- BS 10008-1:2020 – Evidential Weight & Legal Admissibility of ESI
- Service Desk Institute (SDI)
- ISO 9001:2015 – Quality Management Systems
- ISO 14001:2015 – Environmental Management Systems

### 5.2 Quality Performance

- Significantly reduce open quality non-compliances and sustain documentation management.
- Delivery of quality improvement training to colleagues at DHCW
- Continued and focused work to complete Phase two of the Document Management Strategy.
- Continued engagement with the Centre for Digital Public Services to align the Quality Framework with the Digital Service Design standards

### 5.3 Legislation

- Continue maintaining communication with MHRA and other stakeholders regarding new UK Medical Device regulations.
- Continue preparations for compliance with new UK Medical Device regulations.
- Re-design of the Always On Quality Reporting process.

## 6 ARGYMHELLIAD / RECOMMENDATION

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

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES LEGISLATIVE ASSURANCE FRAMEWORK REGISTER REPORT

Eitem ar yr Agenda: Agenda Item:	2.7
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

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

**NOTE:** Legislative Assurance Framework Register.



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	DHCW is responsible for complying with legislation applicable to us, the Legislation Register is a tool to document, monitor and confirm assurance to various legislations, Acts, regulations and standard.
<b>ASESIAID O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	As below.
<b><u>DEDDF LLESIANIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Resilient Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	Information
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Safe
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement:	



This report does not require an EQIA.

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below There is an increased quality and safety within the organisation due to compliance with legislation.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Non-compliance with legislation may have a legal impact on the organisation.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below Non-compliance with legislation may have a financial impact on the organisation.
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below A number of pieces of legislation have an impact on how the workforce within the organisation operates.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below Compliance with legislation promotes consideration of socio economic duties.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Paul Evans, Head of Quality Assurance and Regulatory Compliance		
Chris Moreton, Deputy Director of Finance & Business Assurance		
Claire Osmundsen-Little, Executive Director of Finance		



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

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 DHCW is responsible for complying with legislation that is applicable to the Special Health Authority. The parameters for the applicability are not just those limited to us as a public healthcare organisation, but include discipline specific areas of work such as the Network and Information Systems Regulations etc.
- 3.2 The [Legislative Assurance Framework](#) forms part of the overall governance assurance framework, the requirements of which are outlined in the DHCW Standing Orders to address the legal, regulatory, and contractual requirements of DHCW. This compliance assessment also supports the achievement and maintenance of the ISO and BS accreditations held by the organisation.
- 3.3 There is a legislation register as part of the management of quality standards, acts and regulations within DHCW in-line with ISO 14001:2015 Environmental Management Systems, ISO 27001:2022 Information Security, Cybersecurity and Privacy Protection & ISO 22301:2019 Societal Security Business Continuity Management Systems standards requirements.
- 3.4 The [Legislative Assurance Register](#) is maintained by the Quality and Regulatory team and is reviewed by the IMS Assurance Group on a monthly basis. The IMS Assurance Group escalate any revisions, amendments or new legislation that present material impact to regulatory compliance and / or site operations to the Quality and Regulatory Group.
- 3.5 The Quality and Regulatory Group review the Legislative Assurance Register monthly, and review legislation for relevance to the organisation, in addition to undertaking horizon scanning in each of the identified areas of legislation.
- 3.6 Updates to the legislation register are managed via the Change Control module in iPassport. Requested changes by are submitted via a fillable form which are reviewed

by the Quality Standards and Regulatory Compliance team weekly.

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

4.1 Management Board members are asked to note the following changes to the Legislative Assurance Framework Register as a whole since the last report.

### New (1)

Reference	Legislation Name	Executive Lead
CC-CORP-16	The Wildlife and Countryside Act 1981	Chris Darling

### Amendments (10)

Reference	Legislation Name	Executive Lead	Statement
CC-PLN-1	Civil Contingencies Act 2004	Ifan Evans	DHCW has is now fully integrated into the Wales Resilience Planning Groups in Wales i.e. The Local Resilience forum sub groups, Welsh Resilience Partnership, The Health & Social Care and Early Years Resilience Planning Group, and the NHS Executive. This enables substantial compliance in the planning, exercising and information sharing required under the CCA.
CC-PLN-2	ISO 22301	Ifan Evans	The review of the initial audit and work done in DHCW to align the BCMS to ISO 22301 has seen improvements in Business Impact Assessments and Business Continuity Plans being developed,



			managed and reviewed along with owners of BCPs being tasked with exercising their plans through the iPassport document management system. This has moved the organisation closer to a substantial rating for BCM compliance. Full compliance to substantial will be verified through external audit to the ISO standard.
CC-PLN-3	NHS Wales Act 2006	Ifan Evans	Work done to align DHCW to ISO 22301 and the additional planning and information sharing now evident in DHCW with the Welsh Emergency Planning networks has seen DHCW increase its risk assessment, risk management and business continuity planning activities. This exceeds the general requirements of the NHS Wales Act 2006.
CC-CG-2	Socio-economic Duty	Chris Darling	Socio-economic duty session delivered to DHCW and All-Wales Deputy Board Secretaries Peer Group to share best practice.
CC-PLN-4	NHS Emergency Planning Core Guidance 2015	Ifan Evans	The work done to satisfy the CCA 2004 and the ISO 22301 has elevated the level of compliance of this document to substantial.
CC-POD-	Equality Act 2010	Samantha	New duty under the



6		Morgan	Equality Act 2010 will require employers to take “reasonable steps” to prevent sexual harassment of their employees.
CC-CS-5	Copyright, Designs and Patents Act	Rhidian Hurle	Change of ownership from Cyber Security E-Library
CC-CS-5	Privacy and Electronic Communications Regulations	Rhidian Hurle	Change of ownership from Cyber Security to Information Governance
CC-CS-5	Regulation of Investigatory Powers Act (RIPA) and Lawful Business Practices Regulations (2000)	Rhidian Hurle	Change of ownership from Cyber Security to Information Governance
CC-CORP-4	The Environment Act 2021 (Commencement No. 3) (Wales) Regulations 2025	Chris Darling	From 16 April 2025, Part 2 of Schedule 12 and section 73(d) of the Act come into force. These provisions amend the Clean Air Act 1993 (for Wales) by allowing the Welsh Ministers to publish and update official lists of authorised fuels and exempt fireplaces, rather than following the previous procedure.

Removed (1)

Reference	Legislation Name	Executive Lead	Statement
CC-CG-3	Remove Welsh Language Act 1993	Chris Darling	The 2011 and standards 2018 supersede that now and we don't need to report on it.



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

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

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:  
Recommendation:

The Committee is being asked to

**NOTE:** Legislative Assurance Framework Register.

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES DHCW QUALITY FRAMEWORK

Eitem ar yr Agenda: Agenda Item:	2.8
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance
Cyflwynwyd gan: Presented By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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

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

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

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

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton, Deputy Director, Finance & Business Assurance		
Claire Osmundsen-Little, Executive Director, Finance & Business Assurance		
PCMH SLT	June 2025	
Operations SLT	June 2025	
Management Board	17 July 2025	
Audit & Assurance Committee		
SHA Board		

<b>Acronymau Acronyms</b>
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DHCW	Digital Health and Care Wales	SHA	Special Health Authority
QRG	Quality & Regulatory Group	WIAG	Wales Informatics Assurance Group
TDA	Technical Design Authority		

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The [DHCW Quality Framework](#) has been developed to provide a structured, organisation-wide approach to embedding quality in all digital products and services delivered by Digital Health and Care Wales (DHCW). It aligns with the statutory requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and supports the delivery of DHCW’s strategic objectives, including the provision of high-quality, safe, and effective digital services.
- 3.2 The framework integrates the principles of “Quality by Design” and “User Centred Design” into all stages of the product and service lifecycle. It also maps the Health and Care Quality Standards 2023 against the Digital Service Standards for Wales to ensure that DHCW’s digital offerings are not only compliant but also responsive to the needs of users and stakeholders.

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

- 4.1 The framework introduces a shift from a project-based to a product/service-based approach, placing continuous quality improvement at the heart of delivery. A key operational requirement is that all product, service, and function owners must develop and maintain Quality Plans. These plans must:
  - Map business and assurance processes against the 12 Health and Care Quality Standards.
  - Demonstrate how compliance with the Duty of Quality will be maintained.
  - Align with the Digital Service Standards for Wales, ensuring services are safe, equitable, person-centred, and efficient.
  - Include defined Critical Quality Attributes (CQAs) and Critical Process Parameters (CPPs) to support measurable quality outcomes.
  - Be supported by Quality Impact Assessments (QIA) for all strategic decisions.

4.2 The Quality team will finalise and publish an implementation plan for this work and

Quality Business Partners will work with teams across Directorates to develop Quality Plans. A Quality Plan template is currently being finalised and an example Quality Plan to demonstrate “What good looks like” will also be completed prior to roll out. Progress against this plan will be monitored via Quality & Regulatory Group.

The framework also outlines the governance structures and assurance mechanisms (e.g., WIAG, TDA, QRG) that will support implementation and oversight.

The Head of Quality Assurance & Regulatory Compliance has attended SLT meetings with Operations and PCMH Directorates to socialise this Framework, these Directorates were engaged as the intent is to start implementing the Quality Plans outlined in the Framework with Product/Service Owners in these directorates in the first instance.

The Deputy Director of Finance & Business Assurance and the Head of Quality Assurance & Regulatory Compliance have also engaged with the Centre for Digital Public Services on the mapping exercise between the Digital Service Standards for Wales and the Health and Care Quality Standards outlined in this Framework.

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

- **Non-compliance Risk:** Failure to implement Quality Plans across all products and services could result in non-compliance with the Duty of Quality, exposing DHCW to reputational risk.
- **Resource and Capability Gaps:** Some areas may lack the capacity or capability to develop robust Quality Plans without additional support or training. The Quality team will provide this support and will also develop a sample Quality Plan to demonstrate “What good looks like”
- **Governance Oversight:** Effective monitoring and assurance will require sustained engagement from governance groups and senior leadership, including Executive support for adoption within their Directorates to ensure that quality is embedded and maintained.

## 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>APPROVE</b> the Framework	

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES RAISING CONCERNS

Eitem ar yr Agenda: Agenda Item:	2.9
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs   Board Secretary	September 2025	Approved

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



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The safety and wellbeing of staff and service users/partners is a key priority for DHCW and as an organisation, DHCW are committed to fostering a culture of openness across all parts of the organisation to support and encourage all staff and service users to communicate any concerns they may have, with the confidence that they will be treated with respect and dignity when doing so.
- 3.2 Raising Concerns (also known as Whistleblowing, Speaking up Safely, Freedom to Speak Up) are terms used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice, usually because it threatens or poses a risks to others (e.g. Colleagues, public, service users or patients). This can include:
- Inappropriate behaviours being demonstrated that do not align to the organisations values;
  - Acts of violence, discrimination or bullying towards staff, patients or service users;
  - Illness that may affect a member of the workforce's ability to practise in a safe manner;
  - Substance and alcohol misuse affecting ability to work;
  - Negligence;
  - Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case);
  - Where fraud or theft is suspected;
  - Disregard of legislation;
  - A breach of financial procedures.
- 3.3 In accordance with Welsh Health Circular [WHC/2021/002](#) , DHCW has an Executive and Non-Executive Board Champion for Raising Concerns.
- 3.4 DHCW has adopted the [All-Wales Procedure for NHS Staff to Raise Concerns](#). In addition, it has an internal dedicated Raising Concerns SharePoint site for all staff to access and a simple process in place which allows staff to raise concerns confidentially, gives the option for anonymity, in addition it provides confidence that all concerns raised will be dealt with appropriately.
- 3.5 In 2023, Welsh Government issued the [Speaking up Safely: A Framework for the NHS in Wales \(gov.wales\)](#) to all NHS Bodies in Wales. Following an internal review and self-assessment against the framework, DHCW have a number of mechanisms to ensure activity is planned to ensure ongoing promotion of Raising Concerns.
- 3.6 There are quarterly meetings held between Corporate Governance and People & Organisational Development to share information and intelligence on any concern areas as per best practice regarding staff raising concerns.

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

- 4.1 Committee members are asked to note that, as at end of September 2025, DHCW received five concerns in total through the formal Raising Concerns processes, which is an additional two concerns since the last reporting period.

Theme	Number	Current Status	
Values and Behaviours	2	22-12-23-WB01	Closed
		12-06-24-WB02	Closed
Values and Behaviours / Unlawful Conduct	2	13-06-24-WB03	Closed
		04-09-24 - WB04	Closed
Unlawful Conduct	1	26-03.2025 - WB05	Closed

- 4.2 The recommendations and outcomes from 12-06-24-WB02 and 13-06-24-WB03 investigations are currently being taken forward as part of a culture review action plan, of which is being monitored by the Committee on a period basis until all actions are complete.
- 4.3 As per DHCW's commitment to being a learning organisation, any applicable learning from all investigations has been identified and taken forward by relevant leads and directorates.

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

- 5.1 It is vitally important that DHCW learns from all Raising Concerns investigations and triangulates this with other sources of information available.

