

Cyfarfod Cyhoeddus Y Pwyllgor Archwilio a Sicrwydd

Tue 08 July 2025, 09:30 - 12:10

Agenda

09:30 - 09:30 1. MATERION RHAGARWEINIOL

0 min

1.1 Croeso a chyflwyniadau

I'w Nodi Cadeirydd

1.2 Ymddiheuriadau am Absenoldeb

I'w Nodi Cadeirydd

1.3 Datganiadau o Fuddiant

I'w Nodi Cadeirydd

09:30 - 09:35 2. AGENDA GYDSYNIO

5 min

2.1 Cofnodion heb eu cadarnhau o gyfarfodydd blaenorol

I'w Gymeradwyo Cadeirydd

2.1i Cyhoeddus 08 Ebrill 2025

2.1i 080425 AA-MDA-PUBLIC DRAFTv3 JA.pdf (17 pages)

2.1ii Preifat a chryno 08 Ebrill 2025

2.1ii 08042025 AA-MDA-PRIVATE ABRIDGED JA.pdf (6 pages)

2.2 Adroddiad Sicrwydd Pwyllgor Partneriaeth Cydwasanaethau GIG Cymru

I'w Nodi Cyfarwyddwr Gweithredol Cyllid

2.2 SSPC Assurance Report 22 May 2025.pdf (5 pages)

2.3 Blaengynllun Gwaith

I'w Nodi Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

2.3 Forward Workplan.pdf (5 pages)

2.4 Adroddiad Safonau Ymddygiad

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

2.4 Standards of Behaviour.pdf (5 pages)

2.5 Adroddiad Ystadau, Datgarboneiddio a Chydymffurfiaeth

Er Sicrwydd Pennaeth Gwasanaethau Corfforaethol

2.5 Estates Decarbonisation and Compliance Update.pdf (8 pages)

Mills, Belinda
01/07/2025 09:33

2.6 Adroddiad Diweddar Cydymffurfiaeth Ansawdd a Rheoleiddio Ch4

I'w Nodi Pennaeth Ansawdd a Rheoleiddio

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

2.7 Adroddiad Ansawdd Blynyddol

I'w Gymeradwyo Pennaeth Ansawdd a Rheoleiddio

📄 2.7 Annual Quality Report Cover Sheet.pdf (6 pages)

2.8 Adroddiad Cylchlythyr Iechyd Cymru

Er Sicrwydd Pennaeth Llywodraethu Corfforaethol / Dirprwy Ysgrifennydd y Bwrdd

📄 2.8 WHC Report.pdf (4 pages)

2.9 Adroddiad yr Iaith Gymraeg

Er Sicrwydd Pennaeth Llywodraethu Corfforaethol / Dirprwy Ysgrifennydd y Bwrdd

- Adroddiad Blynyddol y Gymraeg

📄 2.9 Welsh Language 2025-26.pdf (6 pages)

2.10 Gweithdrefn Rheoli Ariannol – Cronfa Blaenoriaethau Cenedlaethol

I'w Gymeradwyo Dirprwy Gyfarwyddwr Cyllid

📄 2.10 SOP-FBA-016 DPIF Digital Projects Financial Management v1.4 F-01.pdf (13 pages)

2.11 Adroddiad Ymgynghori a Chymeradwyo Dogfennau:

I'w Gymeradwyo Pennaeth Ansawdd a Rheoleiddio

- POD-POL-18 Polisi Recriwtio ac Adnoddau
- POD-POL-3 Polisi Trais, Cam-drin Domestig a Thrais Rhywiol
- DHCW-POL-9Polisi Llesiant (gan gynnwys Iechyd Meddwl a Rheoli Straen)

📄 2.11 Audit and Assurance Key Document Approval Report 24.06.2025.pdf (5 pages)

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

5 min

3.1 Cofnod Gweithredu

I'w Nodi Cadeirydd

📄 3.1 Action Log Public.pdf (1 pages)

09:40 - 11:00 4. ARCHWILIO AC ATAL TWYLL

80 min

4.1 Adroddiad Cynnydd yr Archwiliad Mewnol

I'w Nodi Archwilio Mewnol PCGC

📄 4.1 Progress Report Audit Committee Cover Sheet 8 July 2025 v2.pdf (4 pages)

4.2 Adroddiadau Adolygiad Archwilio Mewnol

Er Sicrwydd Archwilio Mewnol PCGC

- i. Cynaliadwyedd Ariannol
- ii. Gwaith dilynol ar yr Argymhellion Archwilio Mewnol

📄 4.2 Internal Audit Reports PUBLIC Audit Committee Cover Sheet 8 July 2025 v3.pdf (4 pages)

Mills, Belinda
01/07/2025 09:16:37

4.3 Cynllun Archwilio Mewnol 2025-26 Terfynol

I'w Gymeradwyo Archwilio Mewnol PCGC

4.3 DHCW FINAL Internal Audit Plan 2025.26 Cover Paper v2.1.pdf (4 pages)

4.4 Diweddariad Pwyllgor Archwilio Cymru, i gynnwys:

Er Sicrwydd Archwilio Cymru

- Archwiliad Ymgysylltu â Rhanddeiliaid

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

4.4i DHCW Stakeholder Engagement Arrangements - Final Report.pdf (22 pages)

4.5 Cofnodion Gweithredu Archwilio

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

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

4.6 Adroddiad Diweddaru ar Atal Twyll Lleol

I'w nodi a'i gymeradwyo Gwasanaeth Atal Twyll Caerdydd a'r Fro

- 4.6i Adroddiad Blynyddol y Gwasanaeth Atal Twyll
- 4.6ii Hunanadolygiad Blynyddol Atal Twyll

4.6 COVER SHEET - Local Counter Fraud Q1 Progress Report - PUBLIC.pdf (4 pages)

4.6ii - COVER SHEET - COUNTER FRAUD ANNUAL REPORT 2024-25.pdf (5 pages)

11:00 - 12:10
70 min

5. ADRODDIADAU LLYWODRAETHU

5.1 Fframwaith Sicrwydd y Bwrdd – Archwiliad Dwfn – Adolygiad o'r Gweithlu Digidol (Ar Lafar)

I'w Nodi Pennaeth Pobl a Datblygu Sefydliadol

Adolygiad o'r Gweithlu Digidol

5.2 Adroddiad Risg Corfforaethol

I'w Drafid Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

5.2 Corporate Risk Register - July 2025 A&A.pdf (6 pages)

5.3 Adroddiad Archeb Prynu Gwerth Uchel a Chronnus

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

5.3 High Value Purchase Orders July 25-26 F-01.pdf (6 pages)

5.4 Colledion a Thaliadau Arbennig – diweddariad ar lafar

I'w Nodi Cyfarwyddwr Cyswllt Cyllid

5.5 Adroddiad Cydymffurfiaeth Caffael a Chynllun Dirprwyo

I'w Nodi Pennaeth Gwasanaethau Masnachol

5.5 Procurement and Comp report.pdf (5 pages)

12:10 - 12:10
0 min

6. MATERION I GLOI

6.1 Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd

Mills Belinda
01/07/2025 09:15:37

I'w Drafod *Cadeirydd*

6.2 Unrhyw Faterion Brys eraill

I'w Drafod *Cadeirydd*

6.3 Dyddiad y cyfarfod nesaf: 07 Hydref 2025

I'w Nodi *Cadeirydd*

Mills Belinda
01/07/2025 09:16:37

Audit and Assurance Committee - PUBLIC

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

🕒 09:30 – 12:20

📅 08/04/2025

📍 MS Teams

Chair	Marian Wyn Jones
-------	------------------

Present (Members)		Title	Organisation
Marian Wyn Jones (Chair)	MW-J	Independent Member, Chair	DHCW
Ruth Glazzard	RG	Independent Member, Vice Chair of the Board	DHCW
Marilyn Bryan Jones	MB-J	Independent Member	DHCW
Attendees			
Julie Ash	JA	Head of Corporate Services	DHCW
Henry Bales	HB	Lead Local Counter Fraud Specialist	Cardiff and Vale
David Butler	DB	Audit Manager	NWSSP Internal Audit
Stephen Chaney	StC	Head of Internal Audit	NWSSP Internal Audit
Nathan Couch	NC	Performance Audit Lead	Audit Wales
Mark Cox	MC	Associate Director of Finance	DHCW
Chris Darling	CD	Director of Corporate Affairs Board Secretary	DHCW
Ifan Evans (for items 4.2i and 4.2iii)	IE	Executive Director of Strategy	DHCW
Paul Evans	PE	Head of Quality & Regulatory Compliance	DHCW
Julie Francis	JF	Head of Commercial Services	DHCW
Martyn Lewis	ML	IT Audit Manager	NWSSP


