

Cyfarfod Cyhoeddus Y Pwyllgor Archwilio a Sicrwydd

Tue 08 April 2025, 09:30 - 12:20

Agenda

09:30 - 09:30 1. MATERION RHAGARWEINIOL

0 min

1.1 Croeso a chyflwyniadau

I'w Nodi Cadeirydd

1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi Cadeirydd

1.3 Datganiadau o Fuddiannau

I'w Nodi Cadeirydd

09:30 - 09:35 2. AGENDA GYDSYNIO

5 min

2.1 Cofnodion heb eu cadarnhau o gyfarfodydd blaenorol

2.1i Cyhoeddus 21 Ionawr 2025

I'w Gymeradwyo Cadeirydd

📄 2.1i 210125 AA-MDA-PUBLIC DRAFTv1JA-en-cy-C.pdf (22 pages)

2.1ii Preifat - crynodeb 21 Ionawr 2025

I'w Gymeradwyo Cadeirydd

📄 2.1ii 21012025 AA-MDA-PRIVATE DRAFT ABRIDGED-en-cy-C.pdf (6 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi Cyfarwyddwr Gweithredol Cyllid

📄 2.2 SSPC Assurance Report 03 February 2025 FINAL.pdf (6 pages)

2.3 Blaengynllun Gwaith

I'w Nodi Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

📄 2.3 Forward Workplan.pdf (5 pages)

2.4 Adroddiad Safonau Ymddygiad

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

📄 2.4 Standards of Behaviour Report Apr 2025.pdf (5 pages)

2.5 Cofrestr Sicrwydd Deddfwriaethol

Er Sicrwydd Pennaeth Ansawdd a Rheoleiddio

2.5 LAF Report (April '25).pdf (6 pages)

2.6 Adroddiad yr Iaith Gymraeg

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

2.6 Welsh Language Report - March 25.pdf (7 pages)

2.7 Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth

Er Sicrwydd Pennaeth Gwasanaethau Corfforaethol

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

2.8 Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio C3

I'w Nodi Pennaeth Ansawdd a Rheoleiddio

2.8 Quality and Regulatory Update Report April 2025.pdf (7 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 - 11:10 4. ARCHWILIO AC ATAL TWYLL

90 min

4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Nodi Archwilio Mewnol PCGC

4.1 Progress Report Audit Committee Cover Sheet April 2025.pdf (4 pages)

4.2 Adroddiadau Adolygiad Archwilio Mewnol

Er Sicrwydd Archwilio Mewnol PCGC

4.21i Rheoli Rhaglenni

4.2.ii Fframwaith Perfformiad

4.2.iii Adolygiad yr Adnodd Data Cenedlaethol (NDR)

4.2.iv Rheoli Gwasanaethau

4.2 DHCW Internal Audit Reports Audit Committee Cover Sheet April 2025.pdf (7 pages)

4.3 Cynllun Archwilio Mewnol 2025/26

I'w Nodi Archwilio Mewnol PCGC

- Themâu a Thuaddiadau

4.3 DHCW Draft Internal Audit Plan 2025.26 Cover Paper.pdf (8 pages)

4.4 Diweddariad Pwyllgor Archwilio Cymru, i gynnwys:

Er Sicrwydd Archwilio Cymru

4.4 DHCW Audit and Assurance Committee Update - April 2025.pdf (12 pages)

4.4i Adroddiad yr Archwilydd Cyffredinol ar Wasanaethau Canser, gan gynnwys Ymateb Rheolwyr

Llywodraeth Cymru

Er Sicrwydd Archwilio Cymru

4.4i Cancer Services in Wales - English.pdf (72 pages)

4.4ii Cynllun Archwilio Blynnyddol

Er Sicrwydd Archwilio Cymru

4.4ii DHCW Audit Plan 25.pdf (23 pages)

4.4iii Llythyr Ymholiadau Archwilio

Er Sicrwydd Archwilio Cymru

4.4iii Audit-Enquiries-Letter-2024-25 DHCW.pdf (13 pages)

4.5 Cofnodion Gweithredu Archwilio

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

- Themâu Camau Gweithredu Archwilio Blynnyddol 2024/25

4.5 Audit Action Log - Public April 2025.pdf (6 pages)

4.6 Adroddiad Diweddarau ar Atal Twyll Lleol, i gynnwys:

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

4.6i Adroddiad Cynnydd Ch4 y Gwasanaeth Atal Twyll Lleol

4.6ii Cynllun Gwaith Drafft y Gwasanaeth Atal Twyll Lleol 25/26

4.6 COUNTER FRAUD progress rep and annual plan cover paper.pdf (5 pages)

Egwyl - 10 munud

11:10 - 12:20 5. ADRODDIADAU LLYWODRAETHU

70 min

5.1 Cynaliadwyedd Ariannol - Adeiladu ein Dyfodol (BOF) a Ffrwd Waith Dod o Hyd i Werth

I'w Nodi Cyfarwyddwr Gweithredol Cyllid

5.1 Audit Committee BoF Finding More Value Update 2025-26 Plan F-01 1.pdf (6 pages)

5.2 Adroddiad Risg Corfforaethol

I'w Trafod Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

5.2 Corporate Risk Report.docx A&A.pdf (7 pages)

5.3 Dyranid Cyllid CTCI

I'w Nodi Dirprwy Gyfarwyddwr Cyllid

5.3 Audit Committee - IMTP Remit Letter April 2025.pdf (6 pages)

5.4 Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

5.4 High Value Purchase Orders April 24-25 F-01.pdf (7 pages)

5.5 Colledion a Thaliadau Arbennig – diweddariad ar lafar

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

5.6 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo, i gynnwys diweddariad ar y Ddeddf Caffael Cyhoeddus

I'w Nodi Pennaeth Gwasanaethau Masnachol

📄 5.6 Procurement Report April 2025.pdf (5 pages)

12:20 - 12:20

0 min

6. MATERION I GLOI

6.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

I'w Trafod Cadeirydd

6.2 Unrhyw Faterion Brys eraill


I'w Trafod Cadeirydd


Dyddiad y cyfarfod nesaf: 09 Gorffennaf 2025

I'w Nodi Cadeirydd

Pwyllgor Archwilio a Sicrwydd – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 09:30 – 12:15

 21/01/2025

 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 Gwasanaethau Corfforaethol	IGDC
Henry Bales	HB	Arbenigwr Atal Twyll Lleol Arweiniol	Caerdydd a'r Fro
David Butler	DB	Rheolwr Archwilio	Archwilio Mewnol PCGC
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid	IGDC
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol Ysgrifennydd y Bwrdd	IGDC

Paul Evans	PE	Pennaeth Cydymffurfiaeth Ansawdd a Rheoleiddio	IGDC
Carwyn Lloyd Jones	CLJ	Prif Swyddog Cwmwl	IGDC
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes	IGDC
Samantha Morgan	SM	Cyfarwyddwr Pobl a Datblygu Sefydliadol	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
Mike Whiteley	MW	Arweinydd Perfformiad Archwilio	Archwilio Cymru

Arsylwi			
Tomos Jones			Archwilio Cymru
Ymddiheuriadau			
Michelle Sell	MS	Cyfarwyddwr Rhaglenni ac Ymgysylltu	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	PSPP	Perfformiad Talu'r Sector

	Cleifion a'r Cyhoedd		Cyhoeddus
AED	Adeiladu ein Dyfodol		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd.</p> <p>Rhodddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.</p> <p>Cynhaliwyd y cyfarfod trwy Microsoft Teams ac atgoffwyd y rhai a oedd yn bresennol bod y cyfarfod yn cael ei recordio ac y byddai'n cael ei bostio ar wefan IGDC yn dilyn y cyfarfod.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <ul style="list-style-type: none"> Julie Francis, Pennaeth Gwasanaethau Masnachol Michelle Sell, Cyfarwyddwr Rhaglenni ac Ymgysylltu 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nid oedd unrhyw ddatganiadau o fuddiannau i'w nodi.</p>	Nodwyd	Dim i'w nodi
2	AGENDA CYDSYNIO - I'W CHYMERADWYO		
2.1	 <p>Cofnodion heb eu cadarnhau o gyfarfod 15 Hydref 2024 – Cyhoeddus a Phreifat Cryno.</p> <p>Penderfynodd y Pwyllgor:</p> <p>GYMERADWYO'R cofnodion fel cofnod cywir o'r drafodaeth a fyddai ar gael i'r cyhoedd.</p>	Cymeradwyd	Dim i'w nodi

2.2	<p>Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru</p> <p>Penderfynodd y Pwyllgor: NODI Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasaethau GIG Cymru</p>	Nodwyd	Dim i'w nodi
2.3	<p>Blaengynllun Gwaith</p> <p>Penderfynodd y Pwyllgor: NODI cynnwys Blaengynllun Gwaith y Pwyllgor.</p>	Nodwyd	Dim i'w nodi
2.4	<p>Adroddiad Safonau Ymddygiad</p> <p>Penderfynodd y Pwyllgor: NODI'R Adroddiad Safonau Ymddygiad</p>	Nodwyd	Dim i'w nodi
2.5	<p>Adroddiad Cylchlythyr Iechyd Cymru</p> <p>Penderfynodd y Pwyllgor: NODI'R Adroddiad Cylchlythyr Iechyd Cymru</p>	Nodwyd	Dim i'w nodi
2.6	<p>Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd</p> <p>Penderfynodd y Pwyllgor: NODI Adroddiad Blynyddol y Pwyllgor Archwilio a Sicrwydd.</p>	Nodwyd	Dim i'w nodi
2.7	<p>Hunanasesiad o Effeithiolrwydd y Pwyllgor Archwilio a Sicrwydd</p> <p>Penderfynodd y Pwyllgor: NODI Hunanasesiad o Effeithiolrwydd y Pwyllgor Archwilio a Sicrwydd</p>	Nodwyd	Dim i'w nodi
2.8	<p>Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd</p> <p>Penderfynodd y Pwyllgor: GYMERADWYO Cylch Gorchwyl y Pwyllgor Archwilio a Sicrwydd</p>	Cymeradwyd	Dim i'w nodi
2.9	<p>Cylch Busnes y Pwyllgor Archwilio a Sicrwydd</p> <p>Penderfynodd y Pwyllgor: GYMERADWYO Cylch Busnes y Pwyllgor Archwilio a Sicrwydd</p>	Cymeradwyd	Dim i'w nodi
RHAN 3 - BUSNES Y CYFARFOD			
3.1	<p>Cofnod Gweithredu</p> <p>Nododd y Pwyllgor fod tri cham gweithredu wedi'u</p>	Nodwyd	Dim i'w nodi

	<p>nodi o'r cyfarfod diwethaf, a'u bod i gyd wedi'u cwblhau a'u dogfennu yn y Cofnod Gweithredu.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Cofnod Gweithredu.</p>		
RHAN 4	ARCHWILIO AC ATAL TWYLL		
4.1	<p>Adroddiad Cynnydd yr Archwiliad Mewnol</p> <p>Cyflwynodd Stephen Chaney (StC), Dirprwy Bennaeth Archwilio Mewnol, Partneriaeth Cydwasanaethau GIG Cymru, Gynllun Cynnydd yr Archwiliad Mewnol.</p> <p>Darparodd StC yr uchafbwyntiau o'r adroddiad cynnydd gan gynghori'r canlynol:-</p> <ul style="list-style-type: none"> • Roedd cynnydd da yn cael ei wneud ar weddill yr archwiliadau ar gyfer 2024/25, gyda nifer o adolygiadau ar y gweill. Byddai cwblhau'r adolygiadau hyn yn dod â chynllun 2024/25 i ben. • Roedd cynllun 2025/26 wedi dechrau a bydd yn cael ei rannu yn y cyfarfod nesaf. • Roedd tri adolygiad gorffenedig ar yr agenda ar gyfer y cyfarfod hwn. <p>Hysbyswyd y Pwyllgor fod yr adolygiad archwilio a ychwanegwyd yn y sesiwn breifat ddiwethaf wedi'i gwblhau i raddau helaeth ac y byddai'n cael ei gyflwyno i'r cyfarfod nesaf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R diweddariad Archwilio Mewnol er SICRWYDD.</p>	Er Sicrwydd	Dim i'w nodi
4.2	<p>Adroddiad yr Adolygiad Archwilio Mewnol</p> <p>Darparodd StC drosolwg lefel uchel o'r tri adolygiad archwilio:</p> <p>Cenhadaeth Un – Gwasanaethau Cwmwl</p> <p>Cafodd yr adolygiad sgôr Sicrwydd <i>Sylweddol</i>.</p> <p>Darparodd StC grynodedb lefel uchel o'r canfyddiadau:</p> <ul style="list-style-type: none"> • Roedd strategaeth Cwmwl dda a chlr ar waith. • Ychydig o adrodd a gafwyd ar gynnydd y strategaeth a chodwyd argymhelliad 	Er Sicrwydd	



ynghylch hyn.

- Canfuwyd risgiau a oedd yn cynnwys rheoli risgiau fel rhan o'r broses rheoli risgiau. Roedd hyder bod y risgiau hyn yn cael eu rheoli'n briodol.
- Nodwyd bwlch posibl yn y cyllid ar gyfer y strategaeth wrth symud ymlaen a chodwyd argymhelliad ynghylch hynny, ond yn gyffredinol roedd dull da o weithredu'r strategaeth.
- Roedd matrices sgiliau wedi'i sefydlu, gydag uwchsgilio o fewn y sefydliad.
- Roedd y strategaeth Cwmwl wedi'i sefydlu'n briodol, gyda threfniadau diogelwch a rheoli data ar waith.
- Nid oedd unrhyw beth arwyddocaol i'w nodi ac roedd cynnydd da yn cael ei wneud a disgwylir i hynny barhau.

Trafododd y Pwyllgor y galw cynyddol ar y gwasanaeth Cwmwl a'r ffordd y mae'n dod yn rhan ganolog o weithrediadau ac a oedd hyn wedi'i ystyried o safbwynt ôl troed carbon. Cadarnhaodd Carwyn Lloyd Jones (CLJ), Prif Swyddog Cwmwl, fod y canolfannau data yn defnyddio mwy o ynni ond eu bod yn fwy ecogyfeillgar. Nid oedd Canolfan Ddata 2 mor effeithlon o ran ynni felly roedd y goblygiadau carbon wedi'u hystyried yn yr achos busnes.

Parhaodd y drafodaeth ynghylch llywodraethu a sicrhau bod y Pwyllgor yn gweld yr adrodd/lefelau cywir, ynghyd ag ystyriaeth o'r hyn a adroddwyd i'r Pwyllgor Cyflawni Rhaglenni (PDC), h.y. ni ddylai gymryd adolygiad archwilio i lywio'r hyn y dylai'r sefydliad ei adolygu. Rhoddwyd sicrwydd i'r Pwyllgor fod proses sgorio ar waith ar gyfer penderfynu beth oedd yn mynd i'r PDC i'w oruchwylio a bod y penderfyniad wedi'i wneud cyn canfyddiadau'r archwiliad yn seiliedig ar yr achos busnes a gymeradwywyd gan y Bwrdd.

Cadarnhaodd Chris Darling (CD), Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, fod Cylch Gorchwyl y PDC yn nodi y bydd ystyriaeth o'r hyn a gyflwynir i'r pwyllgor yn cael ei adolygu o leiaf unwaith y flwyddyn ac efallai y byddai'n werth codi'r pwynt hwn yn y cyfarfod nesaf pan fydd y

	<p>Cylchoedd Gorchwyl yn cael eu hadolygu.</p> <p>Cenhadaeth Pump - Datblygu Staff</p> <p>Cafodd yr adolygiad sgôr Sicrwydd <i>Rhesymol</i>.</p> <p>Cadarnhaodd StC bod bwlch sylweddol ar gyfer gwelliant, er bod yr adolygiad wedi derbyn sicrwydd Rhesymol. Roedd rhywfaint o brofion ychwanegol i benderfynu a oedd yr amcanion yn cael eu gwreiddio drwy ddulliau eraill. Yn gyffredinol, mae hyn yn digwydd, a dyna pam y rhoddwyd sicrwydd Rhesymol.</p> <p>Croesawodd Samantha Morgan, Cyfarwyddwr Pobl a Datblygu Sefydliadol, yr archwiliad, gan gydnabod yr hyn a amlygwyd fel rhywbeth i'w ddysgu gyda chamau gweithredu i'w cymryd. Roedd angen i'r tîm roi sicrwydd eu bod yn cyflawni a bod ganddynt yr adnoddau i wneud hynny. Roedd darn o waith wedi'i gomisiynu i sicrhau bod y gwaith yn cael ei wneud, ond roedd adnoddau/capaciti yn parhau i fod yn broblem. Roedd cynllun gweithredu wedi'i roi ar waith i sicrhau y byddai'r holl gamau gweithredu'n cael eu cyflawni yn unol â'r amserlen. Rhoddwyd sicrwydd i'r Pwyllgor fod y gwaith eisoes ar y gweill felly roedd yr ymrwymiad i'r dyddiadau yn rhesymol.</p> <p>Rhoddodd Claire Osmundsen-Little (CO-L), Cyfarwyddwr Gweithredol Cyllid, rywfaint o sicrwydd bod y Tîm yn POD yn cael ei gefnogi trwy gyllid ar gyfer adnoddau.</p> <p>CAM GWEITHREDU 20250121 – A01 Dod yn ôl at yr adolygiad archwilio ar Ddatblygu Staff i fesur ac ystyried y cynnydd a wnaed yn erbyn yr argymhellion a amlinellwyd yn yr archwiliad.</p> <p>Sicrwydd Ystadau – Rheoli Ynni</p> <p>Cafodd yr adolygiad sgôr Sicrwydd <i>Rhesymol</i>.</p> <p>Darparodd David Butler, Arweinydd Archwilio, PCGC, grynoded o'r canfyddiadau allweddol:</p> <ul style="list-style-type: none"> • Roedd y cynnydd mewn costau ynni wedi codi'r proffil risg yn y maes hwn ac felly comisiynwyd yr archwiliad i adolygu'r mesurau lliniaru risg a'r rheolaeth ar y costau hyn. Roedd y rhain yn cynnwys gweithredu contract ynni cenedlaethol newydd a oedd wedi'i gymhwyso. • Yr agweddau allweddol a adolygwyd oedd:- 		<p>CAM GWEITHREDU 20250121 – A01 Dod yn ôl at yr adolygiad archwilio ar Ddatblygu Staff i fesur ac ystyried y cynnydd a wnaed yn erbyn yr argymhellion a amlinellwyd yn yr archwiliad.</p>
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Gweithredu'r contract cenedlaethol, gwirio data, a monitro ac adrodd.

- Cyflwynodd y newid i gontract newydd yn 2023 rai problemau, gan gynnwys anawsterau wrth ddarparu rhagolygon ynni cywir. Fodd bynnag, nid oedd effaith rhai o'r materion cenedlaethol hyn mor sylweddol yn IGDC o gymharu â sefydliadau eraill ledled Cymru.
- Roedd defnydd ynni yn IGDC yn ymwneud yn bennaf â'r defnydd yn y ddwy ganolfan ddata. Roedd costau ynni swyddfa wedi gostwng i 38% ers y llynedd.
- Roedd IGDC wrthi'n mynd i'r afael â'r materion craidd i leihau'r defnydd o ynni.
- Roedd y profion archwilio o daliadau'r canolfannau data yn foddhaol, ond roedd rhywfaint o anghysondeb rhwng darlenniadau mesuryddion ac anfonebu mewn perthynas â thaliadau swyddfa.
- Roedd y rheolwyr wedi cytuno i adolygu'r rhesymau dros yr anghysondebau hyn.
- Dylid defnyddio fforwm craffu penodol fel y Fforwm Datgarboneiddio ar gyfer adrodd ar y defnydd o ynni.

Cadarnhaodd Julie Ash (JA), Pennaeth Gwasanaethau Corfforaethol, fod yr ymarfer yn ddefnyddiol i adolygu rhai o'r prosesau, ac roedd hi'n cytuno â'r sylw y dylid gwneud adrodd ar y defnydd o ynni yn fwy ffurfiol. Mae Ystadau'n parhau i resymoli deiliadaeth swyddfeydd a chyn bo hir byddant yn cyflwyno ap archebu newydd a fydd yn eu galluogi i wybod pwy sydd ar y safle, pryd a ble.

O ran y contractau, hysbyswyd y Pwyllgor fod IGDC ar gontract Cymru Gyfan y mae PCGC yn gyfrifol am ei negodi ar ran GIG Cymru. Yn ogystal, cymerwyd defnydd o ynni o weithio gartref i ystyriaeth gan ddefnyddio fformiwla benodol sy'n rhagdybio bod rhywun arall yn debygol o fod yn y tŷ.

Ychwanegodd Mark Cox (MC), Cyfarwyddwr Cyswllt Cyllid, fod opsiynau eraill yn bodoli o ran y contract. Roedd grŵp trafod wedi'i sefydlu i weithredu fel un llais ac roedd wedi mynd drwy'r

	<p>broses yn ddiweddar i benderfynu pa contract oedd y gorau.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN y tri adolygiad archwilio er SICRWYDD.</p>		
4.3	<p>Diweddariad gan Bwyllgor Archwilio Cymru</p> <p>Cyflwynodd Nathan Couch a Mike Whiteley o Archwilio Cymru ddiweddariad Archwilio Cymru, gyda'r uchafbwyntiau canlynol:</p> <ul style="list-style-type: none"> • Roedd yr adroddiad yn rhoi diweddariad ar y cyfrifon cyfredol ac arfaethedig ac ar y gwaith archwilio perfformiad. Trosolwg o archwiliadau ac astudiaethau perthnasol eraill gan yr Archwilydd Cyffredinol a dogfennau corfforaethol perthnasol a gyhoeddwyd gan Archwilio Cymru ers y cyfarfod diwethaf. • Diweddariad ar yr archwiliad Cyfrifon: roedd y gwaith cynllunio ar gyfer yr archwiliad o ddatganiadau ariannol 2024-25 i ddechrau'n fuan ac roedd yr adroddiad ar Systemau TG a Letyr yn Genedlaethol wedi'i gynnwys yn y papurau preifat. • Archwiliad perfformiad – roedd Adroddiad Archwilio Blynyddol 2024 wedi'i gynnwys ar agenda'r cyfarfod. • Roedd adolygiad o drawsnewid digidol i fod i ddechrau ym mis Chwefror. I IGDC, bydd yr adolygiad yn cael ei rannu'n ddwy ran. Bydd y rhan gyntaf yn canolbwyntio ar y trefniadau trawsnewid digidol mewnol a'r ail ar rôl yr AIA fel arweinydd system ar gyfer y GIG ehangach yng Nghymru. • Roedd gwaith maes ar gyfer yr adolygiad lleol o drefniadau Ymgysylltu â Rhanddeiliaid wedi dod i ben ac roedd yr adroddiad yn cael ei ddrafftio. <p>Dywedodd CD y cytunwyd yn y pwyllgor diwethaf i wneud gwaith dilynol ynghylch "Digidol yn ôl Dyluniad": yr adolygiad o drawsnewid digidol awdurdodau lleol a'r hyn a ddysgwyd o hynny, ac roedd Archwilio Cymru wedi cytuno i fynychu Cyfarfod Datblygu'r Bwrdd ym mis Chwefror i roi adborth ar hyn.</p>	Er Sicrwydd	



Adroddiad Blynyddol Archwilio Cymru

Cyflwynodd Nathan Couch a Mike Whiteley (MW), Rheolwr Archwilio, adroddiad ar y cyd gan roi'r uchafbwyntiau canlynol:-

- Aeth archwiliad y cyfrifon yn dda, gyda'r agwedd aeddfed o gydweithio rhwng Archwilio Cymru ag IGDC.
- Cyflwynwyd datganiadau ariannol o ansawdd uchel ar ffurf drafft ac fe'u hategwyd gan bapurau gwaith cynhwysfawr a helpodd i sicrhau bod yr archwiliad yn mynd rhagddo'n ddidrafferth.
- Rhoddwyd barn ddiamod ar y datganiadau ariannol ac ni nodwyd unrhyw wendidau perthnasol mewn rheolaethau mewnol.
- Cyhoeddwyd barn afreoleidd-dra ddiamod hefyd.
- Rhoddwyd crynodeb o faterion yn adroddiad ISA 260; er bod nifer o ddiwygiadau i'r datganiadau ariannol, dim ond un a effeithiodd ar y sefyllfa ariannol, sef gostyngiad mewn gwariant o £14,000 yn ymwneud â Gwasanaethau Meddygol Cyffredinol, Contractau Systemau a Gwasanaethau.

Darparodd NC uchafbwyntiau'r archwiliad perfformiad:-

- Canfu'r Asesiad Strwythuredig drefniadau, cefnogaeth a llywodraethu Corfforaethol da. Yn ogystal, canfuwyd defnydd effeithlon, effeithiol a darbodus o adnoddau. Fodd bynnag, roedd angen yn awr defnyddio ei strategaeth hirdymor.
- Er mwyn dangos ei werth a chryfhau ei safle fel galluogwr arweinydd system ddigidol yn y GIG. Canfu'r adolygiad arbed costau fod gan IGDC drefniadau cadarn ar y cyfan ar gyfer nodi, cyflawni a monitro cyfleoedd i wella costau. Fodd bynnag, roedd angen i'r sefydliad symud ymlaen yn gyflym â'r gwaith ar y rhaglen drawsnewid Adeiladu ein Dyfodol i leihau ei ddibyniaeth ar arbedion anghylchol.

Dywedodd MC wrth y Pwyllgor fod ffocws wedi'i roi



	<p>ar gyflawni arbedion rheolaidd eleni a bod yr elfen Canfod Gwerth Ychwanegol hefyd yn cael ei symud ymlaen.</p> <p>Trafododd y Pwyllgor y ffioedd ar gyfer y flwyddyn nesaf a chytunwyd ar ôl ystyried bod y cynnydd yn adlewyrchiad teg o'r pwysau a welwyd o ganlyniad i ofynion archwilio. Gofynnwyd i Archwilio Cymru ddarparu ffi'r flwyddyn flaenorol er mwyn gallu gwneud cymhariaeth.</p> <p>Cadarnhaodd NC fod yr holl adroddiadau wedi'u derbyn gan y Pwyllgor yn flaenorol felly byddai'r adroddiad yn cael ei gyflwyno i'r Bwrdd AIA ar ddiwedd y mis i'w nodi.</p> <p>Diolchodd y Pwyllgor i Archwilio Cymru am y sylwadau canmoliaethus a wnaed am IGDC ac roedd y Pwyllgor yn falch o nodi'r berthynas waith ragorol rhwng y ddau sefydliad.</p> <p>CAM GWEITHREDU 20250121-A02 Archwilio Cymru i gynnwys ffi'r flwyddyn flaenorol yn yr adroddiad er eglurder.</p> <p>Penderfynodd y Pwyllgor:</p> <p>DDERBYN Diweddariad Archwilio Cymru er SICRWYDD a NODI Adroddiad Blynyddol Archwilio Cymru.</p>		<p>CAM GWEITHREDU 20250121-A02 Archwilio Cymru i gynnwys ffi'r flwyddyn flaenorol yn yr adroddiad er eglurder.</p>
<p>4.4</p>	<p>Traciwr Camau Gweithredu Archwilio</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 25 o gamau gweithredu ar ôl derbyn tri adolygiad yng nghyfarfod diwethaf y Pwyllgor. Nodwyd yr ystyriwyd bod 13 o'r rhain wedi'u cwblhau, roedd 11 ar y trywydd iawn i'w cwblhau, nid oedd yr un ohonynt nad oedd ar y trywydd iawn i'w gwblhau, ac roedd un wedi pasio'r dyddiad gweithredu. Roedd pump 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>Roedd un cam gweithredu a oedd yn hwyr ac a oedd angen ymateb gan yr Arweinydd Gweithredol. Daeth y cam gweithredu hwn o Asesiad Strwythuredig 2023 ac roedd ar gyfer</p>	<p>Nodwyd</p>	

Cyllid a Sicrwydd Busnes. Ers cyhoeddi'r papurau, roedd y gwaith ar y cam hwn wedi'i gwblhau, a darparwyd diweddariad gan y Cyfarwyddwr Gweithredol Cyllid.

Trafododd y Pwyllgor ei fod yn teimlo nad oedd dyddiad gorffen i'r cam gweithredu ac y dylai'r rhan fwyaf o'r pethau sy'n ymwneud â chyllid fod yn goch gan eu bod y tu hwnt i reolaeth IGDC. Yn hytrach, dylai'r ffocws fod ar sut y mae IGDC yn mynegi ei gynnig gwerth, a oedd yn ddarn parhaus o waith.

Trafododd y Pwyllgor sut y gallai'r Pwyllgor a'r sefydliad olrhain cynnydd yn erbyn y cam gweithredu heriol hwn, o ystyried bod cymaint y tu hwnt i'w reolaeth. Cadarnhawyd y gellid, yn y tymor byr, ei gau trwy fantoli'r cyfrifon, gan y byddai hyn yn dangos y gwerth a'r buddion a gynigir. Yn ogystal, bydd adolygiad llywodraethu manwl yn diffinio rôl IGDC ac yn rhoi mwy o eglurder ar rôl a swyddogaethau IGDC. Mae trafodaethau'n parhau, fel rhan o'r CTCl, ynghylch beth yw gweithgareddau craidd IGDC a'u bod yn cael eu hadlewyrchu felly ac nid fel dyraniad blynyddol.

Fel rhan o'r camau a gymerwyd i geisio dod â'r cam gweithredu hwn i ben, cadarnhaodd CD fod cynaliadwyedd ariannol wedi'i gynnwys ar agenda'r Pwyllgor fel eitem sefydlog, a oedd yn un o'r camau gweithredu yn Fframwaith Sicrwydd y Bwrdd. Awgrymwyd y byddai'n ddefnyddiol cynnal archwiliad dwfn ar y llythyr cylch gwaith, wedi iddo dod i law, i ddeall y goblygiadau.

CAM GWEITHREDU: 20250121-A03 Unwaith y byddai'r llythyr Cylch Gwaith wedi dod i law, byddai'r Pwyllgor yn cynnal archwiliad dwfn o oblygiadau'r llythyr. Roedd hyn i'w ychwanegu at y blaengynllun.

Penderfynodd y Pwyllgor:

NODI statws y Traciwr Camau Gweithredu Archwilio.

**CAM
GWEITH-
REDU:
20250121-
A03**

Unwaith y byddai'r llythyr Cylch Gwaith wedi dod i law, byddai'r Pwyllgor yn cynnal archwiliad dwfn o oblygiadau'r llythyr. Roedd hyn



			i'w ychwanegu at y blaengynllun.
4.5	<p>Adroddiad Diweddarau ar Atal Twyll Lleol</p> <p>Derbyniodd y Pwyllgor yr Adroddiad Diweddarau Atal Twyll Lleol ar gyfer chwarter 3.</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">• Parhau i gynnal a datblygu cronfa ddata gynhwysfawr o weithgareddau lleol a phlatfform digidol Atal Twyll. Anogwyd yr aelodau i ymweld â'r wefan.• Hyrwyddo ac Ymwybyddiaeth a Gweithgarwch Addysg <p>Ymsefydlu corfforaethol – dim ond un sesiwn a gynhaliwyd yn ystod y cyfnod hwn.</p> <p>E-ddysgu – roedd y lefel cydymffurfiaeth hyfforddiant atal twyll yn 96.4% ar draws IGDC.</p> <p>Hyrwyddwyd Wythnos Ryngwladol Ymwybyddiaeth Twyll ar SharePoint ym mis Tachwedd.</p> <ul style="list-style-type: none">• Atal <p>Ymarfer Rhagweithiol/Gwaith Risg Lleol – ni chanfuwyd unrhyw broblemau yn ystod y gwiriadau prawf.</p> <p>Y Fenter Twyll Genedlaethol – dim ond 12 o gyfatebiadau sy'n dod drwy'r system; roedd disgwyl adroddiadau eraill a byddai diweddariadau'n cael eu darparu.</p> <ul style="list-style-type: none">• Atgyfeiriadau ac Ymchwiliadau <p>Derbyniwyd pedwar atgyfeiriad yn ystod y cyfnod hwn: dau yn ymwneud â'r bwletinau deallusrwydd a'r ddau arall wedi'u codi i ymchwiliadau ffurfiol.</p> <ul style="list-style-type: none">• Gordaliadau Cyflog Sylweddol – ni adroddwyd am unrhyw ordaliadau. <p>Trafododd y Pwyllgor dwyll a oedd yn ymwneud ag absenoldeb o'r gwaith a chadarnhawyd bod y</p>	Nodwyd	Dim i'w nodi

	<p>gweithdrefnau'n aml yn rhedeg ochr yn ochr, h.y. bod rhywfaint o'r gwaith ymchwilio yn cael ei wneud gan yr Uned Atal Twyll tra bod y timau POD yn sicrhau llesiant staff yn ystod y cyfnod ymchwilio.</p> <p>Roedd y Pwyllgor yn falch o weld y gyfradd uchel o gydymffurfiaeth ar hyfforddiant Atal Twyll gan IGDC, a oedd dros 96%.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adroddiad Cynnydd Atal Twyll</p>		
RHAN 5	ADRODDIADAU LLYWODRAETHU		
5.1	<p>Adroddiad Archeb Prynu Gwerth Uchel a Chronnus</p> <p>Cyflwynodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid, yr Adroddiad Archeb Prynu Gwerth Uchel a Chronnus ar gyfer y cyfnod 1 Hydref i 31 Rhagfyr 2024, gan roi'r uchafbwyntiau a ganlyn:</p> <ul style="list-style-type: none"> Codwyd naw archeb gwerth uchel o fwy na £0.75m y manylwyd arnynt yn yr adroddiad. Roedd saith cyflenwr wedi cyrraedd y trothwy archebion cronnus o dros £0.750m <p>Hysbyswyd y Pwyllgor am y mater allweddol a oedd yn codi o ran cefnogi'r targedau i'w cyflawni ar gyfer y sefydliad:-</p> <ul style="list-style-type: none"> Roedd y GIG yn gweithredu fel sefydliad corfforaethol i negodi gyda chyflenwyr a lleihau costau ar gyfer y flwyddyn ariannol nesaf. Roedd dwy archeb i adnewyddu Citrix a VMWare wedi'u gwthio drwodd ac yn pontio blynyddoedd cyllid hyd fis Hydref 2027. Roedd yna archeb sylweddol i gefnogi'r gwaith o fudo meddygfeydd teulu. <p>Penderfynodd y Pwyllgor:</p> <p>NODI Diweddariad yr Adroddiad Archeb Prynu Gwerth Uchel a Chronnus</p>	Nodwyd	Dim i'w nodi
5.2	<p>Colledion a Thaliadau Arbennig – diweddariad ar lafar</p> <p>Darparodd MC ddiweddariad ar lafar ar Golledion a</p>	Nodwyd	Dim i'w nodi



	<p>Thaliadau Arbennig, gan gadarnhau y bydd adroddiad i'r sesiwn breifat ar ddatgomisiynu gwasanaethau.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R diweddariad ar lafar ar Golledion a Thaliadau Arbennig</p>		
5.3	<p>Cynaliadwyedd Ariannol IGDC</p> <p>Cyllideb 2025-26</p> <p>Cyflwynodd MC yr adroddiad ar Gynaliadwyedd Ariannol IGDC i'r Pwyllgor, a oedd yn cynnwys cynlluniau'r Gyllideb ar gyfer 2025-26, gan amlygu'r canlynol:</p> <ul style="list-style-type: none">• Y nod oedd llunio proffil costau a phroffil cynaliadwyedd pum mlynedd ehangach a thymor hwy.• Roedd 1.5 biliwn ychwanegol mewn adnoddau a chyfalaf o gymharu â'r rhagdybiaethau cyllidebol blaenorol.• Mae angen o leiaf 2% o arbedion ar draws y cyfanswm gwariant sylfaenol.• Roedd cyllid llinell sylfaen wedi'i ddyrannu ar gyfer effaith gylchol dyfarniad cyflog 24/25 felly ni fydd yn creu unrhyw bwysau cost yn y flwyddyn nesaf.• Cytunwyd yn ddiamwys ar godiad o 1.77% ar gyfer cytundebau gofal iechyd rhwng comisiynwyr a darparwyr. Cynhaliwyd cyfarfod gyda'r Cyfarwyddwyr Cyllid lle nodwyd y rhagdybiaethau. Roedd yn ofynnol cadarnhau'n ysgrifenedig i Judith Paget erbyn 28 Chwefror 2025 fod cytundebau yn eu lle gyda Chyrff Iechyd ar gyfer 2025-26. Y llynedd bu her o ran llofnodi'r CLGau ond cadarnhawyd eleni bod fframwaith a chyfarwyddeb gan Lywodraeth Cymru a ddylai sicrhau nad yw'r Byrddau Iechyd yn oedi. Wedi buddsoddi amser mewn perthnasoedd i ddangos tryloywder pwysau costau, y sefyllfa a'r gwerth a grëir ar eu cyfer yn y system.• Roedd cynnydd o £115m mewn cyfalaf arferol, a £60m ar gyfer IFRS 16.	Nodwyd	



	<ul style="list-style-type: none"> • Y camau nesaf: y ddyletswydd statudol i fantoli'r cyfrifon. Sicrhau bod y cynllun yn cael ei driongli rhwng Cyllid, Gweithlu a chyflawni gweithredol. <p>Trafododd y Pwyllgor y wybodaeth o'r sleidiau manwl. I grynhoi, bydd IGDC yn edrych ar werth trwy nifer o lensys ac yn cymryd y camau canlynol:</p> <ul style="list-style-type: none"> • Tynnu allan y costau a fydd yn gwella effeithlonrwydd. • Creu gwerth trwy gydweithio a chyd-gynhyrchu. • Symleiddio'r bensaerniaeth a dileu'r ddibyniaeth ar drwyddedau mewn cysylltiad â rhai o'r contractau allweddol. • Symud i fodel darparu sy'n seiliedig ar gynnyrch a chreu'r sgiliau yn IGDC i leihau dibyniaeth ar drydydd partion. • Bydd canolfannau data a symud i fodel gweithredu sy'n seiliedig ar y Cwmwl yn gwella effeithlonrwydd o ran data. • Symud o ofynion cyllid cyfalaf i ofyniad cyllid refeniw. <p>Derbyniodd y Pwyllgor sicrwydd pellach ynghylch cyllid a disgwylid y byddai IGDC yn derbyn cyllid ychwanegol, gan godi i £74m. Byddai trosglwyddiad o gyllidebau ar wahân i'r cyllid craidd, gyda thros £5.9m yn cael ei drosglwyddo i'r craidd.</p> <p>CAM GWEITHREDU 20250121-A04 Ailedrych ar y camau sy'n cael eu cymryd i fynd i'r afael â'r amrywiad direswm yn y nifer sy'n manteisio ar wasanaethau IGDC.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R diweddariad ar gynllun Cyllideb a Chynaliadwyedd Ariannol IGDC ar gyfer 2025-26.</p>		<p>CAM GWEITHREDU 20250121-A04 Ailedrych ar y camau sy'n cael eu cymryd i fynd i'r afael â'r amrywiad direswm yn y nifer sy'n manteisio ar wasanaethau</p>
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			IGDC.
5.4	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Rhoddodd Chris Darling (CD), Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, ddiweddariad ar y Gofrestr Risg Gorfforaethol:</p> <ul style="list-style-type: none"> • 13 risg, gyda thair o'r rheiny wedi'u neilltuo i'r Pwyllgor hwn. (Cymryd yr hyn a ddywedodd CD am archwiliad dwfn ar y model risg cynaliadwy) • Nodwyd y newidiadau ym mhroffil risg y sefydliad yn ystod y cyfnod adrodd, o ganlyniad i un risg newydd yn cael ei hychwanegu a chwech yn cael eu tynnu oddi ar y Gofrestr Risg Gorfforaethol. • Derbyniwyd diweddariad ar y tair risg a bennwyd i'r Pwyllgor hwn:- <p>DHCW0313 Pwysau Cost Digidol – Newidiadau i Fodelau Gwasanaeth. Bydd yr Achos Busnes yn cael ei adolygu eto a bydd trafodaethau pellach ar y sgôr a all arwain at israddio'r sgôr.</p> <p>DHCW0331 Cyllid Adnoddau Cyfnod Penodol. Roedd y camau lliniaru na fyddent yn cael eu hariannu gan Lywodraeth Cymru yn cael eu hadolygu. Byddai'r sgorau risg yn cael eu hadolygu a gellid lliniaru'r elfen risg ariannol. Roedd elfen o hyblygrwydd o ran sut y gellid cyfeirio'r cyllid.</p> <p>DHCW0337 Gwasanaethau Digidol Cynaliadwy a Model Ariannu Datblygu. Yn gysylltiedig â model ariannu cynaliadwy. Roedd chwe risg wedi'u dileu ers y cyfarfod diwethaf ac ychwanegwyd un risg newydd:-</p> <p>DHCW0340 Systemau a Gwasanaethau Meddygon Teulu, system a ddarparwyd gan drydydd parti ac a oedd i'w thynnu'n ôl (Pwyllgor Llywodraethu a Diogelwch Digidol). Mae aelodau'r Bwrdd yn ymwybodol o'r sefyllfa bresennol. Roedd yn sefyllfa annisgwyl a dylai gwybodaeth bellach fod ar gael erbyn yr wythnos</p>	Nodwyd	Dim i'w nodi



	nesaf.		
	<p>Penderfynodd y Pwyllgor:</p> <p>DRAFOD y Gofrestr Risg Gorfforaethol</p>		
5.5	<p>Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p> <p>Cyflwynodd Chris Moreton (CM), Dirprwy Gyfarwyddwr Cyllid, yr adroddiad ar Gydymffurfiaeth Caffael a'r Cynllun Dirprwyo. Tynnwyd sylw at y canlynol o'r adroddiad:-</p> <ul style="list-style-type: none"> • Roedd dau Gam Tendr Sengl yn ystod y cyfnod hwn gwerth £163,349.82 yn ymwneud â chontractau meddalwedd. • Un achos Rheoli Newid y tu allan i delerau eu cytundebau contractiol gwerth £175,000. Roedd hyn er mwyn ymestyn y ddarpariaeth ar gyfer gwasanaethau ymgynghori masnachol ar gyfer caffael strategol a chymhleth. <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo</p>	Trafodwyd	Dim i'w nodi
5.6	<p>Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio</p> <p>Cyflwynodd Paul Evans, Pennaeth Ansawdd a Rheoleiddio, yr Adroddiad Diweddarau Cydymffurfiaeth Ansawdd a Rheoleiddio, gan roi'r uchafbwyntiau canlynol:</p> <p>Archwilio</p> <ul style="list-style-type: none"> • Cynhaliwyd tri archwiliad allanol yn ystod y cyfnod diwethaf. • Roedd archwiliad y Sefydliad Desgiau Gwasanaeth (SDI) yn yr arfaeth o hyd. • O fewn yr archwiliadau roedd un achos bychan o ddiffyg cydymffurfio, 13 o Gyfleoedd i Wella (OIP)/sylwadau, a chafodd 20 o ganfyddiadau heb eu cwblhau eu cau'n llwyddiannus o'r archwiliadau blaenorol. • Archwilio Mewnol – parhaodd y rhaglen archwilio ar sail risg i gyflawni cyfradd 	Nodwyd	Dim i'w nodi



gwblhau o 100% yn erbyn y targed o gynnal dau archwiliad y mis.