## 6 ARGYMHELLIAD / RECOMMENDATION

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

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES

## Audit and Assurance Key Document Approval Report

Eitem ar yr Agenda: Agenda Item:	2.10
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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

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

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

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

<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: This report does not require an EQIA.	



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance and Safety	A&A	Audit & Assurance Committee



	Committee		
POL	Policy	POD	People and Organisational Development
AW	All Wales	APD	Applications Design
COMMS	Communications		

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation, and regulation.

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

Document Reference	Title	Executive Sponsor	Consultation Dates	Management Board Date
<a href="#">POD-POL-17</a>	DHCW Equality, Diversity and Inclusion Policy	Samantha Morgan	9 <sup>th</sup> – 23 <sup>rd</sup> April 2025	17 <sup>th</sup> July 2025
<a href="#">DHCW-POL-19</a>	Policy on Policies, Strategies and Frameworks	Claire Osmundsen-Little	27 <sup>th</sup> May – 9 <sup>th</sup> June 2025	17 <sup>th</sup> July 2025
<a href="#">CLS-POL-1</a>	DHCW Joiner’s, Mover’s and Leaver’s ICT Policy	Sam Lloyd	8 <sup>th</sup> – 22 <sup>nd</sup> July 2025	11 <sup>th</sup> September 2025

3.3 All policies are shared with the Local Partnership Forum for discussion / review as part of the formal consultation process.

3.4 All policies are required to be approved by the assigned committee (per policy).

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

4.1 The three above policies are requested to be reviewed and approved by the Audit and Assurance Committee prior to publication and use within DHCW.

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

5.1 There are no key risks and matters for escalation.



## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
<b>REVIEW</b> and <b>APPROVE</b> the submitted policies.	

**Action Log**

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20250708-A01	08/07/2025	The wider approach to escalation to be added to the forward plan for the next Committee meeting.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary)	09/07/2025	The request to add this to the forward plan has been done. An update is currently being drafted and being processed through the internal channels and will be presented at the next meeting.	Complete			Public
20250708-A02	08/07/2025	CD to articulate a risk relating to the potential change in political power next year for consideration.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary)	09/09/2025		Complete			Public

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

Eitem ar yr Agenda: Agenda Item:	4.1
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This [document](#) sets out a summary of the progress of the Internal Audit Plan for 2025/26 for Digital Health and Care Wales (DHCW), detailing the final assurance rating and a summary of recommendation priorities for the internal audit reports:

- Information Governance Framework (substantial assurance), with two medium priority recommendations raised;
- Staff Culture and Wellbeing (advisory), with 15 value added recommendations raised, comprising of five higher priority, four medium priority and six lower priority recommendations; and
- GMS Clinical System Migration Project (reasonable assurance), with four medium priority recommendations included.

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

4.1 The Committee is asked to:

**Note** the Audit Progress Report.

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

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

### 6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	4.2
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
<b>RECEIVE</b> the internal audit reports for <b>ASSURANCE</b> and <b>NOTING</b> .	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below The Information Governance Framework audit may contribute towards GDPR risks.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below The Staff Culture and Wellbeing report may contribute towards workforce related risks.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WIGT	Welsh IG Toolkit	GDPR	General Data Protection Regulation



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The following reports are included:

#### [Information Governance Framework \(Substantial\)](#)

We provided substantial assurance with two medium priority recommendations.

#### [Staff Culture – Wellbeing \(advisory\)](#)

This advisory review raised 15 matters arising, separated into five urgent matters, four medium priority and six lower priority recommendations.

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

4.1 A summary of the key findings is provided below:

#### [Information Governance Framework \(Substantial\)](#)

We confirmed that DHCW has a robust Information Governance Framework, with no instances of statutory non-compliance during the review period. The Framework includes comprehensive policies, procedures, and governance structures aligned with legal and regulatory standards. Training and awareness programmes are well-established, with compliance rates consistently exceeding Welsh Government targets. Monitoring mechanisms, including incident reporting and regular reviews, are effective and support timely escalation. The Welsh IG Toolkit (WIGT) is completed annually, with results informing action plans and reported to governance bodies.

Two medium priority findings were identified and these include the need to revise the Information Governance Strategy to incorporate SMART objectives and improve clarity and accountability, and to introduce risk scoring for WIGT action items to support prioritisation and strategic planning. Additionally, opportunities for enhancement were noted, such as improving the SharePoint search functionality and formally recording internal reviews and sign-off of the WIGT. These actions aim to strengthen governance and ensure continuous improvement.

#### [Staff Culture – Wellbeing \(advisory\)](#)

DHCW has undertaken a strategic review of its People and Organisational Development (POD) function, resulting in a new operating model aimed at enhancing staff culture and wellbeing. The organisation has made progress in fostering a more inclusive and supportive work environment, including the introduction of a dedicated wellbeing role, refreshed engagement efforts, and a suite of initiatives such as the Vivup Employee Assistance Programme and the Health and Wellbeing Network. Furthermore, DHCW has

demonstrated commitment through site visits, cultural celebrations, and increased reporting frequency. However, many wellbeing plans lack SMART objectives and comprehensive organisational coverage, limiting effective monitoring and impact assessment. Additionally, current measures tend to be reactive, with limited proactive mechanisms to identify and address stress or ‘burnout’ early.

Despite budgetary constraints, DHCW has implemented various support mechanisms, including Mental Health First Aiders and wellbeing-focused workshops. However, gaps remain in training provision, particularly around neurodiversity and psychological support, and there is insufficient data capture on remote working and staff adjustments.

Engagement methods need to be broadened to reach underrepresented voices, and directorates should be empowered to take ownership of tailored wellbeing actions. The absence of a centralised, SMART-aligned wellbeing strategy and limited integration between key frameworks (e.g., appraisal and behavioural policies) pose risks to consistency and the ongoing effectiveness. Strengthening governance, funding, and evaluation processes will be essential to ensure that wellbeing initiatives are inclusive, impactful, and aligned with DHCW’s strategic goals.

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

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

## 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>RECEIVE</b> the internal audit reports for <b>ASSURANCE</b> and <b>NOTING</b> .	

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

Date issued: October 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](mailto:infoofficer@audit.wales).

# Contents

## Audit and Assurance Committee Update

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Performance audit update	6
Other relevant publications	8
Additional information	8

## 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	The audit of the accounts is now complete.	Complete	The Auditor General for Wales certified the accounts on the 27 June 2025 and the annual report and accounts were laid at the Senedd the same day.

## Performance audit update

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

### Exhibit 2 – Performance audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Structured Assessment 2025 - Core	Chief Executive Officer	<p>Our structured assessment work is designed to examine the existence of proper arrangements for the efficient, effective, and economical use of resources. Our 2025 Structured Assessment work reviewed:</p> <ul style="list-style-type: none"> <li>• Board and committee effectiveness, cohesion, and transparency;</li> <li>• Corporate systems of assurance;</li> <li>• Corporate planning arrangements; and</li> <li>• Corporate financial planning, management, and performance arrangements.</li> </ul>	Report finalised and included in today's meeting papers	October 2025

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Structured Assessment 2024 – Deep Dive – Digital	Chief Executive Officer	This work will examine DHCW’s internal arrangements for supporting and embedding effective and safe digital transformation.	Fieldwork underway	January 2026
Review of the SHA’s strategic arrangements to support and enable NHS Wales’s Digital requirements	Chief Executive Officer	<p>We originally planned to examine DHCW’s role in supporting the digital transformation agenda. This review will now be expanded to examine national arrangements and will therefore form part of our national value for money programme.</p> <p>In DHCW’s audit plan, we have replaced the original review with a new local review examining DHCW’s arrangements to support delivery of its 2025-26 Remit Letter.</p>	Scoping	TBC
Local project work – 2025-26	Executive Director of Strategy	This work will examine how effectively DHCW is responding to the strategic and	Fieldwork underway	January 2026

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Remit Letter Review		operational demands set out in its 2025–26 remit letter.		
Structured Assessment 2024 – Deep Dive – Estates	Chief Executive Officer	This work will examine the effectiveness of corporate arrangements to manage the SHA's estate with a particular focus on ensuring the current estate is fit for purpose, represents value for money and supports organisation's wider strategic priorities.	Scoping	TBC

## 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><a href="#">Cost Savings Arrangements - A Checklist for NHS Board Members</a></u>	June 2025
<u><a href="#">The Wales Infrastructure Investment Strategy</a></u>	May 2025
<u><a href="#">No time to lose: Lessons from our work under the Well-being of Future Generations Act</a></u>	April 2025

## Additional information

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

### Exhibit 4 – Corporate documents published by Audit Wales since the last committee update

Title	Publication Date
<u><a href="#">Annual Report and Accounts 2024-25</a></u>	June 2025

8 There are no relevant Audit Wales consultations currently underway.



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

# Structured Assessment 2025

Digital Health and Care Wales

September 2025

# About us

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# Audit snapshot

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## What we looked at

- 1 We looked at how well Digital Health and Care Wales (DHCW) is governed and whether it makes the best use of its resources. We looked at four areas in particular:
  - how well its board works;
  - how it keeps track of risks, performance, service quality, and recommendations;
  - how it produces key plans and strategies; and
  - how it manages its finances.
- 2 We also looked at DHCW's progress in implementing recommendations from:
  - previous structured assessment reports;
  - our 2024 report on cost savings; and
  - our 2023 report on workforce planning.

## Why this is important

- 3 NHS bodies continue to face a wide range of challenges associated with the need to modernise and transform services to deal with constrained finances, growing demand, treatment backlogs, workforce shortages, and an ageing estate. It is therefore more important than ever for the boards of NHS bodies to have strong corporate and financial governance arrangements in place. This helps provide assurance to themselves, the public, and key stakeholders that they are taking the right steps to deliver safe, high-quality services and to use public money wisely.

## What we have found

- 4 DHCW has an effective Board supported by good governance arrangements. It has strong financial management processes and a clear long-term plan, including the Integrated Medium-Term Plan (IMTP). However, its reliance, in part, on short-term funding and savings from job vacancies continue to present some financial risks.
- 5 DHCW's corporate governance systems are effective, and current actions are helping to reduce key risks. The Programmes Delivery Committee is rightly focused on major digital programmes, but it should concentrate more on what DHCW can control and work better with partners to support wider delivery. While DHCW is responding positively to its recent escalation by Welsh Government, stronger performance reporting and better tracking of organisational strategies would help it to assess and demonstrate its impact and value to partners.

## What we recommend

- 6 We have made four recommendations to DHCW on:
  1. Ensuring the Programmes Delivery Committee prioritises areas where DHCW can directly influence outcomes.
  2. Ensuring performance reports clearly explain missed targets, corrective actions, and whether those actions are effective.
  3. Adopting a standard format for delivery plans.
  4. Ensuring IMTP updates to the Board clearly show how well current objectives are being met.

# Key facts and figures

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Within the Welsh Government's Escalation and Intervention framework, DHCW is currently at level 3 escalation (enhanced monitoring) for performance and outcomes related to the delivery of major programmes.

In 2024-25, DHCW met its financial targets by breaking even on both revenue and capital spending.

In 2024-25, DHCW aimed to save £1.5 million but ended up saving £2.7 million. However, £2.2 million came from staff vacancy savings.

The Welsh Government indicated in August 2025 that DHCW's 2025-28 Integrated Medium Term Plan has been assessed as 'satisfactory'.

DHCW's 2024-25 financial statements were submitted for external audit on time, and the Auditor General issued an unqualified audit opinion on 27 June 2025.

DHCW has fully implemented 3 outstanding recommendations since our last structured assessment report. 8 recommendations remain in progress, and 2 have been replaced by new recommendations made this year.

# Our findings

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## Board effectiveness and openness

### **DHCW operates openly and transparently and actively seeks to improve how its Board and committees work**

#### Public openness of board business

- 7 DHCW continues to demonstrate that it is being open and transparent about Board and committee activities:
- It continues to livestream and publish recordings of all public Board meetings on its website. It also publishes recordings of most committee meetings<sup>1</sup> on its website.
  - The public can ask to observe any public Board or committee meeting.
  - It provides live Welsh translation for each public Board meeting and offers British Sign Language (BSL) on request.
  - It publishes Board and committee papers a week before each meeting on its website and by email.
  - DHCW uses private sessions only when needed to discuss sensitive topics. It provides a short summary of the matters discussed in private session at the next public Board or committee meeting.
  - Discussions in Board and committee meetings remain open and transparent, especially when discussing challenges.

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<sup>1</sup> DHCW does not publish recordings of the Local Partnership Forum or Remuneration and Terms of Service Committee due to their confidential nature.

## Supporting effective board conduct

- 8 DHCW has clear and up-to-date governance arrangements that help the Board and its committees run effectively. These are set out in its Governance Assurance Framework, which now includes the Programmes Delivery Committee. The Executive Team, the Audit and Assurance Committee, and the Board review key governance and accountability documents each year to ensure they are current.
- 9 The Audit and Assurance Committee ensures key governance controls are in place and followed. This includes overseeing compliance with Standing Orders, Standing Financial Instructions, and the Scheme of Reservation and Delegation. The committee received updates on these areas in October 2024 and January 2025, which found no major issues with the controls in place.
- 10 In August 2024, Internal Audit looked at how DHCW manages declarations of interest. It gave a substantial level of assurance and suggested three low-priority improvements. DHCW has also improved how it manages policies, reducing the number of out-of-date internal policies from 25 to 10 since our last structured assessment report.