Sam Lloyd (for item 4.2iv)	SL	Executive Director of Operations	DHCW
Claire Osmundsen-Little	CO-L	Executive Director of Finance	DHCW
Julie Robinson	JR	Corporate Governance Co-Ordinator	DHCW
Laura Tolley	LT	Head of Corporate Governance Deputy Board Secretary	DHCW
David Tomalin	DT	Financial Audit Lead	Audit Wales
Mike Whiteley	MW	Audit Manager	Audit Wales

Apologies			
Chris Moreton	CM	Deputy Director of Finance and Business Assurance	DHCW
Alistair Klaas Neil	AKN	Independent Member, Vice Chair of Audit and Assurance Committee	DHCW

Acronyms			
DHCW	Digital Health and Care Wales	A&A	Audit and Assurance
SHA	Special Health Authority	DPIF	Digital Priorities Investment Fund
BAF	Board Assurance Framework	NWSSP	NHS Wales Shared Services Partnership
DSPP	Digital Services for Patients and Public	PSPP	Public Sector Payment Performance
BOF	Building Our Future		

Item No	Item	Outcome	Action
1	PRELIMINARY MATTERS		



1.1	<p>Welcome and Introductions</p> <p>The Chair, Marian Wyn Jones, welcomed everyone to the Audit and Assurance Committee.</p> <p>A special welcome was given to those attending for specific agenda items.</p> <p>The meeting was held via Microsoft Teams and attendees were reminded that the meeting was being recorded and would be posted on DHCW's website following the meeting.</p>	Noted	None to note
1.2	<p>Apologies for Absence</p> <ul style="list-style-type: none"> Chris Moreton, Deputy Director of Finance and Business Assurance Alistair Klaas Neill, Independent Member (Vice Chair) 	Noted	None to note
1.3	<p>Declarations of Interest</p> <p>There were no Declarations of Interest to note.</p>	Noted	None to note
2	CONSENT AGENDA – FOR APPROVAL		
2.1	 <p><u>Unconfirmed minutes of the 21 January 2025 meeting – Public and Private Abridged.</u></p> <p>The Committee resolved to:</p> <p>APPROVE the minutes as a true record of discussion which would be made publicly available.</p>	Approved	None to note
2.2	<p>NHS Wales Shared Services Partnership Committee Assurance Report</p> <p>The Committee resolved to:</p> <p>NOTE the NHS Wales Shared Services Partnership Committee Assurance Report.</p>	Noted	None to note
2.3	<p>Forward Work Plan</p> <p>The Committee resolved to:</p> <p>NOTE the contents of the Committee Forward Work Plan.</p>	Noted	None to note
2.4	<p>Standards of Behaviour Report</p> <p>The Committee were pleased to note, that at the</p>	Noted	None to note



	<p>time of writing the report, 100% rate of compliance of Declarations of Interest had been achieved for band 8a and above.</p> <p>The Committee resolved to:</p> <p>NOTE the Standards of Behaviour Report.</p>		
2.5	<p>Legislative Assurance Register</p> <p>The Committee resolved to:</p> <p>NOTE the Legislative Assurance Register</p>	Noted	None to note
2.6	<p>Welsh Language Report</p> <p>The Committee resolved to:</p> <p>NOTE the Welsh Language Report</p>	Noted	None to note
2.7	<p>Estates, Decarbonisation and Compliance Report</p> <p>The Committee resolved to:</p> <p>NOTE the Estates, Decarbonisation and Compliance Report</p>	Noted	None to note
2.8	<p>Quality and Regulatory Compliance Update Report</p> <p>The Committee resolved to:</p> <p>NOTE the Quality and Regulatory Compliance Update Report.</p>	Noted	None to note
PART 3 – MEETING BUSINESS			
3.1	<p>Action Log</p> <p>The Committee noted there were four actions captured from the last meeting which were all complete and documented in the Action Log.</p> <p>The Committee resolved to:</p> <p>NOTE the status of the Action Log.</p>	Noted	None to note
PART 4			
AUDIT AND COUNTER FRAUD			
4.1	<p>Internal Audit Progress Report</p> <p>Stephen Chaney, Deputy Head of Internal Audit (StC), NHS Wales Shared Services Partnership presented the Internal Audit Progress Plan.</p> <p>StC provided the highlights from the progress report and advised:-</p> <ul style="list-style-type: none"> The work for the year 2024/25 was substantially completed with the follow-up 	For Assurance	None to note

Mills Belinda
01/07/2025 09:16:37



	<p>report on Audit Recommendations in the final stages.</p> <ul style="list-style-type: none"> • There was a number of substantial assurance reports this year but it had decreased in comparison to previous years, which was to be expected as the organisation moved into 'Business as usual'. The number of assurances that were received throughout the year were outlined which included one advisory review. • The Head of Internal Audit Opinion was in draft and was an overall positive position. <p>StC confirmed that the decrease in the number of substantial reports was to be expected and when compared to other Health Boards and Trusts more widely, DHCW was still in a more positive position with regard to audit output.</p> <p>Ruth Glazzard, Independent Member (RG) questioned how the reasonable assurance for Programme Management (received in item 4.2) aligned with DHCW being escalated from Level 1 'Routine Monitoring' to Level 3 'Enhanced Monitoring' for the performance domain relating to major programmes.</p> <p>The Committee were informed that there were external factors which were out of DHCW's control which led to the escalation of programmes i.e. DHCW had been impacted by the financial environment and difficulties with delivery with other stakeholders and Health Boards. The review had raised points around risks that should be actioned but recognised that it was not within DHCW's remit to eliminate the risks completely. There were similar recommendations across NHS Wales, particularly where regional working and partnership took place.</p> <p>The volume of reviews were again condensed towards the end of the financial year and the plan would be looked at whilst it was still in the draft stage to create a more even balance of reviews for both the audit and DHCW teams for 2025/26.</p> <p>The Committee thanked StC and his team for the work undertaken over the last year.</p> <p>The Committee resolved to:</p> <p>NOTE the Internal Audit update for ASSURANCE.</p>		
4.2	Internal Audit Review Report	For	None to note