- Y Strategaeth Rheoli Dogfennau (DMS) ac iPassport gyfredol. Parhaodd y sefydliad i reoli dogfennau'n llwyddiannus ar iPassport. Y sefyllfa ddogfennau ar iPassport oedd 94%.
- Ni fu unrhyw newidiadau pellach gan yr MHRA mewn perthynas â deddfwriaeth dyfeisiau meddygol a oedd wedi'i addo cyn gwyliau'r Nadolig.

Diweddariad ar y Ddyletswydd Ansawdd

- Cynhaliwyd cyfres o weithdai ar draws Uwch Dîm Arwain y Gyfarwyddiaeth a byddai crynodeb o'r gweithdai hynny yn cael ei gynnwys yn yr adroddiad Ar Waith Bob Amser nesaf.
- Parhau i gymryd rhan yn y Grŵp Dyletswydd Ansawdd cenedlaethol. Ar hyn o bryd roedd y grŵp yn gweithio ar offeryn hunanasesu i sefydliadau asesu eu hunain yn erbyn y Ddyletswydd Ansawdd.
- Cafodd y fframwaith Dyletswydd Ansawdd a oedd yn cael ei ddatblygu ei gyflwyno i gydweithwyr cyn y Nadolig. Roedd rhai newidiadau wedi'u gwneud yn dilyn y cyflwyniad hwn. Roedd y gwaith yn cael ei adolygu ar hyn o bryd ac yn dilyn hyn, bydd ymgysylltu ehangach yn digwydd.
- Fframwaith Gwella Ansawdd – parhau i ddarparu hyfforddiant Gwelliannau 5 Munud.
- Mynychodd 110 o gydweithwyr TENTalk ym mis Rhagfyr.
- Roedd sesiwn wedi'i threfnu ar gyfer cyfarfod Datblygu'r Bwrdd yn y dyfodol.

Canmolodd y Pwyllgor y tîm ar y gwaith a wnaed ar y matrices ansawdd mewnol dros y flwyddyn ddiwethaf. Hysbyswyd y Pwyllgor fod ymgysylltu â Phartneriaid Busnes Ansawdd y Cyfarwyddiaethau wedi galluogi'r gwaith i leihau'r diffyg cydymffurfio o ran rheoli dogfennau.

	<p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adroddiad Diweddarau ar Gydymffurfiaeth Ansawdd a Rheoleiddio a'r Diweddiariad ar y Ddyletswydd Ansawdd.</p>		
5.7	<p>Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth</p> <p>Cyflwynodd Julie Ash, Pennaeth Gwasanaethau Corfforaethol, yr Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth i'r Pwyllgor er gwybodaeth.</p> <ul style="list-style-type: none"> • Roedd yr holl adroddiadau i Lywodraeth Cymru yn gyfredol. • Mae IGDC yn cyflwyno ffurflen allyriadau a naratif yn flynyddol. • Roedd contract wedi'i ddyfarnu ar gyfer gwaith i addasu'r gofod ar gyfer cynadledda, dylunio sy'n canolbwyntio ar y defnyddiwr a chynhwysiant digidol yn swyddfa Tŷ Glan-yr-Afon (TGA) yng Nghaerdydd. Roedd rheolwr prosiect wedi'i benodi i oruchwylio'r gwaith hwn. • Roedd mwy o ddefnydd yn cael ei wneud o Barc Bocam ac roedd cyfleusterau parcio cerbydau trydan newydd wedi'u gosod. • Castlebridge 2 – ni fydd y brydles yn cael ei hadnewyddu ym mis Mawrth. • Derbyniwyd cynnig prydles newydd ar gyfer TGA i redeg o 1 Ebrill 2025. Roedd y gofod swyddfa'n cael ei rannu gyda Chonffederasiwn GIG Cymru a Thechnoleg lechyd Cymru. • Bu gostyngiad o 57% yn yr ôl troed carbon o gymharu â llinell sylfaen 2019/20, ac roedd hyn yn cynnwys y gadwyn gyflenwi. • Roedd cydymffurfiaeth gyffredinol systemau ac offer bellach yn 99%, ymhell ar y blaen i'r targed o 90%. • Mae'r PPM Mewnol yn parhau i fod ar 100%, ymhell ar y blaen i'r targed o 90%. <p>Penderfynodd y Pwyllgor:</p> <p>NODI'R Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth er SICRWYDD.</p>	Nodwyd	Dim i'w nodi



5.8	<p>Adroddiad yr Iaith Gymraeg</p> <p>Cyflwynodd LT Adroddiad yr Iaith Gymraeg, a oedd yn rhoi diweddariad ar y gwaith a wnaed ers y cyfarfod diwethaf:-</p> <p>O ran Sgiliau Cymraeg presennol, roedd gan IGDC bellach 50.7% o staff â sgiliau lefel 1-5. Roedd yr aelodau'n ymwybodol bod IGDC yn cynnig cyfleoedd i ddysgu Cymraeg am ddim drwy'r Ganolfan Dysgu Cymraeg. Cynigir hefyd diwtora 1:1 gyda Choleg Cambria a lansiwyd cynllun mentora i fagu hyder staff. Roedd cwrs newydd i fod i gael ei lansio gan Lywodraeth Cymru, ond ni fydd yn orfodol ei gwblhau ar y Cofnod Staff Electronig (ESR), oherwydd yr heriau o ran monitro cwblhau'r cwrs ar y system.</p> <p>Mae IGDC wedi bod yn gweithio gyda WIDI i ddatblygu gwefan newydd GIG Cymru i rannu arferion gorau o ran y Gymraeg ym maes iechyd a gofal cymdeithasol. Maent bellach yn cydweithio â Llywodraeth Cymru i lansio a hyrwyddo hyn.</p> <p>O ran risgiau, tynnwyd sylw'r Pwyllgor at ddau faes: un oedd y rhyngwyneb Cymraeg ar gyfer mewngofnodi i Ap GIG Cymru. Nododd y Pwyllgor yn yr adroddiad fod GIG Lloegr wedi dweud bod y gwaith hwn wedi'i ohirio tan Haf 2025. Ymgysylltwyd â Chomisiynydd y Gymraeg ar hyn. Bydd y risgiau, y cwynion a'r pryderon ynghylch hyn yn parhau i gael eu monitro.</p> <p>Nid oedd yr ail risg wedi'i chynnwys yn yr adroddiad oherwydd yr amseru, ond roedd hi'n ymwneud â chydymffurfio â Safonau Gweithredol, yn benodol o ran y Ddesg Wasanaeth. Ar hyn o bryd, dim ond dau Ddadansoddwr y Ddesg Wasanaeth sy'n rhugl yn y Gymraeg sydd gan IGDC ac mae'r ddau ar gyllid cyfnod penodol tan ddiwedd mis Mawrth 2025. Gan nad oes estyniad cyllid wedi ei gadarnhau, mae IGDC yn debygol o gollir ddau ddadansoddwr os na eir i'r afael â hyn. Roedd gwaith yn mynd rhagddo gyda'r Gyfarwyddiaeth Gweithrediadau i liniaru'r risg hon. Roedd angen sicrhau bod cynllunio priodol ar gyfer olyniaeth, a chynllunio'r gweithlu yn strategol yn y maes hwn hefyd, yn enwedig wrth i ni baratoi i ddod o dan Safonau'r Gymraeg yn ffurfiol ar ddiwedd y flwyddyn galendr hon.</p> <p>Penderfynodd y Pwyllgor:</p>	Nodwyd	
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	NODI Adroddiad yr Iaith Gymraeg.		
RHAN 6	MATERION I GLOI		
6.1	Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd <ul style="list-style-type: none">• Risgiau'r iaith Gymraeg – Colli dau Ddadansoddwr sy'n rhugl yn y Gymraeg oherwydd diffyg cyllid• Adolygiadau archwilio mewnol• Adolygiad blynyddol Archwilio Cymru• Adroddiad Ariannol• Adroddiad cydymffurfiaeth Ansawdd a Rheoleiddio• Datgarboneiddio a chydymffurfio• Adroddiad Archwilio Blynyddol Archwilio Cymru a'r adborth cadarnhaol a dderbyniwyd.	Trafodwyd	Dim i'w nodi
6.2	Unrhyw Faterion Brys eraill Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
6.3	Dyddiad ac Amser y Cyfarfod Nesaf: <ul style="list-style-type: none">• 08 Ebrill 2025	Nodwyd	Dim i'w nodi

Pwyllgor Archwilio a Sicrwydd – PREIFAT – CRYNODEB

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕒 12:25 – 13:05

📅 21/01/2025

📍 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			
Henry Bales	HB	Pennaeth Atal Twyll	BIPCF
Stephen Chaney	StC	Dirprwy Bennaeth Archwilio Mewnol	Archwilio Mewnol PCGC
Nathan Couch	NC	Arweinydd Archwilio Perfformiad	Archwilio Cymru
Mark Cox	MC	Cyfarwyddwr Cyswllt Cyllid (hyd at ddiwedd eitem 5.1)	IGDC
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd	IGDC
Carwyn Lloyd Jones	CLJ	Prif Swyddog Cwmwl (hyd at ddiwedd eitem 4.1)	IGDC
Claire Osmundsen-	CO-L	Cyfarwyddwr Gweithredol	IGDC

Little		Cyllid	
Chris Moreton	CM	Dirprwy Gyfarwyddwr Cyllid a Sicrwydd Busnes (hyd at ddiwedd eitem 5.1)	IGDC
Samantha Morgan (ar gyfer eitem 5.2)	SM	Cyfarwyddwr Pobl a Datblygu Sefydliadol	IGDC
Julie Robinson	JR	Cydlynnydd Llywodraethu Corfforaethol	IGDC
Andrew Strong	AS	Arweinydd Archwilio	Archwilio Cymru
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol / Dirprwy Ysgrifennydd y Bwrdd	IGDC
Mike Whiteley	MW	Rheolwr Archwilio	Archwilio Cymru

Ymddiheuriadau			

Acronymau			
IGDC	Iechyd a Gofal Digidol Cymru	AS	Archwilio a Sicrwydd
AIA	Awdurdod Iechyd Arbennig	DPIF	Cronfa Fuddsoddi Blaenoriaethau Digidol
BAF	Fframwaith Sicrwydd y Bwrdd	PCGC	Partneriaeth Cydwasanaethau GIG Cymru
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	DORA	Ymchwil ac Asesu DevOps
NHAIS	Gwasanaeth Seilwaith Cymwysiadau Iechyd Gwladol	LASP AR	Cofrestr Colledion a Thaliadau Arbennig
WAN	Rhwydwaith Ardal Eang Cymru	ISA	Safon Ryngwladol ar Archwilio



Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu
1	MATERION RHAGARWEINIOL		
1.1	Croeso a Chyflwyniadau Croesawodd y Cadeirydd, Marian Wyn Jones, bawb i'r Pwyllgor Archwilio a Sicrwydd preifat. Rhoddwyd croeso arbennig i'r rhai oedd yn bresennol ar gyfer eitemau penodol ar yr agenda.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am absenoldeb Ni chafwyd unrhyw ymddiheuriadau am absenoldeb i'w nodi.	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Nid oedd unrhyw ddatganiadau o fuddiannau i'w nodi.	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO			
2.1	Camau Gweithredu Archwilio (Preifat) Cadarnhawyd nad oedd unrhyw gamau gweithredu preifat hwyr a bod yr holl gamau gweithredu a oedd yn weddill ar y trywydd iawn i'w cwblhau erbyn eu dyddiad targed. Penderfynodd y Pwyllgor: NODI statws y Camau Gweithredu Archwilio (Preifat).	Nodwyd	Dim i'w nodi
RHAN 3 – BUSNES Y CYFARFOD			
3.1	 Cofnodion Preifat heb eu cadarnhau o'r cyfarfod blaenorol ar 15 Hydref 2024 Penderfynodd y Pwyllgor: GYMERADWYO'R cofnodion fel cofnod cywir o drafodaeth.	Cymeradwywyd	Dim i'w Nodi

3.2	<p>Cofnod Gweithredu</p> <p>Nododd y Pwyllgor nad oedd unrhyw gamau gweithredu wedi'u nodi o'r cyfarfod diwethaf.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI statws y Cofnod Gweithredu.</p>	Nodwyd	Dim i'w nodi
RHAN 4	ARCHWILIO A RISG		
4.1	<p>Archwilio Cymru – Adroddiad Systemau TG y GIG a Letyir yn Genedlaethol</p> <p>Cyflwynodd Andrew Strong, Archwilio Cymru, yr adroddiad i'r Pwyllgor, gan nodi'r uchafbwyntiau a ganlyn:</p> <ul style="list-style-type: none"> Mae IGDC yn darparu nifer o gymwysiadau a seilwaith TG cenedlaethol y GIG a ddefnyddir gan sefydliadau GIG eraill yng Nghymru. Dim ond y systemau ariannol hynny y mae IGDC yn eu darparu ac yr oedd angen sicrwydd gan archwilyr ariannol Archwilio Cymru yn eu cylch yr oedd yr adroddiad yn eu trafod. Y casgliad cyffredinol oedd ei fod yn debygol o fod yn rhydd o gamddatganiadau perthnasol. <p>Roedd sylw'r Rheolwyr wedi'i gynnwys yn erbyn pob un o'r argymhellion newydd a godwyd ac roedd pob un wedi'i dderbyn.</p> <p>Trafododd y Pwyllgor y camau gweithredu oedd heb eu cymryd a dywedwyd wrthynt fod nifer ohonynt wedi'u cwblhau.</p> <p>Teimlai'r Pwyllgor fod angen bwrw ymlaen yn gadarn â'r polisi Cymru Gyfan ar gyfer Dechreuwyr, Symudwyr a Gadawyr gan ei fod yn cael effaith uniongyrchol ar ddiogelwch ar draws y rhwydwaith.</p> <p>Penderfynodd y Pwyllgor:</p> <p>NODI Adroddiad Archwilio Cymru ar Systemau TG y GIG a Letyir yn Genedlaethol.</p>	Sicrwydd	Dim i'w nodi
RHAN 5	ADRODDIADAU LLYWODRAETHU		
5.1	<p>Effaith Ariannol y System Profi Olrhain Diogelu a'r System Archebu Brechlynnau</p> <p>Rhoddodd Mark Cox, Cyfarwyddwr Cyswllt Cyllid, ddiweddariad ar effaith ariannol datgomisiynu'r</p>	Nodwyd	Dim i'w nodi



	<p>canlynol:</p> <ul style="list-style-type: none"> • System Profi Olrhain Diogelu • System Archebu Brechlynnau <p>Gofynnwyd i IGDC ddatgomisiynu'r ddau wasanaeth hyn ar ddiwedd Ch1. Roedd angen dibrisio cyflymach oherwydd y lleihad yn oes ddefnyddiol y gwasanaethau. Ni fyddai unrhyw effaith net ar IGDC ond byddai'r ffordd y dangosir dibrisio yn cael ei newid.</p> <p>Rhodddwyd sicrwydd i'r Pwyllgor fod asedau'n cael eu hadolygu'n rheolaidd i weld a ellir eu hailbwrpasu ond yn achos y ddwy system, oherwydd eu natur bwrpasol, ni ellid cyflawni hyn. Byddai'r gwerth dibrisiant cyflymach yn cael ei adlewyrchu yn y cyfrifon.</p> <p>Penderfynodd y Pwyllgor</p> <p>DDERBYN y diweddariad ar effaith ariannol datgomisiynu'r ddwy system er SICRWYDD.</p>		
5.2	<p>Codi Pryderon</p> <p>Dywedodd Laura Tolley (LT), Pennaeth Llywodraethu Corfforaethol/Dirprwy Ysgrifennydd y Bwrdd, fod yr aelodau'n ymwybodol o'r tri ymchwiliad Codi Pryderon (chwythu'r chwiban) a oedd yn ymwneud yn benodol â gwerthoedd ac ymddygiadau a phrosesau y glynir atynt. O ganlyniad i'r pryderon hyn, comisiynodd IGDC adolygiad diwylliant. Gwnaed y gwaith hwn gan Ymgynghorydd Annibynnol ar Uwch Arweinyddiaeth a daeth i ben ym mis Rhagfyr 2024.</p> <p>Ymunodd Samantha Morgan (SM), Cyfarwyddwr POD, i rannu canfyddiadau'r adolygiad.</p> <p>Dywedwyd wrth y Pwyllgor fod nifer o sesiynau ymgysylltu wedi'u cynnal a bod y canfyddiadau wedi'u troi'n gynllun gweithredu a'u hadolygu gyda'r tîm i sicrhau bod y cynnydd gofynnol yn cael ei wneud.</p> <p>Roedd y Pwyllgor yn cydnabod ei bod yn gadarnhaol bod staff yn teimlo y gallent roi adborth a chodi pryderon.</p> <p>Rhodddwyd sicrwydd i'r Pwyllgor y byddai camau gweithredu o'r adolygiad yn cael eu symud ymlaen yn briodol ac y byddai diweddariad ar y rhain yn</p>	Nodwyd	Dim i'w nodi



	cael ei rannu â'r Pwyllgor yn ôl yr angen. Penderfynodd y Pwyllgor: NODI'R Adroddiad Codi Pryderon.		
RHAN 6	MATERION I GLOI		
6.1	Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd Byddai'r eitemau oedd i'w hamlygu i'r Bwrdd yn cael eu trafod y tu allan i'r cyfarfod oherwydd cyfyngiadau amser.	Trafodwyd	Dim i'w nodi
6.2	Unrhyw Faterion Brys eraill Ni chodwyd unrhyw faterion brys eraill i'w nodi.	Nodwyd	Dim i'w nodi
6.3	Dyddiad ac Amser y Cyfarfod Nesaf: <ul style="list-style-type: none">08 Ebrill 2025	Nodwyd	Dim i'w nodi

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

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	03 February 2025

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

Chair’s Report

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- Introducing the All-Wales Planning Programme for Learning Autumn Event hosted by NWSSP in November 2024, which was very successful and received positive feedback from participants; and
- Chairing both Welsh Risk Pool Committee meetings that took place on 19 November 2024 and 21 January 2025.

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

Managing Director Update

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

- The Welsh Risk Pool (WRP) Committee met on 26 November 2024, ratifying 240 cases with a reimbursement value of £18.6m. WRP continues to face challenges with the timeliness and quality of learning submissions, as well as the provision of additional evidence. Efforts are being made to improve these areas and avoid imposing penalties, although some remain in the system, with 29 recently authorised. Revised consent forms were ratified, addressing ongoing challenges in defending cases. Collaboration with Welsh Government is ongoing to secure funding for the MoNET Wales programme. An update on Covid litigation was provided to Chief Executives in December 2024, noting that the number of cases in Wales is currently low. Further updates will follow the outcome of the Module 3 report of the UK Covid Public Inquiry.
- A year-to-date surplus of £3.522m was reported at Month 9, with a surplus of £2.832m in core operational budgets and £0.690m against the recurrent Covid allocation. Capital expenditure to date is £3.703m against a £7.810m limit. Additional funding was approved in December 2024 and we are working with Services to ensure funding can be fully utilised within the financial year, reviewing progress at our Capital Prioritisation meetings.
- Progress on the South East Radiopharmacy and Hub was noted with a positive review of the plans by the Medicines and Healthcare products Regulatory Agency

(MHRA), with minor adjustments to be incorporated. Planning permission is progressing with Newport Council and once confirmed the funding letter from Welsh Government will be issued for next phase of works. For the South East Wales Hub, the business case is being developed in consultation with the Welsh Government and would be brought to the Committee, for approval. Efforts are ongoing to finalise site options in South West Wales. A review of hospital medicines supply and logistics is underway, with a report expected by March 2025. The HIV Action Plan, a pilot project for pre-exposure prophylaxis (PrEP) in Community Pharmacy will commence in 2025, aiming to improve access, whilst reducing inequalities and stigma by normalising the care of people at risk of HIV. The preferred model would be Hub and satellite supply arrangements with specified community pharmacies.

- The establishment of the statutory Medical Examiners Service has been successful, with positive early stages despite initial challenges. Recent media coverage highlighted delays in releasing bodies from mortuaries, but the Service has no authority over this process. Efforts are ongoing to clarify the Medical Examiner's role in certifying non-coronial deaths and to address family concerns and we continue to work closely with funeral directors, mortuaries and bereavement services.
- The recent International Recruitment visit to Kerala resulted in 19 appointable doctors, with 7 offered immediate positions in psychiatry, 12 on a holding list, and 30 identified during the interview process. There is confidence that 23 declared vacancies can be filled. The Chief Dental Officer is awaiting an announcement to support dental practitioners. From the June visit, 191 healthcare professionals were recruited.
- Formalising tenure at Laundry sites in Church Village and Carmarthen to align with North Wales and Greenvale remains ongoing, with discussions about maintenance and operating footprint.
- Regarding accommodation, leases at Charnwood Court and Companies House to be further extended for the medium term, with a review of space usage to support agile working. The footprint at Companies House will be much reduced.
- NWSSP continues to hold the level of Personal Protective Equipment (PPE) stock requested by Welsh Government and we continue to await their decision on the future position. Significant time has been spent in responding to extensive requests relating to the Covid-19 Public Inquiry.
- The procurement process for the future Electronic Staff Record (ESR) workforce solution remains ongoing, with outcomes expected by June 2025. Wales accounts for 5-6% of the overall contract and the business case is yet to be ratified by His Majesty's Treasury. The first wave is expected in 2027 and organisational rollouts require representatives to attend Programme Board meetings to provide feedback.
- Installation of photovoltaic (PV) panels at Matrix House and plans for electric vehicle charging points and battery backup are underway. The IP5 Solar Farm is boasting encouraging benefits with nearly 90% of the power being generated on a sunny day in November 2024.
- Sessions with Chief Executives and Peer Group Chairs discussed NHS challenges and future strategies. A Joint Executive Team meeting highlighted the need for funding to support Primary Care Services.
- NWSSP's Annual Staff Recognition Awards event is scheduled for 13 February 2025. The virtual Health and Wellbeing Conference on 16 January 2025 was well attended and positively received. NWSSP has been recognised in multiple categories at the GO Awards Wales, and Millie Tottle won the Rising Star Award at the Shared Services Forum UK Awards.

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

Deep Dive

Deep Dive of NWSSP Integrated Medium Term Plan 2025-2028

The Committee received a comprehensive Deep Dive into NWSSP's Integrated Medium Term Plan 2025-2028.

The development of the Plan has been a significant undertaking, showcasing extensive collaboration and engagement, and aligning with strategic direction and Ministerial priorities.

The Plan emphasises financial sustainability, equality and staff well-being, whilst outlining key contributions NWSSP brings to the NHS in Wales.

Overarching principles such as doing the basics well, converting challenges into opportunities, and supporting our staff and our partners, have been embedded in the Plan. The themes aim to empower staff and enhance efficiency through self-service, standardisation, and consistent outcomes. Throughout the Plan, equality impact assessment and the duty of quality have been embedded. There is a strong focus on maximising returns on digital system investments, ensuring benefits realisation and value for money.

The financial overview acknowledges the strong foundations built upon, while noting pressures amounting to over £12 million, with more than £7 million expected from Welsh Government funding, primarily due to the pay award. Additionally, 2.36% savings on the core allocation, amounting to over £2 million, have been identified by NWSSP. A 1.77% uplift is applied to Service Level Agreements, affecting chargeable income streams such as Health Courier Services, Legal and Risk, and Laundry Services. Despite the anticipated pay award, there are additional inflationary pressures on these services. A breakdown of income anticipated from various sources was set out in the plan, with an expected turnover of £800 million over the next three years.

A scrutiny meeting with Welsh Government Finance and the NHS Executive Financial Planning and Delivery Team discussed the risks and opportunities to 2028, including transformational change projects such as the ESR replacement and the Transforming Access to Medicine Services (TrAMS) programme. The discretionary capital pot is small, but an uplift for next year has been received. Several bids are being submitted as part of the process, and business cases involving Welsh Government are in progress. The organisation is dependent on the pay award funding, with ongoing discussions with Welsh Government about next year's arrangements. It is critical that divisions deliver on their savings plans, with tight monitoring in place. The Plan reflects the challenges posed by Committee Members and has been developed with extensive engagement from all staff within NWSSP.

The Committee **NOTED** the Deep Dive.

Items Requiring SSPC Approval/Endorsement

NWSSP Integrated Medium Term Plan (IMTP) 2025-2028

Engagement sessions and the comprehensive nature of the IMTP were praised. Constructive financial touchpoint meetings with Welsh Government were noted, with the approval process beginning upon submission. There was discussion on the interpretation of the governance framework and the Committee's role in endorsing the IMTP. It was

clarified that the Committee was the appropriate mechanism whereby NWSSP seeks approval of the IMTP.

The majority of Committee Members supported the ongoing work to finalise and approve the IMTP, with one organisation not agreeing the plan. Further discussions would be held outside of the Committee meeting regarding the governance arrangements.

The Committee resolved to **APPROVE** the IMTP for 2025-28.

Medical Examiner Pay Scale

A report relating to the Medical Examiner Pay Scale proposal, effective from 1 January 2025, was received by the Committee.

Since 2019, the basic Consultant pay scale has been used for Medical Examiners. The preferred option recognises entry-level requirements, placing Medical Examiners at pay point 4, step 5, with an annual salary of £130,380. Engagement has been made with the British Medical Association, who are content with the approach. There is a central model in Wales being operated and the Service is funded by the UK Government, with no recharge to Health Boards. Medical Examiners are employed directly by NWSSP. It was clarified that all Medical Examiners in Wales were assimilated to the same pay point on entry, aiming to maintain equity and the importance of competitive pay to attract and retain was emphasised.

Committee Members requested time to seek assurance from Medical Director colleagues on the proposal and therefore the proposal was supported in principle, subject to feedback received by 10 February 2025.

The Committee resolved to **ENDORSE** the proposal for Option 1, subject to any feedback received from Health Boards by 10 February 2025.

Customer Service Charter

NWSSP's updated Customer Service Charter had recently been endorsed at the January 2025 Formal Senior Leadership Group meeting. The Charter had been reviewed and refreshed at the SSPC Autumn Development Day, with feedback incorporated to further develop and rebrand. In addition, customer service training would be rolled out to staff, especially in areas with high customer engagement, to support the Charter's relaunch. Further, a newly appointed Head of Communications would start in March 2025, to help formalise the rollout.

The Committee resolved to **APPROVE** the Customer Service Charter.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position, as at 31 December 2024, was a year-to-date surplus of £3.522m. This was reported as a surplus of £2.832m within our core operational budgets and £0.690m against the recurrent Covid allocation, due to seasonal variations in workload and vacancies. A redistribution of £2m to partners for the current financial year was proposed, with any further increase dependent upon pay award funding.

A full-year underspend of £0.542 million against the Covid allocation is forecast, with additional costs expected from Months 10-12 (excluding potential changes in PPE stock holding volumes or provisions for PPE expiry). There are ongoing discussions with Welsh

Government (WG) colleagues to progress a decision on PPE stocks which we urgently await, and WG has confirmed they will recover the forecast in-year underspend against the Covid allocation, although this funding will be required for future years, as outlined in our IMTP assumptions.

Additional capital funding announced in January 2025 would enable a number of decarbonisation initiatives to be funded across the estate. Early indications showed anticipated energy savings in 2025-26 and updates from the Wales Energy Group would continue to be fed directly into the Committee.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- Sickness absence had increased to 3.37%, compared to 2.98% for the same period last year, this was slightly over NHS target of 3.30%.
- Turnover was reported at 22.44%, which had decreased by 2.79%, compared to the same period last year. When excluding the Single Lead Employer Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 9.41%, against the NHS Wales average of 7.1% as at September 2024.
- Statutory and mandatory e-learning compliance remained very high at 93.45%, excluding the SLE Division.
- Agency spend decreased to £6,371 for December 2024, compared to £15,577 in November 2024. One member of staff was engaged via agency within Procurement, during December 2024.
- Achievement of the time to hire target at 49.8 days, against the 71 day target, where the NHS Wales average is currently 59.3 days. This progress was thanks to the extensive work done internally.
- A comprehensive piece of work reviewing the PADR process for NWSSP would be taken to Formal Senior Leadership Group in March 2025.

Performance - Key Performance Indicators (KPIs) from September to December 2024 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 39 of 42 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £288m, as at the end of December 2024 and the Time to Hire target within Recruitment continued to be achieved over the past 11 months. Each organisation could expect to receive its individual performance reports for quarter 3 of 2024-25, forthwith, as these were in the process of being issued.

Outcome Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction, professional influence benefits and decarbonisation. Planned improvements included customer experience and benchmarking.

Integrated Medium Term Plan (IMTP) Update – The progress report for Quarter 3 of 2024/25 provided assurance that good progress had been made against the current objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Additional scrutiny would be applied to objectives identified as off track or at risk.

Project Management Office & Service Improvement Update Report – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. Since the last update provided, 2 projects transitioned from amber to green status, demonstrating significant progress.

Corporate Risk Update - There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee’s attention was drawn to the de-escalation of risk scoring for both the accommodation and the Primary Care Workforce Intelligence System risks, which was a result of positive management actions taken. There was an increase in the risk scoring for the Covid-19 UK Public Inquiry resource demand on key staff in responding to Inquiry Team requests. The remainder of the Corporate Risk Register position remains stable.

Papers for Information

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

- Finance Monitoring Returns (Months 8 and 9 of 2024/25).
- Personal Protective Equipment (PPE) Report (December 2024 and January 2025).
- Shared Services Partnership Committee Forward Plan.

Any Other Business (AOB)

No further items were brought to the Committee’s attention.

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.

Date of next meeting

Tuesday 25 March 2025, 10.00am to 12.00pm



DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	08 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	The Corporate Risk log is presented at every meeting for oversight and scrutiny
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Information
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<u>DOMAIN OF QUALITY</u>	Effective
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If more than one enabler / domain applies, please list below:	
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<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

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

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

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

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

4.1 The [Forward Workplan](#) has been updated to include the following items to be presented at the April 2025 meeting:

- Legislative Assurance Register
- Internal Audit Plan 2025/26
- Audit Wales – Auditor General report on Cancer Services
- 2024/25 Annual Audit Action Themes
- Local Counter Fraud Draft Work Plan 2025/26
- Building our Future and Finding Value Workstream
- IMTP Funding Allocation 2025/26
- Update on Public Procurement Act
- Cyber Resilience Unit Annual Plan (PRIVATE)

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

- Annual Quality Report
- Raising Concerns – Lessons Learned (PRIVATE)
- Annual Financial Accounts
- Accountability Report
- Head of Internal Audit Opinion and Annual Report
- Welsh Health Circular
- Welsh Language Annual Report
- Audit Wales Audit of the Financial Statements (ISA 2609 Report)
- Local Counter Fraud Annual Report 2024/25
- Local Counter Fraud Annual Self Review
- Q3 Duty of Quality Always On Report
- Audit Wales – Audit Wales Stakeholder Engagement Review

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 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the report.



DIGITAL HEALTH AND CARE WALES STANDARDS OF BEHAVIOUR REPORT

Agenda Item	2.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	08 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

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

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

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 All Board Members declarations of interest have been updated for 2025/26 and captured on the [Declarations of Interest Register](#).
- 4.2 As of 01/04/2025, 100% of band 8a and above declarations of interest have been received and captured on the Declarations of Interest Register. In addition, 38% of staff banded 2-7 have also been received and captured on the register.
- 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+.
- 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	£116	£10	£126	£116	£10
Honorarium	0	0	0	0	0
Hospitality	£773	£144	£917	£773	£144
Sponsorship	£599	0	£599	£599	0
Grand Total	£1,488	£154	£1,642	£1,488	£154

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

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



DIGITAL HEALTH AND CARE WALES LEGISLATIVE ASSURANCE FRAMEWORK REGISTER

Agenda Item	2.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance and Business Assurance
Prepared By	Laura Beddoe, Quality Manager (Regulatory Compliance)
Presented By	Paul Evans, Head of Quality Assurance & Regulatory Compliance

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: This report does not need to have an EQIA assessment conducted.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below There is an increased quality and safety within the organisation due to compliance with legislation.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Non-compliance with legislation may have a legal impact on the organisation.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Non-compliance with legislation may have a financial impact on the organisation.

WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	A number of pieces of legislation have an impact on how the workforce within the organisation operates.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Compliance with legislation promotes consideration of socio economic duties.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Moreton, Deputy Director of Finance & Business Assurance	March 2025	Reviewed
Claire Osmundsen-Little, Executive Director of Finance & Business Assurance	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LAF	Legislative Assurance Framework		

3 SITUATION / BACKGROUND

- 3.1 DHCW is responsible for complying with legislation that is applicable to the Special Health Authority. The parameters for the applicability are not just those limited to us as a public healthcare organisation, but include discipline specific areas of work such as the Network and Information Systems Regulations etc.
- 3.2 The [Legislative Assurance Framework](#) forms part of the overall governance assurance framework, the requirements of which are outlined in the DHCW Standing Orders to address the legal, regulatory, and contractual requirements of DHCW. This compliance assessment also supports the achievement and maintenance of the ISO and BS accreditations held by the organisation.
- 3.3 There is a legislation register as part of the management of quality standards, acts and regulations within DHCW in-line with ISO 14001:2015 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

New (1)

Reference	Legislation Name	Executive Lead
CC-CORP-16	The Wildlife and Countryside Act 1981 and associated amendments	Head of Corporate Services

Amendments (1)

Reference	Legislation Name	Executive Lead	Statement
CC-CG-1	Well-being of Future Generations (Wales) Act 2015	Board Secretary	Change operational lead from Head of Corporate Governance to Head of Corporate Services

Removed (0)

Reference	Legislation Name	Executive Lead	Statement



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	
	Management Board is being asked to
NOTE the Legislative Assurance Framework Register for ASSURANCE .	



DIGITAL HEALTH AND CARE WALES WELSH LANGUAGE REPORT

Agenda Item	2.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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



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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	24/03/25	Reviewed
Chris Darling, Board Secretary	25/03/25	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

- 3.1 DHCW has been informed by Welsh Government that Welsh Language Standards No 7 will be imposed on the organization in 2025. Implementing a Welsh language Scheme for over two years has prepared DHCW for the standards and the transition should not have a significant impact on business as usual.
- 3.2 This report highlights the success and progress made to date and outlines the approach to ensuring we are ready to receive a Welsh Language Standards Compliance notice in 2025.
- 3.3 A new compliance monitoring spreadsheet separates the standards as follows:
- Service Delivery Standards (focus in quarter 1/ 2)
 - Operational Standards (focus in quarter 3)
 - Policy Making Standards (focus in quarter 4)
- 3.3 A copy of the new Welsh Language Scheme monitoring spreadsheet was shared and approved by Welsh Language Group and Management. This report includes a summary of the progress.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Quarter 4 Focus on Policy Making Standards

4.1(i) The policy for writing policies is currently under review and will include a section on the Welsh policy making standards as well as translation information.

4.1(ii) The Equality Impact Assessment includes information and question in relation to the Welsh Language Standards and has recently been updated and reviewed through ipassport.

4.1(iii) The Welsh Informatics and Approval Group (WIAG) requires documents such as Assurance Quality Plan (AQP) and Safety Case and Readiness Reports (SCCR) to consider the impact on Welsh language as well as the completion of an Equality Impact Assessment (EQIA).

4.1(iv) Discussions with the Research and Innovation team took place to gain clarification of DHCW's role in research which would lead to the development or change to policies. DHCW's role is to support other organisations such as public bodies who have their own set of Welsh Language Standards to comply with e.g Health and Care Research Wales are a hosted body of Powys Teaching Health Board and therefore must comply with their own Welsh Language Standards.

4.2 Summary of Compliance

The Welsh Language Team have completed a full year of monitoring of DHCW's compliance with the Welsh Language Scheme and the summary below is an estimate of compliance in each of the categories of Welsh language standards within the DHCW Welsh language scheme.

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

4.3 Next Steps

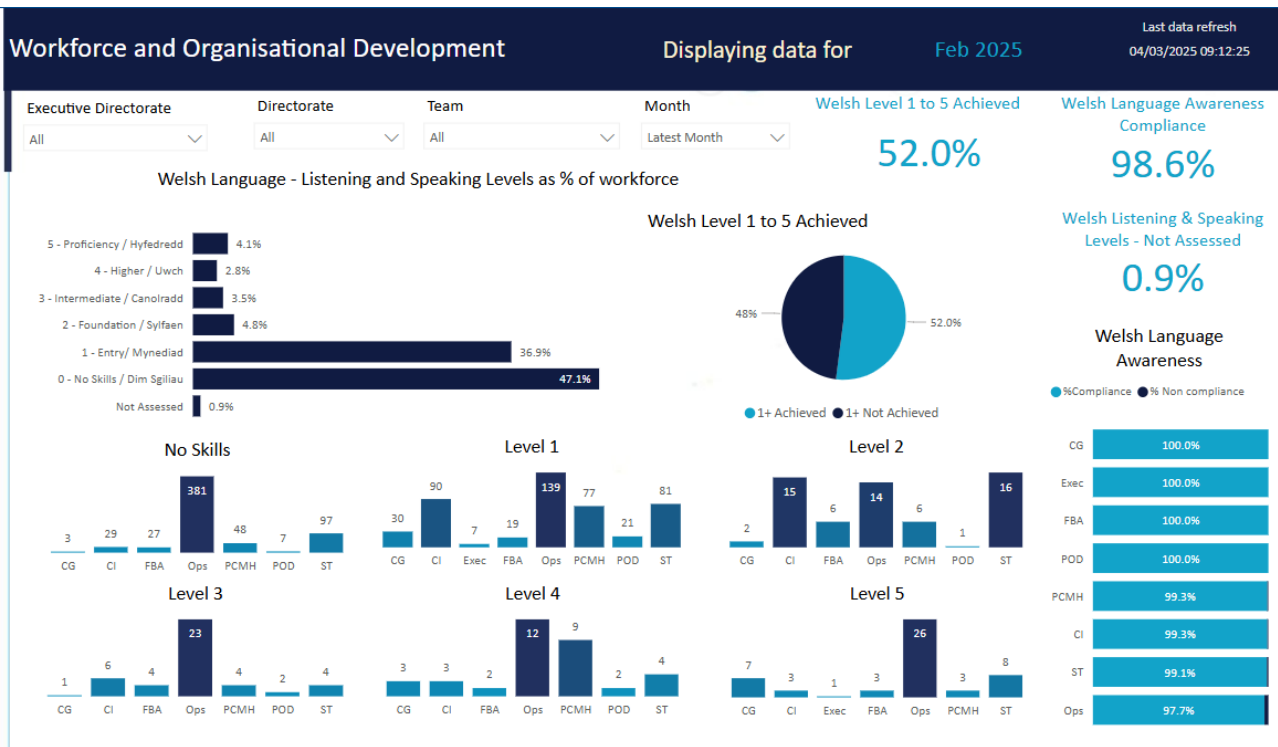
DHCW will meet with the Welsh Language Commissioner's office in April 2025 to discuss the Welsh Language Standards no 7. This will involve omitting standards involving patient content from the draft compliance notice due in July 2025.

4.4 More Than Just Words Five Year Plan 2022-2027

4.5(i) Due to the lack of training available in relation to leading a bilingual country, the Board attended an alternative course offered by Health Education and Improvement Wales (HEIW). The session called 'Agor y Drws' was led by Mererddid Hopwood from Abersytwyth University and inspired the senior leadership team to use and promote the Welsh language in all aspects of DHCW work.

4.5(ii) The new [Hwb laith](#) webpage was launched as part of DHCW's St David's Day celebrations. The webpage and will be developed over the next two years as best practice is shared across NHS Wales organisations and Social Care Wales.

4.5 (iii) Staff are required to self-assess their Welsh language skills on ESR. This information is captured in a power BI dashboard enabling the Welsh language team to target groups of staff who may be interested in learning Welsh or improving their Welsh language skills. Since the last report the number of staff with a minimum of level 1 Welsh language skills has increased by 1.3% to 52%. The target for 2025-2026 is to reach 60%.



4.5(iv) A new online courtesy course is available on the Dysgu Cymraeg website. Welsh Language Managers have discussed alternative options to delivery of the course with the Centre for Learning Welsh. It is hoped that support will be available to enable staff to access the course online and in person. The Welsh Language team will also review the content of the online course and adapt this to the needs of DHCW staff.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Areas for Improvement with the Operational Standards

To fully comply with both the Welsh Language Scheme’s Operational Standards it is essential that the Welsh language skills assessment is completed by recruiting managers and results implemented when advertising new posts.

The People and Organisational Development Directorate work closely with the Welsh language team to ensure jobs are advertised as Welsh essential if required and have recently secured a deal with a Welsh language recruitment agency to ensure DHCW actively promotes and attracts Welsh speakers into the organisation.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report	



DIGITAL HEALTH AND CARE WALES ESTATES, DECARBONISATION AND COMPLIANCE REPORT

Agenda Item	2.7
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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

IMPLICATION/IMPACT	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	25 March 2025	Approved
Audit and Assurance Committee	8 April 2025	

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

3 SITUATION / BACKGROUND

- 3.1 Digital Health and Care Wales (DHCW) have 5 offices across Wales following a review of the estate in 2022 in terms of location, required area and suitability. A three year Estates Plan for 2022 to 2025 was developed, this has been refreshed for 2025 to 2028.
- 3.2 This report provides an update on estates and sustainability within Digital Health and Care Wales and includes the following:
- Estates Development Update (including the refreshed Estates Plan)
 - Decarbonisation Performance against baseline year
 - Decarbonisation 6 monthly Report Q3 and Q4 2024/25
 - DHCW Estates and Compliance Report for February 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 now requires six monthly reports showing progress against each initiative in the NHS Wales Decarbonisation Action Plan. All returns have been submitted on time.
- 3.5 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.

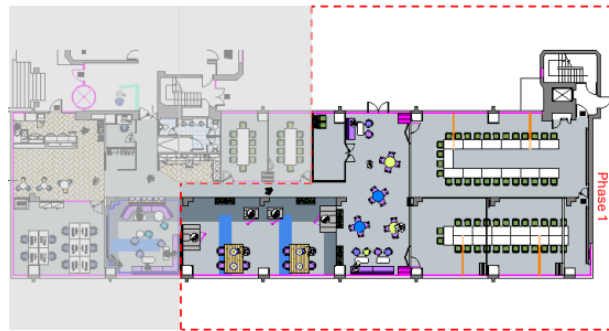
4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Estates Development

A review of the estate footprint took place in 2022 relating to size, location and suitability, which contributed to the development of the DHCW Estates Plan 2022-25. This work has been refreshed and the [DHCW Estates Plan 2025-28](#) is attached. The plan was shared with Local Partnership Forum for early engagement before submission to Management Board and Board for approval in March 2025. The new 3 Year Estates Plan developed for 2025-2028 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 is ongoing in the background to set up a suitable support model.

Development of the Digital Futures Space will take part in two phases, Phase 1 (to be completed this financial year) is outlined by a dotted line in the picture below:



There are opportunities for estates rationalisation with the closure of Castlebridge 2 at the end of March 2025 and the opportunity to reduce space in Swansea at lease end in March 2026.

4.2 Decarbonisation Performance against Baseline Year

The table below provides a summary of DHCW's Gross emissions targets and performance during 2023/24 vs 2019/2020. The figures confirm that we are well ahead of target. Our [Decarbonisation Action Plan 2025-28](#) is attached following approval by Board.

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

4.3 Decarbonisation 6 monthly Report Q3 and Q4 2024/25

The [DHCW Decarbonisation Co-ordination Reporting \(DCR\) Highlight Report](#) and full supporting details are attached. Quarter 3 and 4 updates are highlighted in red as requested by the DCR Team. There are 46 initiatives split across six areas as laid out in the NHS Wales Decarbonisation Action Plan. Of the 46 initiatives, 20 apply to DHCW and are reported on.

Confidence of delivery against each initiative is summarised. A table below sets out the methodology for assessing confidence of delivery against each initiative. Full details can be found in the spreadsheet attached.

Focus Area	Initiatives applicable to DHCW	Delivery Confidence
Carbon Management	1	Highly Likely
	2	Highly Likely
	3	Probable
Buildings, Estates & Planning	4	Highly Likely
	5	Feasible
	7	Probable
	9	Feasible
	10	Highly Likely
	12	Feasible
	14	Feasible
	15	Feasible
Transport	17	Highly Likely
	18	Feasible
	19	Unfeasible
	21	Feasible
Procurement	None applicable	Not applicable
Land Use	33	Highly Likely
Approach to Healthcare	37	Highly Likely
	38	Highly Likely
	39	Highly Likely
	45	Feasible

Delivery Confidence Key

Confidence of Delivery	
Highly Likely	Successful delivery of the action/initiative to cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Probable	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Feasible	Successful delivery appears feasible but significant risks and issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly.
In Doubt	Successful delivery of the action/initiative is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Unfeasible	Successful delivery of the action/initiative appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The action/initiative may need rebaselining and/or overall viability reassessed.
Complete	Successful delivery of initiative/action. There is no further input required.

4.3 Compliance Update

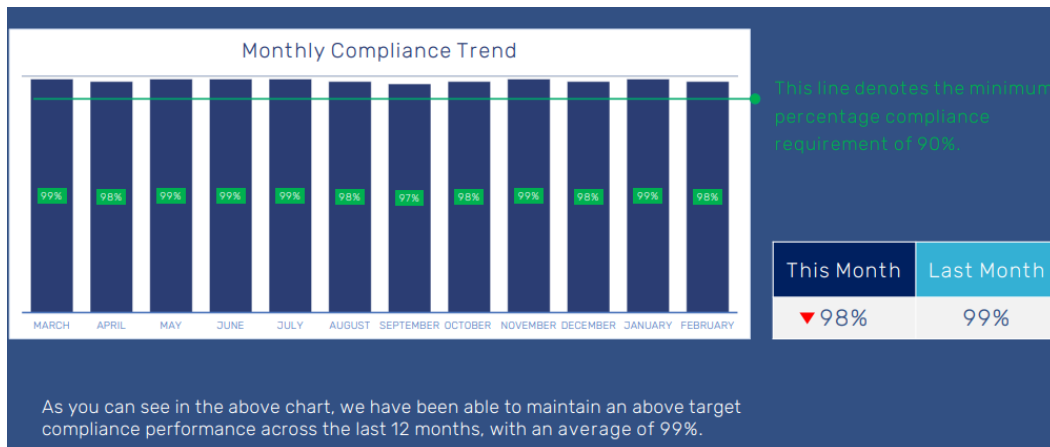
The latest [Estates and Compliance Report](#) for February 2025 is attached.

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

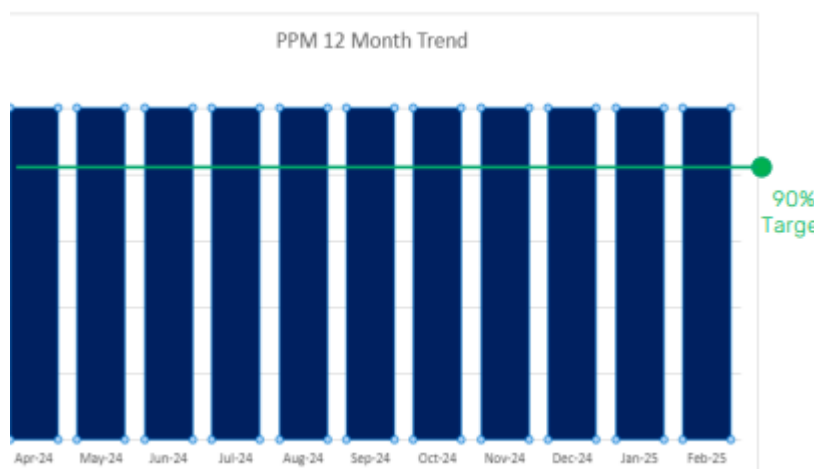
ISO 14001 EMS
Assurance Rating

Substantial Assurance
/ Good Control

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



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



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 We have updated our Estates Plan for the period 2025-28 which was approved by Board. The focus is currently on the re-design of the Ground Floor of Ty Glan-yr-Afon to provide a collaborative space providing facilities for Conferencing, User Centered Design and Digital Inclusion. This is a really exciting opportunity and work is ongoing in the background to set up a suitable support model.
- 5.2 We will further rationalise our Estate in March 2025 when the lease at Castlebridge 2 expires and there is further opportunity for estates rationalisation in Swansea when the current lease for Technium 2 expires in March 2026.
- 5.3 A proposal for a new lease for Ty Glan-yr-Afon has been received for 10 years (which has a break option at end of Year 5) As part of this proposal, we were able to request works in lieu of a rent free period and this option was exercised with a request for improved accessibility. Work on a new ramp is expected to complete early 2025-26.
- 5.4 Our Decarbonisation journey remains positive with good progress noted for Operational and Supply Chain emissions and focus now being given to the impact digital can have. Our Decarbonisation Action Plan has been refreshed for 2025-28 and is now approved by Board.
- 5.5 The DHCW Decarbonisation Co-ordination Reporting (DCR) Highlight Report and full supporting details were approved and submitted on time to the DCR Team.
- 5.6 Estates Compliance continues to be of a high standard with performance significantly above targets set.

6 RECOMMENDATION

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



DIGITAL HEALTH AND CARE WALES QUALITY ASSURANCE & REGULATORY COMPLIANCE REPORT

Agenda Item	2.8
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	08 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A
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WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Moreton	25/03/25	Approved
Claire Osmundsen-Little	25/03/25	Approved

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

3 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

External Audits

There were two external audits conducted within the period January to March 2025:

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

Both audits were held on 18-20 March 2025, with a fourth date planned on 16 April 2025 in the Mold office. The audit reports are pending.

Internal Quality Performance

Milestones

The Quality Assurance and Regulatory Compliance team have deferred two miles for this quarter and moved them to 2025-26.

Risk-Based Audit Programme

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

Non-Compliance Management

The open Quality Improvements have seen a small drop from 90% to 88%, this is being monitored by the Quality Business Partners.

Document Management Strategy (DMS) & iPassport

The Organisation continues to manage documentation successfully on iPassport. The document position on iPassport is at 95%, reflecting improved documentation management and prompt actioning of upcoming documentation for review.

Quality Improvement Framework

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

Legislation

Medical Devices

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

Duty of Quality

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

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

Legislation Assurance Register

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Update

4.1 External Audits

A combination 4-day surveillance audit against standards ISO 9001:2015 Quality Management Systems & ISO 14001:2015 Environmental Management Systems is scheduled for March and 2025. The fourth date is planned for 16 April 2025 in the Mold office.

4.2 Internal Quality Performance Milestones

The Quality Assurance and Regulatory Compliance IMTP milestones for Quarter Four have been deferred to 2025-26 due to the new UK Medical Device Regulations not being released for review. Details are as follows:

- 4635 – Certification to ISO 13485: DHCW do not currently need ISO 13485 to manufacture class 1 Software as a Medical Device, class 2 and above require certification for regulatory approval. Presently DHCW can only manufacture class 1 devices. Certification to ISO 13485 will recommence when the contract for DHCW's certification body is awarded in Q2/Q3.
- 4636 – MHRA new UK MDR: The MHRA have not issued the new UK MDR. Without this we cannot assess DHCW's position and changes made from current UK MDR. The new UK MDR will not come into force until 2026. This poses no immediate risk as DHCW will continue to follow current UK MDR to manufacture class 1 devices.

Risk-Based Audit Programme

The programme has completed 100% target of internal audits. A review of the programme has been completed and improvements made. This included:

- Adding risk assessments to each item or suggestions added to the risk-based audit programme to help inform priority of workload.
- Producing additional information packages to support DHCW internal auditors to help with cross clause analysis of standards.

Non-Compliance Management

Further improve the current status (88%) with the aim of improving the 90% target non-compliance position by the end of Q1. The quality business partners are working very closely with the directorates to improve their position to maintain a 90% target rate.

Document Management Strategy (DMS) & iPassport

Phase two of the document migration exercise is underway with all Quality Business Partners engaging with directorates to discover what documentation the teams have in private folders to be migrated to iPassport. Progress is continuously monitored through the Quality and Regulatory Group.

Quality Improvement Framework

- We are continuing to deliver the 5 Minute Improvement training and encourage staff members to submit their improvement ideas. We have delivered this training to 86 people so far.
- The Fundamentals of Quality Improvement workshop has been delivered to 40 people so far. We have had very positive feedback on both sessions from our attendees.
- A PowerBI dashboard has been created to track attendance from both sessions. It highlights number of attendees per session, which directorate they are from and names of all attendees.
- A Quality Improvement SharePoint site has been launched which is a central location for all training sign-up forms and resources/ templates. A communication piece was published to celebrate the launch.
- The Senior Leadership QI session needs to be finalised as it will now be delivered in one session instead of two. This session is scheduled for April. Existing QI coaching programmes are currently being reviewed with the aim to deliver existing coaching resource instead of developing our own. This will save time and staff resource with the same result.
- QI Spotlight session is being delivered on March 25th, titled 'Creating a Quality Improvement Culture at DHCW'. This session will articulate the great work the team has been doing so far and our plans for the future.

4.3 Legislation

Medical Devices

Work on the new UK Medical Device Regulation compliance continues. The Quality team is maintaining communication with MHRA and other relevant stakeholders and attending the 'all Wales MDR group' to act upon guidance when available. The new UK legislation is still anticipated to come into force in 2025.

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

Next steps are to work closely with DHCW colleagues 'heads of product families' when in place to ensure the approach aligns with the organisations shift to product led digital services.

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

Duty of Quality

The latest Always On report is drafted and going through the approval process.

The Annual Quality Report is being written in conjunction with the Annual Report and will share information such as case studies. Requests for information have been sent to each directorate with the requirement to link information to the health and care quality standards. The Annual Quality Report will include updates on the Duty of Quality SLT workshops and action outcomes.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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. The audit programme completed 100% of planned audits. A focus will be completing the Annual Quality Report in line with the DHCW Annual Report.

Forward Plan for Next Quarter

5.1 External Audit

- Completion of the combination surveillance audit against ISO 9001 and 14001

5.2 Quality Performance

- Further reduce open Quality Improvements and improve documentation management.
- Delivery of quality improvement training
- Ongoing work to complete Phase two of the Document Management Strategy.
- Evaluate the changes made to the Risk-based Internal Audit programme.

5.3 Legislation

- Continue maintaining communication with MHRA and other stakeholders regarding new UK Medical Device regulations.
- Continue preparations for compliance with new UK Medical Device regulations.
- Produce the next Annual Quality Report

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the contents of this report	

3.1 Action log

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20250121-A01	21/01/2025	The Committee to come back to the review on Staff Development to measure and consider the progress made against the recommendations outlined in the report.	Samantha Morgan (DHCW - People & OD)	17/03/2025	Added to the forward plan for either April or July meeting. SM to attend the April meeting to provide an update.	Complete			Public
20250121-A02	21/01/2025	Audit Wales to include the previous year's fee within next year's report.	Wales Audit Office 3	16/12/2025	Audit Wales to include the previous year's fee within their report for ease of reference. This can be considered closed as it will not be actioned until next year.	Complete			Public
20250121-A03	21/01/2025	Once the Remit letter had been received from Welsh Government, the Committee to have a deep dive into the implications of the letter. Finance to advise when received.	Claire Osmundsen-Little (DHCW - Director of Finance)	17/03/2025	Finance to advise when remit letter has been received and it will be added to the forward plan as a deep dive into the implications of the letter. The draft remit letter has now been received and will be reviewed at the Committee meeting on 8th April.	Complete			Public
20250121-A04	21/01/2025	The Committee requested to revisit the action that was taking place to address the unwarranted variation across Health Boards in the uptake of DHCW's services.	Mark Cox (DHCW - Finance & Business Assurance)	17/02/2025	DHCW has issued baseline local system usage metrics via organisational "Value Packs". An initial meeting was held with a DoF lead to discuss and assess the type of information that would be most useful, next steps will be to collate information to initially share amongst appropriate stakeholder groups before populating all systems statistics into the benefits repository. Whilst uptake cannot be mandated it is hoped that once the information is shared by DHCW organisations will take action to maximise benefits realisation of national solutions.	Complete			Public

DIGITAL HEALTH AND CARE WALES

INTERNAL AUDIT PROGRESS REPORT

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
ACRONYM	DEFINITION	ACRONYM	DEFINITION
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The report details the final assurance rating and a summary of recommendation priorities for the internal audit reports:
- Programme Management (reasonable assurance)
 - Performance Framework (reasonable assurance)
 - Service Management (SLAs) (reasonable assurance)
 - Mission One – National Data Resource (reasonable assurance)
- 4.2 In addition, the following reports are at a draft report stage: Financial Sustainability; and Cyber Resilience Unit.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES

INTERNAL AUDIT REPORTS

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The National Data Resource audit may contribute towards quality and safety regulations / accreditations.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The National Data Resource audit may contribute toward GDPR risks.
FINANCIAL	Yes, please see detail below

IMPLICATION/IMPACT	The Programme Management audit includes finance related matters arising.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PMO	Portfolio Management Office		
IOPR	Integrated Operational Performance Report		
IMTP	Integrated Medium-Term Plan		
NDR	National Data Resource		
GDPR	General Data Protection Regulation		
SLA	Service Level Agreements		
OLA	Operational Level Agreements		

3 SITUATION / BACKGROUND

3.1 The following audit reports are included:

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

We provided reasonable assurance with three medium priority recommendations.

[Performance Framework \(Reasonable\)](#)

We provided reasonable assurance and one medium priority matter arising.

[Mission One – National Data Resource \(Reasonable\)](#)

We provided reasonable assurance with two high priority recommendations.

[Service Management \(SLA\) \(Reasonable\)](#)

We provided reasonable assurance and raised one high and two medium priority matters arising for this audit.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 A summary of the key findings is provided below:

Programme Management (Reasonable)

Overall, the Portfolio Management Office (PMO) is effective in providing the structure to effectively manage projects, aligning them with strategic goals and ensuring compliance. It uses reporting, risk management, and approval processes, including highlight reports, to keep projects on track.

We reviewed the Digital Medicines programme to see if the structures put in place by the PMO enhanced the management of individual projects/programmes. Ensuring control and lessons learned logs are properly completed and simplifying the reporting process could further enhance efficiency.

After the conclusion of the audit fieldwork, DHCW has been escalated to level 3 for performance and outcomes, regarding Welsh Government's concerns about the organisation's ability to effectively deliver a number of major programmes. It should be noted that this review focused on the design and establishment of the PMO and the methods they are utilising.

Performance Framework (Reasonable)

DHCW reports progress on selected key activities through the Integrated Operational Performance Report (IOPR).

The IOPR dashboard report provides evidence of performance against key indicators across DHCW and is linked to the Strategic Missions defined within the Integrated Medium-Term Plan (IMTP). Performance is monitored and managed at various levels throughout the governance structure, with final oversight through the Executive Management Board and then the Special Health Authority (SHA) Board.

Overall, this was a positive report, but we raised a recommendation over the lack of process controls for reporting the service desk operational performance.

Mission One – National Data Resource (Reasonable)

Whilst we raised two high priority matters arising (funding stability and information use) we note that these are outside of the ability of the National Data Resource (NDR) Programme to resolve, however they impact on the ability of the NDR Programme to successfully deliver the identified benefits. These include:

- the nature of the funding process for the NDR Programme adversely impacts on the ability for full financial planning and delivery of benefits; and
- there are restrictions on the collation and use of some NHS Wales data due to perceived conflicts with Welsh Government Policy and the GDPR.

Service Management (SLA) (Reasonable)

We found comprehensive guidance in place that covers the development of contracts and service level agreements (SLAs) and the monitoring of these, to ensure services are provided as per the contract. For services provided by DHCW, although SLAs are in place, there are areas for development with NHS Wales arrangements, to assist with demonstrating value and quality of services provided.

In particular, these SLAs are more aligned to OLAs (operational level agreements). However, there is limited evidence over regular meetings being held with suppliers / service providers, at which performance is discussed or demonstrated. In spite of this, where underperformance is identified there is an escalation process with a requirement for implementing improvement plans and the imposition of financial penalties, where appropriate.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

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



DIGITAL HEALTH AND CARE WALES

DRAFT INTERNAL AUDIT PLAN 2025/26

NWSSP AUDIT & ASSURANCE SERVICES

Agenda Item	4.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
RECEIVE and DISCUSS the Draft 2025/26 Internal Audit Plan, prior to approval of the final version. Any updates / changes will be incorporated and presented as the final version for approval at the next available Audit and Assurance Committee.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
--	-----

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

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Team	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



3 SITUATION / BACKGROUND

3.1 This document sets out the proposed [Internal Audit Plan for 2025/26](#) (the 'Plan') for DHCW, by detailing the audits to be undertaken. It also contains the Internal Audit Charter which defines the over-arching purpose, authority and responsibility of Internal Audit and the key performance indicators for the service. It has been developed and agreed with the Senior Leadership Team.

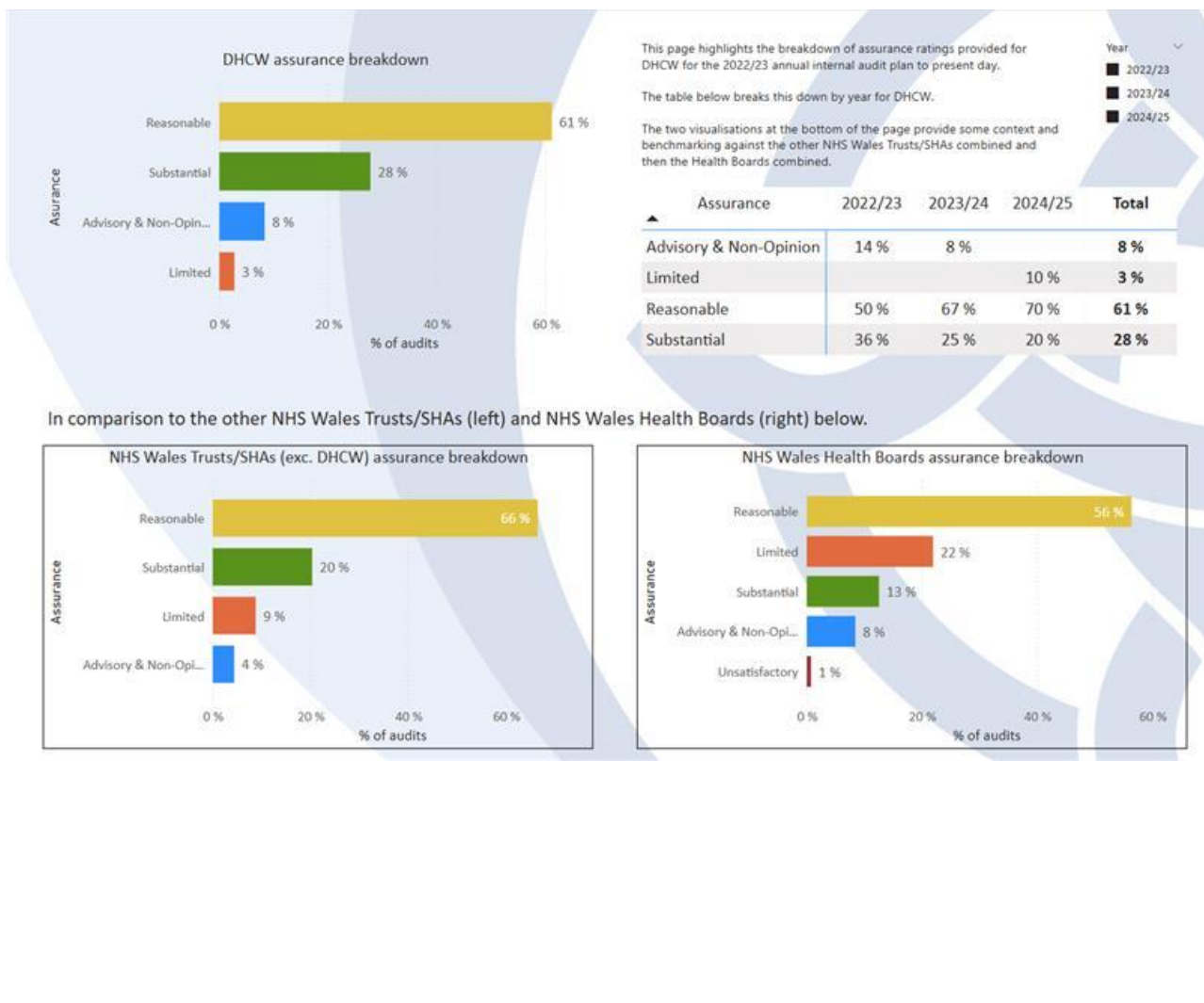
4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

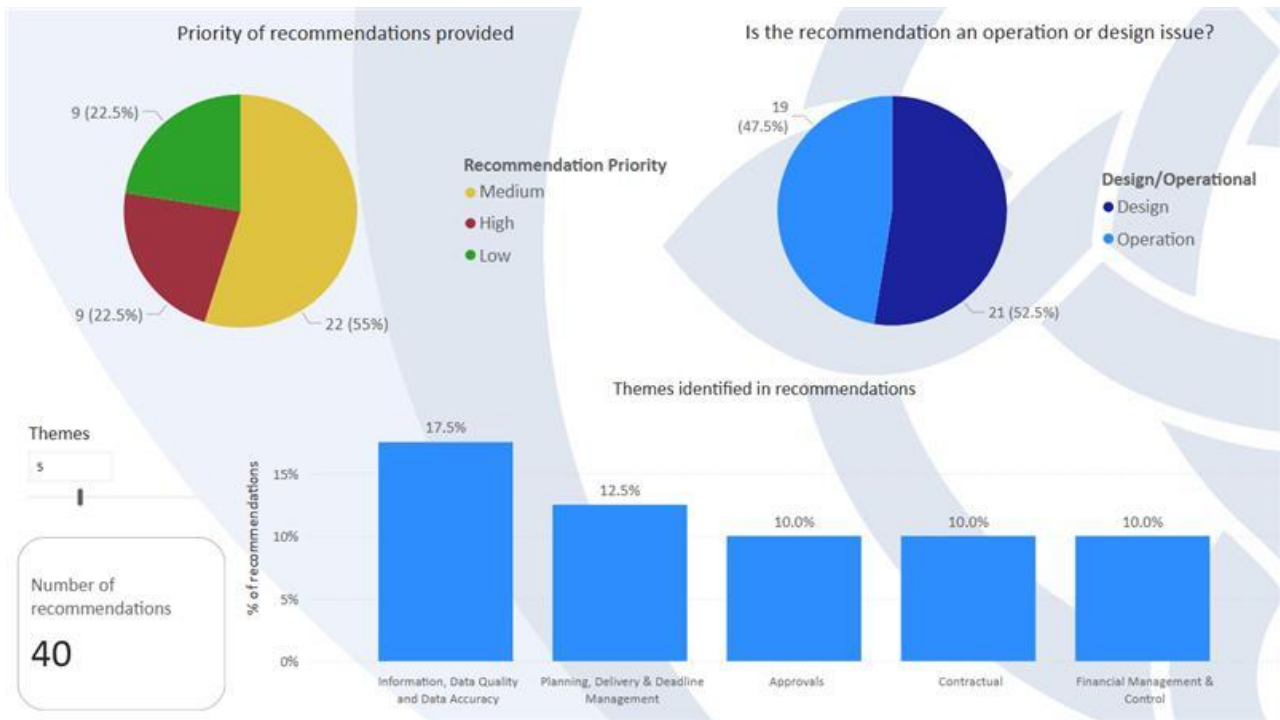
4.2 To assist with the process, some analytical information has been included below that compares DHCW to other NHS Wales organisations, including the top five audit matters arising themes across NHS Wales, which are:

1. Information, Data Quality and Data Accuracy (same as DHCW).
2. Performance Monitoring (DHCW – Planning, Delivery and Deadline Management).
3. Reporting (DHCW – Approvals).
4. Policies and Procedures (DHCW – Contractual).
5. Financial Management and Control (same as DHCW).