## Board and committee meeting effectiveness

- 11 DHCW's Board and committees work effectively. Their terms of reference, business cycles, and work plans are all up to date. However, DHCW could update these further to reflect its duties under the Well-being of Future Generations (Wales) Act 2015 to ensure the Act's requirements are fully embedded in its governance arrangements.
- 12 Committee chairs make good use of the Board Assurance Framework (BAF) to help shape meeting agendas. Meetings are well-led, with all members able to contribute to key issues. Board members observe good meeting etiquette and provide proper scrutiny and challenge. Issues are shared between committees and, where needed, escalated to the Board. But the actions that need to be taken in response to issues escalated to the Board could be clearer.

- 13 DHCW has strong processes in place to make sure Board and committee papers are timely, well-structured, and highlight key risks and decisions. The Corporate Governance Team runs workshops to help improve report writing and it checks all papers before they are published online.
- 14 DHCW is working on several important digital programmes that carry high risks. These include the Radiology and the Laboratory Information Systems, the Cancer Informatics Programme, and 'Connecting Care'. The Programmes Delivery Committee has improved how it oversees these programmes and now meets more often due to the increased escalation level for major programmes delivery. At the May 2025 meeting, we saw committee members providing strong review and challenge. However, we found that reports to the committee often focus too much on problems outside of DHCW's control. Instead, DHCW should focus more on the issues it can control and what it can do to influence partners to make progress.

### **Hearing from staff / service users**

- 15 DHCW continues to engage staff effectively through newsletters, 'Board insights' articles, TenTalks, and conferences. Board development sessions also include slots for teams to showcase their work. However, there is still room for DHCW to make more use of staff stories at public Board meetings. This would provide important feedback as the organisation implements its new product operating model, which will change how staff work.
- 16 Board meetings include a 'listening and learning' section that focuses on programme and service delivery. Past meetings have covered the Welsh Nursing Care Record and digital inclusion. Board members are also visiting frontline services in health boards to see digital systems in operation and to understand the challenges frontline staff face in using them.

### **Board cohesion and continuous improvement**

- 17 DHCW has a stable Board, with all Executive Team roles filled. Over the last year:
  - A new Director of People and Organisational Development started.

- Responsibility for corporate services moved to the Board Secretary, who is also leading on DHCW's response to its escalation by Welsh Government (see **paragraph 5**).

- 18 At the July 2025 Board meeting, the Vice Chair of DHCW shared that the Chair would be stepping down at the end of his term in September 2025. DHCW will need to put plans in place to support leadership continuity and Board continuity during this transition.
- 19 The Board and its committees conduct yearly self-assessments to review how well they are working. The results of latest review were mostly positive, with no major changes needed.
- 20 DHCW supports routine Board development sessions that cover a range of topics. Recent sessions have covered the National Target Architecture, outcomes from the Welsh Government Digital Data and Technology Governance review, the Performance Management Framework, and lessons from digital services in the Republic of Ireland. The Board also uses these sessions to discuss new strategies, including its draft Integrated Medium-Term Plan for 2025–2028, prior to approval.

## Providing board assurance

**DHCW has reasonably effective approaches to providing assurance to the Board and committees on risks, performance and quality, but it could strengthen them further.**

### Managing strategic and corporate risks

- 21 DHCW has a comprehensive Board Assurance Framework (BAF), reviewed twice a year by the Board. It captures key strategic risks which are aligned with DHCW's long-term strategy and mapped against the seven national wellbeing goals. As noted earlier, DHCW uses the BAF to help shape Board and committee agendas. As a result, all committees conduct deep dives on strategic and corporate risks. These sessions are working well, with update papers clearly explaining the risks and showing what progress is being made. We have observed committees using this information to provide strong oversight and have useful discussion.
- 22 DHCW has strong corporate risk management arrangements in place supported by clear policies. The Corporate Risk Register (CRR) is routinely reviewed through the governance structure and lists the main operational risks and actions to manage them, the risk owner, and the responsible committee. It includes a 'heatmap' to show how risks are changing, and updates show escalation of risks, removal of risks, and risk score adjustments. However, DHCW could strengthen the CRR further by clearly explaining the controls already in place to manage and mitigate risks.

- 23 The Board also receives a helpful annual report on risk trends aligned to DHCW's strategic goals. The latest report in January 2025 shows fewer risks overall, which suggests that DHCW's risk processes are working well notwithstanding the fact there are still significant risks against a number of major programmes. The report gives a clear picture of how risks are moving but does not explain why they changed or how the actions taken have helped. DHCW could improve the report by linking it more closely with the BAF and CRR. This would help ensure consistency, support learning, and guide decisions.

### Monitoring performance

- 24 DHCW approved its updated Performance Management Framework in January 2025. The framework is based on seven core principles<sup>2</sup> and aligns performance indicators to the organisation's strategic objectives. It clearly explains how DHCW manages and oversees performance and sets out key roles and responsibilities.
- 25 The updated integrated organisational performance report now includes Statistical Process Control charts and clear explanations which help Board members to better understand performance and inform their decision-making. The report also links DHCW's performance to Health and Care Quality Standards. While the report covers key indicators well, it does not include all services in full, like primary, community, and mental health digital services. The report also includes a performance scorecard, which DHCW is refining to better align it to its strategic objectives.

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<sup>2</sup> The Performance Management Framework's seven core principles are: strategic focus and future orientation, connectivity of information, materiality, conciseness, reliability and completeness, consistency and comparability, and stakeholder relationships.

- 26 DHCW should be clearer about the actions it takes when services are underperforming. While the May 2025 Integrated Operational Performance Report shows that many services are meeting or improving performance, it also highlights worrying trends in some areas. These areas include staffing levels, turnover, and availability, and how major incidents are resolved. These issues are not clearly explained in the report, and there is little detail on what actions are being taken by DHCW or how effective they are.
- 27 Board scrutiny and challenge on performance remains strong. But the recent change in DHCW's escalation status by Welsh Government means the Board must stay focused on closely monitoring how the organisation is performing.

### **Monitoring quality and safety**

- 28 DHCW's strategy includes a commitment to embedding quality in its objectives. This includes delivering high-quality digital services and being a trusted, inclusive, and ambitious organisation.
- 29 DHCW has a clear framework for quality and regulatory governance. It sets out roles, responsibilities, and how accountability works. The framework includes policies on quality, incident reporting, and complaints. It is supported by an annual plan that outlines key quality priorities. The plan includes actions, timelines, and measures to track progress and support improvement. DHCW also has a strong process to check that its digital systems meet clinical safety and compliance standards.
- 30 DHCW is working to embed the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It is rolling out training to all staff this year. But it faces challenges as a non-patient-facing body because it needs to apply patient centred quality standards and processes to a digital context.

- 31 DHCW's 'Always On' reports are part of its commitment to the Duty of Quality. These reports aim to provide readily available information about the quality of DHCW's services, ensuring continuous monitoring and improvement. It has drafted these reports for 2024-25 but they remain unapproved and unpublished while decisions are being made about their format.
- 32 The Audit and Assurance Committee and the Digital Governance and Safety Committee continue to play a key role in overseeing quality, compliance, and clinical safety. DHCW's second Annual Quality Report, presented to the Audit and Assurance Committee in July 2025, is clear and well-structured. It aligns with the Duty of Quality, the Duty of Candour, and the Health and Care Standards. The report highlights a strong commitment to improvement, using real examples and measurable results.

### **Tracking and monitoring recommendations**

- 33 DHCW has reasonable arrangements for monitoring and tracking audit recommendations. It keeps its 'audit action log' up to date to track and monitor actions. Executive Directors review the log, particularly when many actions are still open. Officers regularly update the Audit and Assurance Committee on progress and the audit action log shows steady improvement.
- 34 An Internal Audit follow-up review of this area gave a substantial assurance rating on the recommendation tracking process. It showed that DHCW monitors and tracks Internal Audit recommendations well. However, we found that some recommendations from past structured assessment reports are still beyond their completion date. This suggests that DHCW's approach to following up and implementing outstanding actions could be stronger.

## Preparing strategies and plans

**DHCW has a clear long-term strategy and medium-term plan, but it needs to improve its arrangements for obtaining assurance on delivery, outcomes, and impact**

### Producing key strategies and plans

- 35 DHCW's 2024-2030 strategy sets out a clear vision and six main goals. These focus on using digital tools to improve care, join up services, and raise quality. The strategy fits well with national plans and strategies, such as A Healthier Wales and the Digital and Data Strategy for Health and Social Care. It also supports key Welsh Government priorities, including delivering the NHS App and developing digital standards to improve communication between systems.
- 36 Welsh Government escalated DHCW to Level 3 (Enhanced Monitoring) in March 2025 because of its concerns around the delivery of major national digital programmes. DHCW responded by naming the Director of Corporate Affairs / Board Secretary as the lead and producing a plan with 42 milestones. The Programmes Delivery Committee, which now meets more often, monitors progress closely. With key milestones due in autumn 2025, DHCW will need to maintain progress and manage risks carefully if it wants to be de-escalated. This also includes managing the risks associated with milestones that require input from outside partners.

- 37 DHCW began working on its 2025-28 Integrated Medium-Term Plan (IMTP) in October 2025, before it was escalated by Welsh Government. It worked with staff and external partners to agree on priorities. This included discussions with Independent Members in December 2024. On 14 March 2025, DHCW also received a remit letter from the Welsh Government. It confirmed DHCW's financial allocation for 2025-26 and set out the priorities that Welsh Government expect to be delivered during the year. The Board approved the IMTP at its public meeting in March 2025, subject to DHCW aligning its plans to the remit letter requirements. The IMTP was then submitted to Welsh Government on time. DHCW received confirmation that Welsh Government has 'accepted' the IMTP in August 2025. The delivery of remit letter requirements is subject to a separate Auditor General for Wales review which will begin in September 2025.
- 38 DHCW's IMTP sets out a clear vision, goals, and key actions for 2025-26. It includes missions, portfolios, expected results, and risks. Like DHCW's main strategy, the IMTP aligns well to national strategies and priorities. It also covers health and digital trends, supports national well-being goals, and follows the five ways of working and the Wellbeing of Future Generations Act. For each mission, the IMTP outlines objectives, drivers and outcomes, but it lacks clarity on whether priorities are fully resourced. The key actions for year-one are clear, but the details for years two and three in some instances aren't fully formed.
- 39 Internally, DHCW is making progress with delivering its Building Our Futures Programme and new product-focussed structure and processes (product model). However, its progress has been slower than planned due to unexpected issues, such as the collapse of a GP system supplier which caused a temporary pause to the roll out of the new operating model structure in the Primary, Community and Mental Health Directorate. Work has now restarted, and DHCW expects completion by October 2025. But it also faces risks to delivery going forward. These include the scale of the transformation, possible staff resistance to change, and limited resources.

- 40 DHCW also needs to focus on meeting and planning for the needs of its external partners. Our separate review of how DHCW works with stakeholders highlighted the need for it to have a shared plan with health boards on digital transformation. We recommended that DHCW should clearly explain its plans, risks, and actions, and involve stakeholders more closely in its own planning, and better understand NHS Wales's digital priorities. This will help create better digital solutions that meet everyone's needs.

### Monitoring delivery of strategies / plans

- 41 DHCW's arrangements for overseeing its corporate strategy and plans are reasonably effective. It has underpinned the IMTP with a business plan, with clear milestones. Progress is tracked through routine performance reporting and a mid-year update report to Board. However, the latest mid-year report in September 2024 on progress against 2024-27 goals focused more on future planning and accountability than progress against existing commitments. This made it hard for Board to see how well DHCW progressed against its 2024-27 goals or to spot any delays, actions taken, or changes to timelines. While officers provide updates on key strategies and programmes, they are mostly written as narrative summaries that miss important detail. For example, they often do not clearly show what is off track, what actions DHCW is taking, or if timelines have changed.
- 42 The IMTP, People and Organisational Development Plan, and Strategic Equality Plan all have clear executive leads and links to strategic goals. While they include priorities, actions, and timelines, they do not always name who is responsible for each action. While supporting business plans give more detail, they aren't prepared in a standard format. As a result, the way officers report progress to the Board can vary.
- 43 DHCW has set up a Strategy Assurance Group to improve how it oversees its strategic direction. The group checks progress against key goals, reviews and aligns strategies, and makes sure language and priorities are consistent. It also gives advice to strategy owners on how to improve their plans.

## Managing finances

### **DHCW manages its finances well, but there are still risks relating to short-term funding require on-going management**

#### Financial objectives

- 44 DHCW met its financial targets for 2024-25, breaking even on both revenue and capital spending. At the start of the year, it reported an underlying deficit of £2.7 million. Through actions taken during the year, DHCW managed to reduce this to £0.9 million.
- 45 As of 30 June 2025, DHCW was reporting small underspends of £180,000 on revenue and £1.4 million on capital. It is still forecasting to stay within its budget by the end of the 2025-26 financial year.