Mills, Belinda
01/07/2025 09:16:37



<p>Mills, Belinda 01/07/2025 09:16:37</p>	<p>StC, provided a high-level overview of the four audit reviews:</p> <p>Programme Management</p> <p>The review received a Reasonable Assurance rating.</p> <p>StC provided a high-level summary of the findings:</p> <ul style="list-style-type: none"> • The audit looked at the processes used and overall these were positive, with good methodology in place. • A number of recommendations were raised, particularly regarding the change process, timeframes and reporting, to make these streamlined and more efficient for all. <p>Ifan Evans, Executive Director of Strategy (IE) responded that he had been keen to have this review in the audit plan for the year as the governance arrangements for programme management were new. The report had provided DHCW with recommendations to reflect on and improve on over the next 12 months.</p> <p>The Committee discussed how the Programmes Delivery Committee was used in terms of learning and wider partnership working and decision making i.e. as we move forward what can be done differently to deal with difficult issues. A Programmes Delivery development session was scheduled for May 2025 and the Committee requested this to be considered at that session.</p> <p>Performance Framework</p> <p>The review received a Reasonable Assurance rating.</p> <p>An audit was undertaken last year on data quality and the review of the Performance Framework tied in with that review. Overall the review was very positive, evidence was available and the only exception was the Operational Performance Service Desk where there was some difficulty in validating some of the values within the slide tables and charts.</p> <p>CO-L responded on the findings that it was a very positive audit with more work being done on performance reporting i.e. it has moved to a monthly report. In terms of the Service Enterprise area, they were working alongside the Operations Directorate to implement a new service performance tool which should result in a much sharper dashboard being</p>	<p>Assurance</p>	
-----------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------	--



implemented.

National Data Resource Review

The review received a **Reasonable** Assurance rating.

StC provided the highlights of the review:-

- The review undertook the implementation of the local data stores, therefore it was quite a broad assessment of the process.
- Not all findings were within the remit of DHCW.
- The programme was performing as it was expected to do.
- There were two high priority recommendations related to funding.
- There were good internal monitoring processes in place and for that reason it was provided with a reasonable assurance.
- A key point surrounded the use of personal data and the restrictions in place which resulted in making it hard to maximise the use of the data centre.

IE responded that the review illustrated some of the issues being faced by DHCW. From a management response point of view it was difficult to respond as the two high priority recommendations were primarily the responsibility of Welsh Government as they lead on the restrictions with data etc.

The NDR Programme was the flagship for DHCW and Wales, with the most advanced development of architecture in NHS Wales. Phase 4 commenced a week ago, with the funding for this on a three- or six-month rolling agreement. DHCW would have preferred it to be longer but understood the pressures and so were working hard to ensure stability. DHCW continue to work with Welsh Government, Directors of Digital and the Information Commissioners Office to see what can be done to stabilise data/information and to unlock the potential.

Chris Darling, Director of Corporate Affairs/Board Secretary (CD) referred back to a previous point regarding the mechanisms that should be used by the Programmes Delivery Committee and these could be discussed in the development session to explore and perhaps test with partners to view what

Mills, Belinda
01/07/2025 09:16:37



	<p>would be the appropriate way to escalate and discuss these issues.</p> <p>Service Management</p> <p>The review received a Reasonable Assurance rating.</p> <p>Martyn Lewis, Audit Lead NWSSP (ML) presented the report and provided the following highlights:-</p> <ul style="list-style-type: none"> • There were good structures in place to monitor delivery of the services. • One of the key points was how DHCW manages its Service Level Agreements (SLAs) with customers • The review recognised that work is ongoing by DHCW to build more quality metrics within the SLAs. <p>Sam Lloyd, Executive Director of Operations (SL) confirmed the review looked at internal and external SLAs i.e. SLAs where DHCW are the recipients and where it contracts from commercial third parties and the SLAs where DHCW provide to customers and stakeholders across NHS Wales. Most of the findings related to the latter element of the SLAs. DHCW were not strictly operating in a commercial or competitive environment but were increasingly seeing elements of that coming in. There were strategic decisions to be made as part of the transition to future architectures and Health Boards were considering their own strategies around services such as the Electronic Health Record and the provisions of those services. The funding environment was constrained so there was a requirement for DHCW to demonstrate value for money for the services it provided.</p> <p>The Committee resolved to:</p> <p>RECEIVE the four audit reviews for ASSURANCE.</p>		
<p>4.3</p> <p>Mills, Belinda 01/07/2025 09:16:37</p>	<p>Internal Audit Plan 2025/26</p> <p>StC presented the Internal Audit Plan. It was confirmed that this was the draft plan and the final version would be presented for approval at the July Committee.</p> <p>StC confirmed that when developing the plan audit took into account the number of high-risk areas and one of the exercises undertaken was a review of</p>	<p>For Noting</p>	<p>ACTION 20250408- A01</p>

	<p>what was found across other NHS organisations.</p> <p>The plan was not set in stone and there would be opportunities to refine and review the plan as things develop. Work on the 2025/26 plan was due to commence in the next few weeks.</p> <p>The Committee were informed that DHCW had worked with NWSSP Audit Services in preparing the plan, however, given the focus on delivery rather than process on some points raised in the escalation, these points could be incorporated in the plan, additionally the recent remit letter could be incorporated into audit activity for next year.</p> <p>The Committee noted that the number of limited assurances rose across the system during the last financial year and will likely rise again due to the workforce, financial and operational pressures.</p> <p>ACTION 20250408-A01 to review the plan in light of the discussion regarding DHCW's escalation status and remit letter.</p> <p>The Committee resolved to:</p> <p>NOTE the Internal Audit Plan 2025/26 and the Themes and Trends identified from the last financial year.</p>		
<p>4.4</p>	<p>Audit Wales Committee Update</p> <p>Nathan Couch, Mike Whiteley and David Tomalin from Audit Wales presented the Audit Wales update and provided the following highlights:</p> <ul style="list-style-type: none"> • Planning for the 2024/25 financial statements was underway with detailed testing of the draft financial statements to commence in May 2025. • Performance Audit update – the draft report arising from the review of Stakeholder Engagement arrangements was issued during the meeting. • Part one of the review of Digital Transformation was due to commence imminently. • Part two of the Digital Transformation review which focused on DHCW System Leadership role will follow later in the year with an indicative time scale of October. • The core Structured Assessment work and deep dive on Estates will commence in the 	<p>For Assurance</p>	<p>None to note</p>

Mills, Belinda
01/07/2025 09:16:37



summer.

Auditor General Report on Cancer Services, including Welsh Government Management Response

Verity Winn, Audit Wales, gave a high-level overview of the Audit General Report on Cancer Services.

- The Auditor General had wished to undertake a review on Cancer Services for some time, which had revealed there were some common barriers to a cancer diagnosis.
- There were a few recommendations which referenced DHCW however, it was important to note, this work was not a review on DHCW.
- A further piece of work was planned to look at aspects of Cancer Services for each Health Board and the brief on this would be shared with DHCW.
- The report was published in January 2025 where some of the key points centred around a cancer improvement plan.
- There was a lack of clarity on responsibility and weaknesses in the national decision making and leadership.

Since the report was published, Welsh Government had provided a formal response and accepted eight of the recommendations.

An Inquiry was held to understand the issues and the first evidence session was held in March with the second one to be held on 1st May with Welsh Government and NHS Executive and could be viewed live.

The Committee welcomed the report and found it helpful. It reflected on a number of points:-

- Recommendation 2 on National Leadership – to have greater clarity on national/local challenges. With the NHS Executive having been recently established, this was another organisation to be considered.
- Recommendation 8 on Data Standards – there was some ambiguity on this recommendation as only Welsh Government can mandate data standards. There were real issues with compliance of Welsh

Mills, Belinda
01/07/2025 09:16:37



Government data standards by the Health Boards which affected the cancer registry and quality of data available. The recommendation outlined that Welsh Government clarified who was responsible for holding Health Boards to account re data standards.