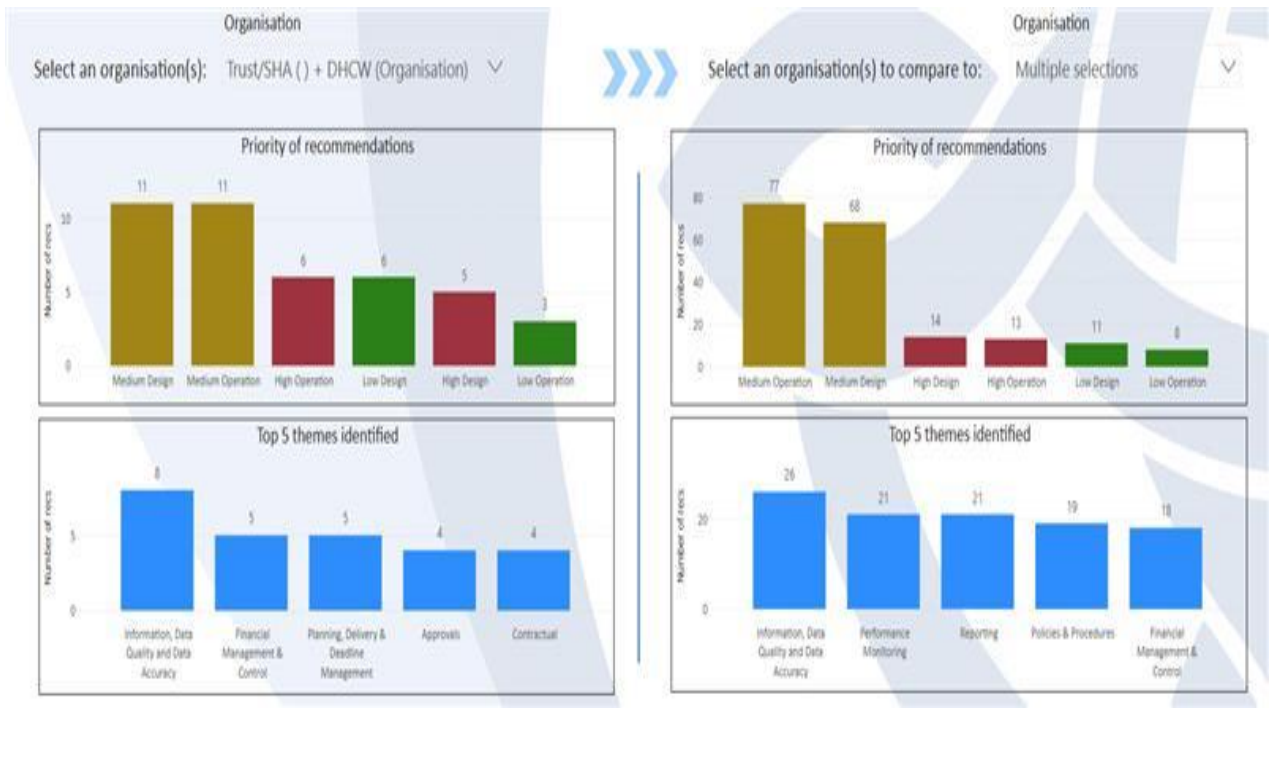
DHCW Audit Report Assurance Analysis vs NHS Wales



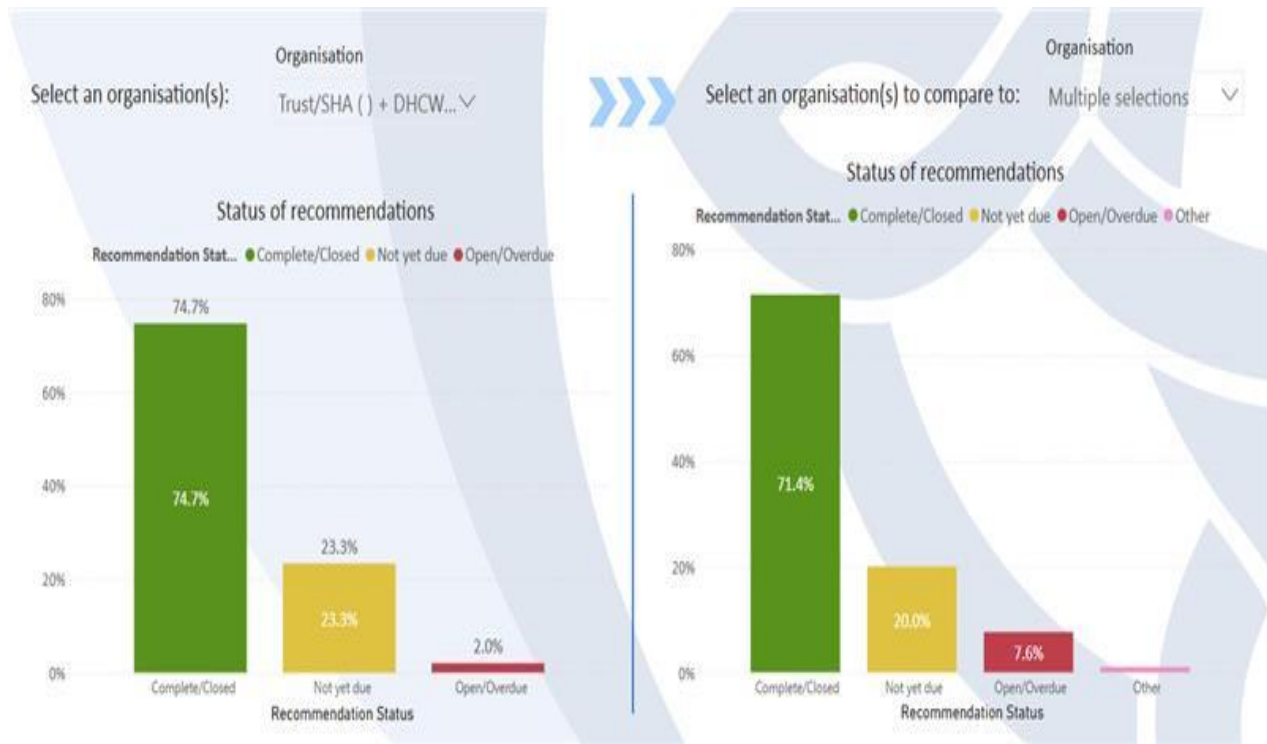
DHCW Audit Recommendation Analysis



DHCW / Trusts Audit Recommendation Themes versus NHS Wales



Status of DHCW / Trusts Audit Recommendations versus NHS Wales



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
RECEIVE and DISCUSS the Draft 2025/26 Internal Audit Plan, prior to approval of the final version. Any updates / changes will be incorporated and presented as the final version for approval at the next available Audit and Assurance Committee.	

Audit and Assurance Committee Update – Digital Health and Care Wales

Date issued: April 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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About this document

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

Accounts audit update

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

Exhibit 1 – Accounts audit work

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
Audit of 2024-25 financial statements	Executive Director of Finance	Planning the audit of the 2024-25 financial statements is underway, with the detailed testing of the draft financial statements to commence in May 2025.	In progress	June 2025

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 2024 – Deep Dive – Digital	Chief Executive Officer	This work will examine DHCW's internal arrangements for supporting and embedding effective and safe digital transformation.	Scoping	To be confirmed
Local project work – Review of stakeholder engagement arrangements	Executive Director of Strategy	This work will assess the effectiveness of DHCW's stakeholder engagement arrangements and the extent to which they are supporting the organisation to be seen as a trusted digital partner within the NHS in Wales.	Draft report issued for clearance	July 2025
Structured Assessment 2025 - Core	Chief Executive Officer	Our structured assessment work is designed to examine the existence of proper arrangements for the efficient,	Scoping	October 2025

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		<p>effective, and economical use of resources. Our 2024 Structured Assessment work reviewed:</p> <ul style="list-style-type: none"> • Board and committee effectiveness, cohesion, and transparency; • Corporate systems of assurance; • Corporate planning arrangements; and • Corporate financial planning, management, and performance arrangements. 		
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
Local project work – Review	Chief Executive Officer	This work will examine DHCW’s arrangements for supporting the wider	Scoping	TBC

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
of the SHA's strategic arrangements to support and enable NHS Wales's Digital requirements		digital transformation agenda in NHS Wales.		

Other relevant publications

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

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

Title	Publication date
<u>The Biodiversity and Resilience of Ecosystems Duty</u>	March 2025
<u>Addressing workforce challenges in NHS Wales</u>	February 2025
<u>Cancer Services in Wales</u>	January 2025
<u>National Fraud Initiative Self-Assessment Checklist</u>	December 2024
<u>The National Fraud Initiative in Wales 2022-23</u>	October 2024

Additional information

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

Exhibit 4 – Audit Wales corporate documents

Title	Publication Date
<u>Fee Scheme 2025-26</u>	January 2025
<u>Audit Quality Report 2024: Strengthening trust in audit</u>	January 2025



Audit Wales

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Website: www.audit.wales

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

Cancer Services in Wales:

A review of the strategic approach to improving
the timeliness of diagnosis and treatment

January 2025



This report has been prepared for presentation to the Senedd under the Government of Wales Act 1998 and the Government of Wales Act 2006.

The Auditor General is independent of the Senedd and government. He examines and certifies the accounts of the Welsh Government and its sponsored and related public bodies, including NHS bodies. He also has the power to report to the Senedd on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

The Auditor General also audits local government bodies in Wales and conducts local government value for money studies.

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.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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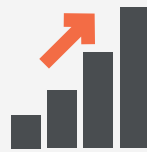
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Key facts

Exhibit 1: key facts

Cancer is the **leading cause of death** in Wales

Wales has the **second highest** cancer mortality in the UK. The UK has one of the highest cancer mortality rates of all OECD countries



Five-year cancer survival has improved. **62%** of people diagnosed with cancer between 2016-2022 survived at five years compared to **54%** of people diagnosed between 2002-2006



4 in 10 annual cancer cases in Wales could be prevented



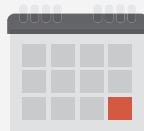
At £719 million in 2022-23, spending on cancer services was the **third highest area of NHS spending** after mental health and trauma and orthopaedics

Real terms spending on cancer services has **increased by 54%** from 2009-10 to 2022-23



Since August 2020, no health board has met the overall target that **75%** of patients should start their first definitive treatment within **62 days** of first suspicion of cancer

From August 2023 to August 2024, between **53%** and **61%** of patients started treatment within **62 days**



In 2021, **24%** of cancer patients were diagnosed at stage 4 and **18%** at stage 3



Survival decreases as stage advances for all cancer types



Bowel screening eligibility has expanded in stages since October 2021. It now includes people aged **50 to 74** and uses a more sensitive test.

From July 2023 to July 2024, just **21%** of bowel screening participants referred to their health board for a colonoscopy were offered the procedure within 4 weeks against a standard of **90%**

Breast and cervical screening uptake were **below standard**



Non-melanoma skin cancer, bowel, female breast, lung and prostate cancers are the most **common cancers** in Wales

Source: Audit Wales

Notes:

*Welsh Government data: NHS Expenditure by programme budget category and year, 'cancer and tumours', on StatsWales

Key messages

Context

- 1 One in two people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime¹. Many people go on to survive cancer and lead healthy lives. Early diagnosis and timely treatment are key to survival for most cancers.
- 2 Services to detect, diagnose and treat cancers and to support cancer patients are provided by many public and third sector organisations. Some services, notably Systemic Anti-Cancer Therapy² and radiotherapy, mostly serve cancer patients. However, much of the outpatient, diagnostic and surgical capacity needed for cancer patients is part of the wider planned care system.
- 3 The Welsh Government is responsible for setting the vision and targets for health care and for the allocation of funding. It sets out a range of expectations for the NHS Executive, including supporting improvement in cancer services, through an annual remit letter. The National Strategic Clinical Network for Cancer³ is part of the NHS Executive and brings together clinicians and health professionals to support improvement. Health boards are responsible for providing high quality care to patients and meeting performance targets. **Appendix 1** explains roles and responsibilities for cancer services and key elements of the strategic approach.
- 4 Our work has examined the coherence of the national arrangements to drive improvements in cancer services in Wales. The report includes an overview of NHS Wales' performance in providing cancer diagnosis and treatment and offers views on the prospects for improvement, including through prevention. The report does not comment on the performance of individual NHS bodies as this will be examined as part of the Auditor General's 2025 programme of local audit work at those bodies. **Appendix 3** provides more detail about our work.

1 Cancer Research UK.

2 Systemic Anti-Cancer Therapy includes chemotherapy, immunotherapy and hormonal therapy.

3 Called the Wales Cancer Network at the time. We refer to the Network as the 'Cancer Network' throughout the report for ease of reference.

Overall conclusions

- 5 Overall, we found that despite increased investment, there is a continuing failure to meet the national performance targets for cancer with a minority of patients facing unacceptably long waits for diagnosis and/ or treatment. Cancer outcomes in Wales have improved over recent years but are still poor compared to other countries. Stronger and clearer national leadership is urgently needed to help drive the necessary improvements in the timeliness and sustainability of cancer diagnosis and treatment.

Key findings

Performance and resources

- 6 Demand from suspected cancer patients is increasing ahead of the NHS' ability to meet it. As a result, the waiting list for diagnosis and treatment is growing. Our indicative modelling shows that without a significant increase in activity to diagnose and treat patients, the waiting list will not return to pre-pandemic levels.
- 7 The national target that 75% of cancer patients should start their first definitive treatment within 62 days of first suspicion has not been met by any of Wales' health boards since August 2020. Performance deteriorated following the pandemic and has been stable since early 2022 with between 52% and 61% of patients starting their treatment within the target time. Waiting times for some cancer types are particularly long with some patients waiting over 100 days for treatment⁴. There are also growing waits between diagnosis and the start of treatment.
- 8 A significant minority of people are being picked up with late-stage cancer which impacts their likelihood of survival. In 2021, patients diagnosed with cancers of the gall bladder, pancreas and lung were more likely than patients with other types of cancers to be diagnosed at stage four (74%, 52% and 48% of patients).
- 9 Screening plays a vital role in early detection. While the standard for uptake of bowel screening is being achieved, this is not the case for breast and cervical screening programmes.

4 See **Exhibit 8**.

- 10 Patient outcomes have improved over time. But Wales has the second highest cancer mortality rate in the UK after Scotland. The UK itself has a worse rate than many OECD countries. Mortality rates in Wales are significantly worse for people living in deprived areas and the gap between the most and least deprived is growing.
- 11 Real terms spending on cancer care over the last 13 years has grown considerably more than the overall increase in real terms NHS spending. However, this increase does not necessarily translate into extra activity as there are a range of inflationary cost pressures, including costs of drugs and new treatments. There are also challenges around capacity – including gaps in the workforce and concerns about a shortage of modern scanning equipment.

Strategic direction

- 12 The Welsh Government has set out its high-level strategic vision for cancer services in its 2021 Quality Statement for Cancer. In February 2023, at the request of the then Minister for Health and Social Care, the Cancer Network published a three-year Cancer Improvement Plan as a collated NHS response to the Quality Statement. The NHS Executive is developing a National Cancer Recovery Programme as part of the wider national approach to transforming planned care. The Welsh Government has also launched a 'Cancer: Improving Outcomes' initiative through its Life Sciences Hub aimed fostering innovation and collaboration between the NHS and industry.
- 13 Whilst these various developments demonstrate a clear national commitment to improve cancer services, their collective efficacy is undermined by a lack of clarity over the status of the three-year Cancer Improvement Plan. Welsh Government officials were clear that the Plan was not their document but rather the collated response of the NHS to the Quality Statement.
- 14 However, NHS and third sector bodies are confused about the Cancer Improvement Plan's status and what, if anything, they should be doing to implement it. Many were also confused about the links between the Improvement Plan, the National Cancer Recovery Programme and the Cancer: Improving Outcomes initiative.
- 15 There is similar confusion about the split of leadership and accountability between the Welsh Government and the NHS Executive and about roles within the NHS Executive. Overall, we identified a consensus, including within the Welsh Government and the NHS Executive, that the arrangements were not yet providing the strong leadership needed to drive system-wide improvement in cancer services.

- 16 We identified examples of important Welsh Government investment to improve cancer services and broader planned care including rapid diagnostic centres and a new cancer centre for Velindre NHS Trust. However, the pace at which some new developments are taken forward can be slow, in areas such as digital cellular pathology and lung cancer screening.
- 17 There is also a risk that the Welsh Government may not get a good return on its £3.4 million investment in a National Imaging Academy. The Academy is training more radiologists to address workforce shortages, but some NHS bodies have not been able to create jobs for newly qualified people.
- 18 The Welsh Government relies heavily on its performance management arrangements to oversee and drive improvement. However, these arrangements are focussed predominantly on the 62-day timeliness target, which only covers part of the patient pathway. The Welsh Government told us it also focuses on delivery of National Optimised Pathways, although at the time of drafting the NHS Executive was still developing plans for monitoring compliance with those pathways.
- 19 The Welsh Government's Quality Statement does not set out any specific expectations in respect of cancer prevention despite around 38% of cancers being preventable. Whilst there are other Welsh Government strategies and frameworks aimed at encouraging healthier lifestyles these do not constitute a coherent policy framework for population health and disease prevention.
- 20 Data and digital are two other key areas for improvement. We identified inaccuracies in national data and a need for more consistent national data that helps track delivery across the patient pathway. Work is underway to replace the previous outdated cancer information system. However, progress has been slow, and services continue to rely on fragmented digital systems that consume time and carry risks to patient safety.



The Welsh Government's Quality Statement, the identification of nationally optimised pathways and the publication of a Cancer Improvement Plan are all examples of a clear commitment to secure high quality cancer care for the people of Wales.

However, despite this and increased investment over recent years, too many people are experiencing unacceptably long waits for cancer diagnosis and treatment. Variations in performance and outcomes persist within and between health bodies in Wales, and insufficient attention is being placed on prevention of the lifestyle factors that can cause cancer and other major health conditions.

The arrangements for the national leadership and oversight of cancer services in Wales need to be clarified and strengthened as a matter of urgency. This must include a clear statement on the status of the NHS Wales Cancer Improvement Plan and how the Welsh Government and NHS Executive expect it to be used, alongside other programmes and initiatives, to shape the improvements which are needed in cancer services in Wales."

Adrian Crompton
Auditor General for Wales



Recommendations

Exhibit 2: recommendations

Setting out a coherent, long-term strategic approach for cancer in Wales, supported by clear system leadership and informed oversight

- R1 The Welsh Government should publicly clarify the status of the Cancer Improvement Plan and its links to the National Cancer Recovery Programme and the Cancer: Improving Outcomes initiative. As part of this the Welsh Government should clarify how it intends to hold NHS bodies to account for delivery of the Cancer Improvement Plan.
- R2 The Welsh Government should set out a coherent model for system leadership in respect of cancer services that clarifies its own role and that of the NHS Executive and sets out how it will bring on board clinicians and other key stakeholders to build a common view of cancer service performance, quality and opportunities for improvement.
- R3 The Welsh Government should review its oversight and performance framework in respect of cancer services to focus on a broader range of issues, including a more explicit alignment to the ambitions and quality attributes set out in the Quality Statement for Cancer.

Developing the strategic approach to population health improvement and disease prevention

- R4 The Welsh Government should develop a more coherent approach to population health improvement by setting out how it intends to use its Science Evidence Advice: NHS in 10+ Years to harness the opportunities associated with prevention to reduce the incidence of cancer and other major conditions.

Exploiting specific opportunities for improvement

- R5 The Welsh Government should work with Public Health Wales to accelerate decision making for a national lung screening programme. It should clarify as soon as possible whether it will fund national lung screening for Wales and the timescale for implementing such a programme.
- R6 As part of a wider approach to encourage greater regional working between health boards, the Welsh Government and the NHS Executive should work with the service to understand and help address any key barriers to delivering regional services. This should include working with DHCW to identify digital solutions to support shared waiting lists for cancer diagnosis and treatment, where it is appropriate to do so.
- R7 The Welsh Government should work with the NHS Executive, HEIW and other NHS bodies to ensure there are employment opportunities for radiologists who have been trained in the National Imaging Academy.

Improving Data and Digital

- R8 The Welsh Government should clarify national roles and responsibilities for monitoring and ensuring compliance with its data standards including how it will hold NHS bodies to account for poor compliance.
- R9 The Welsh Government should work with the NHS Executive (particularly the Cancer Network), DHCW and Public Health Wales NHS Trust to develop a more comprehensive set of publicly available data on cancer services, which as a minimum should include:
- the number of people currently waiting for cancer diagnosis or treatment (open pathway data).
 - performance against the 62-day target for the health board providing diagnosis and treatment and health board of residence, including people living Powys Teaching Health Board area.
 - performance across the patient pathways including timeliness of diagnostic reporting across different tumour sites; timeliness from the decision to treat a patient to the start of that treatment (including surgery, radiotherapy and Systemic Anti-Cancer Therapy); and diagnosis and treatment of recurrent disease. Performance information should be provided at cancer sub-tumour level where possible.
 - timeliness of diagnosis and treatment for patients referred from the breast and cervical screening programmes.
 - accurate information on equity of access, including ethnicity of cancer patients as well as the experiences of different patient groups (this should include children and young people).
- R10 The Welsh Government should work with DHCW and NHS England to share regular and consistent data on the timeliness of diagnosis and treatment for Welsh cancer patients treated by NHS England.

Source: Audit Wales



Performance and resources



01

- 1.1 This part of the report looks at how well services to diagnose and treat cancer are performing, including against national targets. It considers performance in the wider context of demand, financial and capacity pressures.

What we looked for

We looked for evidence that the NHS is sustainably meeting demand to diagnose and treat cancer; whether it is meeting the national performance targets for timeliness of cancer diagnosis and treatment; and for evidence that outcomes for cancer patients are improving and compare well internationally.

Demand is increasing ahead of the NHS's ability to meet it and the waiting list for diagnosis and/ or treatment is growing

The number of people referred for suspected cancer has continued to rise following a sharp drop during the pandemic

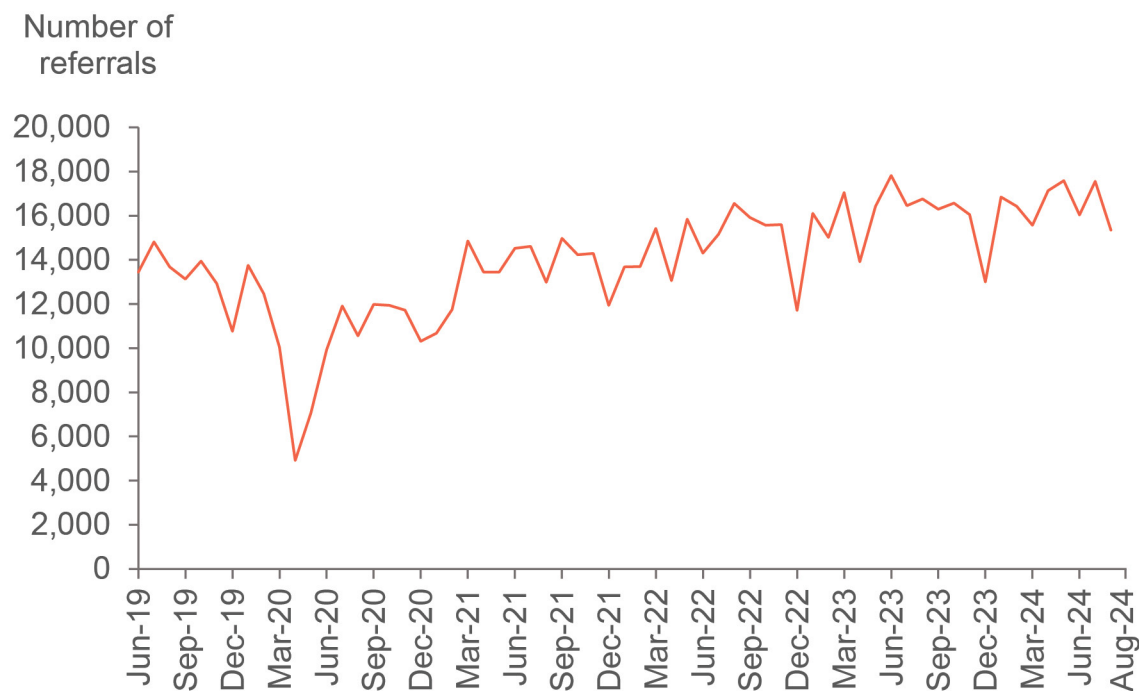
- 1.2 Suspected cancer referrals create demand for NHS services even though the vast majority of those referrals (over 84%⁵) go on to find out that they do not have cancer. Around 80% of patients with suspected cancer are referred by GPs. However, because they are far less likely than those coming from other routes⁶ to actually have cancer, those referred by GPs only make up around 54% of patients who go on to start treatment.
- 1.3 The number of suspected cancer referrals increased by 14% from June 2019 to August 2024 (**Exhibit 3**); equivalent to around 3% growth each year. Referrals have increased after a drop at the start of the pandemic. The highest numbers of referrals in August 2024 were for skin (excluding basal cell carcinoma⁷) and lower gastrointestinal cancers (17% and 15% of referrals respectively).

5 Since November 2020.

6 Other routes include screening services, emergency departments, and other secondary care professionals.

7 Basal cell carcinoma is the most common type of skin cancer and less likely than other skin cancers to spread to other parts of the body. NHS Wales does not refer suspected basal cell carcinomas via the suspected cancer pathway unless there is a concern that delayed investigation may cause significant impact to the patient in line with NICE Guidance NG12, last updated October 2023.

Exhibit 3: urgent suspected cancer referrals, June 2019 – August 2024



Source: DHCW, Suspected Cancer Pathway – Open Pathways Dataset, on StatsWales.

Note: data from June 2019 to November 2021 is based on experimental analysis on StatsWales and may not be directly comparable to the validated data from December 2021 onwards.

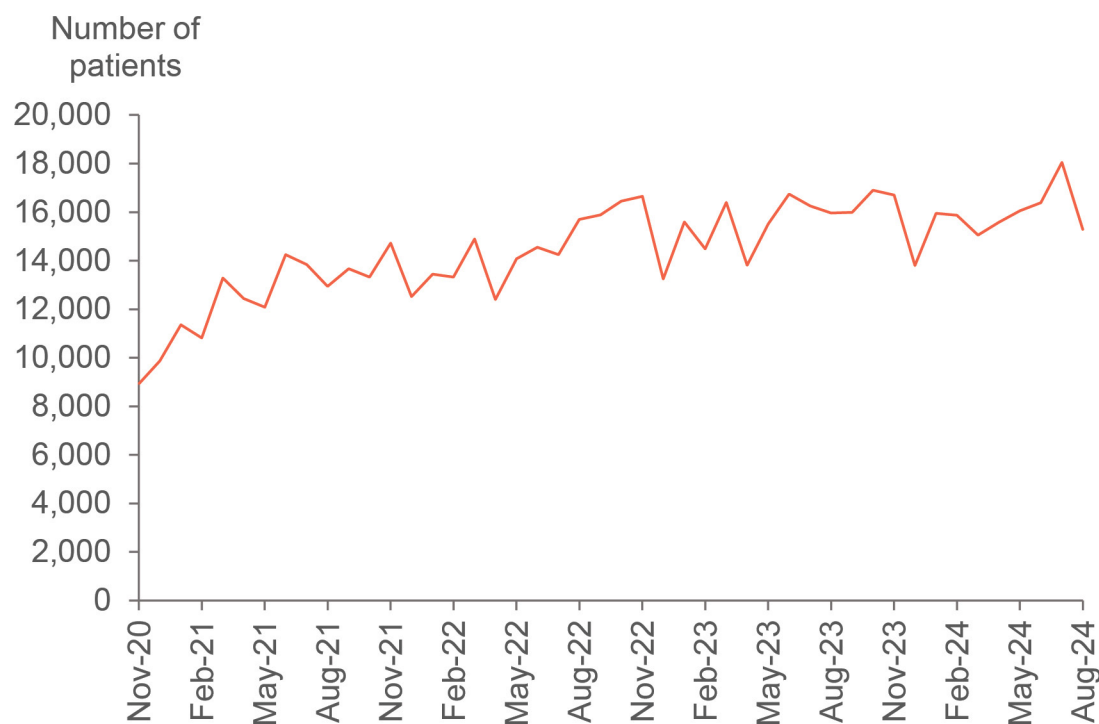
1.4 The number of newly diagnosed cancer patients has also increased over time (by 22% from 2002 to 2021) (see **Appendix 2, Exhibit 26**). Numbers fell in 2020, probably because fewer people accessed healthcare during the pandemic. Numbers of newly diagnosed cancers increased in 2021 but have not yet returned to pre-pandemic levels. The Welsh Cancer Intelligence and Surveillance Unit (WCISU)⁸ has not yet published clinical cancer registry data beyond 2021.

⁸ WCISU is part of the Public Health Wales NHS Trust.

The sharp increase in activity after the pandemic seems to have levelled off

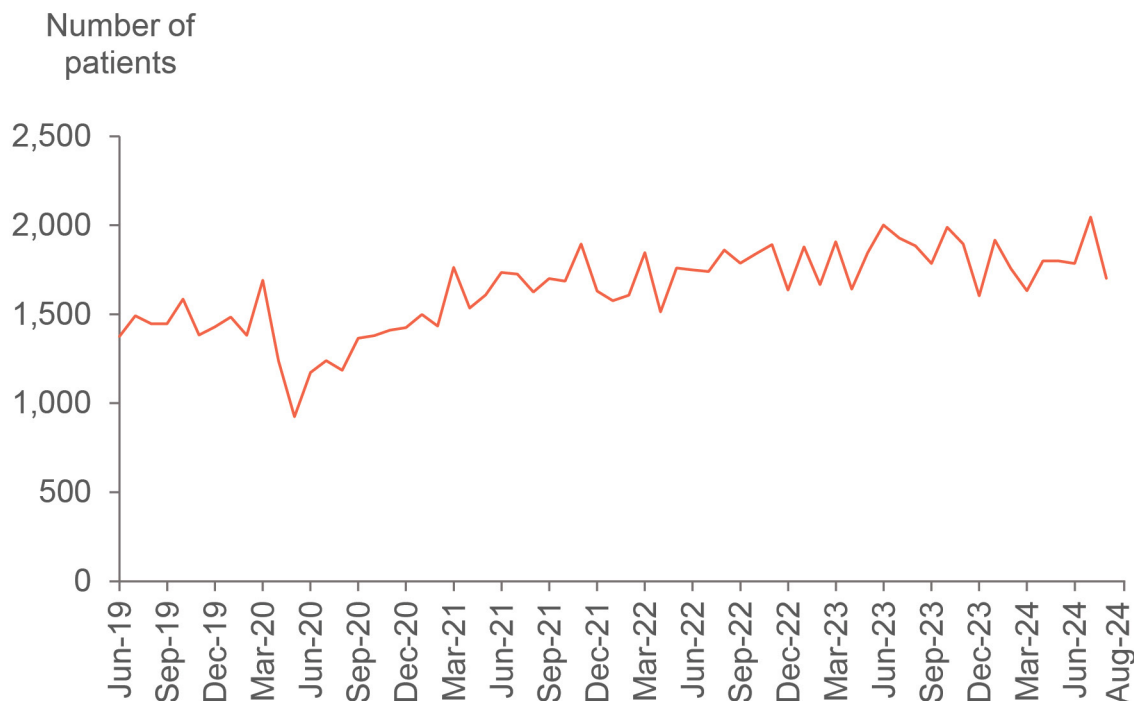
1.5 Activity to diagnose and treat suspected cancer patients⁹ has increased since the pandemic but seems to be levelling off. The overall number of pathways closed – including those who were told they do not have cancer and those who started treatment – has increased since November 2020 (**Exhibit 4a**). There is no comparable historic data to show how overall activity levels compare with pre-pandemic levels. However, the number of patients starting treatment for cancer increased quickly after a drop at the start of the pandemic and exceeded pre-pandemic figures by March 2021 (**Exhibit 4b**). The number of patients starting treatment appears to have to broadly levelled out from November 2022.

Exhibit 4a: all closed pathways November 2020 – August 2024



⁹ As measured by pathways closed.

Exhibit 4b: pathways closed due to patient starting first treatment, June 2019 – August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset, on StatsWales.

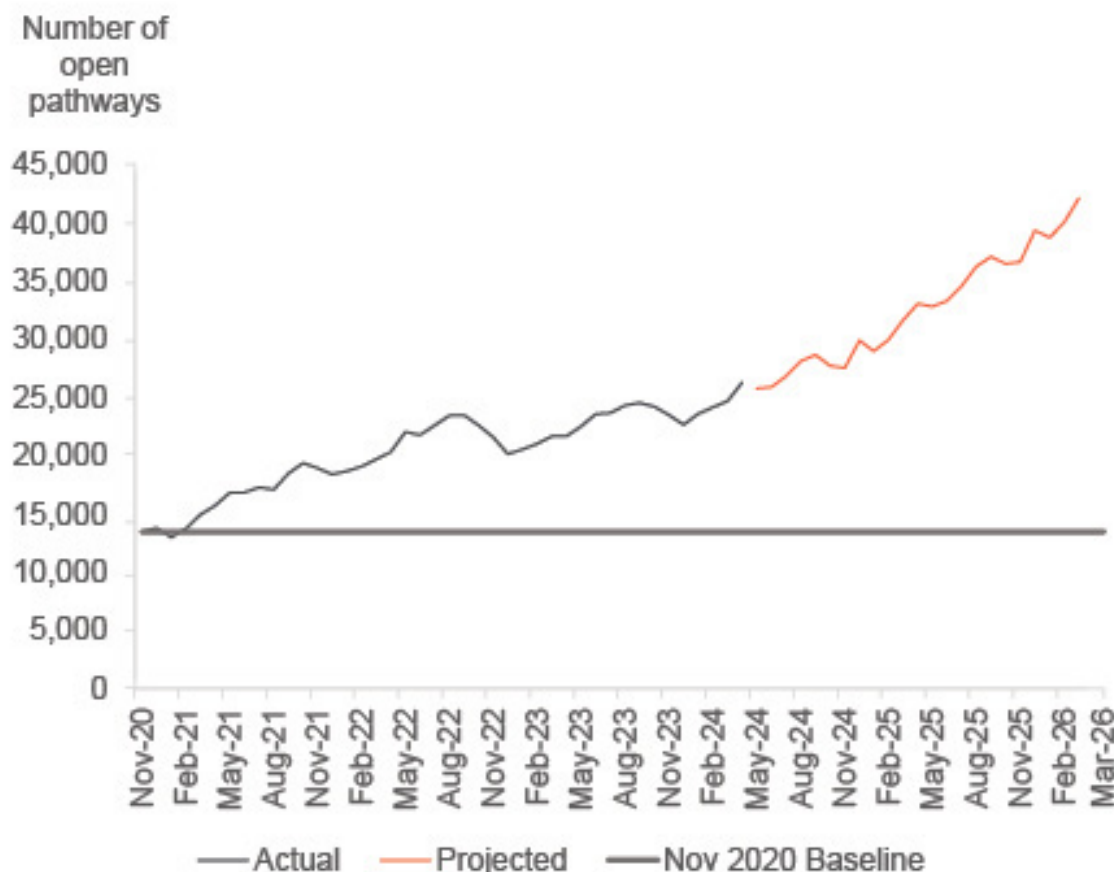
1.6 The available data understates the amount of activity because it only includes activity to the point of first treatment. Many people will need multiple episodes of care after they start their first treatment. It is likely that the amount of activity after first starting treatment is growing with the increasing complexity of new treatments, particularly in immunotherapy. The three cancer centres in Wales¹⁰ hold information on the timeliness of access to radiotherapy and Systemic Anti-Cancer Therapy. However, inconsistencies in the way some of the data is collected means it cannot currently provide any insight on national trends or comparative timeliness of ongoing treatment across Wales.

¹⁰ In north Wales, southwest Wales, and south Wales. The centres are managed individually by Betsi Cadwaladr University Health Board, Swansea Bay University Health Board and Velindre NHS Trust.

The numbers of patients awaiting diagnosis or treatment is growing and our analysis suggests the NHS needs to further increase activity if it is to reduce the backlog and sustainably meet demand

- 1.7 As part of its vision for quality cancer care, the Welsh Government wants to see the waiting list volume return to pre-pandemic levels. It has also set a target that 80% of cancer patients start treatment within 62-days by March 2026. However, the waiting list for diagnosis and/ or treatment has continued to increase, and it is difficult to see how that target will be achieved (**Exhibit 5**). Our indicative modelling shows that the list will continue to grow based on recent trends of demand and activity. It is clear that without a significant increase in activity to diagnose and treat more patients the waiting list is unlikely to return to previous levels.

Exhibit 5: actual and modelled numbers of open suspected cancer pathways to March 2026



Source: Audit Wales analysis of DHCW data, open suspected cancer pathways at month end

Note: Patients may have more than one pathway if they are waiting for diagnosis or treatment for more than one cancer.

Our projection assumed demand, as measured by referrals, increases by 3% a year in line with recent trends and that activity increases by 1% a year.

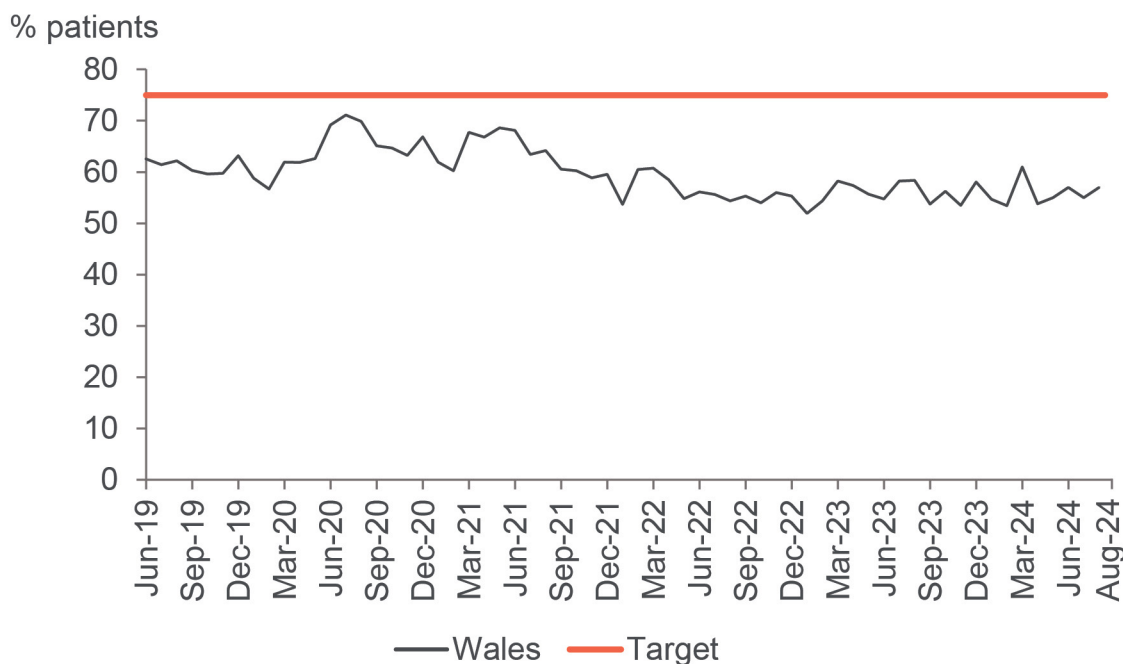
1.8 Much of the capacity the NHS uses to diagnose and treat cancer patients is also used for other non-cancer patient pathways. Achieving the political and policy ambitions to improve access to both cancer and wider planned care within the system’s existing capacity will therefore be challenging. Priorities on cancer care will need to be balanced with other planned care priorities. A consideration of how existing capacity can be better used or expanded will also be needed.