#### Financial planning

- 46 DHCW's financial planning is strong and supports its strategic priorities. For 2025-26, it has identified some unavoidable risks, like rising pay costs and inflation. It also faces extra costs from strategic projects, such as cloud transition, cancer informatics, and running the NHS App.
- 47 The Board approved DHCW's 2025-26 Financial Plan in March 2025 as part of the IMTP approval process. The plan assumes funding of £174 million, of which:
- £149.7 million relates to funding from Welsh Government, NHS Services Level Agreement, and All Wales Digital Licencing.
  - £21.4 million Annual National Priorities funding from Welsh Government and NHS Wales contributions.
  - £2.9 million funding for GP system migration.

- 48 This year, Welsh Government introduced the Annual National Priorities Fund, which replaces the Digital Priorities Investment Fund. It also gave DHCW more flexibility to move money between programmes. While this funding supports programme delivery, the funding is not long-term. As we have highlighted in previous years, this makes it harder for DHCW to plan over the medium term and hire staff on long term contracts.
- 49 DHCW has a good approach to finding savings and overachieved against its 2024-25 recurring savings target. This has helped it to reduce its underlying deficit. But meeting these savings targets still brings risks to long-term financial stability. For example, in 2024-25, DHCW exceeded its £1.5 million savings goal by a further £1.2 million. Most of the savings (£2.2 million) came from not filling vacant roles.
- 50 The 2025-26 Financial Plan includes a savings target of £4.9 million of which around £0.8 million relates to pay/vacancy savings. By June 2025, DHCW had already delivered £1.5 million in recurrent savings. Of the remaining £3.4 million, it had identified £1.8 million savings that it is confident it can deliver. It aims to deliver the remaining £1.6 million through directorate budgets, with savings plans to be agreed through the budget delegation process. DHCW forecasts that it will achieve £4.2 million savings, of which £3.4 million will be recurrent.
- 51 As part of its wider efficiency approach, DHCW's 'Finding More Value' programme has identified and continues to identify savings including £2.5 million by moving systems onto hosted digital services (the cloud). The team is also planning areas of disinvestment so that it relies less on vacancy savings and instead makes long-term cost improvements. There is opportunity to improve the readability, accessibility and presentation of value programme and savings reports. These should present targeted savings and efficiencies. While DHCW has identified £47.9m potential savings opportunities, it is not easy to determine exactly what this consists of, the proportion that is likely to be delivered, or how this would likely affect capital and revenue finances for the future.

- 52 DHCW is developing a new approach which is focussing on delivering and demonstrating greater value. As part of this approach, it has drafted a value statement showing the benefits delivered by each directorate across four areas: stakeholder and quality, people, internal processes, and finance. This work will continue through 2025, along with efforts to measure benefits and better understand the value created.

## Financial management

- 53 DHCW has a strong approach to financial oversight. The Audit and Assurance Committee receives regular updates on counter-fraud activity, with no issues reported. The counter fraud work plan aligns with government standards and includes proactive and reactive work. Reports on high-value purchases and single tender actions are consistently clear and compliant. Losses and special payments are also covered through regular verbal updates.
- 54 DHCW has a good understanding of what drives its costs. Its 2025-26 Financial Plan highlights both risks and opportunities. These include moving to the cloud, the new product operating model, the data integration hub, and reducing its estate costs. While health bodies mostly accept costs set by DHCW in service level agreements, ongoing monitoring is still needed because of wider financial risks and pressures across NHS Wales.
- 55 DHCW's 2024-25 financial statements were submitted for audit in May 2025. It prepared these to a good standard and corrected all misstatements above the trivial threshold. The Audit and Assurance Committee considered the revised financial statements on 26 June 2025, and the Board approved them on the same day. The Auditor General issued an unqualified (clean) audit opinion on 27 June 2025.

## Monitoring financial performance

- 56 Officers report financial performance directly to the Board, with reports giving enough detail for proper review and challenge. The reports also clearly explain how DHCW is delivering savings.

- 57 The Audit and Assurance Committee regularly looks in depth at key financial issues. These include areas such as DHCW's financial health, savings plans, and the 'Finding More Value' workstream. The papers clearly explain financial risks and help support open and useful discussions.
- 58 Our observations of public Board meetings found that Board members continue to provide a strong focus on DHCW's financial performance and savings. Finance officers give clear and detailed answers to Board member questions. Their reports, along with active involvement from both officers and Board members, help support good decisions and financial accountability.

# Recommendations

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

**R1** The Programmes Delivery Committee should focus more on DHCW's actions to address programme delivery issues that are either within DHCW's direct control or ability to influence. **(Paragraph 14)**

**R2** DHCW should make its Integrated Organisational Performance Report clearer. It should explain why key targets are being missed, what actions are being taken to address this, and how well those actions are working. **(Paragraph 26)**

**R3** DHCW should make sure future Board updates on IMTP progress clearly show how well current objectives are being met. **(Paragraph 41)**

**R4** DHCW should use a standard corporate template and style for supporting delivery plans to improve the consistency and quality of plan reporting. **(Paragraph 42)**

# Appendices

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# 1 About our work

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## Scope of the audit

We looked at the following areas for the period January 2025 to July 2025:

- How well the board works.
- How well the board oversees risks, performance, and the quality and safety of services and tracks recommendations.
- How well the body prepares key strategies and plans.
- How well the body manages its finances.

We did not look at the body's operational arrangements.

## Audit questions and criteria

### Questions

Our audit addressed the following questions:

- Does the Board conduct its business appropriately, effectively, and transparently?
- Is there a sound corporate approach to managing risks, performance, and the quality and safety of services?
- Is there a sound corporate approach to producing strategic plans and overseeing their delivery?
- Is there a sound corporate approach to financial planning, management, and performance?

### Criteria

Our audit questions were shaped by:

- Model Standing Orders, Reservation and Delegation of Powers.
- Model Standing Financial Instructions.
- Relevant Welsh Government health circulars and guidance.
- The Good Governance Guide for NHS Wales Boards (Second Edition).

## Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Standing Orders and Standing Financial Instructions.
- Key strategies and plans, including the IMTP.
- Key risk management documents, including the Board Assurance Framework.
- Annual Report, including the Annual Governance Statement.
- Relevant policies and procedures.
- Reports prepared by other relevant external bodies.

We interviewed the following key stakeholders:

- Chief Executive,
- Chair of DHCW's Board,
- Director of Corporate Affairs / Board Secretary,
- Head of Governance,
- Executive Director of Finance and Business Assurance,
- Executive Director of Strategy,
- Chair of the Audit and Assurance Committee / Independent Member,
- Chair of the Digital Governance and Safety Committee / Independent Member,
- Chair of the Programme Delivery Committee / Independent Member, and
- An Independent Member.

## 2 Previous audit recommendations

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### Outstanding recommendations from previous structured assessment reports

The table below sets out the progress made by DHCW in implementing recommendations from previous structured assessment reports.

Recommendation	Status
<p><b>2022 Recommendation 1</b>            Whilst the IMTP 2022-25 and associated Business Plan are supported by clear target dates and milestones, this information is not available for other corporate plans and strategies. DHCW, therefore, should ensure that all corporate plans and strategies are underpinned by detailed delivery plans that include target dates and milestones to facilitate effective progress monitoring and ensure appropriate Board-level assurance and scrutiny.</p> <p><b>Target completion date: December 2023</b></p>	<p>Not fully implemented (<b>see paragraphs 38 to 40</b>)</p> <p><b>This recommendation has been replaced by recommendations 3 and 4 from this year's Structured Assessment review.</b></p>

Recommendation	Status
<p><b>2023 Recommendation 2</b>  Board meetings continue to include an agenda item on listening and learning, which gives Board members some insights into the impact of digital on clinical service users. However, opportunities remain to strengthen these arrangements further. DHCW, therefore, should engage with other health bodies or Llais Wales, to explore options for Board members to hear directly from citizens and clinical service users.</p> <p><b>Target completion date:</b> Listening and learning annual report by March 2024 and citizen and clinical engagement by March 2025</p>	<p>Not fully implemented (<b>see paragraph 15</b>)</p>
<p><b>2023 Recommendation 3</b>  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:</p> <ul style="list-style-type: none"> <li>a) progress its 'value proposition' work at pace to demonstrate the impact of digital across NHS Wales; and</li> </ul>	

Recommendation	Status
<p>b) develop plans as soon as possible that carefully consider its own internal and stakeholder priorities and what it is able to deliver within its resource envelope.</p> <p><b>Target completion date:</b> September 2024</p>	<p>a) In progress (see paragraph 51 and 52)</p> <p>b) In progress (see paragraphs 51, 52 and 54)</p>
<p><b>2023 Recommendation 4</b></p> <p>Whilst some corporate strategies and plans are underpinned by clear business/delivery plans, this is not case for all of them. Furthermore, there is scope to improve the quality and frequency of the strategy update reports presented to Board. DHCW, therefore, should:</p> <p>a) ensure that all corporate plans and strategies are underpinned by detailed business/delivery plans that include target dates and milestones to facilitate effective progress monitoring and ensure appropriate Board level assurance and scrutiny; and</p>	<p>a) Not fully implemented (see paragraphs 41 and 42)  <b>This recommendation has been replaced by recommendation 4 from this year’s Structured Assessment review.</b></p> <p>b) In progress (see paragraph 41)</p>

Recommendation	Status
<p>b) improve the quality of strategy update reports to Board and increase the frequency of oversight to provide assurance to the Board that corporate strategies and plans are achieving the desired impact and benefits.</p> <p><b>Target completion date:</b> March 2024</p>	
<p><b>2024 Recommendation 1</b></p> <p>Strengthen the Programmes Delivery Committee's Programme Overview Report by ensuring that it provides a clearer assessment of the risks facing partners and other stakeholders where there are significant programme delivery challenges.</p> <p><b>Target completion date:</b> March 2025</p>	In progress (see paragraph 14)
<p><b>2024 Recommendation 2</b></p> <p>Ensure that committee highlight reports to Board provide clearer narrative on actions required from the Board where it has been alerted to issues.</p> <p><b>Target completion date:</b> November 2024</p>	In progress (see paragraph 12)
<p><b>2024 Recommendation 3</b></p>	Complete (see paragraphs 22 and 23)

Recommendation	Status
<p>Strengthen the Board Assurance Framework (BAF) by:</p> <ul style="list-style-type: none"> <li>• clearly reporting the impact of actions that DHCW is taking to mitigate principal risks;</li> <li>• reflecting the risks to achievement of its wellbeing objectives, now that the organisation is subject to the requirements of the Well-being of Future Generation (Wales) Act 2015; and</li> <li>• better utilising the BAF and ongoing strategic risk assessment to inform committee work programmes and agenda setting.</li> </ul> <p><b>Target completion date:</b> November 2024</p>	
<p><b>2024 Recommendation 4</b></p> <p>Ensure that the corporate risk register clearly identifies and distinguishes between existing controls to reduce likelihood and new mitigating actions to reduce severity of corporate risks.</p> <p><b>Target completion date:</b> January 2025</p>	In progress (see paragraph 22)
<p><b>2024 Recommendation 5</b></p>	In progress (see paragraph 38)

Recommendation	Status
<p>Ensure that future Integrated Medium-Term Plans provide greater clarity on the priorities the organisation intends to deliver in the second and third year of those plans.</p> <p><b>Target completion date:</b> March 2025</p>	
<p><b>2024 Recommendation 6</b></p> <p>Develop an approach to periodically review the effectiveness, impact and possible challenges of its long-term strategy delivery.</p> <p><b>Target completion date:</b> March 2025</p>	<p>Complete (<b>see paragraph 41</b>)</p>
<p><b>2024 Recommendation 7</b></p> <p>Quantify the tangible efficiencies and value the organisation is hoping to generate from its 'Finding more Value' workstream to enable it to monitor the achievement of benefits from the programme and to demonstrate improved internal efficiency to its key stakeholders.</p> <p><b>Target completion date:</b> March 2025</p>	<p>Complete (<b>see paragraph 51</b>)</p>

**Recommendations from our 2024 Review of Cost Savings Arrangements**

We did not make any recommendations for DHCW as part of this review.

**Recommendations from our 2023 Review of Workforce Planning Arrangements**

We made four recommendations for DHCW as part of this review. As of August 2025, DHCW is reporting that it has implemented all of them.

### 3 Key terms in this report

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Term	Description
<b>Board Assurance Framework</b>	A Board Assurance Framework sets out the risks linked to the organisation's strategic objectives, and the controls and assurances in place to manage those risks.
<b>Building our futures programme</b>	Building our Future is an organisation-wide initiative aiming to develop an empowered and workforce to deliver high-quality products and services. Building our Future aims to modernise ways of working, tools and processes.
<b>Corporate Risk Register</b>	A Corporate Risk Register sets out the organisation's significant risks (either those with high scores or organisation-wide impact) and the actions in place to manage them.
<b>Counter Fraud</b>	Counter fraud refers to the activity undertaken by the organisation to prevent, detect, and investigate fraud, bribery, and corruption. This work is led by the NHS Counter Fraud Service (CFS) Wales, which operates under the NHS Wales Shared Services Partnership.
<b>GP System Migration</b>	DHCW is supporting a planned transition of GP Practices in Wales from the Vision clinical system (provided by INPS, to EMIS, the remaining approved support of GP systems.
<b>Integrated Medium-Term Plan</b>	An Integrated Medium-Term Plan is a three-year plan that sets out how the organisation will deliver its services, manage its workforce, and meet its financial duties to break even. The organisation submits its plan to Welsh Government for approval.