Annual Audit Plan

Nathan Couch and Mike Whiteley, Audit Manager (MW) jointly presented the report and provided the highlights:-

- The 2025 audit plan set out the audit work for the year which took a risk-based approach.
- The Audit fee had increased by 1.7%. However, there would be a small refund being processed into the plans issued following the efficiency of last year’s audit.
- There were two significant financial statement risks.
- The deadline had been brought forward by two weeks this year.
- There was a potential conflict of interest which was outlined under Ethical Standards.

Audit Enquiries Letter

David Tomalin, Financial Audit Lead, Audit Wales (DT) provided the pertinent points from the Audit Enquiries Letter:-

- The Audit Opinion had previously covered whether the accounts were free from material misstatement caused by fraud or other error.
- The Management letter was to ensure this has been considered by both Management and the Committee as those charged with the governance of the statements.

The Committee thanked Audit Wales and the team for the continued positive relationship.

The Committee **resolved** to:

- RECEIVE** the Audit Wales Update for
- ASSURANCE, NOTE** the Audit Wales Annual Plan,
- NOTE** Auditor General Report on Cancer Services, including Welsh Government Management Response; and
- NOTE** the Audit Enquiries Letter

Mills, Belinda
01/07/2025 09:16:37

<p>4.5</p>	<p>Audit Action Tracker</p> <p>Laura Tolley, (LT) Head of Corporate Governance presented the Audit Action Tracker.</p> <p>The Audit Action Log contained a total of 35 actions following the receipt of four reviews at the last Committee meeting. It was noted 13 of these were considered complete, 22 were on target for completion, none were not on target for completion and none had passed the implementation date. Seven of these actions were private actions and a report paper outlining the position would be discussed in the private meeting.</p> <p>LT outlined the Annual Audit Themes 2024/25 and the themes which had been identified.</p> <ul style="list-style-type: none"> • 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. <p>RG thanked LT for pulling the audit themes together and was supportive of the work that was being done in relation to Audit recommendation tracking.</p> <p>The Committee resolved to:</p> <p>NOTE the status of the Audit Action Tracker and the Annual Audit Themes for 2024/25.</p>	<p>Noted</p>	<p>None to note</p>
<p>4.6</p> <p style="transform: rotate(-45deg); font-size: small; opacity: 0.5;">Mills, Belinda 01/07/2025 09:16:37</p>	<p>Local Counter Fraud Update Report</p> <p>The Committee received the Local Counter Fraud Update Report for quarter 4.</p> <p>Henry Bales, Head of Counter Fraud, highlighted the work undertaken during the period:</p> <ul style="list-style-type: none"> • Four referrals had been received within the period, Three of these related to the 	<p>Noted</p>	<p>None to note</p>



	<p>Intelligence Bulletins and the remaining one to a concern regarding potential secondary employment. This had been investigated and closed without promotion to a formal investigation.</p> <ul style="list-style-type: none"> • One investigation into potential fraud remains open and ongoing. • The new All Wales Salary Overpayments Policy required the Counter Fraud team to review all significant salary overpayments prior to the employee being informed of the issue. <p>Counter Fraud Annual Plan 2025/26</p> <p>HB presented the Counter Fraud Annual Plan for 2025/26 which set out how it will meet the Local Government requirements.</p> <p>There were 85 planned days, which included a review of Digital Fraud. Counter Fraud had worked with DHCW on the plan to exploit the digital expertise and look at Counter Fraud through a digital lens.</p> <p>HB confirmed that Counter Fraud had the necessary resources to deliver the plan as it stood.</p> <p>The Committee resolved to:</p> <p>NOTE the Counter Fraud Progress Report and APPROVE the Counter Fraud Annual Plan 2025/26</p>		
PART 5	GOVERNANCE REPORTS		
5.1	<p>Financial Sustainability – Building Our Future (BOF) and Finding Value Workstream</p> <p>Claire Osmundsen-Little, Executive Director of Finance presented the highlights of the Financial Sustainability – Building Our Future and Finding Value Workstream and advised the following: Building the future programme was structured around five strategic principles.</p> <p>In addition, the programme was looking at:</p> <ul style="list-style-type: none"> • artificial intelligence and how to embed it into the plans and processes within DHCW. • Social value and what DHCW’s role in the Well-being of Future Generations Act would be. • financial stability sustainability aspect and 	For Noting	None to note

Mills, Belinda
01/07/2025 09:16:37



	<p>creating an organisational operating model so that it is affordable with limited investment.</p> <ul style="list-style-type: none"> recurrent savings and efficiencies and a clear approach in the event that it became necessary to disinvest or decommission services. <p>The Committee discussed the ambitious target of £48m savings over five years.</p> <p>COL responded it was a team effort to achieve this, which required a level of buy in by staff in terms of the deliverables. There was a process of change and staff were adapting. A series of workshops were taking place to articulate the processes in a non-technical way.</p> <p>The Committee resolved to:</p> <p>NOTE the Financial Sustainability – Building Our Future (BOF) and Finding Value Workstream</p>		
5.2	<p>Corporate Risk Register</p> <p>Chris Darling, Director of Corporate Affairs/Board Secretary provided an update on the Corporate Risk Register:</p> <p>The Corporate Risk Register has 16 risks on the register, three risks were assigned to the Committee:-</p> <ul style="list-style-type: none"> DHCW0331 – Fixed Term Resource Funding – related to two things, where there are staff members working on short term projects with permanent funding and those on short term projects with short term funding. MC provided a further update from the Risk Management Group. The remit letter had been received and had mitigated the immediate risk, however the long-term risk still remained. DHCW0337 – Sustainable Digital Services and Development Funding Model – risk that captured the future funding model required and where it was being taken forward to a more sustainable footing. DHCW0343 – Remit Letter 2025/2026 – the letter had been received and a response had gone back to Welsh Government. There was an item on the agenda that provided further context on the remit letter and what was contained within. There were a number of 	Discussed	None to note

Mills, Belinda
01/07/2025 09:16:37

	<p>issues that required clarification from Welsh Government before the letter was presented to Board.</p> <p>The Committee noted it was the first time a Remit Letter had been received and it was hoped it would be received earlier next year.</p> <p>The Committee resolved to:</p> <p>DISCUSS the Corporate Risk Register.</p>		
<p>5.3</p>	<p>IMTP Funding Allocation 2025/26</p> <p>Claire Osmundsen-Little, Executive Director of Finance introduced the item and confirmed it was good to have received certainty on the Service Level Agreements (SLAs) position early in the year.</p> <p>Mark Cox, Associate Director of Finance (MC) presented a set of slides regarding the Remit Letter and highlighted the following:</p> <ul style="list-style-type: none"> • The Remit Letter was received 14th March 2025– which was quite late in terms of IMTP submission. There were 170 plus deliverables and milestones in the Remit Letter. • A reconciliation had been completed in terms of the IMTP and Remit Letter to ensure there were no gaps in resources. • Financial planning assumptions – there was no major variation. • DPIF Programme allocation – multiple programmes across the deliverables. • Capital investment – received total £12.250m. • No major issues in IMTP deliverables and Remit Letter deliverables. . <p>The Committee noted the high level of requirements in the Remit Letter alongside the IMTP milestones and agreed that it was not normal for an organisation to have so many deliverables articulated in this way. However, it was pleasing to note that there were no surprises in the Remit Letter and it was credit to the finance team and the Strategy Directorate in managing to align the Remit with the IMTP.</p> <p>The Committee resolved to:</p>	<p>For Noting</p>	<p>None to note</p>