The NHS in Wales is continuing to miss the national performance target for cancer treatment

While the majority of patients start their treatment within 62 days, performance is well short of the national target of 75%

1.9 The Welsh Government started implementing its Suspected Cancer Pathway in June 2019, with a target that 75% of cancer patients should start their first definitive treatment within 62 days of the first suspicion of cancer¹¹. No health board has met the overall 75% target since August 2020 although performance has been better for some individual tumour sites (**paragraphs 1.10 and 1.11**). During the summer of 2020, referrals were lower and health boards were prioritising urgent and cancer care over other patients due to the pandemic. Since then, despite some month on month variations, performance has stayed between 52 and 61% (**Exhibit 6**).

Exhibit 6: performance against the 62-day Suspected Cancer Pathway Target, June 2019 – August 2024

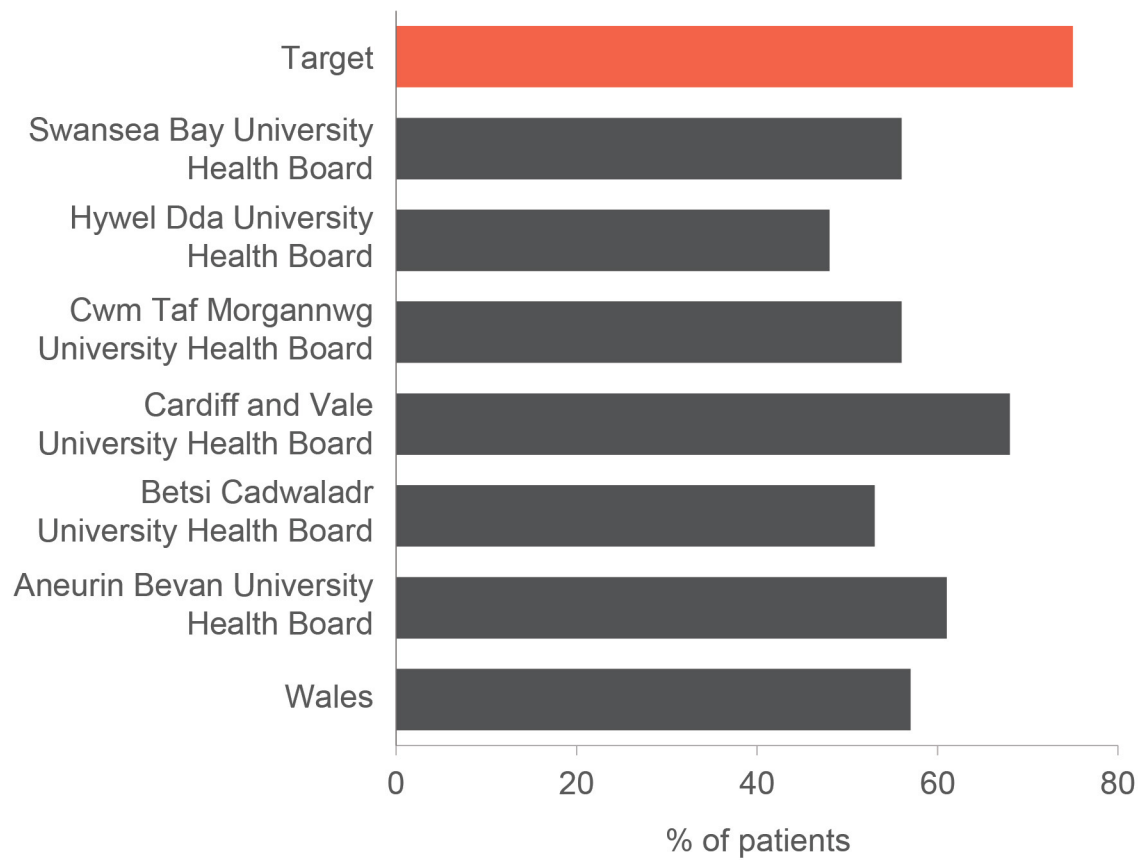


Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset, on StatsWales.

¹¹ Some data on performance against the target is available from June 2019 and the Welsh Government officially required health boards to report against the target from February 2021.

1.10 There is considerable variation and fluctuation in performance against the target by health board area. In August 2024, Cardiff and Vale University Health Board was closest to meeting the target at 68%, and Hywel Dda University Health Board was the worst performer at 48% (**Exhibit 7**). Health board performance has fluctuated considerably since 2019 (see **Appendix 2, Exhibits 27a to f**).

Exhibit 7: health board performance against the 62-day Suspected Cancer Pathway Target, August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Note: StatsWales publishes data for residents of each health board unless they are treated by NHS England. Residents of Powys Teaching Health Board treated by other Welsh health boards are included in that health boards' figures. StatsWales does not distinguish between residents of Powys and residents of the health board they are treated by.

Time to start treatment varies by type of cancer and some patients can face unacceptably long waits

1.11 Waiting times vary depending on the site of the cancer. Waiting times for skin cancer, excluding basal cell carcinoma (BCC) have been consistently above the 75% target, aside from a brief dip in November 2023. However, waiting times for other tumour sites have rarely been at or above the target at an all-Wales level¹². Waiting times for gynaecological, lower gastrointestinal and urological cancers, and sarcoma are particularly poor with less than half of patients starting their first treatment within 62 days of first suspicion in August 2024 (**Exhibit 8**). Performance may vary within the sub-tumour sites¹³ for these cancers but there is no nationally available information to understand performance by sub-tumour site (**recommendation 9**).

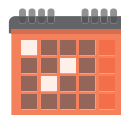
12 Performance for breast and lung cancers briefly met the target in June 2021 but has deteriorated since. Brain and central nervous system and haematological cancers, acute leukaemia and sarcoma have all met the target at various points from November 2020 to June 2024 but represent low numbers of patients.

13 For instance, cervical and ovarian cancers are both gynaecological sub tumour sites.

Exhibit 8: performance against the Suspected Cancer Pathway target, median and 75th percentile waits for gynaecological, lower gastrointestinal, skin, and urological cancers, and sarcoma, and August 2024



Performance against the 75% target



Median waiting times



75th percentile waiting times

	Performance against the 75% target	Median waiting times	75th percentile waiting times
Skin (excluding BCC)	80%	35 days	61 days
Sarcoma	20%	No data	No data
Urological	40%	86 days	132 days
Gynaecological	35%	83 days	115 days
Lower gastrointestinal	45%	70 days	106 days

Source: DHCW, Suspected Cancer Pathway – Closed Pathways Dataset on StatsWales (data on performance against the 75% target) and DHCW data on the Suspected Cancer Dashboard (data on median and 75th percentile waits).

Note: Median waiting time is point where half the people have had their treatment and the other half are still waiting. The 75th percentile represents the time when 75% of people have had their treatment but 25% are still waiting.

While diagnostic waits are getting shorter, waits between diagnosis and starting treatment are getting longer

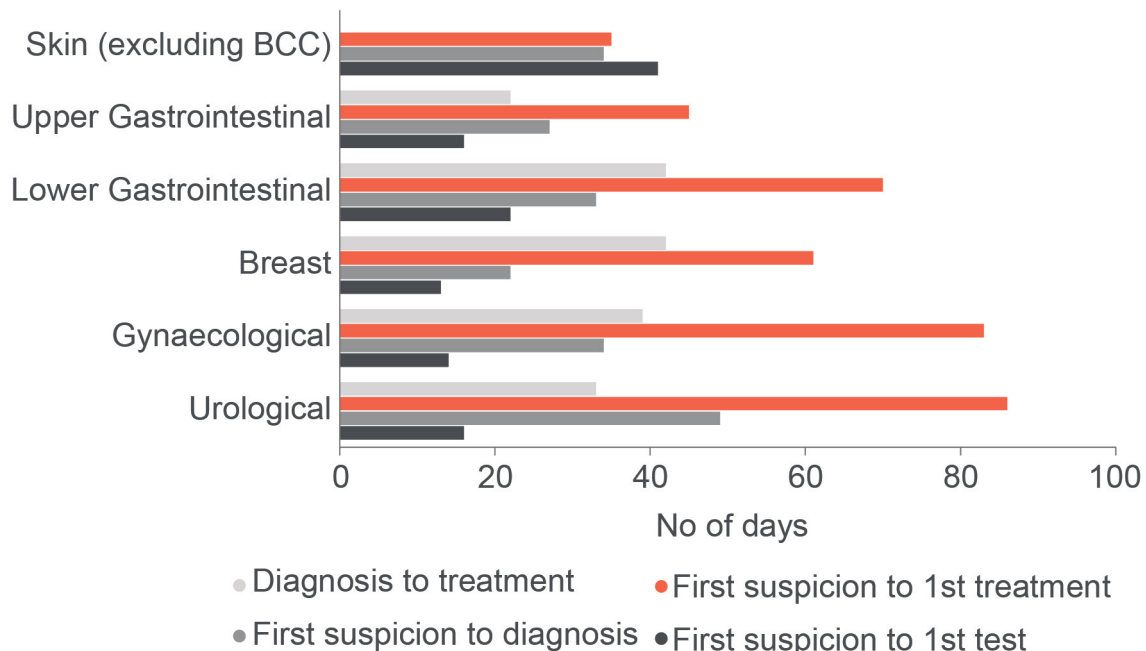
- 1.12 Health board, NHS Executive and Welsh Government officials told us that delays at diagnostic stage are one of the main reasons for poor performance against the 62-day cancer target. Median waits from first suspicion of cancer to first diagnostic test have fallen from 20 days in February 2021 to 16 in August 2024. Depending on the type of cancer, patients usually face another wait between having a diagnostic test and finding out whether they have cancer (diagnosis). Median waits from first suspicion to actual diagnosis increased from 26 days in February 2021 to 36 in January 2022 but fell to 27 in August 2024¹⁴.
- 1.13 Our analysis¹⁵ points to problems between diagnosis and starting treatment. Between February 2021 and August 2024, median waits from diagnosis to treatment increased by 38% from 21 days to 29. Waits between diagnosis and treatment vary between tumour sites, with patients with lower gastrointestinal and breast cancers waiting longer than those with other cancer types in August 2024¹⁶ (**Exhibit 9**).
- 1.14 There are also considerable variations in waits at other stages of the pathway across tumour sites. For instance, in August 2024, the median wait for urological cancers was 16 days from first suspicion to diagnostic test, 49 days from first suspicion to diagnosis, and 86 days from first suspicion to the start of treatment. By comparison, the median wait for skin cancers was 41 days from first suspicion to diagnostic test and 34 days from first suspicion to diagnosis, and 35 days from first suspicion to the start of treatment (**Exhibit 9**).

¹⁴ **Appendix 2, Exhibit 28** gives median waits from first suspicion to diagnosis over time.

¹⁵ Of DHCW data from the Suspected Cancer Pathway Dashboard. DHCW only publishes median waits for the tumour sites included in **Exhibit 9**.

¹⁶ The Welsh Government does not publish median waits for all tumour sites.

Exhibit 9: median wait from first suspicion of cancer to first test, diagnosis and starting first treatment, August 2024



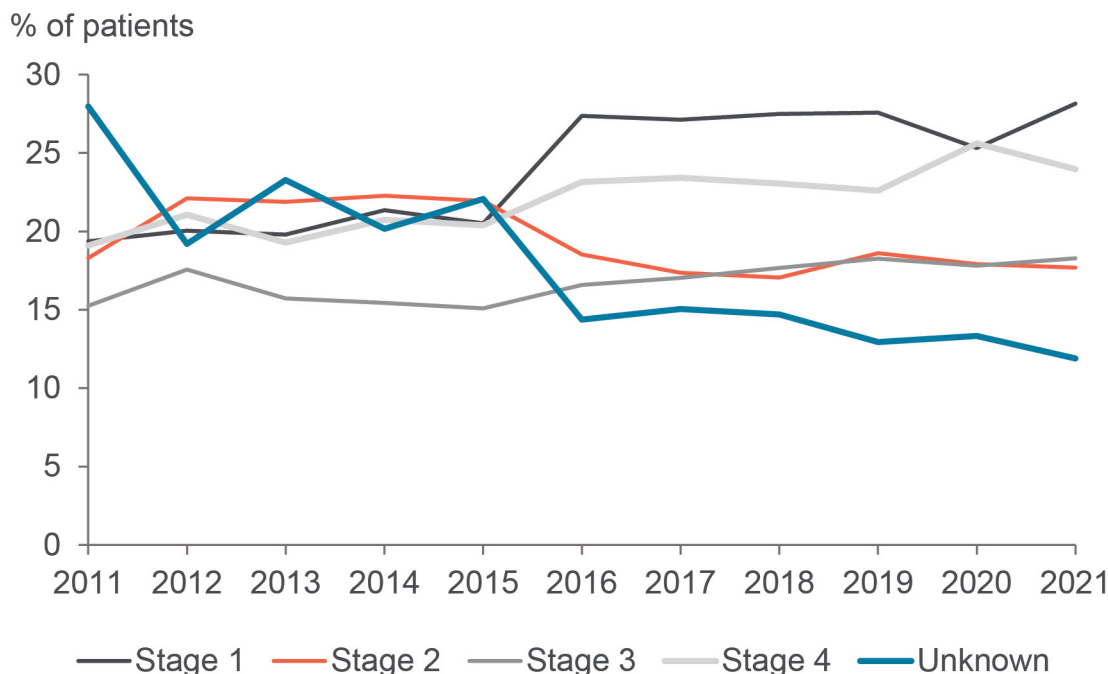
Source: DHCW data from the Suspected Cancer Pathway Dashboard

A significant minority of people are being picked up with late-stage cancer which impacts their likelihood of survival

1.15 Survival decreases as stage at diagnosis advances for all cancer types¹⁷. In 2021, 24% of cancer patients were diagnosed at stage four and 18% at stage 3 (**Exhibit 10**). The increase in the proportion of cancer patients diagnosed at stage 1 between 2011 and 2021 corresponds with a fall in patients diagnosed at stage 2 and patients whose stage is unknown at diagnosis. With the exception of an increase in 2020, the proportion of cancer patients diagnosed at stage 4 has ranged between 19% and 24% during the same period. Positively, the overall proportion of cancer patients whose stage at diagnosis was ‘unknown’ has significantly decreased since 2011.

¹⁷ WCISU, Cancer Survival in Welsh Residents Diagnosed Between 2002 and 2020, November 2023.

Exhibit 10: proportion of cancer patients by stage at diagnosis, 2011 to 2021



Source: WCISU cancer incidence data

Note: Our analysis is based on WCISU cancer incidence data which does not include ‘non-stageable’ cancer, non-melanoma skin cancer, and some rare cancer types.

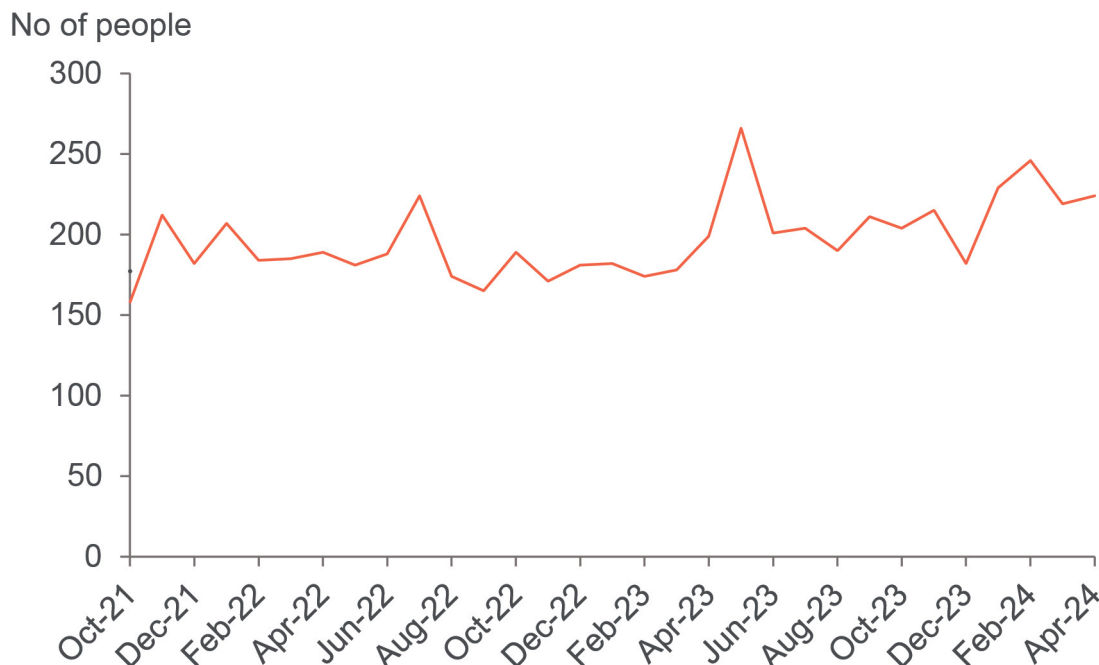
1.16 Some cancers are more likely than others to be diagnosed at a late stage, particularly asymptomatic cancers. In 2021, patients with gall bladder, pancreatic, and lung cancer were more likely than other cancer patients to be diagnosed at stage four¹⁸. 48% of lung cancer patients were diagnosed at stage four in 2021 (1,175 people). To illustrate the importance of early diagnosis, five-year survival for lung cancer diagnosed during 2016-2020 is 55% at stage one, 30% at stage two, 13% at stage three, and just 3% at stage four¹⁹.

1.17 Although the numbers are relatively small, the number of people whose suspected cancer was identified via emergency departments has increased by over 40% from October 2021 to April 2024 (**Exhibit 11**).

18 74% of patients with gall bladder cancer and 52% of patients with pancreatic cancer were diagnosed at stage 4 in 2021.

19 WCISU, Cancer Survival in Welsh Residents Diagnosed between 2002 and 2020, November 2023.

Exhibit 11: number of urgent suspected cancer referrals via emergency departments from October 2021 to April 2024.



Source: Audit Wales analysis of DHCW Suspected Cancer Pathway Data – closed pathways by source of suspicion.

1.18 Research by the International Cancer Benchmarking Partnership²⁰ found that countries with higher rates of cancer diagnosis after emergency presentation had poorer survival rates²¹. It explained that Wales and Scotland have some of the highest rates amongst comparable countries. Our own analysis found that suspected cancer patients referred from emergency departments were more likely than those referred via other routes to die before being diagnosed or starting treatment²². While some caution is needed due to the small numbers, there is an upwards trend in patients referred from emergency departments dying before treatment or diagnosis.

20 The Partnership brings together international clinicians, policymakers and researchers to identify best practice and support improved cancer outcomes for patients.

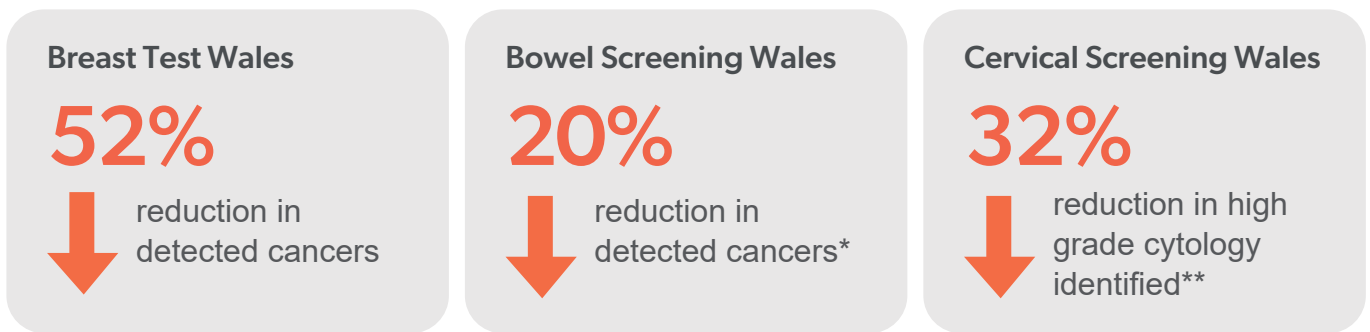
21 Abd Elkader, Alv, R; Barclay, M; Johnson, S; McPhail, S; Swann, R, Risk Factors and Prognostic Implications of Diagnosis of Cancer Within 30 Days After and Emergency Admission (Emergency Presentation): An International Cancer Benchmarking Partnership Population Based Study, 2022.

22 Based on our analysis of on our analysis of DHCW Suspected Cancer Pathway Data. In April 2024, 4% of suspected cancer patients referred from an emergency department died before starting treatment or finding out they did not have cancer compared to 1% of all suspected cancer referrals.

There is scope to increase uptake of screening to detect cancers earlier

1.19 Screening plays a vital role in early detection. Public Health Wales NHS Trust (PHW) runs Wales’s three cancer screening programmes: Breast Test Wales, Bowel Screening Wales and Cervical Screening Wales. The Trust estimates that brief pauses to its screening programmes²³ at the start of the pandemic reduced the number of detected cancers in 2021 compared to previous years (**Exhibit 12**).

Exhibit 12: reduction in cancers detected via screening, from April 2020 to March 2021 compared to the previous year



Source: PHW, Update on Population Based Screening Programmes in Wales to the Quality, Safety and Improvement Committee, June 2021

Note: * from April 2020 to February 2021.

**abnormal cells with the potential to develop into cervical cancer.

1.20 Whilst bowel screening is achieving its uptake standards, there are opportunities to increase screening uptake for the breast and cervical screening programmes which were both below the standard in August and April 2024 respectively (**Exhibit 13**). In 2022, the Trust reported differences in screening uptake for all three programmes depending on age, the health board area people live in, and whether the area is deprived or not²⁴. It is working to address inequity in screening uptake via its Screening Equity Strategy but has not published a progress report on screening equity since June 2022.

23 Audit Wales, A Review of Arrangements to Recover Screening Services at Public Health Wales NHS Trust, August 2023, provides more information the pause and recovery screening services including performance measures, eligibility and coverage standards for each programme.

24 Public Health Wales NHS Trust, Screening Division Inequities Report 2020-21, June 2022.

Exhibit 13: screening coverage against target, April and August 2024

	Eligibility	Standard	Uptake
Breast Test Wales	Women aged 50 to 70 years invited for screening every three years	70%	68%*
Bowel Screening Wales	People aged 50 to 74 years invited for screening every two years	60%	65%**
Cervical Screening Wales	Women and people with a cervix aged 25-64 years invited for screening every 5 years if Human papillomavirus (HPV) negative or more frequently if HPV positive	80%	69%***

Source: Audit Wales, based on information and wording from PHW, October 2024.

Note:

*Rolling annual rate at August 2024

**Average over the previous year at August 2024

***Age appropriate coverage at April 2024

1.21 Referrals from breast and bowel screening programmes were amongst the most likely to go on to start cancer treatment (92% and 28% respectively in 2023-24 compared to 12% overall)²⁵. However, there is no national data on the timeliness of subsequent cancer diagnosis and treatment for people referred from breast or cervical screening. From July 2023 to July 2024, just 21% of eligible people referred from bowel screening were offered a colonoscopy by the relevant health board within four weeks of phoning to book²⁶. The target is 90%. Waiting times for colonoscopies varied between health boards from four to 14 weeks.

25 Based on our analysis of DHCW Suspected Cancer Pathway Data. We have excluded cervical screening referrals from our analysis due to low numbers. Less than 5 people are referred with suspected cancer following cervical screening each month.

26 Public Health Wales NHS Trust, October 2024.

Survey data suggests that patients are generally satisfied with their cancer care, though the latest survey pre-dates the recent decline in performance

- 1.22 Data on patient experience is collected via the annual Wales Cancer Patient Experience Survey commissioned by the Cancer Network and Macmillan Cancer Support. The most recent data is from 2021 and pre-dates the downturn in performance against the 62-day target.
- 1.23 The vast majority of cancer patients who responded to the survey rate their overall care highly. The average rating for overall care was 9 out of 10 across Wales, based on 5,859 responses. The positive results reflect the hard work and compassionate care of the many staff working across the NHS to care for and support cancer patients. 87% of respondents said that the different professionals treating and caring for them worked well together to give them the best possible care either 'always' or 'most of the time'. The survey does not ask patients how they felt about the overall length of time they waited from first suspicion to starting treatment.

Outcomes for cancer patients are generally improving but lag behind comparable countries and are worse for people living in deprived areas

- 1.24 Cancer is the leading cause of death²⁷ in Wales, accounting for 25% of all deaths in 2022. Lung, bowel, and prostate cancer account for the largest proportions of cancer deaths²⁸. The number of cancer deaths has increased from 8,295 in 2002 to 9,154 in 2022 and is projected to increase by 27% by 2040 (based on 2021 levels)²⁹. The rise in cancer deaths is primarily explained by the changing age structure of the population. The age standardised rate³⁰ of cancer deaths has generally decreased since 2011 although there was a slight increase in 2022 (**Exhibit 14**).
- 1.25 The cancer death rate in Wales compares poorly to other UK nations and internationally³¹. Wales has had the second highest age standardised cancer death rate in the UK almost consistently since 2010 (**Exhibit 14**). The OECD compared age standardised cancer death rates in 2023, based on 2021 data. It placed the UK 35th out of 45 countries³².

27 In 2022, 24% of deaths were caused by diseases of the circulatory system, 12% by diseases of the respiratory system, 10% by dementia and Alzheimer's, and 29% by other causes.

28 WCISU cancer mortality data.

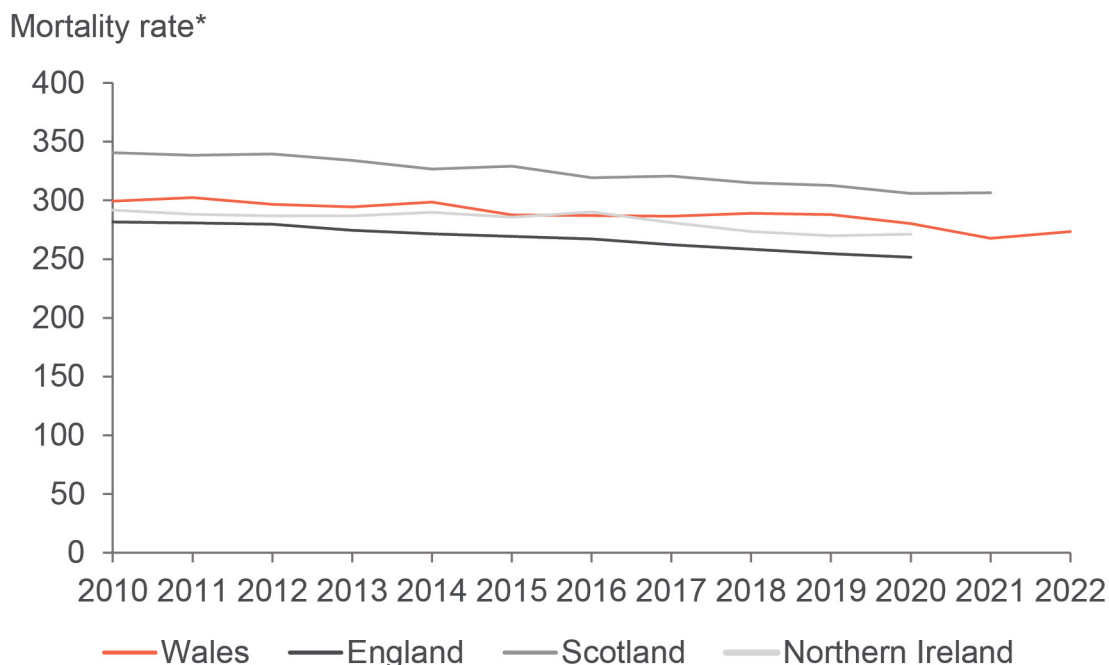
29 National Strategic Clinical Network for Cancer, A Cancer Improvement Plan for NHS Wales 2023-26, 2023.

30 Deaths per 100,000 of the population taking account of differences in the age structure of different parts of Wales.

31 Many factors affect cancer incomes including the relative wealth and spending on healthcare in each country, underlying population health, and deprivation.

32 OECD, Health At A Glance 2023: OECD Indicators, OECD, 2023.

Exhibit 14: age standardised cancer mortality rates in UK countries (excluding non-melanoma skin cancer), 2010 to 2022



Source: WCISU cancer mortality data

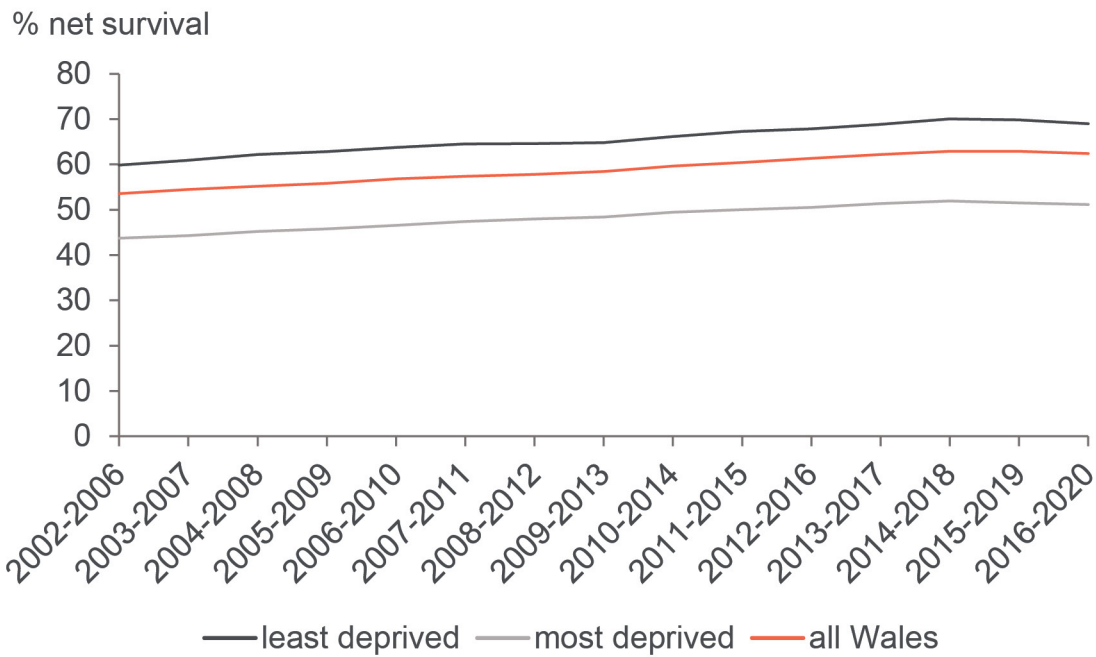
Note: *per 100,000, adjusted to reflect the age of the population

1.26 Cancer survival³³ improved between 2002 and 2020. 54% of patients diagnosed with cancer from 2002-2006 survived their cancer at five years compared to 62% of patients diagnosed between 2016 and 2020. There is not yet data available to track the impact of the pandemic on survival rates. Differences in data collection methods makes it difficult to compare overall survival figures across UK countries.

1.27 There is a significant deprivation gap in survival rates. While 69% of cancer patients living in the most affluent parts of Wales survive cancer at five years, that falls to 51% for those in the most deprived areas (**Exhibit 15**). Worryingly, the deprivation gap has widened from a difference of 16 percentage points for people diagnosed between 2002-06 to 18 percentage points for people diagnosed between 2016-20.

³³ Cancer mortality figures show the number of deaths where cancer was the underlying cause whilst survival figures show how many people who have had cancer are still alive after a certain period of time so it takes several years for accurate data to be published.

Exhibit 15: percentage unstandardised rolling net survival at five years comparing most and least deprived areas with the all Wales figure for patients diagnosed in the periods 2002-2006 to 2016-20 (excluding non-melanoma skin cancer).



Source: WCISU cancer survival data

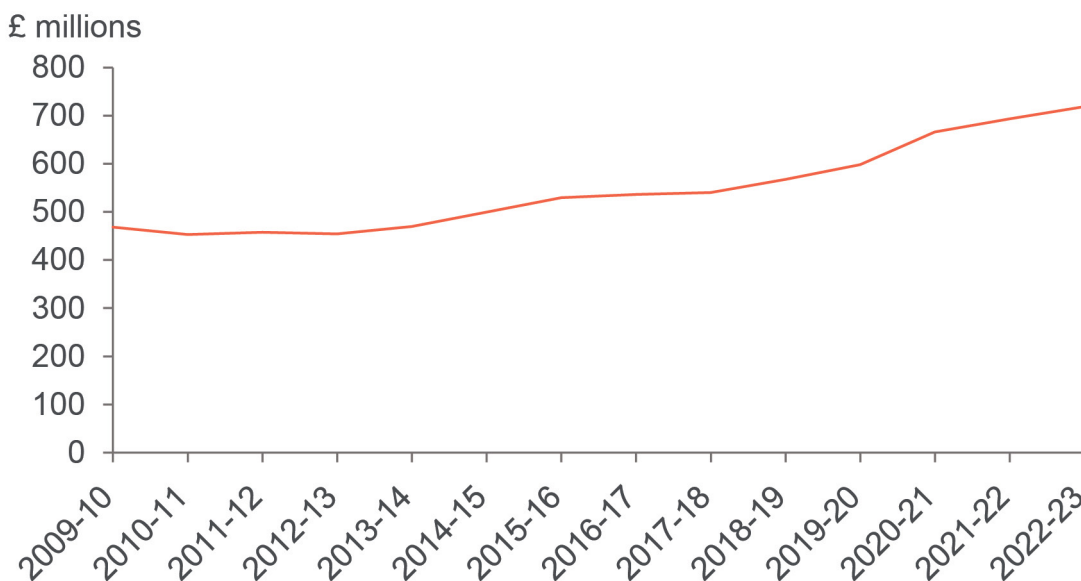
Spending on services to diagnose, treat and support cancer patients has risen faster than overall NHS spending but there are gaps in staffing capacity

Real terms spending on services to diagnose, treat and support cancer patients has grown more than overall growth in NHS Wales spending but there are significant cost pressures on those services

1.28 Real terms spending on services to diagnose, treat and support cancer patients increased by 54% from just over £450 million in 2009-10 to almost £720 million in 2022-23 (**Exhibit 16**). This increase is considerably greater than the overall 33% real terms growth in NHS Wales spending³⁴. As a proportion of overall NHS spending, spending on services to diagnose, treat and support cancer patients has increased slightly from 7% in 2009-10 to 8% in 2022-23. Increased spending does not necessarily translate to additional capacity or activity. There are lots of cost pressures on services including rising workforce costs associated with pay growth and the use of agency staff; rising costs of existing drugs; new drugs and new technologies to improve treatment.

³⁴ Based on revenue spending in the Welsh Government's NHS expenditure by programme budget category data on StatsWales for consistency with cancer spending figures. The NHS Finances Data Tool on our website is based on published Welsh Government budgets and gives a slightly different figure.

Exhibit 16: real terms NHS spending on cancer, 2009-10 to 2022-23



Source: Welsh Government, NHS Expenditure by programme budget category and year, 'cancer and tumours', on StatsWales.

Note: Real terms figures are adjusted to take account of inflation. We used HM Treasury GDP deflators at market prices and money for 2022-23, March 2024.

The Welsh Government confirmed that this data is based on NHS Wales patient activity costs including staff, consumables, medicines and overhead costs such as estates, catering, HR and finance costs.

1.29 In 2022-23 NHS Wales spent £230 per head of the population on services to diagnose, treat and support cancer patients³⁵. Spend per head ranged from £206 in Cardiff and Vale to £270 in Swansea Bay University Health Board. An examination of the reasons behind differing spending figures across health board areas was outside the scope of this review but it is likely to reflect different local models of care and population factors including demography and deprivation.

1.30 Despite improvements in cancer waiting times being one of the key priorities for NHS Wales, the prospects for spending on services to diagnose, treat and support cancer patients are uncertain. UK public finances are under pressure. NHS bodies in Wales are already under financial strain, with six out of seven health boards overspending in 2023-24 and most projecting deficits for 2024-25. It is unclear whether they will be able to prioritise services for urgent suspected cancer patients to increase activity sufficiently to meet demand and reduce waiting times. Health boards are also under pressure to prioritise other parts of the system where performance is poor, including long waits for unscheduled care and for planned care.

³⁵ There is no comparable data from other UK or comparable countries.

Workforce capacity is a significant challenge and there is an absence of information on the availability and condition of equipment

- 1.31 Despite spending increases, workforce capacity remains a significant challenge and workforce shortages are reducing service capacity³⁶. HEIW's Education and Training Plan 2025-26³⁷ describes 'significant national shortages and longstanding gaps' in specialist professional roles impacting diagnostics, cancer, emergency care and mental health. It highlights particular shortages in dermatologists, clinical oncologists, consultant urology surgeons, and histopathologists. It cites pressure from increasingly complex cancer reporting and the evolving field of geonomics on histopathology, and demand from cancer patients on urology.
- 1.32 The Royal College of Radiologists describes shortfalls of 34% and 12% in the radiology and clinical oncology workforces, likely to deteriorate to 38% and 28% respectively by 2028³⁸. We also heard that there are shortages of medical physicists, specialist and district nurses, and in the geonomics, Systemic Anti-Cancer Therapy and radiotherapy workforce.
- 1.33 HEIW set out its plans to address workforce shortages in its Education and Training Plan and Integrated Medium-Term Plan 2024-27. In line with its commitment in the Cancer Improvement Plan, HEIW has published its workforce plans for pharmacy and for geonomics, and intends to publish its plan for nursing in early 2025. The Ten-Year Workforce Strategy for Health and Social Care 2020 sets out the broader strategic approach.
- 1.34 As well as sufficient staff, NHS Wales needs sufficient equipment to deliver timely and effective diagnosis and treatment. The NHS Executive is building up a picture of capacity associated with the age and availability diagnostic imaging equipment including the age and availability of equipment. We heard anecdotal evidence that Wales has fewer imaging machines than comparable countries, and that some machines are old and prone to breaking down. Whilst it was beyond the scope of this review examine those claims, we did hear that limitations in access to diagnostic equipment are putting pressure on staff, affecting recruitment and retention, and restricting HEIW's ability to offer training places for diagnostic students³⁹.

36 Audit Wales, Workforce Data Briefing, 2023, sets out broad workforce issues, with many affecting services for cancer patients where services are not specific to cancer patients (such as diagnostics and surgery).