<b>Losses</b>	Losses include things like theft, fraud, overpayments, or damage to property.
<b>Product model</b>	DHCW is aiming to move from a project to a product-based approach to delivering digital services. This will create teams focussed on supporting the full lifecycle of a digital product (not just procurement through to implementation). However, it will require ongoing funding rather than a short-term funding model.
<b>NHS App</b>	The NHS App is a secure digital platform that allows patients to access a range of NHS services conveniently via mobile devices or web browsers.
<b>Quality Governance</b>	Quality governance is the combination of structures, processes, and behaviours used by an organisation, particularly its board, to lead on and ensure high-quality performance, including safety, effectiveness, and patient experience.
<b>Register of Interests</b>	The Register of Interests helps ensure transparency by recording any personal or business interests of Board members and staff that could influence decisions.
<b>Remit Letter</b>	The Welsh Government remit letter, issued in March 2025 sets out delivery expectations for DHCW for the 2025-26 year.
<b>Scheme of Reservation and Delegation</b>	The Scheme of Reservation and Delegation sets out which responsibilities stay with the Board and which are passed to committees and executives, along with reporting arrangements to ensure proper oversight.

<b>Single Tender Action</b>	A Single Tender Action is when an organisation buys goods or services from one supplier without going through a competitive process, usually because there's only one suitable option or urgent need.
<b>Special Payments</b>	Special payments are one-off payments made in unusual situations - like compensation or goodwill gestures - that fall outside of the organisation's normal business activity.
<b>Standing Financial Instructions</b>	Standing Financial Instructions set out the financial responsibilities, policies, and procedures adopted by the organisation.
<b>Standing Orders</b>	Standing orders set out the rules and procedures by which the organisation operates and make decisions.
<b>Statistical Process Control</b>	An SPC (Statistical Process Control) chart is a tool used to monitor and control a process through statistical methods. It helps in understanding the variability of the process and identifying any unusual patterns that may indicate issues or areas for improvement.
<b>Ten talks</b>	TenTalks are 30-minute, live events held on specific topics, for example, counter fraud, organisational behaviour, and Board member introductions.
<b>Well-being of Future Generations Act (2015)</b>	This Act requires public bodies in Wales to work sustainably and collaboratively to improve well-being across social, economic, environmental, and cultural areas, by setting long-term goals (called well-being objectives), involving citizens, and making decisions that consider the impact on future generations.

## About us

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

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

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



Audit Wales

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We welcome correspondence and telephone calls in Welsh and English.

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

# Management response form

**Audited Body:** Digital Health and Care Wales

**Report title:** Structured Assessment 2025

**Issue date:** 1<sup>st</sup> September 2025

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Programmes Delivery Committee should focus more on DHCW's actions to address programme delivery issues that are either within DHCW's direct control or ability to influence. <b>(Paragraph 14)</b>	Future reporting to the PDC to be clearer on the issues that DHCW can directly control or influence and be explicit where the delivery issues cannot be directly controlled, and escalation reports to the Board to focus on areas within DHCW's direct control or ability to influence.	May 2026	Director of Corporate Affairs / Board Secretary
R2	DHCW should make its Integrated Organisational Performance Report clearer. It should explain why key targets are being	The DHCW Performance Team are reviewing the approach to the organisational performance report and as part of this process will be more explicit why targets are missed, when	May 2026	Deputy Chief Executive /

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
	missed, what actions are being taken to address this, and how well those actions are working. <b>(Paragraph 26)</b>	they are missed, the actions taken to address and how effective they are being.		Executive Director of Finance
R3	DHCW should make sure future Board updates on IMTP progress clearly show how well current objectives are being met. <b>(Paragraph 41)</b>	The DHCW IMTP sets out a hierarchy of strategic missions, delivery portfolios, annual objectives and delivery milestones. Board updates on IMTP progress show how delivery milestones have been achieved, throughout the year. Progress reporting will show how progress against delivery milestones contributes to achieving annual objectives.	July 2026	Executive Director of Strategy
R4	DHCW should use a standard corporate template and style for supporting delivery plans to improve the consistency and quality of plan reporting. <b>(Paragraph 42)</b>	The DHCW IMTP describes objectives and delivery milestones which align to DHCW strategies. A standard reporting template will be developed showing which annual objectives and milestones are aligned to each strategy, and	May 2026	Executive Director of Strategy

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
		this will be included in strategy updates to the Board through the Strategy Assurance Group.		

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### AUDIT ACTION LOG

Eitem ar yr Agenda: Agenda Item:	4.4
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs   Board Secretary	September 2025	Approved

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



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

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

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

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

4.3 The Committee received 3 reports at the last meeting (listed below) which contained a total of 2 new actions. These have been added to the Audit Action Log, which now contains a total of 27 open actions.

- Financial Sustainability
- Follow Up of Internal Audit Recommendations
- Cyber Resilience Unit

4.4 The status of the 27 open actions is shown below.



Number of Actions by Status



4.5 The Committee are requested to note the completion of the following 7 actions:

Audit Title	Audit Action Reference	Target Date
Financial Sustainability	DHC-2425-01 Rec 1	Jul-25
Financial Sustainability	DHC-2425-01 Rec 2	Jun-25
National Data Resource (NDR)	DHCW-2425-10 Rec 1	May-25
Programme Management	DHC-2425-06 Rec 2	Sept-25
Programme Management	DHC-2425-06 Rec 3	Sept-25
Recruitment Processes	DHC-2425-14 Rec 5	Jul-25
Service Management (Service Level Agreements)	DHCW 2425-08 Rec 3.1	Jun-25

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

Audit Title	Audit Action Reference	Target Date
Digital Eyecare Programme	DHCW-2324-08 Rec 1.1	29 January 2026
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 1	Oct-25
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 2	Sept-25
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 3	Sept-25
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 5	Dec-25
Nationally Hosted NHS IT Systems	4649A2024-2024.6	TBC
Nationally Hosted NHS IT Systems	4007A2024 2022.4	Oct-26
Nationally Hosted NHS IT Systems	4649A2024-2024.4	Jun-26
Nationally Hosted NHS IT Systems	4649A2024-2024-5	TBC
Recruitment Processes	DHC-2425-14 Rec 2	Sept-25
Recruitment Processes	DHC-2425-14 Rec 7	Dec-25
Recruitment Processes	DHC-2425-14 Rec 8	Dec-25
Service Management (Service Level Agreements)	DHCW 2425-08 Rec 2.1	Mar-26
Stakeholder Engagement	4751A2025 Rec 1	Mar-26
Stakeholder Engagement	4751A2025 Rec 2	Dec-25
Stakeholder Engagement	4751A2025 Rec 3	Mar-26
Stakeholder Engagement	4751A2025 Rec 4.1	Dec-25
Stakeholder Engagement	4751A2025 Rec 4.2	Mar-26
Stakeholder Engagement	4751A2025 Rec 5	Mar-26
Stakeholder Engagement	4751A2025 Rec 6	Mar-26

4.6 There are no actions marked as overdue during the period.

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

5.1 Due to their technical nature, 4 actions have been classified as private and have sensitive details redacted.

5.2 Progress has been made over the period with a total of 7 actions completed. Progress against remaining actions will continue to be monitored by the Corporate Governance team in conjunction with Leads on a regular basis.



## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:  
Recommendation:

The Committee is being asked to

**NOTE** the Audit Action Log.

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### COUNTER FRAUD REPORT

Eitem ar yr Agenda: Agenda Item:	4.5
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Henry Bales, Cardiff & Vale Counter Fraud Manager
Cyflwynwyd gan: Presented By:	Henry Bales, Cardiff & Vale Counter Fraud Manager

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the contents of the report relating to the Counter Fraud work carried out in Quarter 2 of the financial year 2025/26	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The 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. The [Counter Fraud Update](#) outlines the progress made in Quarter 2.

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

- 4.1 The progress made in the Counter Fraud Provision for DHCW during Quarter 2 of the 2025/26 financial period.
- 4.2 Summary of fraud alerts and intelligence in period.
- 4.3 Summary of progress with the National Fraud Initiative.
- 4.4 Summary of referrals and investigations.

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

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

### 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>NOTE</b> the contents of the report relating to the Counter Fraud work carried out in Quarter 1 of the financial year 2025/26	

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

Eitem ar yr Agenda: Agenda Item:	5.1
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Helen Thomas, Chief Executive Officer
Paratowyd gan: Prepared By:	Chris Darling, Director of Corporate Affairs / Board Secretary
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE for ASSURANCE</b> the arrangements put in place to respond to DHCW going into Enhanced Monitoring Escalation, and comment on the arrangements.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Helen Thomas, CEO	September 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DDaT	Digital, data, and technology	SRO	Senior Responsible Owner
LIMS	Laboratory Information Management System	RISP	Radiology Information System Procurement
DSPP	Digital Services for Patients and the Public	IQPD	Integrated, Quality, Performance and Delivery
JET	Joint Executive Team		



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

#### 4.1 DHCW Approach to Escalation

Going into Enhanced Monitoring in March 2025 triggered a number of actions in response to increased escalation, some of which responded directly to the Escalation Framework issued by Welsh Government, other areas are based on wider reflections and learning from the DHCW Board. The response to escalation and approach has therefore been broken down into a number of headings below to include: response to the WG Escalation Framework, approach taken by the DHCW board, DHCW staff.

#### Response to the WG Escalation Framework

Welsh Government confirmed the Escalation Framework in April 2025. This sets the expectation and provided the basis to develop an improvement plan to monitor progress against.

The framework confirms that whilst the organisation is in escalation:

- normal performance management arrangements will continue through the integrated quality, planning and delivery board (IQPD) and joint executive team (JET) meetings
- the JET meetings in June and October 2025 will serve as formal enhanced monitoring review points
- enhanced monitoring touchpoint meetings will be integrated with the scheduled IQPDs and will be used to examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings

The JET meeting in June 2025 included a section on escalation response and progress, and IQPD meetings have become split to cover Escalation for Part A of the meeting,

and core business during Part B of the meeting. This has avoided additional escalation meetings with Welsh Government, and has been welcomed by DHCW.

Furthermore, the Escalation Framework sets out roles and responsibilities for Welsh Government and DHCW.

In taking forward actions from the roles and responsibilities set out in the framework, Welsh Government have:

- appointed an external special digital expert advisor who has attended DHCW IQPD meetings and DDaT Leadership Board meetings.
- the DDaT Leadership Board has been introduced, it is anticipated that more will be done to 'introduce updated governance to the system' with groups sitting under the DDaT Leadership Board to support the delivery of national programmes.

In terms of progressing the DHCW roles and responsibilities:

- an SRO has been appointed from the DHCW Exec Team to lead on the escalation response – The Director of Corporate Affairs / Board Secretary.
- board ownership and oversight of escalation has been established through a number of Board Development sessions, with the Programmes Delivery Committee taking the sub-committee of the Board for overseeing progress against the Enhanced Monitoring Improvement Plan, with updates on escalation provided at every SHA Public Board meeting.
- An enhanced monitoring improvement plan was developed and approved at the IQPD Meeting in May 2025.
- Updates against the enhanced monitoring improvement plan have been provided to WG and internally to DHCW.

## Enhanced Monitoring Improvement Plan

The Enhanced Monitoring Improvement Plan was developed to address the performance intervention areas and de-escalation criteria included in the Escalation Framework. The Improvement Plan was developed to map key milestones against these areas to show progress over a six to nine month timeframe. The improvement plan was triangulated with milestones included in the DHCW remit letter, the Performance and Productivity Ministerial Advisory Group (MAG) and DHCW's IMTP.

The performance and intervention areas include a number of DHCW's major national digital programmes, including: National Target Architecture, the NHS Wales App, Connecting Care, National Data Resource programme, Diagnostics (RISP and LIMS), GP migration, Digital Medicines, Intensive Care, the Cancer Informatics Programme.

The de-escalation criteria has been mapped into the improvement programme, to objectively demonstrate progress, this includes:

- *Delivery of agreed milestones* – the improvement plan has 46 milestones to be delivered addressing all the programmes included in the performance and intervention areas.
- *Programme management, risk and planning through revised approaches and procedures for planning, performance, and risk and programme management agreed and implemented* – to demonstrate robust PMO arrangements are in place, with effective performance management arrangements.
- *Good progress against milestones in the action plan related to the recommendations from stakeholder survey* – tracking the progress against the stakeholder survey to improve partnership arrangements.

It should be noted that the Enhanced Monitoring Improvement Plan is designed to demonstrate delivery against the milestones related to major digital programmes. In addition, a number of the milestones are designed to help improve the way major digital programmes could be delivered at a system level in the future.

DHCW have worked with Welsh Government to develop a shared Teams Channel area where the plan sits, along with a tracking plan by month, with the status of each milestone updated and evidence included in the channel to demonstrate if milestone has been completed. All milestones are reviewed by the DHCW Programmes Delivery Committee and then discussed at the Welsh Government IQPD meetings. This approach has ensured an open and transparent way to demonstrate delivery, or not, of the milestones.