Mills, Belinda
 01/07/2025 09:16:37

	NOTE the IMTP Funding Allocation 2025/26		
5.4	<p>High Value Purchase Order and Cumulative Report</p> <p>Mark Cox, Associate Director of Finance presented the High Value Purchase Order and Cumulative Report for the period 1 January to 17 March 2025 and provided the following highlights:</p> <ul style="list-style-type: none"> • There were no high-value orders of more than £0.75m raised that were detailed in the report. • There was one supplier that reached the cumulative order threshold of over £0.750m <p>The Committee resolved to:</p> <p>NOTE the High Value Purchase Order and Cumulative Report Update.</p>	Noted	None to note
5.5	<p>Losses and Special Payments – verbal update</p> <p>MC provided a verbal update on the Losses and Special Payments and confirmed that there was nothing to bring to the Committee’s attention, however, a formal report will be presented at the next meeting.</p> <p>The Committee resolved to:</p> <p>NOTE the Losses and Special Payments verbal update.</p>	Noted	None to note
5.6	<p>Procurement and Scheme of Delegation Compliance Report to include an update on the Public Procurement Act</p> <p>Julie Francis, Head of Commercial Services (JF) presented the report on Procurement and Scheme of Delegation Compliance. It was confirmed that there were no Single Tender Actions or Change Controls activity in this reporting period.</p> <p>CO-L provided an update on the Public Procurement Act and JF provided a set of slides to further inform the Committee:-</p> <ul style="list-style-type: none"> • Procurement Act 2023: to provide a simpler, more flexible and transparent regime for Public Contracting Authorities and reduce barriers. • The Social Partnership and Public Procurement (Wales) Act 2024 went live in May 2023. 	Discussed	None to note

Mills Belinda
01/07/2025 09:16:37



	<ul style="list-style-type: none"> • There were implications for DHCW: Greater transparency, Sustainable Procurement, New Procurement processes. • A plan had been put in place to enable DHCW to be ready for the act to become live. • The next steps were outlined, including implementing a Contract Management Tool to enable more efficient, robust and transparent reporting. <p>The Committee thanked JF for the detailed update.</p> <p>The Committee resolved to:</p> <p>NOTE the Procurement and Scheme of Delegation Compliance Report and the Public Procurement Act Update.</p>		
PART 6	CLOSING MATTERS		
6.1	<p>Committee Highlight Report to Board</p> <p>Due to time constraints this was discussed outside of the Committee.</p>	Discussed	None to note
6.2	<p>Any other Urgent Business</p> <p>There was no other urgent business to note.</p>	Noted	None to note
6.3	<p>Date and Time of Next Meeting:</p> <ul style="list-style-type: none"> • 08 July 2025 	Noted	None to note

Mills, Belinda
01/07/2025 09:16:37

Audit and Assurance Committee – PRIVATE Abridged

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

🕒 12:30 – 13:30

📅 08/04/2025

📍 MS Teams

Chair	Marian Wyn Jones
-------	------------------

Present (Members)		Title	Organisation
Marian Wyn Jones (Chair)	MW-J	Independent Member, Chair	DHCW
Ruth Glazzard	RG	Independent Member, Vice Chair of the Board	DHCW
Alistair Klaas Neill	AKN	Independent Member, Vice Chair of Audit and Assurance Committee	DHCW
Marilyn Bryan Jones	MB-J	Independent Member	DHCW
Attendees			
Stephen Chaney	StC	Head of Internal Audit	NWSSP Internal Audit
Nathan Couch	NC	Performance Audit Lead	Audit Wales
Chris Darling	CD	Director of Corporate Affairs / Board Secretary	DHCW
Mark Edwards (for item 5.2)	ME	Chief Security Information Officer	DHCW
Claire Osmundsen-Little	CO-L	Executive Director of Finance	DHCW
Samantha Morgan (for items 5.1 & 5.3)	SM	Director of People and OD	DHCW
Julie Robinson	JR	Corporate Governance Co-Ordinator	DHCW
Laura Tolley	LT	Head of Corporate Governance / Deputy Board	DHCW



		Secretary	
--	--	-----------	--

Apologies			
Chris Moreton	CM	Deputy Director of Finance & Business Assurance	DHCW

Acronyms			
DHCW	Digital Health and Care Wales	A&A	Audit and Assurance
SHA	Special Health Authority	DPIF	Digital Priorities Investment Fund
BAF	Board Assurance Framework	NWSS P	NHS Wales Shared Services Partnership
WICIS	Welsh Intensive Care Information Services	RISP	Radiology Information Systems Procurement
INPS	In Practice Systems		

DRAFT

Mills, Belinda
01/07/2025 09:16:37



Item No	Item	Outcome	Action
1	PRELIMINARY MATTERS		
1.1	<p>Welcome and Introductions</p> <p>The Chair, Marian Wyn Jones, welcomed everyone to the private Audit and Assurance Committee.</p> <p>A special welcome was given to those attending for specific agenda items.</p>	Noted	None to note
1.2	<p>Apologies for Absence</p> <p>Apologies were received from:-</p> <p>Chris Moreton, Deputy Director of Finance & Business Assurance</p>	Noted	None to note
1.3	<p>Declarations of Interest</p> <p>There were no Declarations of Interest to note.</p>	Noted	None to note
PART 2 – CONSENT AGENDA			
2.1	<p>Audit Actions (Private)</p> <p>It was confirmed there were no overdue private actions and all remaining actions were on track for completion by their target date.</p> <p>The Committee resolved to:</p> <p>NOTE the status of the Audit Actions (Private)</p>	Noted	None to note
PART 3 – MEETING BUSINESS			
3.1	<p>Unconfirmed Private minutes from previous meeting on 21 January 2025</p> <p>The Committee resolved to:</p> <p>APPROVE the minutes as a true record of discussion.</p>	Approved	None to Note
3.2	<p>Action Log</p> <p>The Committee noted there were no actions captured from the last meeting.</p> <p>The Committee resolved to:</p> <p>NOTE the status of the Action Log.</p>	Noted	None to note
PART 4			
GOVERNANCE AUDIT AND RISK			
4.1	<p>DDaT Governance Review Update Report</p> <p>Chris Darling, Director of Corporate Affairs/Board Secretary presented the report to the Committee</p>	Assurance	None to note

	<p>and provided the following highlights:-</p> <ul style="list-style-type: none"> • A review of Digital, Data and Technology (DDaT) governance arrangements across NHS Wales was instigated in June of last year by the Director General for Health and Social Care / Chief Executive of NHS Wales. The review was taken forward by a Director within the Welsh Government Health and Social care department working with a Task and Finish Group. • The Task group worked through the recommendations over a six-month period. • The papers related to the output of the review and each recommendation related to a specific element of the review. The recommendations were being taken forward by the Chief Digital Officer (CDO) within Welsh Government. <p>Since the publication of the papers, a number of the recommendations were in the process of being taken forward.</p> <p>The Committee resolved to:</p> <p>NOTE the DDaT Governance Review Update for ASSURANCE.</p>		
4.2	<p>Accounting Update</p> <p>Claire Osmundsen Little, Executive Director of Finance (CO-L) presented the accounting update on the following:</p> <ul style="list-style-type: none"> • Welsh Intensive Care Information System (WICIS) • Radiology Information Systems Procurement (RISP) • In Practice Systems (INPS) <p>The Committee resolved to:</p> <p>NOTE the Accounting update.</p>	Noted	None to note
PART 5	AUDIT & RISK		
5.1	<p>Internal Audit</p> <p>Recruitment Processes</p> <p>Stephen Chaney, Head of Internal Audit (StC), presented the review into the DHCW Recruitment Processes which had received a Limited</p>	Noted	