37 The Plan sets out commissioning and training recommendations for the health professional workforce in Wales.

38 Royal College of Radiologists, Radiology Workforce Census 2023, June 2024.

39 It is exploring using simulated training environment as an alternative.



Strategic direction



02

- 2.1 This part of the report looks at national strategic direction and leadership to improve cancer care in Wales. **Appendix 1** explains key elements of the strategic approach and broad roles and responsibilities for cancer services.

What we looked for

We looked for evidence of a clear strategic direction for improving cancer outcomes and services, and for reducing demand for cancer services by preventing cancer occurring in the first place. We also looked for evidence of appropriate and clear leadership structures to direct, oversee and support improvement and tackle barriers at a national level.

There is a lack of clarity on the status of the Cancer Improvement Plan and how it aligns with other cancer improvement initiatives

The Cancer Improvement Plan has not been sufficiently integrated into the wider strategic approach for improving cancer services

- 2.2 The Welsh Government set out its vision of what ‘good’ cancer services should look like in the Quality Statement for Cancer (2021). The Statement is generally high-level but is underpinned by tumour specific national optimal pathways. The pathways set out what should happen at different stages of the patient journey according to professional guidance. The Welsh Government instructed health boards to start embedding the pathways by September 2022⁴⁰. When it published the Statement, the Welsh Government said that the Cancer Network would develop a rolling, three-year plan to achieve the national vision.

40 Via Welsh Health Circular (2022) (021).

Exhibit 17: vision set out in the Quality Statement for Cancer

The Cancer Quality Statement sets out that its ultimate aim is to improve population survival and reduce cancer mortality rates. It identifies key areas for action:

- that cancer is effectively prevented where possible,
- that cases of cancer are detected at earlier more treatable stages,
- that complex treatment pathways are optimised, while throughout people are properly supported and co-produce their care.

The statement sets out a series of attributes, indicating what good quality care looks like, under six headings:

- Equitable
- Safe
- Effective
- Efficient
- Person centred
- Timely

Source: Welsh Government Quality Statement for Cancer, 2021.

2.3 In 2023, the Network published A Cancer Improvement Plan for Wales 2023-26 (the Plan) at the request of then Minister for Health and Social Services. The Plan encompasses a broad range of cross-sector actions to improve cancer patient outcomes and reduce health inequalities. It's three year horizon was deliberately aligned to local health board planning cycles. However, this means the Plan lacks focus on longer-term actions to build sustainable cancer services. It also lacks detail on prevention, palliative and end-of-life care, and on services for children and young people and does not cover the full range of ambitions in the Quality Statement.

- 2.4 The then Minister used the Plan to set the new expectation that by March 2026, 80% of patients would start their first treatment within 62 days. The Minister announced publication of the Plan in an oral statement, describing it as a collective NHS Wales approach to delivering the policy intentions in the Quality Statement for Cancer. The Welsh Government told us that it is not a Welsh Government Plan. It considers that it does not require a national plan to implement the Quality Statement because health boards and trusts are responsible for implementing the vision through their own local plans.
- 2.5 Nonetheless, the Plan exists at the request of the Minister and many of its actions require national direction and leadership to support successful implementation. This would include consideration of the funding needed to support the Plan's actions and using national planning and performance management frameworks to clarify requirements around the Plan's delivery (**recommendation 1**).
- 2.6 The Cancer Improvement Plan commits the Welsh Government to monitoring delivery of the Plan through its existing performance arrangements. However, during our fieldwork, Welsh Government officials told us that such monitoring was not taking place. Since then, at the then Minister's request, the Cancer Network has collated a retrospective progress 'update' on delivery of the Plan. However, the Welsh Government is not routinely monitoring implementation in line with its commitment in the Cancer Improvement Plan.

New national initiatives to improve cancer services have merit but stakeholders are confused about how they link to the Cancer Improvement Plan

- 2.7 Since publication of the Plan in 2023, the Welsh Government and NHS Executive have set up new programmes aiming to improve cancer services (**Exhibit 18**). While there are merits in each programme, stakeholders are unclear about how they align with the Cancer Improvement Plan.

Exhibit 18: new programmes to improve cancer services

Programme	Description
Cancer: Improving Outcomes initiative	The Welsh Government commissioned Life Science Hub Wales to develop the initiative, which is aimed at focusing innovation on key problem areas and removing the barriers to delivering innovation at pace.
National Cancer Recovery Programme	The NHS Executive set up the programme, which is aimed at reducing long waits to achieve a target that 80% of suspected cancer patients start treatment within 62 days by 31 st March 2026.

Source: Audit Wales.

- 2.8 The NHS Executive is currently finalising arrangements for its National Cancer Recovery Programme. The Programme focuses on five specific tumour sites⁴¹ with some cross-cutting actions to improve more general services to diagnose and treat cancer patients. Rather than large-scale, whole-system transformation, the Programme aims to improve performance and improve compliance with the National Optimal Pathways within existing budgets.
- 2.9 The Welsh Government has repurposed Cancer Network funding to provide £2 million per annum for 2024-25 to 2026-27 for the NHS Executive to implement the Programme. Around half of this funding will pay for staff costs in line with the Programme aims around encouraging improvement within existing budgets. NHS Executive officials told us that the Programme may identify improvement opportunities which would then be costed and developed into business cases for additional Welsh Government funding.

⁴¹ Breast, gynaecological, lower gastrointestinal, skin, and urological cancers.

Many NHS bodies and third sector partners are confused about the strategic direction

- 2.10 NHS and third sector organisations told us they are confused about the strategic direction for cancer services in Wales. Some all-Wales NHS bodies have embraced the commitments in the Plan (for example paragraph 1.33). Others have rejected actions attributed to their organisation and saw some actions in the Plan as irrelevant (for example paragraph 2.37).
- 2.11 Health boards have developed local initiatives to improve diagnosis, treatment and support for cancer patients but it is not clear how they link to the Cancer Improvement Plan. During our fieldwork it was apparent that NHS bodies were not clear about the status of the Plan and how it should be shaping their activities. NHS and third sector bodies told us that the development of the new initiatives and programmes so soon after the publication of the Cancer Improvement Plan has increased their confusion about the strategic direction.

National leadership, decision-making and oversight arrangements are not effective and there is an over-reliance on narrow performance management

There is a lack of clarity as to who is responsible and accountable for driving system wide improvement to cancer services

2.12 The Welsh Government established the NHS Executive to drive improvements in the quality and safety of care. It brings together existing improvement organisations to better coordinate and drive improvements to the quality and safety of care⁴². However, officials in NHS bodies and third sector representatives we interviewed, were confused about the differing roles of the Welsh Government and NHS Executive. We also heard that there was confusion about the different roles and functions within the NHS Executive. At the time of our review, three NHS Executive functions had responsibility for driving cancer improvement:

- the Strategic Planned Care Programme had responsibility for supporting improvement in the timeliness of cancer diagnosis and treatment;
- the Performance Assurance Directorate provided direct support to NHS bodies to improve cancer performance; and
- the Cancer Network worked with clinicians, health professionals, and third sector and patient representative organisations to improve outcomes and care for cancer patients.

2.13 We found a general consensus, including within the Welsh Government and NHS Executive, that the Executive is not yet providing the intended strong leadership to drive improvement. Many NHS and third sector bodies described arrangements after the establishment of the Executive as a 'step backwards' or 'worse than ever.'

⁴² The NHS Wales Delivery Unit, the NHS Wales Finance Delivery Unit, the NHS Wales Health Collaborative; and Improvement Cymru.

2.14 Stakeholders raised various concerns about the national leadership and accountability arrangements for cancer services including:

- the Cancer Network lacking the authority to make decisions and commit the level of resources needed to secure change;
- lack of integration of the Cancer Network within the NHS Executive's leadership and with the wider NHS, and gaps in arrangements to share frontline insight from clinicians;
- third sector bodies are struggling to know who to engage with and how to share important intelligence and more generally feeling under-appreciated for the extensive support they provide to the system⁴³ and individuals and their families (**recommendation 2**);
- overlap and duplication between the cancer recovery work carried out by the Strategic Planned Care Programme and the intervention work led by the Performance Assurance Directorate; and
- lack of communication between the Welsh Government and NHS Executive to assess whether funding for additional capacity is being allocated to areas of greatest need.

2.15 Since our fieldwork the NHS Executive has established a Network Clinical Leadership Group to support closer working between clinicians and wider NHS Executive senior leadership. Whilst this is a positive development, wider action is needed to strengthen national leadership arrangements. The gaps, lack of clarity and duplication described above have led to a situation where many stakeholders from inside and outside of the NHS told us: 'we don't know who is in charge' (**recommendation 2**). The Senedd Health and Social Care Committee's report on gynaecological cancers⁴⁴ raised similar concerns and called on the Welsh Government to be 'more accountable' for driving improved cancer services.

⁴³ The third sector has a wealth of knowledge and insight and provides funding for some services in Wales (such as the Teenage Cancer Trust cancer ward in Cardiff). We also found examples of third sector organisations attracting private sector funding to drive innovation, and developing data resources which are now used by NHS Wales.

⁴⁴ Welsh Health and Social Care Committee, Unheard: Women's Journey through Gynaecological Cancer, December 2023.

National decision-making and leadership arrangements are not sufficiently robust to systematically identify and prioritise opportunities to improve cancer services

- 2.16 Cancer treatment is an area of significant innovation, with opportunities to improve outcomes and efficiency. We identified examples of Welsh Government investment and decision making to improve cancer and planned care. For instance, it has worked with health boards and the NHS Executive to introduce rapid diagnostic centres; supported improvements to the bowel screening programme and is funding a new cancer centre for Velindre NHS Trust⁴⁵.
- 2.17 However, the Welsh Government recognises that it lacks a robust approach to identifying, assessing and prioritising such opportunities. Current arrangements need strengthening to ensure there is sufficient capacity to assess and prioritise initiatives for funding. Arrangements should address gaps in decision making structures to prioritise investment in areas such as digital, workforce and diagnostics (**recommendation 2**). **Exhibit 19** sets out two areas of opportunity to improve efficiency and outcomes, where decision making has been slow.

⁴⁵ We are conducting a separate examination of decision-making relating to the development of the new Velindre Cancer Centre. We aim to publish that report in 2025.

Exhibit 19: potential innovations where decision making has been slow

Programme	Description
Digital cellular pathology	<p data-bbox="357 465 1340 842">During our review, NHS bodies and third sector organisations cited frustration with the speed of national decision making on the use of digital cellular pathology. Betsi Cadwaladr University Health Board was a pioneer of the approach and transformed its pathology service in 2014. Laboratories could scan and upload images onto digital systems to be analysed remotely rather than transporting samples between locations. Alongside a broader transformation programme*, the approach dramatically improved the timeliness of pathology results and helped the health board recruit and retain staff because it facilitated flexible working arrangements.</p> <p data-bbox="357 864 1340 1395">The National Pathology Programme has been working with the Welsh Government and health boards to develop a consistent all-Wales approach to digital cellular pathology since 2019. Despite general consensus on the benefits of the approach, progress has been restricted by uncertainty about who would fund modern scanning equipment and digital storage. Health boards have been reluctant to commit funds without clarity on the Welsh Government’s financial contribution. Despite investing in other aspects of digital cellular pathology, at the time of our review, the Welsh Government was not clear about whether it would fund the equipment and storage to establish an all-Wales approach. The National Pathology Programme was still working with health boards to agree a business case share ongoing annual costs of around £3 million for the scanning equipment and storage.</p> <p data-bbox="357 1417 1340 1525">Wales now lags behind the rest of the UK for digital cellular pathology capacity, making it a less attractive employment option for newly qualified pathologists in an already competitive market.</p>

Programme	Description
Lung Screening	<p>In 2019, the Cancer Network started exploring evidence on the effectiveness lung screening. It concluded that screening could increase the percentage of cancers identified at an early stage and had the potential to reduce lung cancer mortality by 20%. The work informed a pilot lung health check programme in Cwm Taf Morgannwg University Health Board, which started in 2022 and was funded by third sector organisations and private industry.</p> <p>The UK National Screening Committee recommended that UK nations develop targeted lung screening for people aged 55-74 years with a history of smoking in June 2022. Despite an endorsement from the Wales Screening Committee in November 2022, the Welsh Government did not task PHW with developing options for a national programme until July 2023. The Welsh Government has asked PHW to provide interim proposals on a national lung screening programme by May 2025. If PHW meets the 2025 deadline, it will have taken three years from the UK National Screening Committee’s recommendation just to develop interim proposals. Finalising proposals and implementing a national programme would take more time after this point (recommendation 5).</p>

Source: Audit Wales.

Note: *The digital cellular pathology approach was part of a wider transformation programme including combining regional services into a single Betsi Cadwaladr University Health Board Cellular Pathology Service.

2.18 We also heard concerns about the Welsh Government’s ability to secure the benefits from its investment in capacity and new ways of working. In particular, stakeholders frequently cited an incoherent approach that has seen the Welsh Government invest in the training and recruitment of radiologists only for many to be unable to find work in NHS Wales (**Exhibit 20**).

Exhibit 20: investment in training and radiologists

A National Imaging Academy opened in 2019, as a result of the Welsh Government providing £3.4 million to HEIW to establish the facility to help meet identified workforce gaps in respect of radiologists and imaging professionals.

However, many of the newly qualified radiologists are leaving Wales because, despite workforce gaps there are no jobs for them. Some health boards told us that financial pressures have led to recruitment freezes which limited their ability to recruit diagnostic staff. We also heard that weaknesses in health board workforce planning including projections of future need and slow recruitment processes were part of the problem*.

The NHS Executive's National Diagnostics Implementation Plan** contains a weak commitment to work with HEIW to 'advocate' for commitment to employment from health boards when requesting training numbers. It is unclear what role the Welsh Government intends to play in ensuring the benefits of its investment in training the future workforce are not lost to Wales (**recommendation 7**).

Source: Audit Wales

Notes:

* Our review of workforce planning made specific recommendations to health boards to improve workforce planning. Individual reports for each NHS body are available on our website www.Audit.Wales.

** NHS Executive, National Diagnostic Implementation Plan 2023-25.

2.19 Regional working across health board areas can help to share capacity and bolster fragile services. Health boards are developing regional approaches in some areas that can increase capacity in the system⁴⁶. The NHS Executive is also developing plans for two regional diagnostic hubs in South Wales to provide additional shared diagnostic capacity for the region. However, the overall pace of regional collaboration is slow. Whilst there is a clear onus on health boards to take forward regional working, there is also a need for national leadership and co-ordination from the Welsh Government and the NHS Executive. In that regard the recent creation of a dedicated senior role within the NHS Executive to support regional working is a welcome development. However, success will also depend on action to tackle barriers to regional working such as a lack of integration between digital systems making it difficult to share waiting lists across health boards⁴⁷ (**recommendation 6**).

Welsh Government oversight is narrowly focussed on the 62-day target

2.20 The Welsh Government's NHS Performance Framework (2024-25) sets out the measures (but not the targets) against which NHS bodies are accountable. The 62-day measure is the main cancer specific measure. There is a measure on the timeliness of colonoscopy for bowel screening referrals (**paragraph 1.21**) but no measures for breast or cervical screening referrals. Previous performance frameworks⁴⁸ included coverage measures for all three cancer screening programmes. There is also a measure for uptake of the human papillomavirus (HPV) vaccine (**paragraph 2.24**).

2.21 The Performance Framework does not include any measures on cancer incidence, mortality and survival rates. It does not clearly link to the six quality attributes set out in the Quality Statement for Cancer and the Framework makes no reference to compliance with the National Optimal Pathways that underpin the Quality Statement. While the Welsh Government has made the NHS Executive responsible for monitoring compliance with the pathways it is still developing methods for doing so.

46 Including developing regional approaches to diagnostics and treatment in North, Southeast and Southwest Wales using Welsh Government planned care recovery funding.

47 Welsh Health and Social Care Committee, Unheard: Women's Journey through Gynaecological Cancer, December 2023.

48 NHS Wales Performance Framework 2022-23.

2.22 There is a well-established framework for oversight of NHS bodies' planning and performance through activities such as scrutiny of NHS bodies' annual or medium-term plans, monthly Integrated Quality, Planning and Delivery meetings and twice yearly Joint Executive Team meetings between Welsh Government, the NHS Executive and individual NHS bodies. In addition, monthly cancer performance meetings provide a specific focus on the diagnosis and treatment of cancer patients. Collectively this represents a significant volume of performance management activity and includes positive developments around collaboration and information sharing between the Welsh Government and NHS Executive. However, the focus is largely on short-term delivery of the 62-day cancer performance target, rather than broader system change and wider delivery of the vision in the Quality Statement (**recommendation 3**).

The strategic approach lacks a coherent focus on cancer prevention, and is undermined by gaps in data and fragmented digital services

There is no coherent strategic approach to prevention, even though many cancers are preventable and doing so could save lives and reduce demand for NHS services

2.23 The Cancer Improvement Plan states that 38% of cancers each year in Wales are preventable. There are considerable opportunities to tackle lifestyle factors which increase the risks of some cancers. Many of the lifestyle risk factors for cancer are similar across major conditions accounting for the majority of planned and emergency care in the UK. Data from PHW's Public Health Outcomes Framework⁴⁹ showed that in 2022-23, 13% of adults in Wales smoked; 17% drank more alcohol than recommended guidelines⁵⁰; and only 36% of working age adults were a healthy weight⁵¹.

2.24 There are also opportunities associated with increasing the uptake of the human papillomavirus (HPV) vaccine. Since its introduction in 2008, the vaccine has reduced cancer rates by almost 90% in women in their 20s and is expected to save hundreds of lives a year in the UK⁵². PHW reported that 74% of children in school year 9 during 2023-24 had the vaccine. There was considerable variation in uptake ranging from 60% in Cardiff and Vale University Health Board to 88% in Swansea Bay. Changes in eligibility for the vaccine make it difficult to compare changes in uptake over time⁵³.

49 Public Health Wales NHS Trust Observatory, Public Health Outcomes Framework.

50 Based on adults who reported drinking over 14 units of alcohol per week.

51 Smoking and alcohol consumption data uses age standardised rates to account for differences in age structures of different parts of Wales. Data on healthy weight is age specific.

52 Public Health Wales NHS Trust: immunisation and vaccines.

53 Public Health Wales, Vaccine Uptake in Children in Wales, Quarterly Report January to March 2024, May 2024.








- 2.25 The World Health Organisation states that prevention offers the most cost-effective long-term strategy for managing cancer⁵⁴. The Welsh Government's Science Evidence Advice⁵⁵ agrees that there are considerable opportunities to reduce the burden of disease on the NHS by preventing cancer and other major conditions. It identifies scope for long-term financial savings and calls for 'drastic action' to address increases in lifestyle risk factors, making many suggestions to reshape services around prevention.
- 2.26 The Welsh Government's NHS Planning Framework 2024-27 refers health boards to the Science Evidence Advice, explaining that it expects to see evidence of prevention in health boards plans. However, the Welsh Government does not go further in encouraging and leading health boards to develop local preventative initiatives.
- 2.27 Preventing cancer would also reduce demand on NHS capacity. **Exhibit 21** sets in crude terms what impact a 10%, 20% and 38% reduction in cancer cases could have, based on 2022-23 activity levels. The potential annual financial savings from the reduction in bed days would be in the order of £8.2 million to £31.4 million⁵⁶. There could also be significant savings from reducing outpatient appointments and drugs costs. However, there would also be costs associated with activity to prevent cancer.

54 World Health Organisation, Health Topics – Cancer Prevention.

55 Welsh Government, Science Evidence Advice – NHS in 10+ Years – An Examination of the Projected Impact of Long-Term Conditions and Risk Factors in Wales', September 2023.

56 Savings calculation based on £500 per day cost of an NHS bed in Wales.

Exhibit 21: potential capacity gains associated with preventing cancer occurring in the first place based on 2022-23 activity

				
2022-23	90,532 finished consultant episodes	84,583 admission episodes	164,971 bed days	10,864 regular attenders*
-10% 	81,479 finished consultant episodes (9,053 reduction)	76,125 admission episodes (8,458 reduction)	148,474 bed days (16,497 reduction)	9,778 regular attenders (1,086 reduction)
-20% 	72,426 finished consultant episodes (18,106 reduction)	67,666 admission episodes (16,917 reduction)	131,977 bed days (32,994 reduction)	8,691 regular attenders (2,173 reduction)
-38% 	56,130 finished consultant episodes (34,402 reduction)	52,441 admission episodes (32,142 reduction)	102,282 bed days (62,689 reduction)	6,736 regular attenders (4,128 reduction)

Source: Audit Wales analysis of DHCW data from the Patient Episode Database for Wales, Headline Figures and Primary Diagnosis Datasets, Welsh Providers

Note:

*Our analysis is indicative of potential capacity gains based on averages. We calculated potential gains associated with a 38% reduction in activity based on the assertion in the Cancer Improvement Plan that 38% of cancers each year are preventable.

*Regular attenders are patients who are admitted to hospital on a regular basis to receive treatment.

- 2.28 Despite compelling evidence and it being a long-standing ambition, the Welsh Government has yet to translate broader aims on prevention into more concrete and cohesive policy approaches aimed at shifting the balance of care towards prevention (**recommendation 4**). In particular:
- it has never set out a clear, over-arching strategic approach to achieving this shift across the many public sector bodies whose priorities, choices and behaviours would need to change;
 - it has a piecemeal approach with individual strategies on healthy weight and tobacco control⁵⁷ but no plan related to the health impacts of alcohol use; and
 - the Future Generations Commissioner, amongst others, criticised the Welsh Government for cutting its preventative health improvement budgets in 2024-25⁵⁸.

There are gaps in the availability and quality of data to understand how well cancer care is being provided

- 2.29 Good quality data is essential for the planning, delivery and improvement of cancer care. The NHS Executive has improved the timeliness and accessibility of performance data in an unpublished interactive dashboard used by health boards, the Executive, and the Welsh Government. DHCW publishes a different Suspected Cancer Pathway Dashboard with less detailed information⁵⁹.
- 2.30 However, there are gaps in published data right across the patient pathway (**Exhibit 22**). The Welsh Government publishes data on 'closed' pathways showing how many patients were treated within 62 days but does not publish 'open' pathway waits to show how many patients are currently waiting for treatment.
- 2.31 Much of the available data focusses narrowly on the period between referral and diagnosis or first treatment. There is no national data on the activity and timeliness leading up to a referral. There is also no available data on activity after the first treatment starts (see **paragraph 1.6**), including follow-up tests, ongoing treatment and access to palliative and end-of-life care (**recommendation 9**).

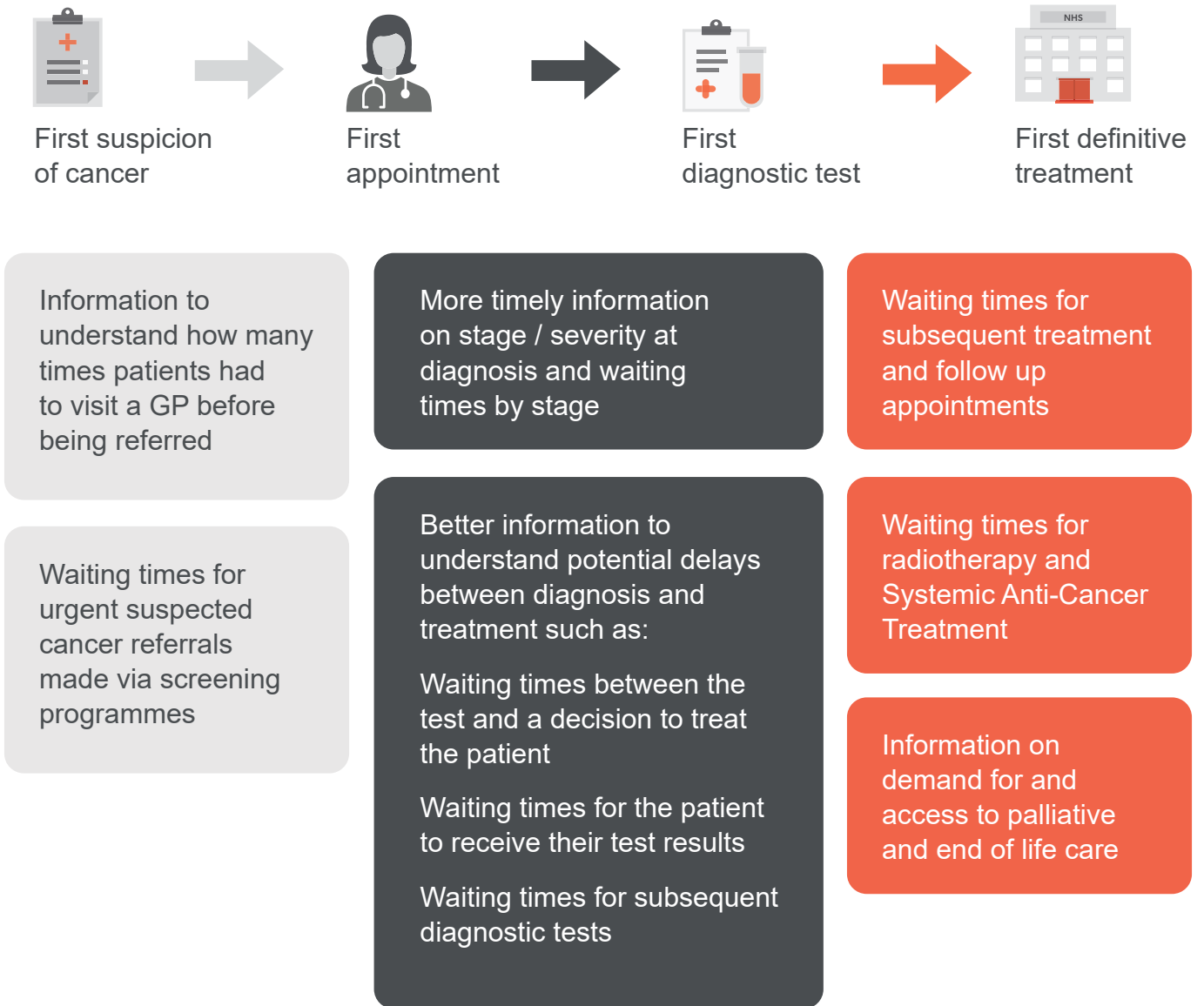
57 Welsh Government, Healthy Weight Healthy Wales, 2019 and Welsh Government, A Smoke Free Wales – Our Long-term Tobacco Control Strategy, 2022.

58 The budget for health improvement and healthy living reduced by £3.8 million bringing the total budget to £10.8 million; the substance misuse action plan fund by £2.5 million bringing the total budget to £47.5 million); and the health promotion budget fell by £710,000 to £12.2 million.

59 DHCW's dashboard uses data which has been validated to identify errors but the internal NHS Executive dashboard is unvalidated performance data.

Exhibit 22: gaps in data at different stages of the cancer pathway

First suspicion to first definitive treatment



Source: Audit Wales

2.32 There is very limited data to track progress against the ambitions in the Quality Statement. Against the overarching ambition of prevention and early detection, we found limited information on the causes of growing demand that can be used to prevent or detect cancer early amongst those most at risk. For instance, little is known about why some people are presenting at a more advanced stage, or as an emergency. There is also limited information about the demographic profile and location of people with unhealthy lifestyles. A new project led by WCISU has the potential to improve national intelligence on cancer risk factors. It will link Cancer Registry data to Census 2021 information via the SAIL databank to explore the influence of factors like ethnicity, income and educational status on cancer outcomes⁶⁰.

2.33 There is also very limited information to understand how equitable cancer support services are. For example:

- the Welsh Government requires health boards to record the ethnicity of cancer patients⁶¹ but compliance is extremely low. We were unable to analyse waiting list and timeliness trends by ethnicity because over two thirds of the pathways had no information on patient ethnicity.
- DHCW reports performance against the 62-day target by sex but there is little information to understand patient experience and outcomes by sex. The Senedd inquiry into gynaecological cancers found that women can experience many barriers to accessing cancer treatment but there is little information to understand how many women are affected⁶².
- there is insufficient public data to understand potential differences in the timeliness of cancer diagnosis and treatment across Wales, particularly for people living in Powys. Timeliness data for Powys residents treated by other Welsh health boards is included in data for those health boards. The data is not disaggregated to show timeliness for Powys residents or the residents of the health board providing treatment⁶³. There is also a lack of data on Welsh patients from any health board who are treated by NHS England (**recommendation 10**).
- there is also little information to understand equity of provision for children and young people. DHCW groups all data for under 30-year-olds together in the Suspected Cancer Dashboard data whereas other patients are grouped ten-year age bands. Under 16-year-olds are excluded from the Macmillan cancer patient experience survey.

60 The project aims to report its findings in late 2024.

61 Under Data Standards Change Notices from 2020 onwards (DCSN 2020/21 and DSCN 23/45). The Notices mandate compliance with data standards.

62 Welsh Parliament Health and Social Care Committee, Unheard: Women's Journey Through Gynaecological Cancer, December 2023.

63 Other published NHS Wales data does include distinct health board 'residence' and 'provider' performance data. For instance the Referral for Treatment data on StatsWales.

2.34 There are problems with the quality of some of the available data. WCISU officials told us Wales is a year behind England in publishing Cancer Registry data because a high volume of errors in the source data is creating extra work for its staff. NHS bodies told us that poor compliance with data standards by NHS staff inputting patient information is creating data errors. We found that there is confusion around who is responsible for improving compliance (**recommendation 8**). We have not specifically reviewed data quality as part of this review but have uncovered several inaccuracies in published data and bespoke analysis provided by DHCW.

Digital systems are fragmented and progress implementing the new cancer information system has been slow

- 2.35 Progress in updating the core digital system for cancer patients has been extremely slow. The previous system (Canisc) was constructed using a programming language in 1997 which Microsoft stopped supporting in 2014. Following our 2018 report on NHS Wales informatics systems⁶⁴, the Senedd Public Accounts Committee inquiry raised serious concerns about slow progress replacing Canisc⁶⁵. It took a further five years to implement the first phase of the new cancer information system. DHCW told us that the pandemic has added to delays. The Welsh Government has recently confirmed funding for the second phase of the programme, aimed at improving integration and digital processes and dealing with requests for specific changes from individual NHS bodies.
- 2.36 More broadly, NHS bodies told us that lack of integrated digital systems is consuming valuable staff time because they are using manual 'workarounds' to transfer patients across the different patient administration systems. The process is frustrating staff and diverting their time from seeing patients. It also carries risks to patient safety because details could be transferred incorrectly or not at all. DHCW is responsible for delivering national digital systems for NHS Wales but not their local configuration. DHCW described considerable barriers to getting those systems to join up. In particular, there are numerous examples of NHS bodies either procuring their own digital systems rather than using the national products, or adapting the national products which limits interoperability.
- 2.37 The Cancer Improvement Plan committed PHW, the Cancer Network and DHCW to developing a cancer version of the national Digital and Data Strategy for Wales by the end of June 2023. No such plan had been created at the time of our review and we found confusion about the commitment to create one in the first place. DHCW told us there is no need to create a separate digital cancer plan because the overarching Digital and Data Strategy sets out the system wide approach to improve digital provision.

64 Wales Audit Office, Informatics Systems in NHS Wales, 2018.

65 National Assembly for Wales Public Accounts Committee, Informatics Systems in NHS Wales, 2018.

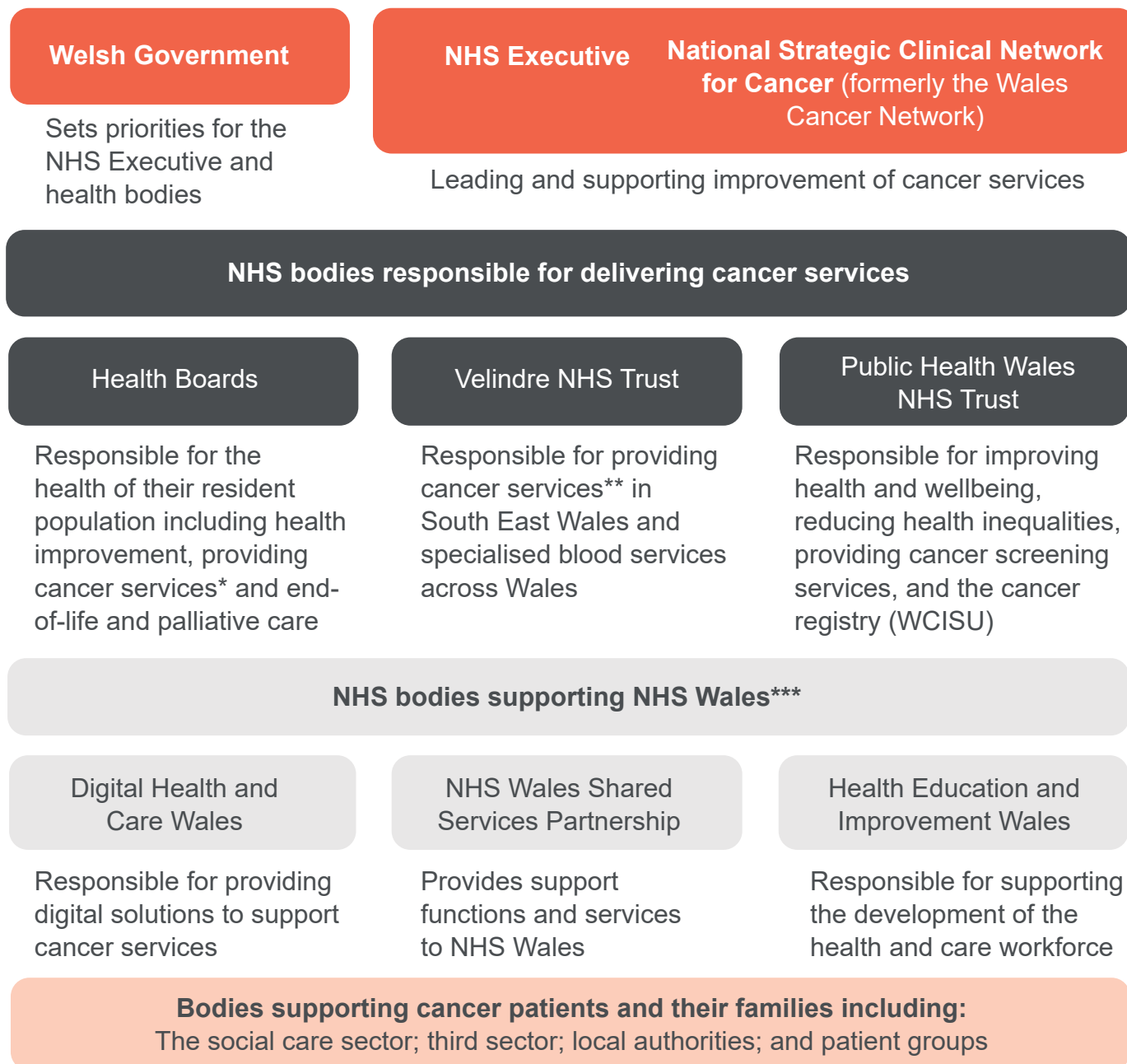


Appendices

- 1 Strategic context
- 2 Additional data analysis
- 3 About our work

1 Strategic context

Exhibit 23: broad roles and responsibilities for cancer services in Wales



Source: Audit Wales

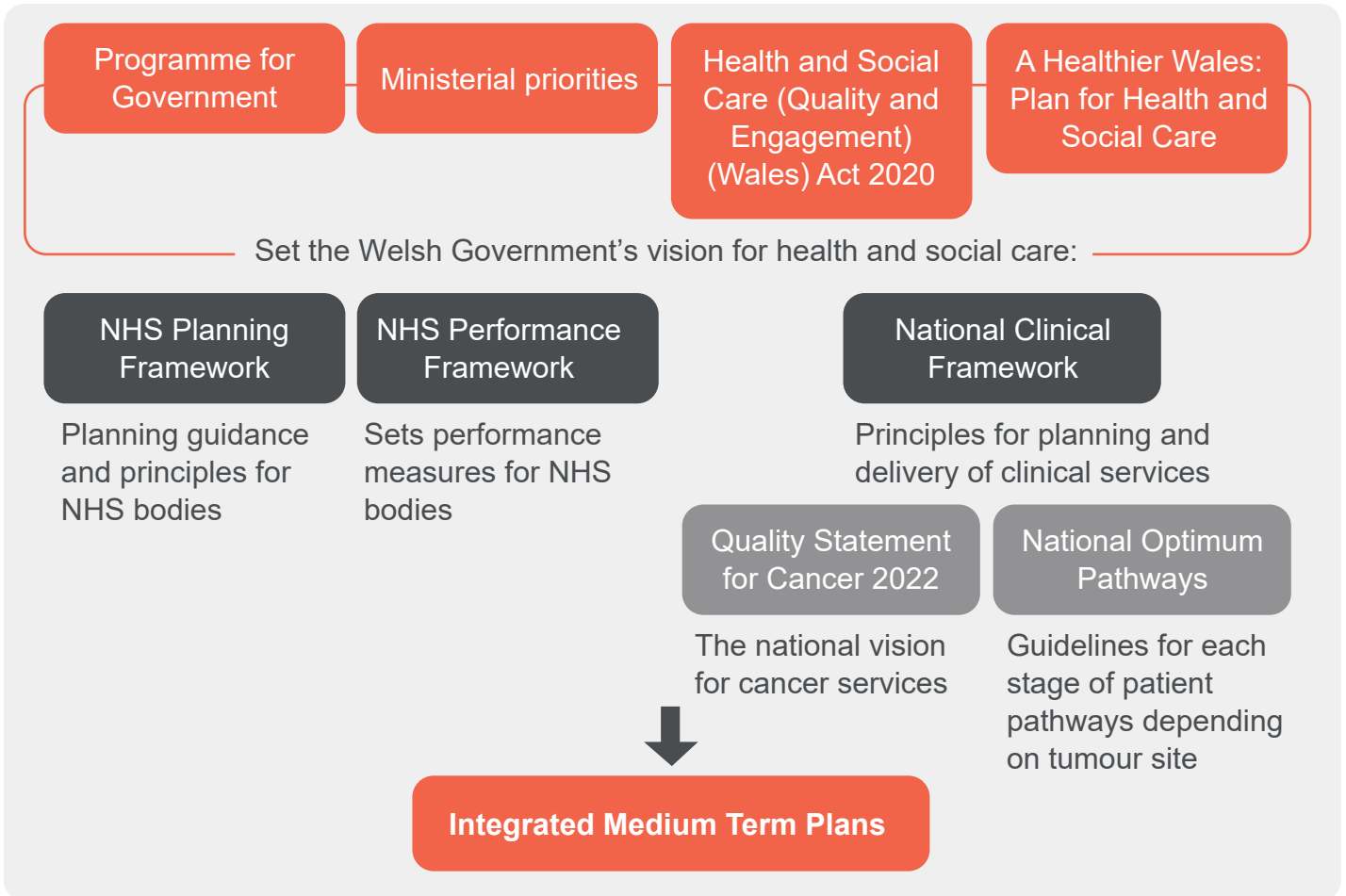
Note:

*Including diagnostic tests; treatment; and support and advice for patients. The level and type of services provided differs between health boards because some services are provided by other healthcare providers. For instance, Powys Teaching Health Board provides some diagnostic services but commissions other cancer services from other NHS providers in England and Wales.