### Approach by the DHCW board

The DHCW Board have taken an active role in the escalation response, this has included:

- Two Board Briefing sessions took place one in March, one in April to explore with the Board DHCW's areas of escalation, consider the implications and oversight.
- A Board briefing session took place in April on DHCW's risk appetite which considered this from the perspective of DHCW escalation.
- In May the SHA Board held an independently facilitated Board Development session on Board reflections relating to DHCW's escalation, considering if DHCW and the Board could have operated differently and whether this would have prevented an increase in escalation status, and also whether the Board and DHCW can / should operate differently in any areas in the future as a result of escalation reflections. Two additional follow up sessions have taken place to further consider the Board role and future focus.
- The DHCW Programmes Delivery Committee (PDC) a Sub-Committee of the DHCW Board has been assigned as the Committee responsible for oversight of the Enhanced Monitoring Improvement Plan and oversight of the major programmes that have been escalated. In addition, the frequency of PDC meetings have moved from quarterly to six weekly.

The independently facilitated Board reflections session held on 14 May 2025 identified a number of additional areas of opportunities, as a result of DHCW's increased escalation status i.e. delivery of major programmes, and more broadly, these include:

- Increased NHS Wales system knowledge and understanding to ensure successful delivery of digital transformation.
- Better clarity on roles and responsibilities in delivering digital transformation across NHS Wales
- Improved national governance to better oversee digital delivery.
- Improved relationships with partner organisations to aid delivery of major programmes and digital delivery.

External digital expertise has been commissioned to provide input, challenge and learn from examples of good practice internationally in the digital health space.

Feedback from IQPD and JET meetings with Welsh Government have been provided in update reports to the Programme Delivery Committee and Board.

## Approach to DHCW staff

DHCW have provided opportunities to Engage with staff on their revised escalation status, and this has been via a number of mechanisms:

- Message issued to all staff from Chair and Chief Executive on 11 March advising of the change to DHCW's escalation status and the reason.
- All staff virtual spotlight session on 18 March to update on DHCW's escalation status and answer questions from staff, over 400 staff attended this session.
- On 7 May a focus on escalation and providing feedback on the draft Enhanced Monitoring Improvement Plan took place at the DHCW quarterly leadership day.
- On 29 July the quarterly leadership day included an update and discussion on the areas escalated and progress in delivering against the milestones set.
- The Chief Executive all Staff Briefing has included regular updates on DHCW's escalation status.

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

- 5.1 The DHCW Board must ensure they continue to provide sufficient oversight and scrutiny of all areas of DHCW business. Major programmes account for circa 20% of DHCW's investment annually and therefore ensuring continued assurance of digital product and service delivery will be vital whilst also ensuring enhanced scrutiny on major programme delivery.



## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:  
Recommendation:

The Committee is being asked to

**NOTE** for **ASSURANCE** the arrangements put in place to respond to DHCW going into Enhanced Monitoring Escalation, and comment on the arrangements.

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### WELSH GOVERNMENT DELIVERABLES

Eitem ar yr Agenda: Agenda Item:	5.2
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Helen Thomas, Chief Executive Officer
Paratowyd gan: Prepared By:	Isis Hreczuk-Hirst, Head of Performance
Cyflwynwyd gan: Presented By:	Isis Hreczuk-Hirst, Head of Performance

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE and DISCUSS the report as part of our assurance processes	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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

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

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

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

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



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below  There is a duty to monitor, report on our strategic objectives and our assurance process of these..
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below  Should effective assurance not be given there could be financial implications.
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below  Key organisational decision makers and leaders should be aware of and act upon the elements of routes of delegation for which they hold responsibility or accountability.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Management Board	11/09/2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government		



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### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Welsh Government sets the Health Care strategy and NHS in Wales delivers that strategy and services via the seven Local Health Boards, three NHS Trusts and two Special Health Authorities.

DHCW are a Special Health Authority and provides services on behalf on NHS Wales operating at a national level, with a responsibility to build and design digital services for health and care.

As such there are many routes in which we are asked to deliver on our strategic objectives or support delivery across Wales.

This means that often our priorities may change throughout the year and or parliamentary sessions causing potential conflict and change.

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

4.1 Keeping a view on these routes of delegation into the organisation and the high volume of resulting actions, how they impact on current priorities is an essential part of our planning and performance remit.

To be able to articulate the complexity of this challenge we have drawn together all current documents, stating what they are seeking to set out and the deliverables that we as an organisation are charged with delivering upon to exact change across health and social care sectors.

The [WG deliverables](#) highlights how and where we are monitoring our achievements through key components of our Corporate Governance Framework, bringing together internal and external oversights. This brings together many plans and procedures in a more easily viewed format at a high level.



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

5.1 There are no key risks and matters for escalation.

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE and DISCUSS the report as part of our assurance processes	

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### OCTOBER FINANCE UPDATE

Eitem ar yr Agenda: Agenda Item:	5.4
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Mark Cox, Associate Director of Finance
Cyflwynwyd gan: Presented By:	Claire Osmundsen-Little, Executive Director of Finance

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Claire Osmundsen Little	22/09/2025	Approved

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



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The purpose of this report and [presentation](#) (Appendix A) is to provide an update to the Audit and Assurance committee on 2025/26 financial issues & savings and the forward to ensure financial sustainability in future years.

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

- 4.1 **Savings:** The IMTP presented a gross savings requirement of £4.9m. As per WHC 2025 013, the savings updates will only reflect schemes where management action is required to deliver cash releasing savings - with £1.5m recurrent schemes already being identified during 2024/25 and realised in 2025/26 by applying to allocated budgets a net target of **£3.4m** remained.  
Further opportunities presented £1.8m in budget reductions with a £1.6m target being delegated to directorates to identify schemes. As at the reporting date the forecast savings for the year amounts to **£3.6m** (an overachievement of £0.2m) of savings target identified of which **£3.4m** is recurrent.
- 4.2 **Financial Grip & Control – Mid Year Review:** The finance team will lead a mid year review to look to refresh the core & programme outlook and incorporate the financial implications of any agreed investment decisions. We will continue to identify opportunities that will deliver a balanced underlying position alongside emerging cost pressures and will track progress throughout the year. The position is to be reported to the relevant programme boards (as appropriate) before a review across the DPIF portfolio and agreement of any virement submissions/reallocation of core budget.
- 4.3 **2025/26 Additional Capital Funding:** DHCW has received a request for additional investment opportunities. As part of the ongoing financial forecast and to ensure the best use of available funding, the Capital & Non Pay Investment Group is co-ordinating the process to obtain lean mini business cases to enable prioritization and recommendation to Executive Directors for consideration relating to investment and pump priming schemes that support:
- 1) Delivery/Acceleration of IMTP Milestones
  - 2) Risk Mitigation
  - 3) Invest to save/productivity increases
  - 4) Acceleration of spend from future years (to relieve future year cost pressures)

- 4.5 **Forward Look:** DHCW has initiated a review to assess indicative funding requirements for 2026/27 to inform planning discussions with Welsh Government.

The Key Dates for the Welsh Government budget are as follows:

- 14 October 2025: Outline Draft Budget (high-level allocations)
- 3 November 2025: Detailed Draft Budget (with expenditure lines)
- 20 January 2026: Final Budget published
- 27 January 2026: Final Budget (debate and vote in the Senedd).

Given the election to be held in May 2026, no major new spending commitments are expected. During October there will an exercise to work with programmes and Welsh Government policy & finance leads to identify pipeline initiatives and prioritise & finalise funding assumptions in preparation for a more detailed financial planning guidelines to be provided by Welsh Government.

- 4.6 **Future Savings & Productivity Opportunities:** Allied to additional funding requirements emerging as part of the pipeline transition of programmes to live services DHCW has looked to identify savings/efficiency opportunities. The opportunities identified under the Building Our Futures Programme covering strategic benefits derived from service/structural transformation and focussed initiatives DHCW are progressing.

DHCW has identified and quantified a number of “live” opportunities whilst the anticipated benefits in relation to the transition to the new operating model are currently being assessed. August BOF Programme Board has discussed and agreed the process & responsibilities to identify, manage and realise benefits.

- 4.7 **SLA Charging Review:** DHCW has begun engagement with organisations regarding reviewing SLA charging processes to ensure they are not only up to date and reflective of modern service provision but also future proofed for material developments (such as the product and cloud transitions).

The review aims to ensure that the cost and charging of digital service provision is transparent, equitable, and aligned with usage and value delivered to NHS Wales organisations.

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

- 5.1 **Microsoft VAT Recovery:** DHCW has received a protective assessment from HMRC dated 31 July 2025, covering the July 2021-December 2021 accounting period. HMRC has confirmed that enforcement is paused pending further internal discussions. Whilst DHCW has held a provision for the VAT assessment value, it does not hold a provision for the interest liability given that the cash was transferred to WG in line with requirements. We are currently assessing the position with key stakeholders in order to



decide how to respond to HMRC's assessment letter. Note: the letter is not a formal HMRC decision as the Commissioners have not expressed their view on the VAT recovery. In order to stop the interest on the assessment from accruing DHCW will need to decide whether to pay the VAT assessment and whether to appeal the decision. The deadline for response is 30 December 2025.

We continue to liaise with Welsh Government as we look to agree next steps and the appropriate funding mechanism, should it be required.

- 5.2 **Financial Planning:** To support delivery of the IMTP the finance team will work with the planning team to agree timelines, milestones and deliverables to meet the NHS Wales Planning Framework. This document is published annually by the Welsh Government and provides statutory direction to NHS organisations on developing their three-year IMTPs to align with long-term goals, such as those set out in "A Healthier Wales". A full update will be presented to the Audit and Assurance Committee (incorporating all planning assumptions) once the 2026/27 guidance has been published.

## 6 ARGYMHELLIAD / RECOMMENDATION

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

# IECHYD A GOFAL DIGIDOL CYMRU

## DIGITAL HEALTH AND CARE WALES

### HIGH VALUE ORDERS REPORT

Eitem ar yr Agenda: Agenda Item:	5.4ii
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Joel Griffiths, Systems Accountant
Cyflwynwyd gan: Presented By:	Mark Cox, Associate Director of Finance

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the High Value Orders report to September 15th 2025.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
VAT	Value Added Tax	DSPP	Delivering Services to Patients and the Public
IHUB	Integration Hub		



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

- 4.1 During the period 25<sup>th</sup> June 2025 – 15<sup>th</sup> September 2025 there were 3 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) 25<sup>th</sup> June 2025 – 15<sup>th</sup> September 2025.**

Ref	Area	Supplier	Service/Good Detail	Date Order Raised
A5	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	EMIS SUPPORT & MAINTENANCE	26/06/2025
A6	Vaccinations	DEPARTMENT FOR SCIENCE INNOVATION AND TECHNOLOGY	2024/25 Gov notify vaccination programme	07/07/2025
A7	Digital Services for Patients and Public	KAINOS SOFTWARE LTD	Delivery Increment 8	29/07/2025

- 4.4 The details of suppliers whose cumulative orders for the year have also reached the

£0.750m threshold are also presented within this report and itemised further in [Appendix B](#) and within Table 2 of this report.

**4.5 Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 25<sup>th</sup> June 2025 – 15<sup>th</sup> September 2025**

Ref	Area	Supplier	Service/Good Detail	Number of Orders
B4	Integration Hub / Digital Services for Patients and Public	KAINOS SOFTWARE LTD	Professional Fees	16
B5	Lease cars	NORTHUMBRIA HC NHS TRUST	Lease cars	52

4.6 For completeness and because of the potential for overlap in Appendix A and B the details of suppliers where spend has exceeded £0.750m are also presented within this report and itemised further in table 3 of this report. The table is a year-to-date position as of the 15<sup>th</sup> September 2025. The cumulative high value spend by supplier is available [here](#).

**4.7 Table 3: Suppliers with Spend of over £0.750m for the period of 17<sup>th</sup> March 2025 – 15<sup>th</sup> September 2025.**

Ref	Area	Supplier	Amount £
C1	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD	>£0.750m
C2	Data Centre Services	COMPUTACENTER (UK) LTD	>£0.750m
C3	Professional Fees	KAINOS SOFTWARE LTD	>£0.750m
C4	GP Systems Maintenance Support	HP INC UK LTD	>£0.750m
C5	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD	>£0.750m
C6	Various	NHS ENGLAND	>£0.750m
C7	Lease car	NORTHUMBRIA HC NHS TRUST	>£0.750m
C8	Vaccinations	DEPARTMENT FOR SCIENCE INNOVATION AND TECHNOLOGY	>£0.750m
Grand Total High Value Purchase Orders			£47,168,000



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

5.1 There are no key risks and matters for escalation.

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:  
Recommendation:

The Committee is being asked to

**NOTE** the High Value Orders report to September 15th 2025.

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

Eitem ar yr Agenda: Agenda Item:	5.4iii
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2024

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Rachel Stirrup, Strategic Contract and Commercial Manager
Cyflwynwyd gan: Presented By:	Julie Francis, Head of Commercial Services

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAID O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 20000 - IT Service Management Systems
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: ISO 27001 ISO 9001 BS 10008	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement:	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below All contracts have been awarded in line with the SHA Governance and the Public Contracts Regulations 2015 or Procurement Act 2023
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below There are financial implications from single tenders and change notices.
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Julie Francis Head of Commercial Services	15/09/2025	Approved
Claire Osmundsen-Little		

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



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

- 3.1. The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1<sup>st</sup> June 2025 to 31<sup>st</sup> August 2025 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the standing Financial Instructions.
- 3.2. An explanation of the reasons, circumstances and details of any further action taken is also included.