	<p>Assurance.</p> <p>The Committee confirmed that this review had been requested following a Whistle Blowing concern and welcomed the findings which provided a good learning opportunity.</p> <p>Samantha Morgan, Director of People and OD responded to points raised and provided assurance that the organisation was committed to ensuring improvements were made.</p> <p>The Committee requested a report on progress on actions resulting from the audit, in addition members requested that the audit be shared with the Executive team for an immediate response to the requirements and to review and agree further support and an action plan for improvement.</p> <p>The Committee resolved to</p> <p>RECEIVE the update on the Recruitment Process review for ASSURANCE.</p>		
5.2	<p>Cyber Resilience Unit Annual Plan</p> <p>Mark Edwards, Chief Information Security Officer presented the Cyber Resilience Unit Annual Plan.</p> <p>Welsh Government requested the Cyber Resilience Unit Annual Plan for 2025/26 along with an updated Charter, which was submitted in February 2025 and was now awaiting feedback. The Annual Plan had been reviewed by the DHCW Management Board.</p> <p>The responsibilities of the CRU unit were outlined and the objectives for the next year.</p> <p>The Committee resolved to:</p> <p>APPROVE the Cyber Resilience Unit Annual Plan</p>	Approved	None to note
5.3	<p>Culture Review – verbal update on Action Plan</p> <p>Samantha Morgan, Director of People and OD (SM) attended the meeting to provide a detailed verbal update on the action plan that had been produced as a result of a recent Culture Review.</p> <p>The Committee commended SM on the plan and the progress made to date and will receive periodic updates on this in due course.</p> <p>The Committee resolved to:</p> <p>NOTE the update on the Action Plan for ASSURANCE.</p>	For Assurance	

Mills, Belinda
01/07/2025 09:16:37



PART 6		CLOSING MATTERS	
6.1	Committee Highlight Report to Board The items to be highlighted to Board would be discussed outside of the meeting due to constraints on time.	Discussed	None to note
6.2	Any other Urgent Business There was no other urgent business to note.	Noted	None to note
6.3	Date and Time of Next Meeting: <ul style="list-style-type: none">08 July 2025.	Noted	None to note

DRAFT

Mills, Belinda
01/07/2025 09:16:37

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	22 May 2025
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair's Report - The Chair updated the Committee on activities since the last meeting, including:</p> <ul style="list-style-type: none"> • continued regular duties expected of the Chair, including oversight and engagement with Committee matters; • regular meetings with NF to discuss ongoing governance and operational issues; • participating in NWSSP Senior Leadership Group meetings; • attended multiple Cabinet Secretary events covering Ministerial Priorities; • representing NWSSP at the NHS Wales event following the publication of the Ministerial Advisory Group Report on Performance and Productivity; • NF and I meeting with the Chair and Chief Executive of VUNHST to clarify hosting arrangements; • participating in follow-up engagement through the Chairs' Peer Group on 29 April. • chairing the Welsh Risk Pool Committee meetings on 19 March and 21 May. • upcoming participation in a Chairs' Meeting next week, which will include an agenda item on the Welsh Risk Pool; and • undertaking Chairs' Action, as required, between formal meetings. <p>The Committee NOTED the Chair's Report.</p>	
<p>Chair's Action: All Wales e-Rostering Contract – The Chair confirmed that the Chair's Action was endorsed by the Vice Chair and NWSSP's Managing Director and that in accordance with the Standing Orders, the decision requires formal ratification by the Committee. Due to the timing of the matter, it was necessary for the action to be taken outside of a scheduled Committee meeting. Chair expressed appreciation for the support received from colleagues in progressing the matter appropriately.</p> <p>The Committee supported the approval given via Chairs action and RATIFIED the decision.</p>	
<p>Managing Director Update - The Managing Director presented his report, which included the following updates:</p> <ul style="list-style-type: none"> • The Welsh Risk Pool Committee met on 19 March and 22 May. During this period, £27 million was reimbursed, and the reported year-end expenditure totalled £145 million, subject to external audit. The Committee also agreed the 2025–26 	

assessment programme, with a confirmed timetable for fieldwork and reporting.

- Governance arrangements remain under review, with confirmation received that current hosting arrangements will stay in place pending the outcome of the governance review.
- A balanced financial position was reported for the 2024–25 year-end, subject to audit.
- NWSSP’s Integrated Medium-Term Plan was acknowledged by Welsh Government, with no requirement for resubmission.
- Progress was reported in decarbonisation efforts, particularly within Laundry Services. Capital investment, supported by slippage funding, and successful Targeted Estates Fund bids will enable the rollout of water and wastewater heat recovery systems across several sites following a successful pilot in Swansea.
- Deep dives into the Medical Examiner Service identified ongoing system challenges. Further engagement is planned with organisations to improve the death certification process. A winter planning event is scheduled later in the year to address seasonal pressures, with a focus on communication, record transfer, and responsiveness.
- The remodelling of HQ and Companies House was completed using surplus repurposed furniture, supporting sustainability and the wider agile working strategy.
- Discussions are ongoing with Welsh Government regarding long-term storage solutions for PPE, including potential integration with the South West Wales Medicines Hub.
- On 25 March, NWSSP’s Director of Procurement Services gave evidence to the UK COVID-19 Public Inquiry in relation to Module 5, covering PPE and procurement. The final report is awaited.
- Regional staff award events were successfully delivered at Denbigh Stores, Matrix House (Swansea), and IP5 (Newport), following the main virtual event held in February.

Members acknowledged the significant contribution of NWSSP and expressed appreciation for the quality of services delivered. While concerns were raised regarding the potential impact of the ongoing governance review on staff beyond the directorate level, assurance was provided that measures are in place to minimise disruption to service delivery. The review is expected to conclude by the end of July, with appropriate support to be provided to the Governance Team. Members were encouraged to engage with the process, and NWSSP was commended for its recent achievements, including IMTP approval and national recognition through awards.

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

Items for Noting

RadioPharmacy and Transforming Access to Medicines (TrAMS) Update - The Committee received an update on the TrAMS programme, which aims to modernise aseptic medicine production across NHS Wales through regional hubs, addressing capacity, regulatory, and workforce challenges. The build element of the RadioPharmacy unit in South East Wales is now progressing, with enabling works due to complete in May 2025 and go-live planned for April 2026. Dependencies include microbiology lab readiness, workforce recruitment and training.

The South East Hub has secured planning permission and issued its Outline Business Case, with the Full Business Case expected in Quarter 4 2025–26. The South West Hub continues site selection following earlier setbacks.

Digital system development will begin with a minimum viable product, with future

integration into EPMA and ChemoCare. Workforce planning is aligned with HEIW's 2026–27 plan, supported by funded training roles. TUPE and OCP discussions are ongoing with partners and governance mapping is underway to support timely business case progression.

Concerns were noted by Committee members regarding engagement from VUNHST and the need to maintain momentum within the current planning window. The programme remains red rated due to funding and capacity risks and will remain so until the Full Business Case is approved. Committee Members were encouraged to raise any outstanding queries or governance issues in advance of the July meeting to support timely consideration of the Outline Business Case.

The Committee were informed that the intention remained to bring the TRAMS South East hub OBC for approval to the July meeting, with a draft already in circulation with partners to support their local governance arrangements.

The Committee **NOTED** the presentation on RadioPharmacy and TrAMS.

NWSSP Duty of Quality Annual Report 2024-25 Update - The Committee received the update on the second NWSSP Duty of Quality Annual Report 2024–25. The interactive format and inclusion of staff voices were praised for effectively demonstrating compliance with the Quality Bill and the role of support services in delivering quality. The Report is designed as a public-facing document and will be submitted as a chapter to the VUNHST Quality, Safety and Performance QSP report, while also being suitable for wider use to demonstrate organisational involvement in quality.