**Including chemotherapy; radiotherapy; and support and advice for patients.

***There are also organisations and groups responsible for research, development and innovation including: Geonomics Partnership Wales; Health and Care Research Wales; Life Sciences Hub Wales; and the Wales Cancer Research Centre.

Exhibit 24: key elements of the strategic approach to cancer services in Wales



Wales Cancer Network: Cancer Improvement Plan 2023
A collective plan for NHS Wales to improve services for cancer patients

NHS Executive: National Cancer Recovery Programme 2024
National programme to improve cancer services

Life Sciences Hub Wales: Cancer: Improving Outcomes Initiative
A Welsh Government commissioned programme, aimed at delivering innovation at pace.

Broader Welsh Government Strategy including:

- Diagnostics, Recovery and Transformation Strategy for Wales 2023-25
- Digital and Data Strategy for Health and Social Care in Wales 2023
- National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges 2023 and A Healthier Wales: Our Workforce Strategy for the Health and Social Care Workforce, 2020 (commissioned by the Welsh Government from Health Education and Improvement Wales)
- Healthy Weight, Healthy Wales, 2019 including a 2022 to 2024 delivery plan
- A smoke-free Wales: Long-term tobacco control strategy, 2022 including a 2022 to 2024 delivery plan

Source: Audit Wales

2 Additional data analysis

Data on demand for cancer services

Exhibit 25: Patients who were treated by source of suspicion, monthly average across 2023-24

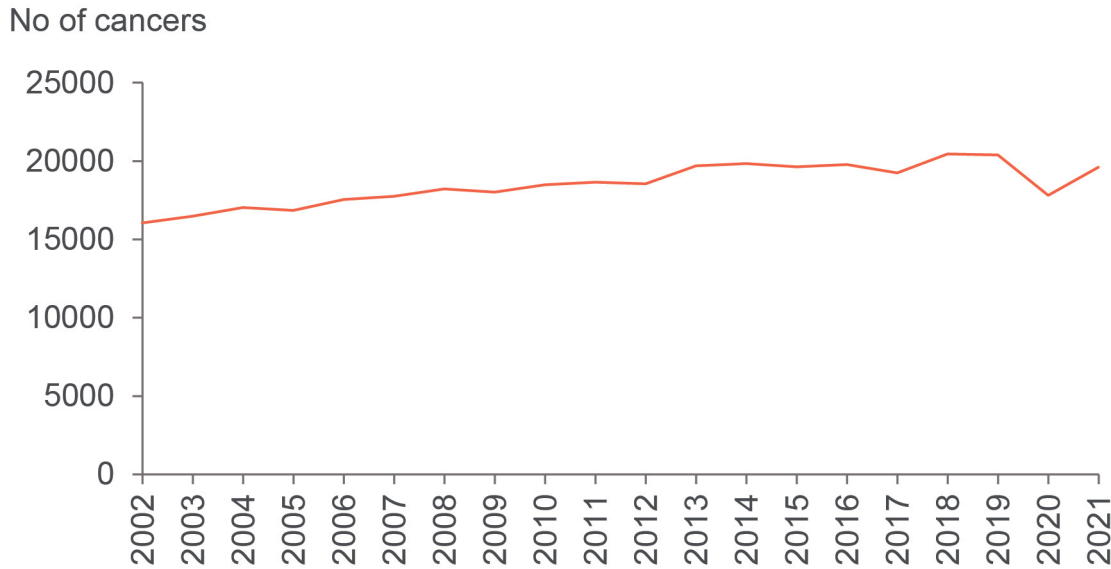
Source of suspicion / referral	% overall suspected cancer referrals	% of patients starting treatment as a proportion of referrals by source of suspicion
GP	80% (12,635 people)	8% of GP referrals (975 people)
Internal secondary care	10% (1,570 people)	17% of internal secondary care referrals (266 people)
Following a diagnostic test	6% (911 people)	37% of referrals following a diagnostic test (341 people)
Bowel screening	1% (120 people)	28% of bowel screening referrals (33 people)
Breast screening	1% (106 people)	92% of breast screening referrals (98 people)
Cervical screening	<1%*	50% of cervical screening referrals*
Emergency department	1% (214 people)	38% of emergency department referrals (81 people)
Other primary care professional	1% (120 people)	5% of referrals from other primary care professionals*
Other health professional	<1% (66 people)	15% of referrals from other health professionals*
Consultant from another health board	<1% (38 people)	21% of referrals from external consultants*

Source: Audit Wales analysis of DHCW Suspected Cancer Pathway Data – closed pathways by source of suspicion.

Note: A small number of patient pathways did not have data on the source of suspicion / referral.

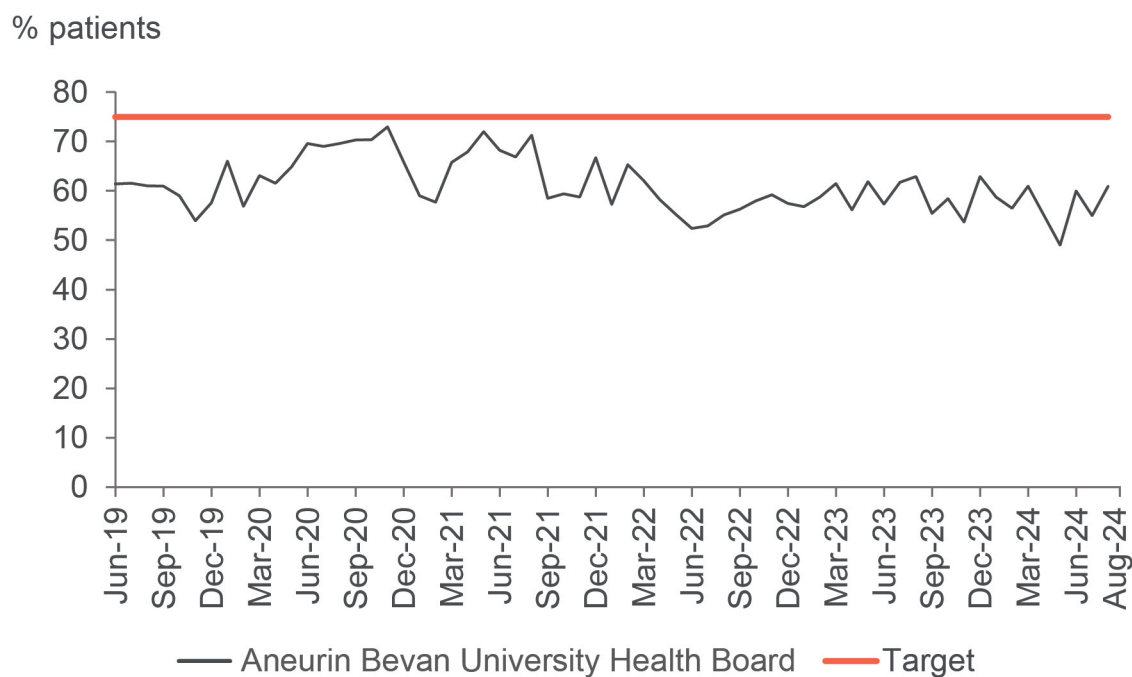
*Where there are 10 people or less.

Exhibit 26: number of newly diagnosed cancers in Wales (excluding non-melanoma skin cancer), 2002-2021



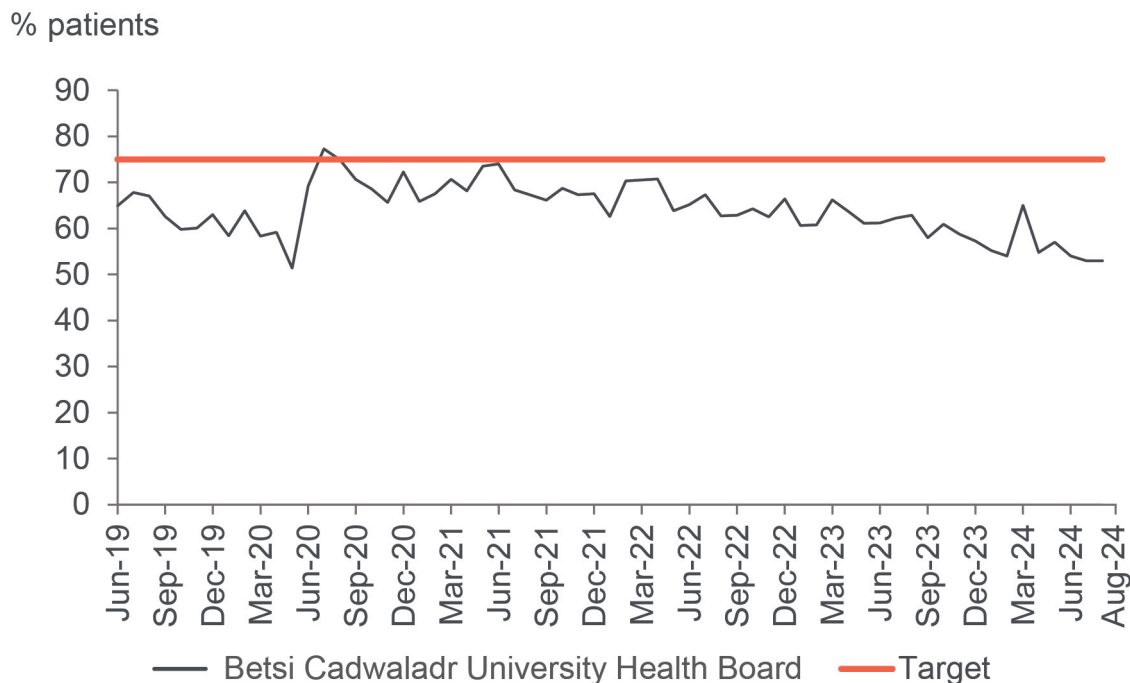
Source: WCISU cancer incidence data

Exhibit 27a: performance against the 62-day target by Aneurin Bevan University Health Board, June 2019 to August 2024



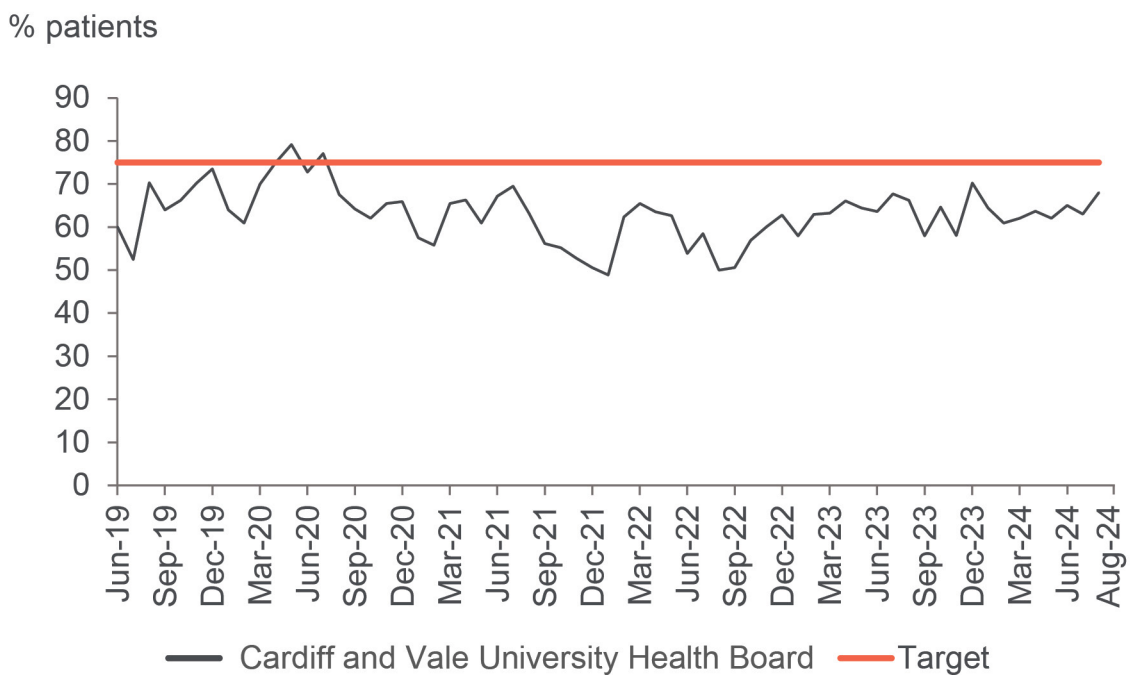
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27b: performance against the 62-day target by Betsi Cadwaladr University Health Board, June 2019 to August 2024



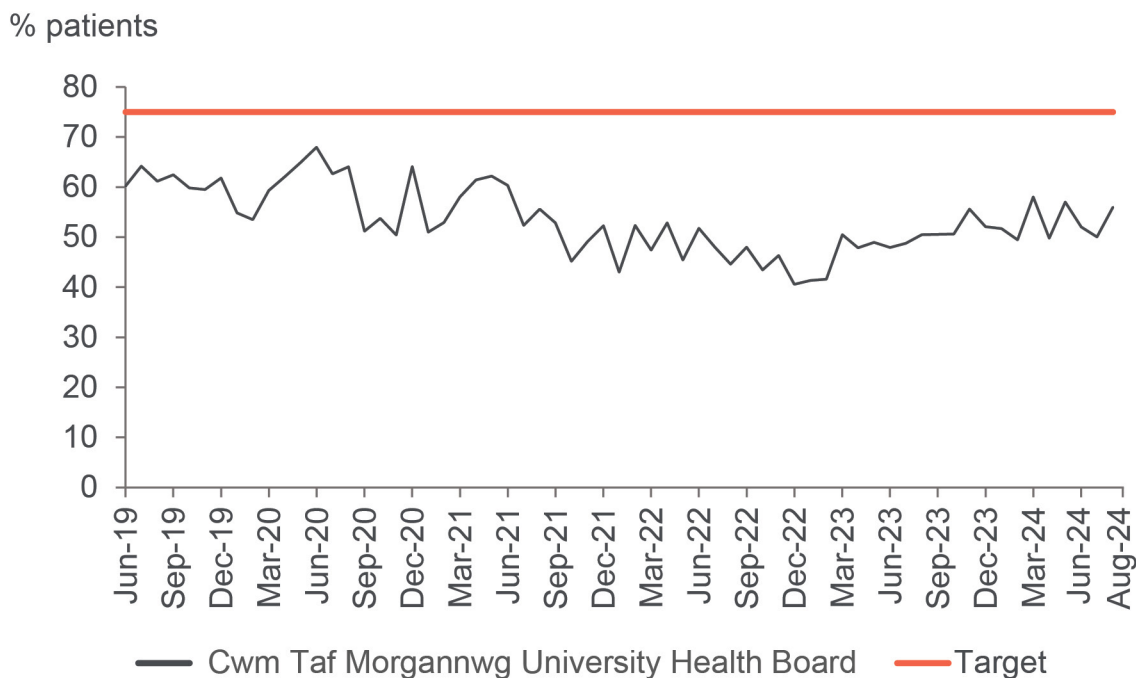
Source: DHCW, Suspected Cancer Pathway – Closed Pathways, on StatsWales.

Exhibit 27c: performance against the 62-day target by Cardiff and Vale University Health Board, June 2019 to August 2024



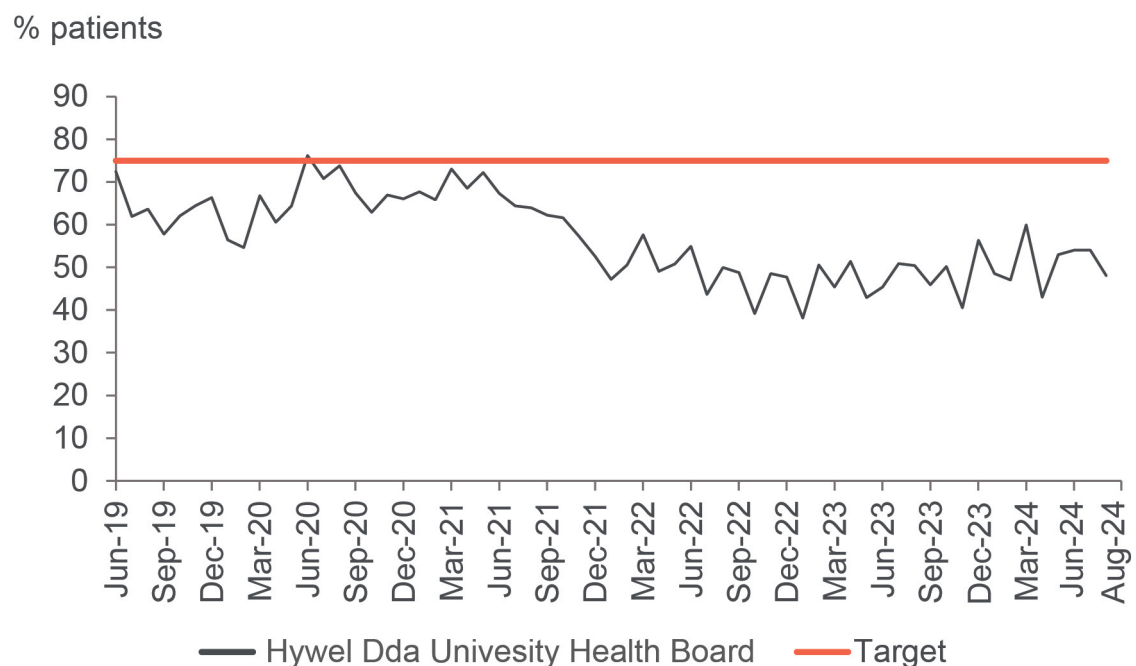
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, On StatsWales.

Exhibit 27d: performance against the 62-day target by Cwm Taf Bro Morgannwg University Health Board, June 2019 to August 2024



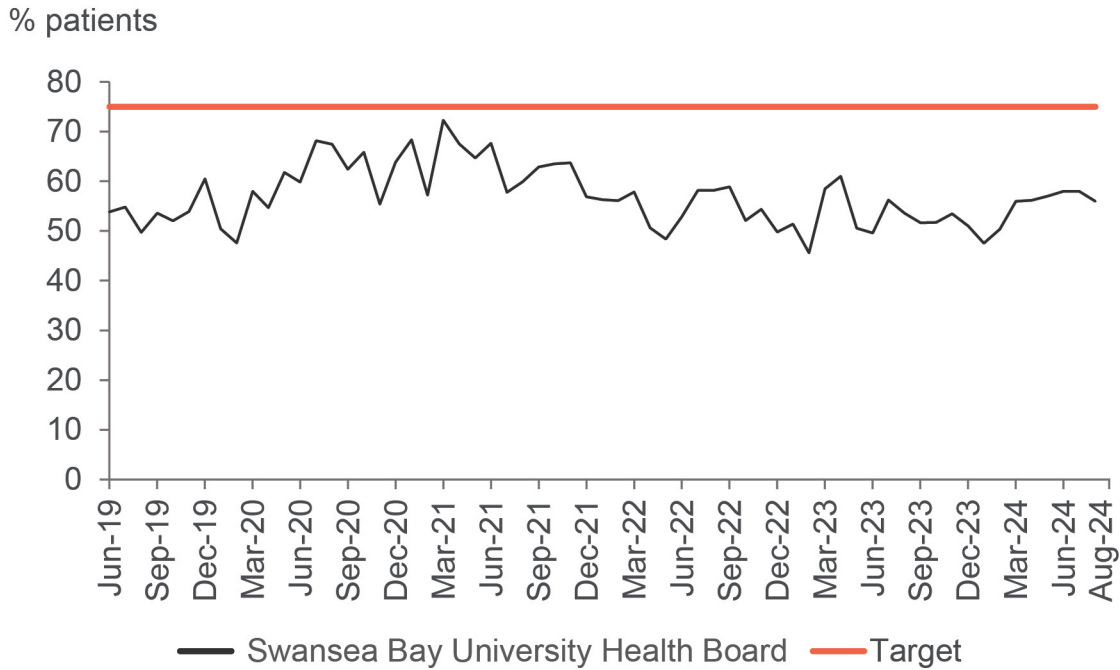
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27e: performance against the 62-day target by Hywel Dda University Health Board, June 2019 to August 2024



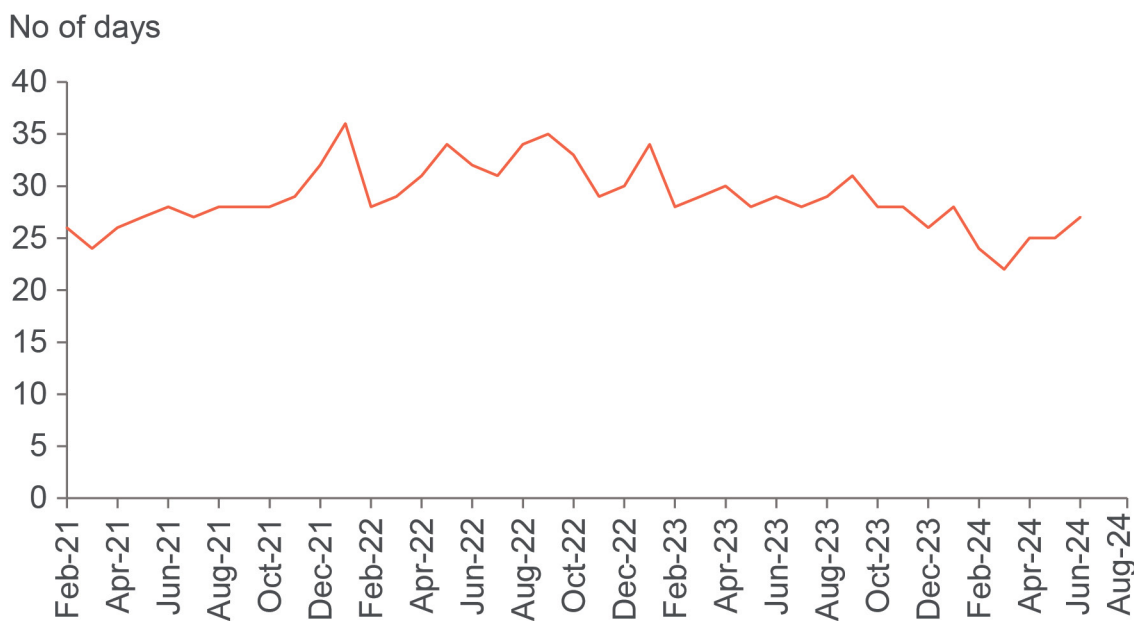
Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 27f: performance against the 62-day target by Swansea Bay University Health Board, June 2019 to August 2024



Source: DHCW, Suspected Cancer Pathway – Closed Pathways dataset, on StatsWales.

Exhibit 28: median waits from first suspicion to diagnosis, February 2021 to August 2024



Source: DHCW data from the Suspected Cancer Pathway Dashboard

3 About our work

Audit question, scope and criteria

We chose to focus on the national strategic approach to improving the timeliness of cancer diagnosis and treatment because we identified significant systemic challenges facing cancer services during our scoping. This review focuses on the Welsh Government and NHS Executive (and its National Strategic Clinical Network for Cancer) as system leaders, recognising that health boards and trusts have responsibility for the operational delivery of different aspects of cancer services. We will consider the merits of further work focusing on NHS bodies' approach to delivering cancer services in our 2025-26 work programme.

We developed our audit criteria based on learning from our previous audits of planned care⁶⁶ and local health audit work, analysis of key strategic documents⁶⁷, and research from relevant organisations on the challenges associated with cancer services in Wales.

66 Audit Wales, NHS Wales Waiting Times for Elective Care in Wales, 2015; Audit Wales, 10 Opportunities for Resetting and Restarting the NHS Planned Care System, 2020; and Audit Wales, Tackling the Planned Care Backlog in Wales, 2022.

67 Including Welsh Government, A Healthier Wales – a Long Term Plan for Health and Social Care, 2021; Welsh Government, Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales, 2022, Welsh Government, The Quality Statement for Cancer, 2022, Welsh Government, Diagnostics Recovery and Transformation Strategy for Wales 2023 to 2025; and the National Strategic Clinical Network for Cancer, A Cancer Improvement Plan for NHS Wales 2023-26, 2023.

Audit methods

Document review

We reviewed relevant documentation including:

- documents setting out the national strategic approach. Key documents include the Quality Statement for Cancer, Cancer Improvement Plan, the Diagnostic Recovery and Transformation Strategy, National Clinical Framework, National Optimal Pathways and NHS planning and performance frameworks
- documents relating to the NHS Executive's national cancer recovery programme
- individual NHS body plans setting out their approach to delivering cancer services, and relevant board and committee papers on cancer performance
- papers from the Welsh Government's performance management meetings
- Public Health Wales NHS Trust information on the delivery of population screening services information on cancer data and population health including reports from the Welsh Cancer Surveillance and Intelligence Unit and the Welsh Government's Science Evidence Advice⁶⁸
- the Senedd Health and Social Care Committee's report on its inquiry on gynaecological cancers⁶⁹ and supporting evidence

Semi-structured interviews

We interviewed officials from the following organisations:

- the Welsh Government;
- the NHS Executive including its National Strategic Clinical Network for Cancer;
- a sample of health boards including officials from Betsi Cadwaladr, Hywel Dda and Swansea Bay University Health Boards, and Powys Teach Health Board;
- officials from other NHS bodies including Digital Health and Care Wales, Health Education and Improvement Wales, Public Health Wales and Velindre NHS Trusts; and
- we also met with officials from the NHS Executive, Cardiff and Vale, Hywel Dda and Swansea Bay University Health Boards to inform our scoping.

68 Welsh Government, Science Evidence Advice – NHS in 10+ Years – An Examination of the Projected Impact of Long-Term Conditions and Risk Factors in Wales', September 2023.

69 Welsh Parliament Health and Social Care Committee, Unheard: Women's Journey Through Gynaecological Cancer, December 2023.

Workshop with third sector representatives

We held a workshop with representatives from the third sector on 1st May 2024 organised by the Wales Cancer Alliance⁷⁰. We asked participants for their views of the strengths and weaknesses of the national strategic approach and invited further written responses with more detail on the same topic. We conducted follow-up interviews with some organisations for clarification where necessary. Representatives from the organisations below took part in the workshop:

- ALK Positive UK
- Association of the British Pharmaceutical Industry
- Blood Cancer UK
- Bowel Cancer UK
- Breast Cancer Now
- Cancer Research UK
- Fair Treatment for the Women of Wales
- Leukaemia Care
- MacMillan Cancer Support
- Marie Curie
- Prostate Cancer UK
- Royal College of Pathologists
- Royal College of Paediatrics and Child Health
- Royal College of Physicians
- Tenovus Cancer Care
- Young Lives vs Cancer
- We established an expert panel to inform our understanding of the systemic barriers to the timeliness of cancer diagnosis and treatment and provide critical challenge on our findings. The panel included representatives from Marie Curie, the Association of the British Pharmaceutical Industry, the Royal College of Physicians, and the Wales Cancer Alliance.

⁷⁰ A coalition of charities working to prevent cancer, improve care, fund research and influence policy in Wales.

Data analysis

We reviewed data from different sources including:

- DHCW published data on open and closed cancer pathways, on StatsWales;
- DHCW published data on hospital admissions. We also requested data on discharge destinations of cancer patients admitted to hospital;
- we requested data from the Suspected Cancer Pathway dataset managed by DHCW that is not published elsewhere. We analysed data on performance against the Suspected Cancer Pathway target by ethnicity; source of suspicion ; and closed pathways by whether patients started treatment for cancer, were downgraded for not having cancer, or died before being downgraded or starting treatment; and
- Welsh Cancer Surveillance and Intelligence Unit data on cancer incidence, mortality and survival.



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

Digital Health and Care Wales – Detailed Audit Plan 2025

Audit year: 2025 – Audit of the 2024-25 accounts

Date issued: March 2025

Document reference: 4712A2025

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



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Introduction



Adrian Crompton

Auditor General for
Wales

I am pleased to share my 2025 Audit Plan. The Plan sets out how I will undertake your audit.

My audit team has developed the Plan following a structured and risk-based planning process, which will remain ongoing throughout the audit. My [Code of Audit Practice](#) provides further detail on how my audit and certain other functions are to be carried out by my auditors.

At the core of all our work is our commitment to maintaining the highest standards of professional integrity, objectivity, independence and audit quality. Our three

lines of assurance model (page 25) sets out how we will ensure those standards of quality are met. Our latest annual quality report, [Audit Quality Report 2024](#), provides more information about our audit quality arrangements.




My audit team will work constructively with your staff to understand the issues you are facing, ensure the audit process operates as smoothly as possible, and provide valuable insights about any areas for improvement.

My local performance audit work programme, as outlined in this Plan, sits alongside other [national audit work](#) that may include coverage of your organisation. Local performance audit work may also inform wider national reporting.





Should you have any questions about your audit my audit team will be happy to discuss them with you. They will also keep you regularly updated as work progresses.

Our aims and ambitions




Our purpose

-  Assure people that public money is being managed well
-  Explain how that money is being spent
-  Inspire the public sector to improve

Our vision

-  Fully exploiting our unique perspective, expertise and depth of insight
-  Strengthening our position as an authoritative, trusted and independent voice
-  Increasing our visibility, influence, and relevance
-  Being a model organisation for the public sector in Wales and beyond

Our areas of focus

-  A strategic, dynamic, and high-quality audit programme
-  A targeted and impactful approach to communications and influencing
-  A culture and operating model that enables us to thrive

You can find out more about Audit Wales in our [Annual Plan 2024-25](#) and [Our Strategy 2022-27](#).

Financial audit work

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness', their proper preparation in accordance with accounting and legal requirements, and the regularity of income and expenditure and the proper preparation of key elements of your Accountability and Performance Report. I lay them before the Senedd together with any report that I make on them.

I will also report by exception on a number of matters which are set out in more detail in our [Statement of Responsibilities](#).

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

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

Financial statements materiality

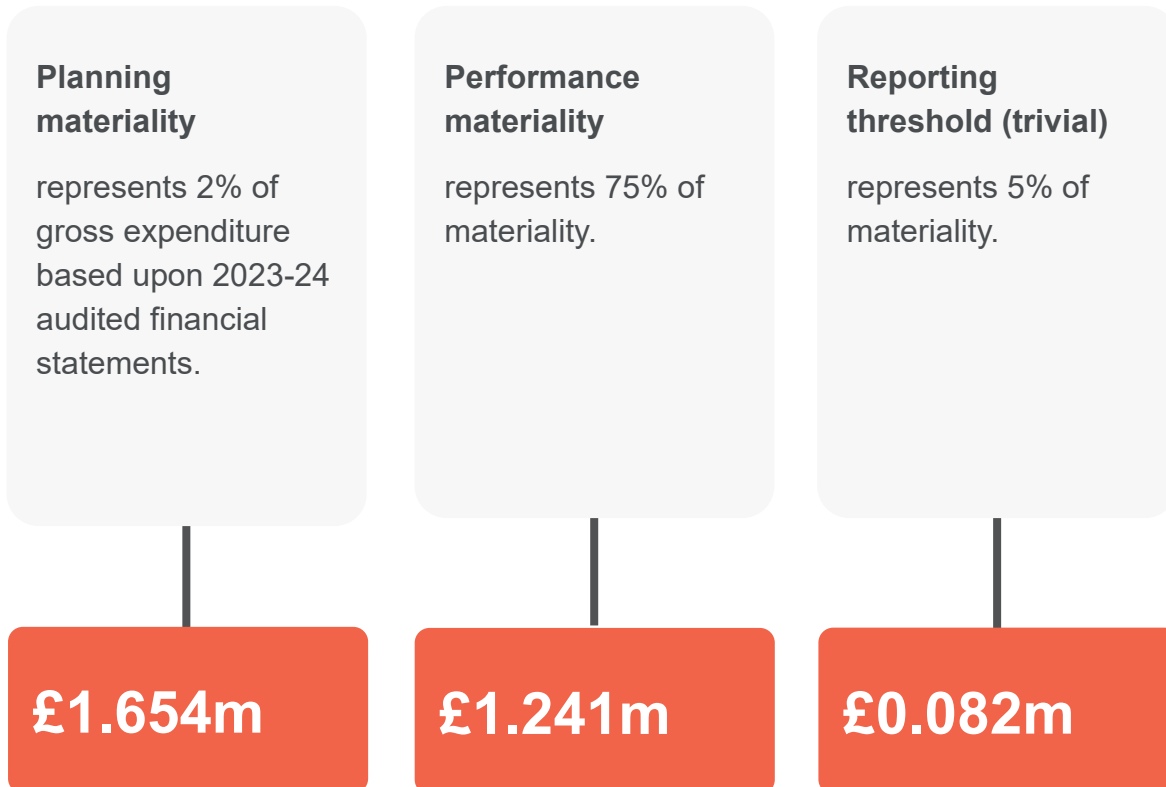
I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material and correct misstatements, that is, those that might result in a reader of the accounts being misled. Materiality applies not only to financial misstatements, but also to disclosure requirements and adherence to the applicable accounting framework and law.

I set planning and performance materiality to:

- Determine the level of misstatement that could cause the user of the accounts to be misled;
- Assist in the scoping of our audit approach and resultant audit tests;
- Determine sample sizes;
- Assess the effect of known and likely misstatements in the financial statements; and

- Report to those charged with governance any unadjusted misstatements above a trivial level, our reporting threshold.

The levels at which I judge such misstatements to be material is set out below.



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

Remuneration report £5,000	Related party disclosures (individuals) £10,000
--	---

My audit team will assess materiality levels throughout the audit.

Significant financial statements risks

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

Risk of management override

The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].

Our planned response

My audit team will:

- test the appropriateness of journal entries and other adjustments made in preparing the financial statements;
- review accounting estimates for bias; and
- evaluate the rationale for any significant transactions outside the normal course of business.

Risk of fraud in expenditure recognition

There is a risk of material misstatement due to fraud in expenditure recognition and as such is treated as a significant risk [Practice Note 10].

Our planned response

My audit team will:

- substantively test all material areas of pay and non-pay expenditure;
- test the appropriateness of accruals made at the year-end; and
- perform focussed cut-off testing on post year end payments to ensure expenditure was appropriately accrued.

Our planned response

My team will focus our testing on areas of the financial statements which could contain reporting bias.

Other areas of focus

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

Remuneration report disclosures

Even though there are no significant changes in senior officers or board members to capture in the remuneration report for 2024-25, remuneration paid to senior officers and board members continues to be of high interest and is material by nature.

Therefore, there is a risk that even low value errors in the disclosure could result a material misstatement.

Our planned response

My audit team will:

- understand the movements in the senior management team during 2024-25;
- ensure that remuneration disclosed is consistent with supporting evidence;
- ensure that amounts paid are consistent with those approved by the Board and are in accordance with Welsh Government pay rates; and
- ensure that disclosures are complete based on the team's knowledge and are prepared in accordance with requirements.

Related party disclosures

The financial statements must disclose any related party relationships along with the transactions and balances between the SHA and the other body/party.

The Authority has many relationships that could be considered a related party. Many are well known for example, Welsh Government as funder.

However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature

There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.

Our planned response

My audit team will:

- review management's process for identifying related party relationships and associated transactions and balances;
- undertake procedures to confirm the completeness of related party relationships; and
- ensure disclosures are complete, accurate, consistent with evidence and are in accordance with requirements.

Failure of first financial duty

There is a risk that you will fail to meet your first financial duty to break even over a one-year period. This is considered separately for the revenue and capital resource allocations.

The revenue position at month 10 shows a year-to-date surplus of £237,000 and is forecasting a surplus of £350,000 at year-end.

The capital position at month 10 shows year-to-date expenditure of £10,166,000 against a capital resource limit of £21,495,000.

Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.

Our planned response

My audit team will:

- review management's process for identifying related party relationships and associated transactions and balances;
- undertake procedures to confirm the completeness of related party relationships; and
- ensure disclosures are complete, accurate, consistent with evidence and are in accordance with requirements.

Financial statements audit timetable

Below is a timetable showing the key stages of the audit and our key audit deliverables that we will provide to you.