SFI Reference	Description	Items
12.9.4	Free of Charge Services	0
12.11.5	Procurement Thresholds	0
12.13	Single Quotation Actions	1
12.13	Single Tender Actions	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 either in relation to additional value or term (executed via Contract Change Note (CCN) or Variation of Terms)	1

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

- 3.3. The Committee is required to note the following DHCW activity:
- 2 x Single Tender Actions ([Set out in item 5.4iii Appendix A](#)) Total Value £247,819.39 ex VAT
  - 1 x Single Tender Quotation (Set out in item 5.4iii Appendix A) Total Value £20,000.00 ex VAT
  - 1 x CCN (Set out in item 5.4iii Appendix A) Total Value £13,418.75 ex VAT



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

- 5.1 No risks or key matters to escalate to the Committee as the procurement activities reported upon are in accordance with the Public Contracts Regulations 2015, Procurement Act 2023 and Standing Financial Instructions.

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:  
Recommendation:

The Committee is being asked to

**NOTE** the contents of the report set out in item 5.4iii Appendix A

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES BOARD ASSURANCE FRAMEWORK, DUTY OF QUALITY REPORT

Eitem ar yr Agenda: Agenda Item:	5.5
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance
Cyflwynwyd gan: Presented By:	Paul Evans, Head of Quality Assurance and Regulatory Compliance

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL STRATEGIC MISSION</b>	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
<b>RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)</b>	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)</b>	N/A
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Globally Responsible Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u></b>	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u></b>	Whole Systems Approach
<b><u>PARTH ANSAWDD DOMAIN OF QUALITY</u></b>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
Datganiad: Statement: N/A	



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
QIA	Quality Impact Assessment		



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 As an NHS Wales body, Digital Health and Care Wales (DHCW) operate within a statutory Duty of Quality, which is a legislative requirement, rooted in the Health and Social Care (Quality and Engagement) (Wales) Act 2020. This mandates that all NHS Wales organisations actively and continuously improve the quality of health services in Wales.

Our compliance with this duty requires a comprehensive, organisation-wide approach to quality management.

3.2 Our current assurance processes are embedded within our business-as-usual activities for quality planning and quality improvement work. As an example, we complete a Quality Impact Assessment (QIA) for all strategic decisions to ensure we consider and capture any potential impacts on the quality of our products and services. The Wales Informatics Assurance Group (WIAG) also provides consideration on delivery of our products and services to ensure we are delivering on our obligations to ensure we provide safe, timely and effective solutions.

3.3 DHCW is required to produce an annual quality report to meet the reporting requirements of the Duty of Quality. The Annual Quality Report 2025 provides a summary of our DHCW Quality related activities and provides specific examples of quality-related processes from each directorate, supplemented by Quality Management data from the Quality Assurance & Regulatory Compliance Team. The report outlines DHCW's holistic approach to Quality, covering activities under Quality Planning, Quality Control, Quality Improvement and Quality Assurance including a summary of DHCW's ISO standards.

3.4 To further strengthen our assurance and governance in this area, our strategic focus is now on the implementation of the DHCW Quality Framework, which is the focus of this deep dive session. The framework establishes a clear, consistent, and proactive approach to quality. It is a critical enabler for our Duty of Quality and represents a significant evolution in our ability to not only track but also systematically plan and evidence our compliance.



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

- 4.1 The DHCW Quality Framework introduces a fundamental change in our approach to quality by requiring all Products, Services, and Supporting Functions to develop and maintain their own Quality Plans.
- 4.2 The Quality Framework and Quality Plan template have been developed based on the well-established Juran's trilogy and incorporate the three interdependent processes of Quality Planning, Quality Control, and Quality Improvement. A Standard Operating Procedure (SOP) provides comprehensive details for development of a Quality Plan and includes guidance and expectations to ensure alignment with the Health and Care Quality Standards 2023 and, where applicable, the Digital Service Standards for Wales.
- 4.3 The framework is a significant step forward in embedding the Duty of Quality across DHCW and will be essential in the continuous improvement of DHCW products and services and the content and structure of the annual quality report. Each area including quality plans, controls, improvement and assurance are set out below in further detail.

### *Quality Plans*

- 4.4 Quality Plans will require a granular, detailed mapping of every activity within a Product, Service, or Supporting Function against the Health and Care Quality Standards 2023 and, where applicable, the Digital Service Standards for Wales. The quality plans will serve as living documents, providing a continuous record of our assurance and compliance activities.
- 4.5 These plans shall include the principles that guide quality by design, identify critical quality attributes, and establish key performance indicators for ongoing monitoring. The incorporation of these principles allows us to build on our existing quality assurance practices such as non-compliance management, document control, and quality improvement.
- 4.6 A key benefit of the individual Quality Plans for Products, Services, and Supporting Functions is the documented relationships between the identified Quality Objectives, Critical Quality Attributes (CQAs), Critical Process Parameters (CPPs), Objective and Key Results (OKRs), Key Performance Indicators (KPIs) and delivery against the Quality Standards. They also clarify the roles, responsibilities, and governance arrangements needed to maintain accountability and foster a culture of continuous improvement throughout the organisation.
- 4.7 An example of a Quality Plan has been developed in draft form to showcase our aspirations for this area, and the expectation is that we can socialise with prospective Products, Services, and Supporting Functions to gain insights and feedback we can use to further improve the concept.



### *Quality Control*

- 4.8 Quality Control within DHCW is a critical function aimed at ensuring that products and services meet defined standards throughout their lifecycle. Quality Plans explicitly require the identification and documentation of Critical Quality Attributes (CQAs) and Critical Process Parameters (CPPs), which are monitored via routine audits, data validation, and performance reviews. These activities enable timely detection of issues and provide the mechanism for corrective and preventive actions (CAPA), which are systematically logged and tracked.
- 4.9 To further strengthen Quality Control, dedicated controls and checkpoints should be embedded at every stage of development and delivery. Examples include standardised testing protocols, regular peer reviews, and periodic compliance assessments against Health and Care Quality Standards. This approach should also include robust incident management procedures to address non-conformance, with clear escalation routes and accountability for swift resolution.

### *Quality Improvement*

- 4.10 The approach to Quality Improvement within DHCW, as outlined in the Quality Framework, is both systematic and proactive, ensuring that continuous enhancement of services and products is embedded at every level of the organisation. To support this, bespoke Improvement training programmes have been developed and delivered internally to DHCW colleagues. These training initiatives are designed not only to build capability, but also to foster a culture that values quality at every stage of the product and service lifecycle.
- For example, we have introduced structured mechanisms such as the 5-Minute Improvement initiative, where staff are encouraged to register and share incremental improvement ideas through a centralised dashboard. These ideas are mapped against the core domains of quality, providing a clear link to the Health and Care Quality Standards 2023. By aligning each suggestion with one primary quality domain (and, where relevant, additional domains), DHCW ensures that improvement activity is both visible and strategically aligned, making it easier to track, evaluate, and disseminate successful practices across the organisation.

### *Quality Assurance*

- 4.11 Quality Assurance in DHCW is underpinned by proactive measures designed to prevent defects and ensure that quality is built into processes from the outset. The Quality Plans should articulate the quality philosophy that guides each product, service, or function, detailing systematic approaches for risk management, document control, and stakeholder engagement.
- 4.12 Structured assurance activities—such as internal and external audits, certification checks, and ongoing process validation—ensure that teams consistently adhere to best

practices and standards. Regular training and competency assessments further reinforce a culture of continuous improvement, equipping teams to anticipate risk and maintain high levels of compliance.

4.13 Collectively, the elements of the DHCW Quality Framework create an environment where improvement is not a one-time event but a continuous, data-informed process. The approach is intended to empower teams to take ownership of quality, support the spread of best practice, and reinforce DHCW’s ambition to deliver safe, effective, and person-centred digital health and care services.

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

5.1 As outlined in agenda item 2.8 for the Quality Framework, the following are the identified risks for escalation to this committee

- **Non-compliance Risk:** Failure to implement Quality Plans across all products and services could result in non-compliance with the Duty of Quality, exposing DHCW to reputational risk.
- **Resource and Capability Gaps:** Some areas may lack the capacity or capability to develop robust Quality Plans without additional support or training. The Quality team will provide this support and will also develop a sample Quality Plan to demonstrate “What good looks like”
- **Governance Oversight:** Effective monitoring and assurance will require sustained engagement from governance groups and senior leadership, including Executive support for adoption within their Directorates to ensure that quality is embedded and maintained.

## 6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	5.6
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	07 October 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to
<p><b>DISCUSS</b> the Corporate Risks assigned to the Audit and Assurance Committee.  <b>RECIEVE AND DISCUSS</b> the Corporate Risk Trend Analysis 01 October 2024 to 31 August 2025  <b>NOTE</b> the status of the Corporate Risk Register.</p>	



## 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Risk Management Group	02/09/2025	Discussed and verified
Management Board	18/09/2025	Discussed and verified
Laura Tolley, Deputy Board Secretary   Head of Corporate Governance	24/09/2025	Reviewed
Chris Darling, Director of Corporate Affairs   Board Secretary	24/09/2025	Approved

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

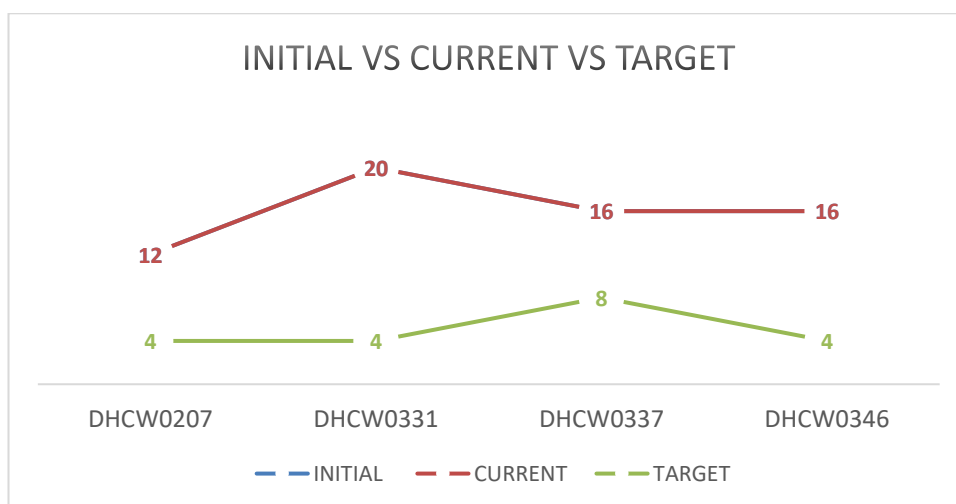


### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The DHCW [Risk Management and Board Assurance Framework \(BAF\)](#) outlines the approach the organisation will take to managing risk and Board assurance.
- 3.2 A full review of the BAF took place during May 2025 and was approved by the SHA Board in May 2025.

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

- 4.1 Committee members are asked to consider risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months).
- 4.2 The Committee are asked to consider the risks assigned to the Committee
  - DHCW0207 – Document Management Strategy
  - DHCW0331 – Fixed Term Resource Funding
  - DHCW0337 – Sustainable Digital Services and Development Funding Model
  - DHCW0346 – DDaT Governance Review Implementation
- 4.3 The overview of initial risk score versus current versus target, and risks that may be identified for further investigation and action are shown in the graph below.



NB: DHCW0207/0331/0337/0346 are trending on the same scores and therefore represented on one line within the graph.

- 4.3 DHCW’s Corporate Risk Register currently has 17 risks on Register, 4 of which are allocated to the Audit and Assurance Committee and are detailed at item [5.6i Appendix A](#) for consideration by this Committee. The remaining 13 risks are assigned to the Digital Governance and Safety and the Programmes Delivery Committee and are considered in public/private session as per the Committee assignment approach.
- 4.4 Committee members are also asked to receive and discuss the [Annual Audit & Assurance Committee Corporate Risk Trend analysis](#) covering the period of 01 October 2024 to 31 August 2025.
- 4.5 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores) since the last report:

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

RISK REF	RISK TITLE	COMMITTEE ASSIGNMENT
DHCW0350	Increased Cadence of GP Migrations	Digital Governance & Safety Committee

**RISKS REMOVED (3) 3 Public, 0 Private**

RISK REF	RISK TITLE	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0334	Funding for Care Director in FY25/26	Funding agreed and confirmed	Programmes Delivery Committee
DHCW0340	GP Systems and Services provided by third party INPS (subsidiary of cegecim) could be withdrawn	Sale of INPS complete. Agreement with buyer to expedite the migrations to complete in May 2026, mitigating risk of services being withdrawn before migrations are complete	Digital Governance & Safety Committee
DHCW0350	Increased Cadence of GP Migrations	Sale of INPS complete. Agreement with buyer to expedite the migrations to complete in May 2026, mitigating risk of services being withdrawn before migrations are complete	Digital Governance & Safety Committee

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

There were no changes in score during the period.