The Committee **NOTED** and **ENDORSED** the NWSSP Duty of Quality Annual Report 2024-25 Update.

Finance, Performance, People, Programme and Governance Updates

Finance Report - The financial position, as at month 12, was reported as a final underspend of £15k following the distribution of £3.6m to NHS partners. £750k of COVID-related funding was returned to Welsh Government due to timing, though it will be required in the current year. Public Sector Payment Policy targets were met, and progress was noted on variable pay controls, including a new overtime approval app in trial. Capital expenditure totalled £11.2m, including £4.4m related to IFRS 16 lease adjustments. The Welsh Risk Pool outturn was £145m, up from £136m, with increased clinical negligence costs. The Risk Sharing Agreement was triggered and long-term provisions now stand at £1.7bn.

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

- Sickness absence increased slightly to 3.46% (from 3.28%).
- Turnover decreased to 9.82% (excluding SLE) and 21.64% overall, reflecting ongoing retention efforts.
- Statutory and mandatory training compliance remains high at 92.62%.
- PADR compliance was reported as 84.9%, the second highest in NHS Wales.
- Staff experience initiatives included the Staff Recognition Awards, outcomes from the 2024 Staff Survey, and the launch of engagement roadshows.
- Laundry Services was identified as a focus area for cultural improvement, with targeted support being developed to address training access, shift-based challenges, and team cohesion.

- Shared learning opportunities were discussed, including interest in the overtime approval app.
- Time to hire performance was noted to vary with application volumes, and future alignment with Transformation reporting was requested to ensure consistency.

Performance Information Report - Key Performance Indicators (KPIs) from December 2024 to March 2025 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 40 of 44 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £338m at year end. Quarter 4 meetings with partners were completed and these sessions are key for sharing data, receiving feedback, and addressing any issues or compliments.

Outcome Measures Report - The report focused on outcomes aligned to NWSSP's strategic objectives across services, people, and value. Highlights included increased engagement with the NWSSP website, improved call handling and enhancements to Digital Workforce Solutions. Customer satisfaction remained high, with continued compliance with the Customer Service Excellence standard. Positive trends were reported from the staff survey, including improvements in pride, recognition, and feeling valued. NWSSP maintained a 43% Welsh spend within the foundational economy, contributing to a total spend of £1.057 billion. In terms of planned improvements, a benchmarking exercise against other similar organisations is planned for the longer-term.

Transformation Management Office Update Report - The Committee received an update on the Transformation Management Office, following its rebranding to reflect a combined focus on project delivery and service transformation. The update reflected that RAG ratings remained stable, with 102 objectives on track or complete, which were detailed in the overarching report.

Integrated Medium Term Plan (IMTP) Update Quarter 4 of 2024-25 - The position reported positive progress as 76% of objectives reported as on track, showing a slight improvement from the previous year. Divisional engagement and SLG oversight supported progress and escalation where needed. 19 objectives will be carried forward, primarily due to timing, technical barriers and reprioritisation. 12 of these are linked to external factors such as engagement, resourcing and time constraints. Accordingly, these will receive targeted focus in the year ahead. Progress was highlighted thematically, including decarbonisation, foundational economy initiatives, diversity and inclusion, staff engagement, and speaking up safely.

NWSSP Corporate Risk Register - The position was reported as stable. There are 16 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the Primary Care Workforce Intelligence System (PCWIS) risk, which is expected to reduce to yellow by the end of June, reflecting positive progress. The SLG continues to review the Register regularly and the importance of aligning risk updates with other Committee reports was emphasised.

Draft Annual Governance Statement 2025-25 - Although not a statutory requirement, NWSSP continues to produce the AGS to provide overarching assurance and transparency to internal and external stakeholders. The format and approval route remain consistent with previous years, with updates made to improve clarity and reflect the current governance framework. The draft acknowledges the ongoing governance review as a material post balance sheet event, with further updates to be incorporated depending on the timing of the final report. The final version will include carbon footprint data and the Head of Internal Audit Opinion, expected to provide a reasonable assurance rating.

The Committee NOTED and DISCUSSED the above Reports.	
Papers for Information	
The following items were provided for information only and the Committee NOTED the reports:	
<ul style="list-style-type: none"> • Finance Monitoring Returns (Month 12 of 2024-25 and Month 1 of 2025-26) • Personal Protective Equipment (PPE) Report – March and April 2025 • 2024-25 Audit Assurance Arrangements - NHS Wales Shared Services Partnership • NWSSP Counter Fraud Annual Plan 2025-26 - been through NWSSP Audit Committee - • NWSSP Internal Audit Plan 2025-26 – been through NWSSP Audit Committee - • SSPC Forward Plan 2025-26 	
Any Other Business (AOB)	
<p>Proposed Autumn Committee Development Day – 10 October 2025 Committee Members were asked to confirm any conflicts with the proposed date to finalise arrangements.</p> <p>Healthcare Financial Management Association (HFMA) Conference – 18 September 2025 Due to a clash with the HFMA conference, Members were asked to confirm attendance so the Committee meeting can be rescheduled if necessary.</p>	
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	Thursday 17 July 2025, 10.00am to 12.00pm

Mills, Belinda
01/07/2025 09:16:37

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

FORWARD WORKPLAN

Eitem ar yr Agenda: Agenda Item:	2.3
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
---------------------------------------------------	--------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	The Corporate Risk log is presented at every meeting for oversight and scrutiny
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

- Annual Quality Report
- Financial Control Procedure – National Priorities Fund
- Welsh Health Circular
- Welsh Language Annual Report
- Local Counter Fraud Annual Report 2024/25
- Local Counter Fraud Annual Self Review
- Audit Wales – Audit Wales Stakeholder Engagement Review
- Culture Review – Update on actions taken forward (PRIVATE)
- Cyber Resilience Unit Audit Review (PRIVATE)

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

- Corporate Risk Trending Analysis
- Management of Physical Assets
- Commercial and Social Value Strategy
- Procurement Act Update
- Building our Future (BOF) and Finding Value Workstream
- Recruitment Processes Audit Update (PRIVATE)
- Deep Dive – Duty of Quality
- Legislative Assurance Register

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.

Mills Bellin
01/07/2025 09:16:05



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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills, Belinda
01/07/2025 09:16:05
FORWARD WORKPLAN

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

Eitem ar yr Agenda: Agenda Item:	2.4
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
---------------------------------------------------	--------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

- 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 03/07/2025, 99% of band 8a and above declarations of interest have been received and captured on the Declarations of Interest Register. In addition, 39% of staff banded 2-7 have also been received and captured on the register.
- 4.3 Work is ongoing to capture the declarations of interest of all DHCW staff band 8a and above, in line with the SOB Policy requirement and an escalation process is in place to address if staff banded 8a and above have been requested to complete a declaration form, but it has not been submitted.
- 4.4 Further work will be undertaken during 2025-26 by the Corporate Governance team, in collaboration with People & Organisational Development to ensure a declaration of interest form is mandatory and completed on appointment for staff banded 8a+.
- 4.5 The Committee are asked to note the [Gifts, Hospitality, Honoraria and Sponsorship Register](#) and note since the last meeting, ten declarations have been submitted and included on the register, a summary of these can be found in the table below.