Exhibit 1: Financial statements audit timetable

<p>Planning</p>	<p>Planning meeting High level risk assessment procedures Fraud risk assessment Accounting estimates planning Information flows IT environment risk assessment Indicative audit fee Draft Detailed Audit Plan</p>
<p>January to February 2025</p>	
<p>Interim</p>	<p>Detailed risk assessment procedures IT environment risk assessment IT controls review Develop testing strategy</p>
<p>March 2025</p>	
<p>Fieldwork</p>	<p>Update risk assessment Audit of financial statements to include narrative report and annual governance statement Complete audit testing Evaluate audit findings Audit closure meeting</p>
<p>May to June 2025</p>	
<p>Reporting</p>	<p>Audit of Accounts Report Recommendations for improvement Present findings to those charged with governance Auditor General certification Submission of accounts to Welsh Government Laying of accounts with Senedd Cymru Annual audit summary Post project learning</p>
<p>June 2025</p>	








Performance audit work

Proper arrangements

As set out in the Code of Audit Practice, I must satisfy myself that the SHA has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources ('value for money'), and conclude accordingly.

I do this by undertaking an appropriate programme of performance audit work each year. I base my work programme on an assessment of risks of the SHA and the wider NHS in Wales not having the proper arrangements in place, with the work typically focusing on the areas of greatest risk.

In designing the programme, my auditors must have considered corporate and service level arrangements, including:

-  Strategic planning
-  Financial planning
-  Performance and risk management
-  Workforce planning
-  Asset management
-  Collaborative working
-  Overall governance.

My auditors will also have taken account of relevant work that is being undertaken or planned by other audit, regulatory and inspection bodies at the SHA.

I conduct my performance audit work using the ISSAI 3000 standard developed by the International Organisation of Supreme Audit Institutions (INTOSAI). INTOSAI is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

Well-being of future generations

Section 15 of the Well-being of Future Generations (Wales) Act 2015 (the Act) requires me to carry out examinations of public bodies for the purposes of assessing the extent to which a body has acted in accordance with the sustainable development principle when setting well-being objectives and taking steps to meet those objectives.

The **Sustainable development principle** is defined as acting in a manner...

...which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs.'

To do this, they must take account of the '**five ways of working**'.



Long-term



Prevention



Intergration



Collaboration



Involvement

I must carry out these examinations at each public body covered by the Act at least once during a specified period.

These could be stand-alone examinations as part of my performance audit programme. However, where relevant and appropriate to do so, my auditors will integrate the work required into other planned performance audit work for the SHA. My auditors will continue to engage closely with the Office of the Future Generations Commissioner for Wales to help coordinate our respective activities.

Planned performance audit work

I set out below details of my performance audit work.

Structured Assessment – core

Scope of the work

Structured assessment will continue to form a key part of the work my audit teams do at each NHS body to examine the existence of proper arrangements for the efficient, effective, and economical use of resources.

My core 2025 structured assessment work will review the following areas:

- Board and committee cohesion and effectiveness;
- Corporate systems of assurance;
- Corporate planning arrangements; and
- Corporate financial planning and management arrangements.

My structured assessment work will also include a review of the arrangements that are in place to track progress against previous audit recommendations. This allows the audit team to obtain assurance that the necessary progress is being made in addressing areas for improvement identified in previous audit work. It also enables us to more explicitly measure the impact our work is having.

Indicative timescales

Fieldwork to commence between June and August 2025 and reporting by the end of December 2025.

Structured Assessment – review of the arrangements to manage estates

Scope of the work

In addition to the core structured assessment work described above, my audit teams will also review certain arrangements at NHS bodies in more depth. This year, my audit team 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.

Indicative timescales

Fieldwork to commence May 2025 and reporting by the end of September 2025.

Local project work – Review of the SHA’s strategic arrangements to support and enable NHS Wales’s Digital requirements

Scope of the work

Where appropriate, my audit team will also undertake performance audit work that reflects issues specific to the SHA. It is my intention that the 2025-26 local performance audit work will align with the Auditor General’s wider review of digital transformation across NHS Wales. The likely focus of my local will be on the arrangements the SHA has in place as a system leader to support the wider digital transformation agenda in NHS Wales. The exact focus of this work will be determined once my auditors have completed their scoping as part of audit planning.

My team continually keep the local audit risks under review and as a result the nature or focus of the local audit work may change. If this happens, my engagement team will keep senior SHA officers informed on any changes and inform the Audit and Assurance Committee.

Indicative timescale

Fieldwork to commence October 2025 and reporting by March 2026.

Timing of Performance Audit Work

My team will work with officers in the SHA to arrange exact timescales for the individual projects and will be communicated regularly through our Audit and Assurance Committee updates. My auditors aim to substantially complete the performance audit work set out in this plan by the end of March 2026.

Audit fee

In January 2025 we published our [2025-26 Fee Scheme](#) following approval by the Senedd Finance Committee which details the average increase to fee rates of 1.7%. The actual fee that any individual audited body will pay depends not just on our fee rates but on the quantum of work and the skill mix required.

The average fee increase has been applied as an estimate to the other areas of my audit work.

Your estimated total audit fee: £204,400

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without my auditors first discussing them with the Executive Director of Finance. **Exhibit 2** sets out a further breakdown of your estimated audit fee.

I base my audit fee on the following assumptions:

- The agreed audit deliverables set out the expected working paper requirements to support the financial statements and include timescales and responsibilities.
- The audit requirements of my individual performance audit projects are met by the audited body, or suitable alternative arrangements are put in place that satisfy the needs of my audit team.
- No matters of significance, other than as summarised in this plan, are identified during the audit.

Exhibit 2: Breakdown of my estimated audit fee for 2025 (and 2024 for comparison)

Estimated fee for 2025 (£)¹		Estimated fee for 2024 (£)	
Audit of financial statements	Performance audit work	Audit of financial statements	Performance audit work
£110,929	£93,471	£109,075	£91,684
Total fee: £204,400		Total fee: £200,939	

¹ The fees shown in this document are exclusive of VAT.

Audit team

My audit team will continue to work and engage remotely using technology, but some on-site audit work will resume where it is appropriate to do so.

Audited bodies have a responsibility to ensure the safety and wellbeing of Audit Wales staff when they are on your premises.

The main members of my team, together with their contact details, are summarised in **Exhibit 3**.

Exhibit 3: My local audit team

Engagement Director	Dave Thomas dave.thomas@audit.wales	
	Financial Audit	Performance Audit
Engagement Lead	Derwyn Owen derwyn.owen@audit.wales	Dave Thomas dave.thomas@audit.wales
Audit Manager	Mike Whiteley mike.whiteley@audit.wales	Andrew Doughton andrew.doughton@audit.wales
Audit lead	David Tomalin david.tomalin@audit.wales	Nathan Couch nathan.couch@audit.wales

There is one potential conflict of interest that I need to bring to your attention. DHCW’s Programme Lead for Urgent and Emergency Care is the sister-in-law of Dave Thomas, the Audit Wales Engagement Director for DHCW. I confirm the necessary provisions are in place to safeguard auditor independence in respect of this.

I am not aware of any other potential conflicts of interest that I need to bring to your attention.

Audit quality

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

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



Our People

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



Arrangements for achieving audit quality

Selection of right team

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



Independent assurance

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

Supporting you

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

Visit our [website](#) to find:



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



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



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



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



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Marian Wyn-Jones, Audit & Assurance Committee Chair
Claire Osmundsen-Little, Director of Finance and Business Assurance
Digital Health and Care Wales
Tŷ Glan-yr-Afon
21 Cowbridge Road East
Cardiff
CF11 9AD

Date issued: 31st January 2025

Issued via email

Dear Claire and Marian,

Audit enquiries to those charged with governance and management

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

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

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

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

1. Matters in relation to fraud
2. Matters in relation to laws and regulations
3. Matters in relation to related parties
4. Other Matters

The information you provide will inform our understanding of Digital Health and Care Wales and its business processes and support our work in providing an audit opinion on your 2024-25 financial statements. Therefore, we would be grateful if your responses could cover the full financial year until 31/3/2025.

I would be grateful if you could update the attached table in [Appendix 1 to Appendix 3](#) for 2024-25.

The completed [Appendix 1 to Appendix 3](#) should be formally considered and communicated to us on behalf of both management and those charged with governance by 30/04/2025. In the meantime, if you have queries, please contact me on 02920 829389 or Mike.Whiteley@audit.wales.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Whiteley', with a large, sweeping underline that loops back under the 'y'.

Mike Whiteley
Audit Manager

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

Appendix 1

Matters in relation to fraud

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

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

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

What are we required to do?

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

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

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

Enquiries of Management – in relation to fraud

Question	2024-25 Response
1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud? What is the nature, extent and frequency of management's assessment?	There is no anticipated risk that the financial statements will be materially misstated due to fraud. There are monthly reviews with the internal Counter Fraud member and subsequent review and scrutiny by Audit and Assurance Committee.
2. Do you have knowledge of any actual, suspected or alleged fraud affecting the audited body?	Not aware of any fraud affecting DHCW.
3. What is management's process for identifying and responding to the risks of fraud in the audited body, including any specific risks of fraud that management has identified or that have been brought to its attention?	Through the counter fraud work specific national fraud risks have been brought to our attention but there are no specifics relating to DHCW.
4. What classes of transactions, account balances and disclosures have you identified as most at risk of fraud?	Capital assets such as PC hardware, travel and expenses have been identified as most at risk.

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

Enquiries of Management – in relation to fraud

Question	2024-25 Response
5. Are you aware of any whistleblowing or complaints by potential whistle blowers? If so, what has been the audited body's response?	
6. What is management's communication, if any, to those charged with governance regarding their processes for identifying and responding to risks of fraud?	
7. What is management's communication, if any, to employees regarding their views on business practices and ethical behaviour?	
8. For service organisations, have you reported any fraud to the user entity?	

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

Enquiries of those charged with governance – in relation to fraud

Question	2024-25 Response
1. Do you have any knowledge of actual, suspected or alleged fraud affecting the audited body?	Not aware of any fraud risks.
2. What is your assessment of the risk of fraud within the audited body, including those risks that are specific to the audited body's business sector?	There are risks of fraud we work alongside counter fraud and the finance team to minimise the risk. Also promote awareness to the wide staff groups via the elearning package which is part of mandatory training.
3. How do you exercise oversight of: <ul style="list-style-type: none">• management's processes for identifying and responding to the risk of fraud in the audited body, and• the controls that management has established to mitigate these risks?	This is reported via the Audit and Assurance committee where Counter Fraud highlight risks and current cases and DHCW support and respond. There have been minor immaterial investigations this year, none of which have resulted in any subsequent actions.

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

Appendix 2

Matters in relation to laws and regulations

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

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

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

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

What are we required to do?

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

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

Enquiries of management – in relation to laws and regulations

Question	2024-25 Response
1. Is the audited body in compliance with relevant laws and regulations? How have you gained assurance that all relevant laws and regulations have been complied with? Are there any policies or procedures in place?	Yes there is a compliance report for legal and regulations that goes to the Audit & Assurance Committee and Also to the DHCW management and SHA Board.
2. Have there been any instances of non-compliance or suspected non-compliance with relevant laws and regulations in the financial year, or earlier with an ongoing impact on this year's audited financial statements?	No
3. Are there any potential litigations or claims that would affect the financial statements?	No
4. Have there been any reports from other regulatory bodies, such as HM Revenues and Customs which indicate non-compliance?	No

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

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

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

Appendix 3

Matters in relation to related parties

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

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

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and

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

transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

What are we required to do?

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

Enquiries of management – in relation to related parties	
Question	2024-25 Response
1. Have there been any changes to related parties from the prior year? If so, what is the identity of the related parties and the nature of those relationships? Confirm these have been disclosed to the auditor.	No change
2. What transactions have been entered into with related parties during the period? What is the purpose of these transactions? Confirm these have been disclosed to the auditor.	None

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

Enquiries of management – in relation to related parties

Question	2024-25 Response
3. What controls are in place to identify, account for and disclose related party transactions and relationships?	Should one be in action it would be reported as part of the finance report.
4. What controls are in place to authorise and approve significant transactions and arrangements: <ul style="list-style-type: none">• with related parties, and• outside the normal course of business?	Clear delegated limits and controls

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

Question	2024-25 Response
1. How does the Audit & Assurance Committee, in its role as those charged with governance, exercise oversight of management's processes to identify, authorise,	If necessary they would be raised in the Finance section of the Audit and Assurance Committee

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

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

Question	2024-25 Response
approve, account for and disclose related party transactions and relationships?	

Enquiries of Management – Going Concern

Question	2024-25 Response
1. Has the management team carried out an assessment of the going concern basis for preparing the financial statements? What was the outcome of that assessment?	Yes and there were not issues relating to the going concern.

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

Enquiries of Management – Going Concern

Question	2024-25 Response
2. Do you have knowledge of events or conditions beyond the period of the going concern assessment that may cast significant doubt on the entity's ability to continue as a going concern?	None.

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

DIGITAL HEALTH AND CARE WALES

AUDIT ACTION LOG INCLUDING ANNUAL AUDIT ACTION THEMES 2024/25

Agenda Item	4.5
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the Audit Action Log. NOTE the Annual Audit Action Themes 2024/25.	

1 IMPACT ASSESSMENT

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

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

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

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The [Audit Action Log](#) shows the current reported status against recommendations received and the analysis shows all recommendations giving the current status of each recommendation which remained open at the last Committee meeting, and also those presented in report form to the Committee since the last meeting.
- 4.2 Following advice from Internal Audit, the one action dependent on a third party is being managed via a separate log for tracking.
- 4.3 The Committee received 4 reports at the last meeting (listed below) which contained a total of 22 new actions. These have been added to the Audit Action Log, which now contains a total of 35 open actions.
- Mission One – Cloud Services
 - Mission Five – Staff Development
 - Estates Assurance, Energy Management
 - Private Status*
- 4.4 The status of the 35 open actions is shown below:

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

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

Area	Actions
Structured Assessment 2024 x 2	4354A2024 – R4 4354A2024 – R6
Cloud Services x 2	DHCW-2425-11 Rec 2 DHCW-2425-11 Rec 3
Data Quality x 1	DHCW-2324-09 Rec 2.1
Energy Management x 1	DHC-SSU-2425-13 – Rec 6.2
Private Status** x 7	4007A2024 2020.1 3367A 2021-22 Rec – 2022.4 4007A2024 2018.1 4007A2024 2022.1 4007A2024 2024.1 4649A2024 2024.3 DHCW-2324-11 Rec 2.1

4.5 The remaining 22 actions are reported as on track for completion by the target date.

Annual Audit Themes 2024/25

4.6 During 2024/25, a number of audits, broad in nature, were undertaken. From these, there are a number of themes / areas that can be identified from the audits undertaken as below:

- The need for the robust **testing of disaster recovery** and **business continuity** plans
- A focus on **staff resourcing and constraints**, to ensure the effective delivery of DHCW plans
- The need to **enhance performance reporting**, ensuring consistency and accuracy
- The need to **enhance management responses** to audit actions and recommendations, ensuring that these are completed in appropriate timescales
- The importance of an **investment strategy** as it relates to the **environmental and decarbonisation** agenda
- The need for a **sustainable funding model**.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 Due to their technical nature, 11 actions have been classified as private and have sensitive details redacted. These will be discussed in detail in the private Committee meeting.
- 5.2 Progress has been made over the period with a total of 13 actions completed. Progress against remaining actions will continue to be monitored by the Corporate Governance team in conjunction with Leads on a regular basis.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the Audit Action Log.
 NOTE the Annual Audit Action Themes 2024/25.



DIGITAL HEALTH AND CARE WALES COUNTER FRAUD PROGRESS REPORT & ANNUAL PLAN 2025-2026

Agenda Item	4.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

Purpose of the Report	Note / Approval
Recommendation	The Committee is being asked to
NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 4 of the financial year 2024/25 and APPROVE the plan	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	24/03/2025	Approved for submission

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

3 SITUATION / BACKGROUND

- 3.1 Quarterly [Counter Fraud Progress](#) 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.
- 3.2 The NHS Counter Fraud Authority requires that an [Annual work plan](#) is created in relation to the counter fraud work to be carried out by counter fraud teams for their organisations. The workplan must directly align with Government Functional Standard GovS 013: Counter Fraud. This plan adheres to that principle and provides an overview of the areas of work that will be carried out on behalf of the organisation for 2025-2026.
- 3.3 On 29th January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services. The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector. The NHSCFA is responsible for leading and influencing the improvement of counter fraud standards across the NHS and has a duty to ensure the effective implementation of the NHS Counter Fraud Requirements. Local Counter Fraud Teams must adhere to these requirements and report their work against them. As a result, an Annual Workplan identifying how these requirements will be met is produced and submitted to Director of Finance and Audit Committee for their approval.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The progress made in the Counter Fraud Provision for DHCW during Quarter 4 of the 2024/25 financial period.
- 4.2 Highlighting continued good progress with mandatory counter fraud e-learning.
- 4.3 Summary of fraud alerts and intelligence in period.
- 4.4 Summary of referrals and investigations.
- 4.5 Alignment of the plan to the NHS CFA requirements.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 4 of the financial year 2024/25 and **APPROVE** the plan.



DIGITAL HEALTH AND CARE WALES BUILDING OUR FUTURE - FINANCIAL SUSTAINABILITY FINDING MORE VALUE UPDATE

Agenda Item	5.1
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the progress in the Building Our Future Finding More Value Workstream.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Director of Finance	28/03/2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PMO	Programme Management Office		

3 SITUATION / BACKGROUND

3.1 DHCW aims to transform the way in which its digital products and services are designed and delivered, through the development of user-centred approach. The Building our Future programme is structured around our 5 strategic principles:

1. Putting people first - redesigning our future operating model and capability based on GDAD professional framework. Motivating, engaging and empowering our people through a new Digital Futures Space and Digital Learning Portal.
2. Simplify everything we do - Equipping the teams with an enterprise tool Kit to support product and service delivery.
3. More data, more digital - Understanding and embedding Artificial Intelligence within DHCW.
4. Find more value - Finance sustainability, including social value and developing stronger stakeholder relationships.
5. Embrace the future - Quality and service improvements.

The programme is designed to knit together organisational-wide transformation activities.

3.2 This report focuses on progress within the "Finding More Value" workstream and provides an update to the committee for noting.

3.3 As part of the financial planning process the Building Our Future and particularly the workstream will identify savings and efficiency opportunities to support savings requirement and service improvement initiatives. It removes the dependencies on vacancy factors and supports structural cost changes to improve operating effectiveness and efficiency. With areas of focus surrounding unlocking value through cost removal, efficiency and value maximization, the targeted outcomes of the future state include:

- o Organisational financial sustainability and a clear articulation of DHCW's value in the wealth of areas that we interact with; helping to support our reputation as the experts in data and digital for NHS Wales and delivering on our statutory requirements.
- o Clear process for benefits assessment and value modelling with a shift to Value Based Business Case Principles with underpinning Investment approval playbook and framework.
- o Service and Product based reporting which can be immediately aligned to activity. This would enable real time and more informed decision making.
- o Clear recurrent Savings & efficiency generating processes linked to organisational improvements.
- o A clear approach to identify areas for disinvestment or decommissioning.
- o Effective multiyear planning. - Efficient use of resources as a consequence of the ability to avoid premiums to access time limited resources. - Evidence of organisational allocative efficiency and focus on the products and initiatives which provide most value."

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The main focus of the period (from January 2025) covered the following areas and included in slides [Financial Sustainability update](#):

- **Financial sustainability:** The 5 Year Financial View to support delivery of DHCW’s strategy to 2030 was drafted during this period with the first three years incorporated within the approved IMTP. DHCW has communicated to WG key requirements to support ongoing sustainability including funding to support programmes transitioning to live service (e.g. NHS app & Cancer Informatics Solution). The outcome of the 5-year view presents a tipping point on 2027/28 as the project funding to support the transition to cloud ends and the ongoing revenue consumption costs are accrued.
- **Financial sustainability:** DHCW has also highlighted, the need for multi-year programmatic funding certainty to support objectives to accelerate delivery, retain business knowledge, reduction possible exit package exposure and reduce agency premiums.
- **Clear recurrent Savings & efficiency generating processes linked to organisational improvements:** The initial view supporting the BoF approach was collated and presented as part of our touchpoint session to NHS Executive and translated to the BoF “Themes”.
 - Through the Building Our Future Programme the IMTP transparently demonstrates DHCW’s approach to maximising resource utilisation through improved productivity and efficiency aligned to the strategic term to 2030. This programme has identified a roadmap within its workstreams to identify gains and any underpinning investment requirement with identified opportunities totaling a cumulative £47.9m.
 - Allied to cash releasing efficiencies, productivity gains have been forecast as part of the cloud transition programme (moving staff to more value adding activity). Alongside the presented cloud efficiencies, DHCW is currently constructing a business case which is current assessments forecast £2.5m productivity gains per annum.

4.2 **Establishing a clear approach to identify areas for disinvestment or decommissioning:** The approach will provide a common framework, processes & governance to both identify and manage disinvestment/decommissioning.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 During the next period the workstream will look to:

- Finalise Value Proposition & Statements.
- Benefits assessment and value modelling: Work with PMO to develop an Investment approval playbook and framework to support Value Based Business Case construction.
- Benefits assessment and value modelling: Further development, validation and population of the benefits repository. Senior forum sessions to be held to promote discussion and local reflection (and action) to drive adoption and benefits realization.
- Service & product-based reporting: Task & Finish Group to be established with an objective of completing prior to year end.
- Savings & efficiency: Validate opportunities and initiate actions. Finalise savings & efficiency generating processes linked to organisational improvements: Build upon findings of Audit Wales Cost Improvement Arrangements Review, schedule to review and validate initial savings & efficiency assessment.
- Explore and establish a clear approach to identify areas for disinvestment or decommissioning: Propose approach to a disinvestment process and playbook.
- Continue to liaise with Welsh Government regarding 2027/28 cloud funding arrangements and multi-year programmatic funding certainty.

6 RECOMMENDATION

Recommendation

The Committee is being asked to

NOTE the progress in the Building Our Future Finding More Value Workstream.



DIGITAL HEALTH AND CARE WALES CORPORATE RISK REPORT

Agenda Item	5.2
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

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

1 IMPACT ASSESSMENT

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

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

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

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

IMPACT ASSESSMENT

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	04/03/2025	Discussed and Verified
Management Board	13/03/2025	Discussed and Verified
Laura Tolley, Head of Corporate Governance Deputy Board Secretary	25/03/2025	Reviewed
Chris Darling, Director of Corporate Affairs Board Secretary	25/03/2025	Approved

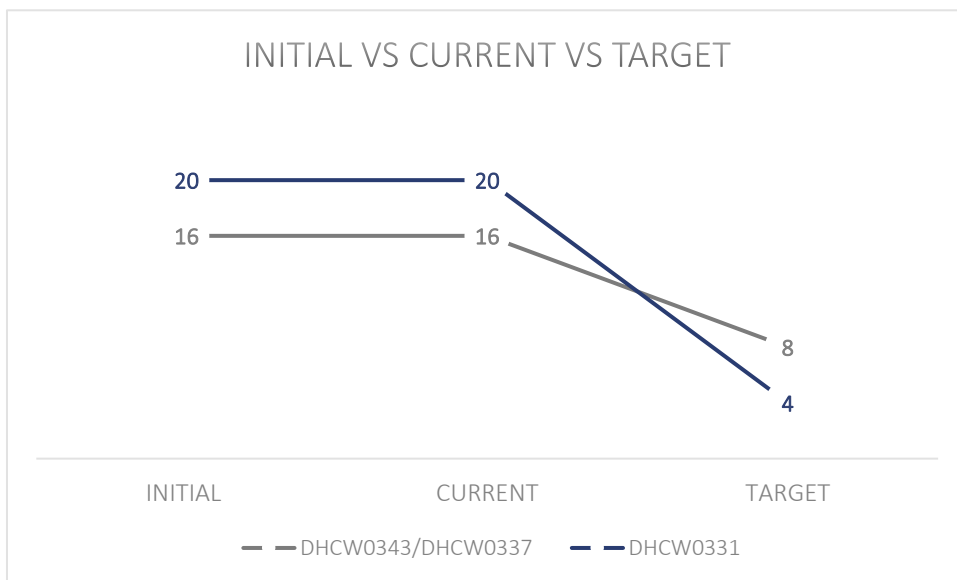
Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	IMTP	Integrated Medium Term Plan

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Committee members are asked to consider risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months).
- 4.2 The Committee are asked to consider the risks assigned to the Committee
- DHCW0331 – Fixed Term Resource Funding
 - DHCW0337 – Sustainable Digital Services and Development Funding Model
 - DHCW0343 – Remit Letter 2025/2026
- 4.3 The overview of initial risk score versus current versus target, and risks that may be identified for further investigation and action is shown in the graph below.



Please note DHCW0337 and DHCW0343 are trending on the same scores and therefore represented on one line within the graph.

- 4.3 DHCW's [Corporate Risk Register](#) currently has 16 risks on Register, 3 of which are allocated to the Audit and Assurance Committee. 3 are detailed at item 5.2i Appendix A for consideration by this Committee. The remaining 13 risks are assigned to the Digital Governance and Safety and the Programmes Delivery Committee and are considered in public/private session as per the Committee assignment approach.
- 4.4 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores) since the last report:

NEW RISKS (5) 3 Public, 2 Private

RISK REF	RISK TITLE	COMMITTEE ASSIGNMENT
DHCW0341	***PRIVATE***	Digital Governance & Safety Committee
DHCW0342	***PRIVATE***	Digital Governance & Safety Committee
DHCW0343	Remit Letter 2025/2026	Audit & Assurance Committee
DHCW0344	Funding for Connecting Care in FY25/26	Programmes Delivery Committee
DHCW0345	Funding for Operational delivery of Care Director in FY25/26	Programmes Delivery Committee

RISKS REMOVED (2) 2 Public, 0 Private

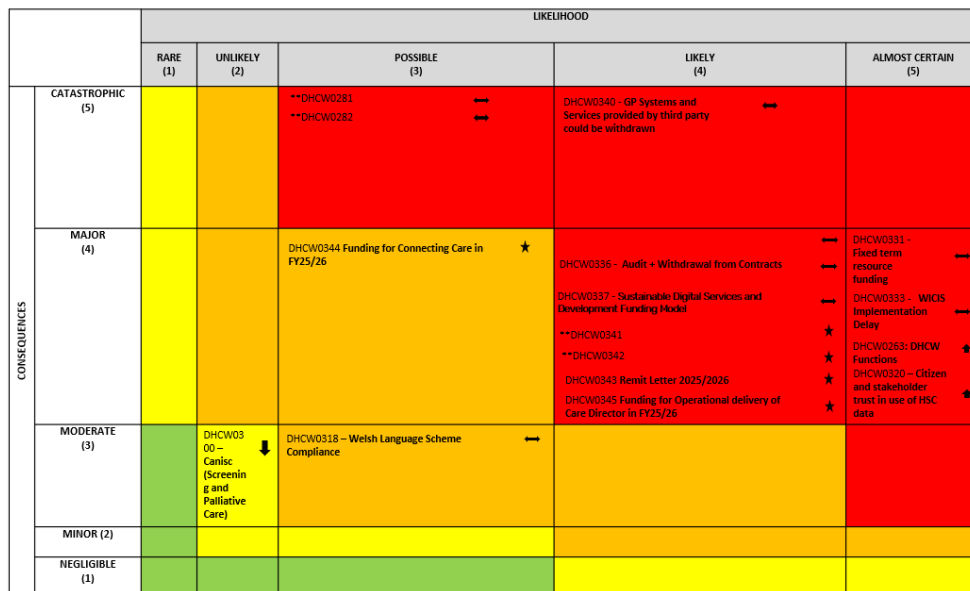
RISK REF	RISK TITLE	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0339	Digital EyeCare Service Delivery	Senior engagement with WG, agreed DHCW would close the national programme for eyecare and CaV will manage tactical deployment to HBs under the remaining 2-year period of the contract.	Programmes Delivery Committee
DHCW0313	Digital Cost Pressure – Service Model changes	DHCW business case was approved at digital investment panel on 24th January 2025, funding to 2026/27 has been agreed with further discussions on the current funding agreed to take place. Score reviewed this risk can now be downgraded from CRR to Directorate level for management, remaining requirement to sign off on recurrent funding.	Audit & Assurance Committee

CHANGES IN SCORE (3) 3 Public, 0 Private
 There were three changes in score during the period.

RISK REF	RISK TITLE	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0263	Establishment & functions of DHCW	Score increased due to the impact on DHCW Strategic Programmes increased from 12 to 20	Digital Governance & Safety Committee
DHCW0320	Citizen and stakeholder trust in uses of Health and Social Care data	Score increased due to the impact on DHCW Strategic Programmes increased from 12 to 20	Digital Governance & Safety Committee
DHCW0300	Canisc	All Eforms are now in use risk significantly reduced however will remain on the register until decommissioned	Digital Governance & Safety Committee

The wording on both DHCW0263 and DHCW0320 have changed to focus the risks.

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



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

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

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



DIGITAL HEALTH AND CARE WALES

IMTP FUNDING ALLOCATION 2025/26

Agenda Item	5.3
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	08 April 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
<p>NOTE the IMTP funding allocation 2025/26. NOTE that any updates to milestones or deliverables will be managed through our regular processes following reconciliation of Remit Letter deliverables and milestones against the IMTP.</p>	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	Choose an item.
All well-being goals apply to our IMTP	

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

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Safe
All domains of quality apply.	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: N/A. Individual initiatives may require impact assessments.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The draft IMTP lists any planned relevant deliverables in this area – impacts of initiatives will be considered as part of separate assurance processes.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Finances are covered in the IMTP.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Workforce implications are covered in the IMTP minimum data set.

SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Covered in IMTP content.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	The draft IMTP lists any planned relevant deliverables in this area – impacts of initiatives will be considered as part of separate assurance processes.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Executive Director of Finance	28/03/2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan	PPMG	Planning and Performance Management Group

3 SITUATION / BACKGROUND

- 3.1 Purpose:** The Integrated Medium-Term Plan (IMTP) 2025-28 was submitted for approval by the DHCW SHA Board on 27 March 2025 ahead of submission to Welsh Government on 31 March 2025. This paper and [accompanying slides](#) presents an assessment of the current planning position and draft remit letter.
- 3.2 Planning Framework:** The Planning Framework: *Working Together to Transform Services* was issued by Welsh Government on 20 December 2025. The framework has been supplemented by technical guidance this year. Organisations are required to use the framework and guidance to plan over a three year period, complying with their break-even duty against a set of national health priorities.
- 3.3 Remit Letter:** DHCW has this year for the first time been issued with a Draft Remit Letter from Welsh Government setting out detailed priorities, deliverables and milestones for 2025-26, and confirming funding allocations. The Draft Remit Letter was issued on 14 March 2025. DHCW is required to incorporate the Remit Letter in its Integrated Medium-Term Plan, which must be submitted to Welsh Government by 31 March 2025.
- 3.4 Finance:** The Remit Letter includes funding allocations against core, depreciation, primary care, national priorities, and discretionary capital headings. DPIF Programme business cases and business plans are subject to additional assurance and approvals. Some multiyear business cases have been recently approved including Cloud transition and the Welsh Nursing Care Record. Others have been deferred by Welsh Government for further consideration, including Electronic Prescribing Service and National Data Resource.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

4.1 The Remit Letter sets out detailed requirements against 'core deliverables' and 'key milestones'. There are 170+ deliverables and milestones in the remit letter which have not previously been considered as part of the IMTP development. Our proposed approach is to reconcile the Remit Letter deliverables and milestones against the IMTP milestones, manage required changes through our regular change control process, and confirm a revised position with Welsh Government, as early as possible in the 2025-26 year.

4.2 Our phased approach to applying the Remit Letter to our 2025-26 delivery plans is:

1. Confirm requirements: schedule all requirements, confirm understanding with Welsh Government officials
2. Reconciliation: review requirement against IMTP milestones; identify matches, amendments, and additions; confirm with Welsh Government officials
3. Assess impact and options: work with programme and product teams across DHCW to assess resource impacts, expected to include the need to de-prioritise other milestones.
4. Assess options: discuss options with Welsh Government, programme boards, key stakeholders, and agree changes to other milestones, informed by consideration of quality, benefits and value for money.
5. Confirm changes: confirm the complete package of changes and report through regular arrangements (monthly DHCW Management Board and Welsh Government IQPD meetings).

We will work with all partners to work through these phases as quickly as possible, balanced against properly assessing and documenting changes, and working transparently with teams and external stakeholders as partners.

4.3 The draft 2025/26 remit letter presents a total Welsh Government revenue allocation of £118.784m incorporating :

- £70.877m supporting core activity:
- £8.067m depreciation and
- £19.679m to cover Primary Care IM&T.
- £20.161m non recurrent DPIF Programme allocation.

Items yet to be confirmed:

- £3.521m 2024/25 Pay Award Funding.
- £2.935m GP Migration Funding.

Additionally, funding is sourced via NHS organisations and is anticipated as follows:

- £14.511m SLA's with NHS Wales Organisations
- £33.002m All Wales Licences
- £1.271m non recurrent DPIF Programme contribution.

DHCW has also been allocated funding to support capital investment:

- £3.250m to support discretionary capital investment and
- £9.000m non recurrent DPIF programme funding.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 **Impact of Remit Letter Requirements:** Our initial assessment of the Remit Letter requirements is that there is a broad alignment with the IMTP milestones. However, there is a risk that changes are required, which would need an extensive re-working of the IMTP resource and finance assessments.
- 5.2 **Core Funding:** The final allocation of 2024/25 pay award and GP Practice migration funding is to be confirmed.
- 5.3 **Primary Care IM&T:** The final cadence of GP Practice migrations to new software supplier arrangements requires confirmation alongside the allocation of supporting funding.
- 5.4 **Programme Funding:** The Remit Letter sets out a consolidated amount of funding for 'national priorities' with funding being issued at a portfolio level. We are working with Welsh Government officials to confirm the allocation to individual programmes and will secure further clarity at our monthly finance sessions.
- 5.5 **Disbursements:** We will seek clarity regarding the management of disbursement funding flows with any additional requirements subject to the release of appropriate central funding.
- 5.6 **Unconfirmed Income:** Alongside the funding for GP Migration DHCW will look to confirm funding arrangements to support delivery of the Connecting Care and EPS solutions.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
<p>NOTE the IMTP funding allocation 2025/26.</p> <p>NOTE that any updates to milestones or deliverables will be managed through our regular processes following reconciliation of Remit Letter deliverables and milestones against the IMTP.</p>	



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

Agenda Item	5.4
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the High Value Orders report to March 17th 2025.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

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

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

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 During the period 1st January 2025 – 17th March 2025 there were no 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](#).
- 4.3 The details of suppliers whose cumulative orders for the year have also reached the £0.750m threshold are also presented within this report and itemised further in [Appendix B](#) and within Table 2 of this report. During the period 1st January 2025 – 17th March 2025 there is one supplier that has since reached the cumulative order threshold of over £0.750m (excluding single orders/contracts reported with Appendix A).
- 4.4 **Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 1st January 2025 – 17th March 2025**

Ref	No of Orders	Area	Supplier	Description
B11	49	GP Systems Maintenance Support	BRITISH TELECOMMUNICATIONS PLC	Data Lines

- 4.5 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 17th March 2025.

4.6 Table 3: Suppliers with Spend of over £0.750m for the period of 1st April 2024 – 17th March 2025. Suppliers with Spend of over £0.750m for the period of 1st April 2024 – 17th March 2025 was £73.654m

Ref	Area	Supplier
C1	GP Systems Maintenance Support	DELL LTD
C2	COVID-19 Response	CABINET OFFICE
C3	GP Systems Maintenance Support	HP INC UK LTD
C4	All Wales Licence Provision	TRUSTMARQUE SOLUTIONS LTD
C5	GP Systems Maintenance Support	IN PRACTICE SYSTEMS LTD
C6	WCCIS & Covid response	TPXIMPACT LTD
C7	Vehicles	NORTHUMBRIA HC NHS TRUST
C8	DSPP	KAINOS
C9	E-Library	PHARMACEUTICAL PRESS LTD
C10	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)
C11	Firewall Infrastructure	XMA LTD
C12	Data Centre Services	SOFTCAT
C13	Diagnostics	INTERSYSTEMS CORPORATION
C14	E-Library	WOLTERS KLUWER (UK)
C15	E-Library	ELSEVIER BV
C16	Data Centre Services	COMPUTACENTER (UK) LTD
C17	E-Library	BMJ PUBLISHING GROUP
C18	Computer Hardware Purchases	CDW LTD
C19	Network Service Team	INSIGHT DIRECT (UK) LTD
C20	NHS Wide Computer Hardware Purchases	DELL COMPUTER CORPORATION LTD
C21	E-Library	EBSCO INFORMATION SERVICES
C22	E-Library	SPRINGER NATURE
C23	GP Systems Maintenance Support	BRITISH TELECOMMUNICATIONS PLC

4.7 To give a comparator to the information the spend of the two previous financial years is detailed below:

Suppliers with Spend of over £0.750m for the period of 1st April 2024 – 17th March 2025 was £73.654m
 Suppliers with Spend of over £0.750m for the period of 1st April 2023 – 31st March 2024 was £84.726m



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the High Value Orders report to March 17th 2025.	
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DIGITAL HEALTH AND CARE WALES PROCUREMENT & SCHEME OF DELEGATION COMPLIANCE REPORT

Agenda Item	5.6
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Name of Meeting	Audit and Assurance Committee
Date of Meeting	8 April 2025

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

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

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

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

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

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The contracts within the report are legally binding and there could be legal implications arising from activity
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below All contracts have been awarded in line with the SHA Governance and the Public Contracts Regulations 2015 or Procurement Act 2023

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Julie Francis Head of Commercial Services	25 March 2025	Approved

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

3 SITUATION / BACKGROUND

3.1 The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1st December 2024 to 28th February 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	0
12.13	Single Tender Actions	0
12.13	Single Tenders for consideration following a call for Competition under PCR2015.	0
12.17	Contract Extensions: Award of additional funding outside the terms of the contract (executed via Contract Change Note (CCN) or Variation of Terms)	0

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Committee is required to note the following DHCW activity:
- 0 x STAs
 - 0 x Change control ([set out in item 5.6i Appendix A](#))
- 4.2 A verbal update on the Procurement Act will be provided as part of this item.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report	