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

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0281 →		DHCW0298 - Delay in WLJHS implementation 2.0 →
	MAJOR (4)			DHCW0207 Document Management Strategy → DHCW0349 - RADIS Team Scaling Back 25/26 →	DHCW0336 Audit + Withdrawal from Contracts → DHCW0337 Sustainable Digital Services and Development Funding Model → **DHCW0341 → **DHCW0342 → DHCW0346 DDaT Governance Review Implementation → DHCW0348 Transition to new data Architecture →	DHCW0351 - Fixed term funding resource → DHCW0333 - WICIS Implementation Delay → DHCW0263: DHCW Functions → DHCW0320 - Citizen and stakeholder trust in use of HSC data →
	MODERATE (3)	DHCW0300 - Canisc (Screening and Palliative Care) →		DHCW0318 - Welsh Language Scheme Compliance →	DHCW0347 National Target Architecture Roadmap →	
	MINOR (2)					
	NEGLECTIBLE (1)					

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

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

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

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
<p><b>DISCUSS</b> the Corporate Risks assigned to the Audit and Assurance Committee.  <b>RECIEVE AND DISCUSS</b> the Corporate Risk Trend Analysis 01 October 2024 to 31 August 2025  <b>NOTE</b> the status of the Corporate Risk Register.</p>	

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES MANAGEMENT OF PHYSICAL ASSETS

Eitem ar yr Agenda: Agenda Item:	5.7
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

Noddwr Gweithredol: Executive Sponsor:	Sam Lloyd, Executive Director of Operations
Paratowyd gan: Prepared By:	Sarah Roberts, Client Services Business Lead
Cyflwynwyd gan: Presented By:	Carwyn Lloyd-Jones, Chief Cloud Officer

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

<b>CENHADAETH STRATEGOL</b> <b>STRATEGIC MISSION</b>	All missions apply
<b>RISG GORFFORAETHOL</b> (cyf, os yw'n briodol) <b>CORPORATE RISK</b> (ref if appropriate)	N/A
<b>ASESIAD O'R EFFAITH AR ANSAWDD</b> (cyf, os yw'n briodol) <b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	N/A
<b><u>DEDDF LLESIAINT CENEDLAETHAU'R DYFODOL</u></b> <b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Resilient Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<b><u>SAFONAU ANSAWDD IGDC</u></b> <b><u>DHCW QUALITY STANDARDS</u></b>	ISO 27001 - Information Security Management Systems
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: ISO20000	
<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></b> <b><u>DUTY OF QUALITY ENABLER</u></b>	Information
<b><u>PARTH ANSAWDD</u></b> <b><u>DOMAIN OF QUALITY</u></b>	Efficient
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u></b> <b><u>GYDRADDOLDEB</u></b> <b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement:	



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

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Carwyn Lloyd-Jones	05/09/2025	Approved
Matthew Palmer	05/09/2025	Approved
Ian Cox	05/09/2025	Approved
Claire Ash	05/09/2025	Approved

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



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This is an annual assurance report for asset management of Physical IT assets in DHCW, across both our End User Hardware (desktops, laptops, printers, etc) and Core Services Hardware (equipment housed in data centres).

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

4.1 The primary tool for managing the process is Wasp AssetCloud Asset Management. This is fully deployed for the End User Hardware and now being expanded to include the Core Services Hardware, which is currently managed and tracked through spreadsheets.

Audit of stock is undertaken twice annually. In the most recent audit, accuracy was 99.65%. Sample testing is also undertaken by Audit Wales.

For IT Hardware Asset Disposal, DHCW works with an approved disposal/recycling contractor, and certificates of destruction/recycling are received and cross-checked.

The attached reports, [Appendix 5.7i](#) and [Appendix 5.7ii](#) provide further information on DHCW's physical asset management processes and include an update on service improvement activity.

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

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

### 6 ARGYMHELLIAD / RECOMMENDATION

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

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES IAITH GYMRAEG | WELSH LANGUAGE

Eitem ar yr Agenda: Agenda Item:	5.8
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	7 October 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	The Committee is being asked to
<p><b>APPROVE</b> the Mwy na Geiriau annual report for submission to Welsh Government and <b>NOTE</b> the draft Welsh Language Standards Compliance Notice</p>	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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

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

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

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

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



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	Yes, please see detail below Welsh Language Measure 2011
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	Yes, please see detail below External recruitment costs
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	Yes, please see detail below Welsh language skills required in specific roles e.g service desk, engagement and communications
<b>ECONOMAIDD- GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

## 2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Welsh Language Board Champions	2/9/25	Approved
Welsh Language Group	2/9/25	Approved
Director of Corporate Affairs	2/9/25	Approved
Head of Corporate Governance	2/9/25	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan	ESR	Electronic Staff Record
WCP	Welsh Clinical Portal	WPAS	Welsh Patient Administration System



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This report includes the [DHCW Mwy na Geiriau five- year plan 2022-2027 annual report for the period April 2024 to March 2025](#). It will also include an overview of:

- compliance with the Welsh language scheme.
- the current Welsh Language skills dashboard showing staff's self-assessment of their Welsh skills
- staff engagement activities which support the actions outlined in both the Welsh language scheme and Mwy na Geiriau five- year plan.

3.2 Welsh Government require a yearly update on our progress with the actions set out in the plan. This comprehensive report clearly demonstrates DHCW's commitment to the Welsh language across leadership, workforce development, digital services, and cultural integration.

A summary of key highlights include:

#### 3.2(ii) Key Data & Achievements

- **Welsh Language Skills:** 52% of staff have at least Level 1 Welsh skills; 99% have recorded their skills on ESR.
- **Training Completion:** 98.8% of staff completed the Welsh Language Awareness Course.
- **New Initiatives:** Courtesy-level Welsh course launching in September 2025 with Coleg Cambria.

#### 3.2(iii) Culture & Leadership

- Welsh language embedded in induction and appraisal processes.
- Strong internal promotion through bilingual presentations, cultural events, and staff briefings.
- Active participation in national campaigns and events (e.g., National Eisteddfod sponsorship, Welsh learner of the year award).

#### 3.2(iv) Planning, Policies & Data

- Welsh language integrated into IMTPs and policy development.
- Digital systems (e.g., ESR, WCP, WPAS) support recording and displaying language preferences.
- Dashboards used to monitor Welsh language metrics across directorates.

### 3.2(v) Workforce Development

- Strategic workforce planning includes Welsh language targets.
- Recruitment tools assess Welsh language needs for roles.
- Partnerships with Welsh schools and attendance at careers fairs to attract Welsh-speaking talent.

### 3.2(vi) Digital Services & Innovation

- NHS Wales App and website are bilingual; further work planned to make login bilingual.
- Translation team supports bilingual interface development and uses shared terminology tools.
- Collaboration with Microsoft 365 team to test Copilot for bilingual support.

### 3.2(vi) Sharing Best Practice

- Creation of a best practice sharing webpage, [Hwb Iaith](#), with the Welsh Institute of Digital Information.
- Active participation in national networks and advisory boards.

## 3.4 Welsh Language Scheme

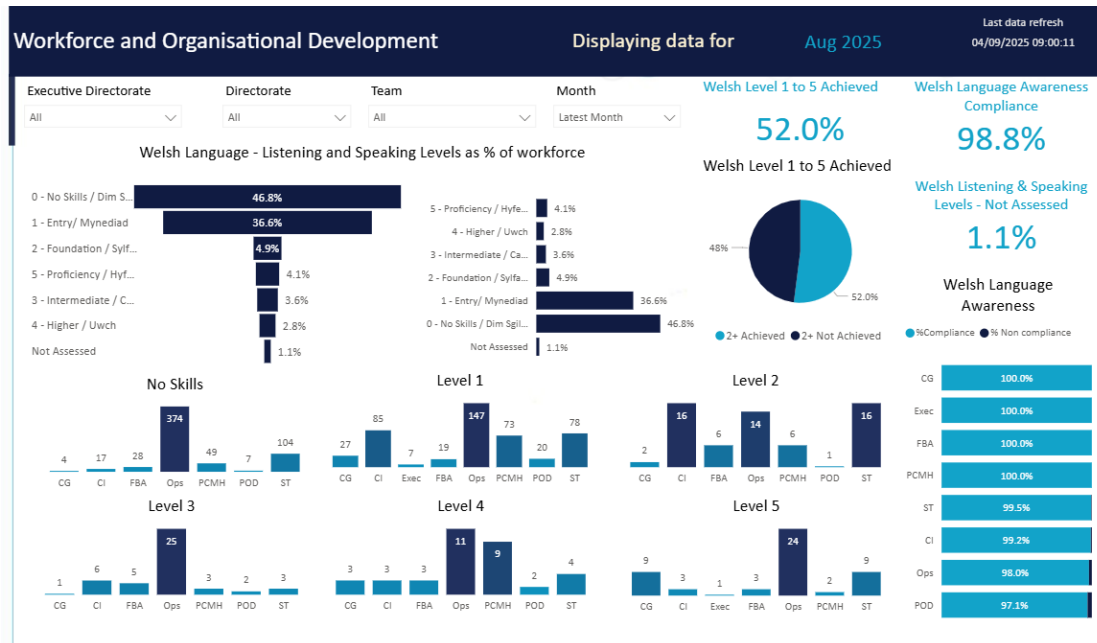
The Welsh Language Team monitors compliance with the Welsh Language Scheme and reports non-compliance and areas for improvement to the Welsh Language Group. The Welsh language standards action plan is reviewed by the Welsh Language Group on a quarterly basis.

The summary of compliance are below:

Type of Standards	Approximate % compliance / RAG rating
Service Delivery Standards	85%
Policy Making Standards	80%
Operational Standards	80%
Record Keeping Standards	100%

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

### 4.1 ESR Compliance Data (August 2025)



DHCW is committed to ensuring 100% of staff with at least a courtesy level of Welsh by 2027, which supports the More than just words five year plan 2022-2027 aims for all health and social care staff in Wales to achieve a basic courtesy level of Welsh Language skills by 2027.

DHCW has set an internal target of 60% for the period 2025-2026. DHCW are currently at 52.3%. The DHCW target to reach 60% of staff with Welsh language skills by the end of March 2026 is achievable, however continued support and engagement is required to achieve the 100% target set by Welsh Government in the Mwy na Geiriau five-year plan 2022-2027.

The Welsh Language Team encourages staff to complete introductory courses provided by the centre for learning Welsh and work with colleagues across DHCW, supporting them to update their skills levels on ESR. The addition of a new courtesy course in collaboration with Coleg Cambria in September 2025 will support the achievement of this target.

### 4.2 Engagement and learning activities

- Sponsorship of the technology village at the National Eisteddfod and hosting two sessions highlighting the transformative role of digital technology in health and care in Wales.
- Staff are engaging with the new courtesy course offered by Coleg Cambria which will support DHCW in achieving the target set in Mwy na Geiriau plan. Coleg Cambria also offer a confidence building course for staff.

- A 'back to school' learning week including, using Welsh in meetings, using the cysgair software and mutations were well attended by staff.
- DHCW is taking part in research project with Bangor University where staff will use an app to encourage them to use Welsh at work with colleagues.
- Diwrnod Shwmae activities this October will include a presentation from Mudiad Ysgolion Meithrin and will support staff who are learning Welsh and either have children in Welsh schools or thinking of Welsh education for their children. This session will be open to all NHS Wales staff.
- Social media engagement on both the Welsh social media accounts has increased over the last year. The figures in blue in the following chart shows engagement growth on all accounts over the last year:



- As part of DHCW's commitment to 'Growing our Own' and 'Putting People First' the Welsh language team has been successful in appointing a Translation Apprentice who joined the team in September 2025.

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

- 5.1 DHCW have an obligation to ensure that the Welsh Language is treated equally to the English Language, failure to do this could result in a decline for Welsh speakers and a loss of opportunity for the Welsh Language to thrive, have a negative impact on community cohesion and potential legal and ethical issues concerning rights and equality. In addition, it could potentially lead to discrimination, reduced access to services, and barriers to cultural and social engagement for Welsh speakers and learners.
- 5.2 DHCW have received a [draft compliance notice](#) from the Welsh Language Commissioner. A consultation period of 3 months allows DHCW time to respond to the draft document. This will include completion of a form to note if we are of the opinion that one or more of the standards included within the notice is unreasonable and/or disproportionate. Our response to the compliance notice will be presented to Weekly Executive Directors and DHCW Management Board meetings for review prior to submission.
- 5.3 In preparation for the Welsh Language Standards the Welsh language team will monitor current compliance levels and raise awareness of the standards with key officers,



Directorate town hall events, Senior Leadership meetings, town hall meetings and tentalks.

5.4 The particular areas requiring attention include:

- (i) Recruitment
- (ii) Communications, Events and Engagement with Stakeholders

5.5 Non-compliance with the Welsh Language Standards Regulations could result in DHCW receiving a civil penalty, or fine from the Welsh Language Commissioner.

## 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>APPROVE</b> the Mwy na Geiriau annual report for submission to Welsh Government and <b>NOTE</b> the draft Welsh Language Standards Compliance Notice	