Nature of Declaration	Accepted	Declined	Grand Total	Value accepted	Value of declined
Gifts	0	£25	£25	0	£25
Honorarium	0	0	0	0	0
Hospitality	£847	£120	£867	£867	£120



Sponsorship	£	0	£	£	0
Grand Total	£867	£145	£892	£867	£145

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	2.5
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
---------------------------------------------------	--------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

<u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u>	ISO 14001 - Environmental Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

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

<u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Ddim yn berthnasol Statement: Not required	



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs/Board Secretary	24 June 2025	Approved
Audit and Assurance Committee	8 July 2025	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
EFPMS	Estates and Facilities Performance Management System		



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 Digital Health and Care Wales (DHCW) now have 4 offices across Wales following a review of the estate in terms of location, required area and suitability. A three year Estates Plan for 2025-28 has been developed and approved.
- 3.2 This report provides an update on estates and sustainability within Digital Health and Care Wales and includes the following:
 - Estates Development Update
 - Decarbonisation Performance against baseline year
 - DHCW Estates and Compliance Report for May 2025
 - Estates and Facilities Performance Management System (EFPMS) Return 2024/25
- 3.3 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum. DHCW are also active members on other All Wales forums focused on Climate Change, such as Transport & Procurement Project Board, the Approach to Healthcare Project Board, Welsh Health Estates Forum and other sub-groups within this structure.
- 3.4 Regular reports are required by Welsh Government at varying frequencies. The annual emissions return is due every year at the beginning of September. We also submit narrative progress reports to Welsh Government at the end of each financial year and a reporting regime (currently paused whilst the NHS Wales Decarbonisation Strategic Delivery Plan (SDP) is currently undergoing a refresh) requires six monthly reports showing progress against each initiative in the NHS Wales Action Plan. All returns have been submitted on time.
- 3.5 Digital Health & Care Wales (DHCW) has a number of Groups in place which manage activities covered within this report:
 - Decarbonisation Working Group
 - Environmental Awareness Group
 - Safety, Health and Environmental (SHE) Group
 - Water Safety Group
 - Estates Development Group
- 3.6 DHCW have established a programme entitled “Building Our Future” which has five sub-projects, the first of which is “Putting Our People First”. A key component of Putting Our People First is the establishment of a Digital Futures Space, therefore this has enabled views on future estates development to be gathered in an additional forum improving the quality of staff input into design.

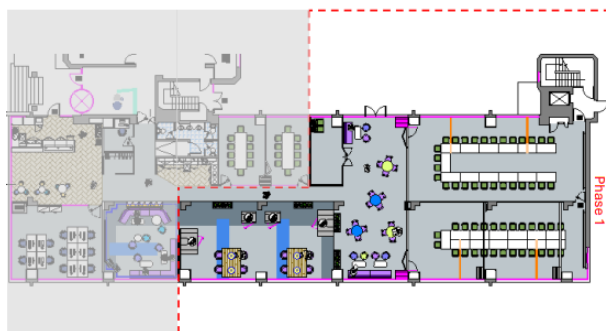
4 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 Estates Development

The DHCW Estates Plan 2025-28 was submitted to the last meeting of the Committee following approval by Board in March 2025. The plan 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 is outlined by a dotted line in the picture below. This consisted of the Conferencing Facility, Mingle Zone. Storage facility and Touchdown area.



Phase 2 will commence later this year, until then Phase 1 space can be utilised but with a maximum capacity of 100 people. Phase 2 includes:

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

We took the opportunity to further rationalise our estate with the closure of Castlebridge 2 at the end of March 2025 and there is an option to reduce space in Swansea at lease end

in March 2026.

A significant amount of modernisation has been undertaken at Bocam Park.

4.2 Decarbonisation Performance against Baseline Year

The table below provides a summary of DHCWs Gross emissions targets and performance during 2023/24 (latest complete year) vs 2019/2020 (our baseline year). The figures confirm that we are well ahead of target. Our Decarbonisation Action Plan 2025-28 was submitted to the last Committee Meeting following Board approval in March 2025.

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

Progress continues to be good in this area. DHCW are currently gathering data for the 2024/25 emissions return.

DHCW are considering how best to contribute on an All-Wales basis to understand, and advise on, the impact of digital on carbon emissions.

4.3 Compliance Update

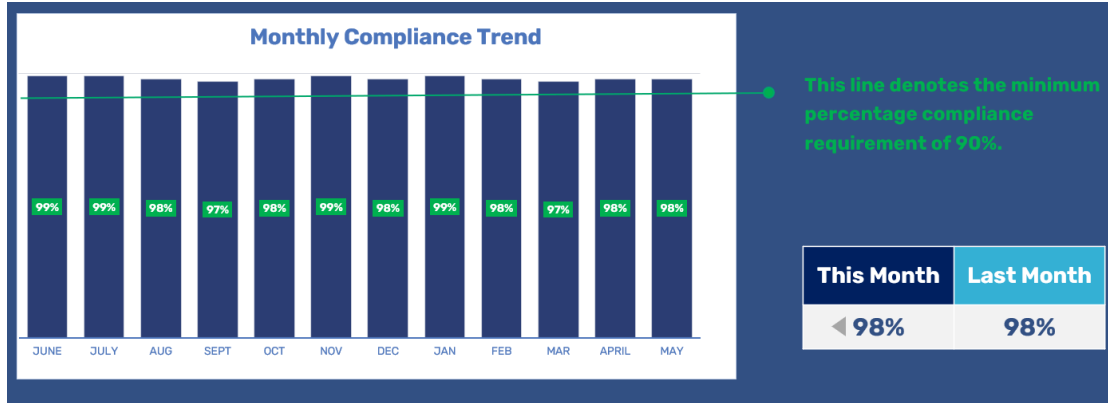
The latest [Estates and Compliance Report](#) for May 2025 is attached.

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%.

Mills, Belinda
01/07/2025 09:06



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

4.4 Estates and Facilities Performance Management System (EFPMS) Return for 2024/25

Welsh Government advised the DHCW Chief Executive of two changes to Environmental and Facilities Performance Management System (EFPMS) Reporting on 18 January 2024. The changes were a) Reporting Threshold Adjustment and b) Inclusion of Uncaptured Organisations. Both had an impact for DHCW as previously we did not report as non-hospital sites were not reportable. Data was submitted for 2023-24 on schedule.

Data for 2024-25 has now been gathered and is attached for information following approval by the Executive Team prior to the submission by the deadline of 30 June 2025. The [DHCW EFPMS Return 2024-25](#) Report required information at both organisation and site levels. For sites, our three largest sites (Ty Glan-yr-Afon, Media Point and Technium 2) are reported upon individually and our two smaller sites (Bocam Park and Castlebridge 2) under Other Reportable Sites. Castlebridge 2 was vacated in March 2026 so will not be included in future reporting rounds.

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

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

The return is positive following the same profile as the 2023/24 submission. No risks have been highlighted and when the new NHS Estates dashboard becomes available, we will be able to benchmark against other organisations to identify any improvements.

Mills, Belinda
01/07/2025 09:30



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

- 5.1 There is a big focus on Estates Development currently, specifically the Ground Floor Development at Ty Glan-yr-Afon and improvements to building access. Bocam Park has been modernized and space optimized to provide an area suitable for flexible working and collaboration.
- 5.2 Decarbonisation focus remains strong and we continue to see progress. The NHS Wales Decarbonisation Strategic Delivery Plan (SDP) is currently undergoing a refresh and six-monthly Decarbonisation Co-ordination Returns (DCRs) have been paused whilst this activity is underway.
- 5.3 DHCW were shortlisted twice at the NHS Wales Sustainability Awards 2025:

Acting as One Team Category: Estates Rationalisation and Collaboration
Sustainable Network or Community Category: Foundational Economy Learning and Development Programme (this entry was in partnership with the NHS Wales Finance Academy)
- 5.4 Compliance figures remain extremely high, the detail can be found in the latest monthly Estates and Compliance Report which is attached.
- 5.5 DHCW have submitted their second EFPMS Return. Good support has been provided by NHS Wales Specialist Estates Services and the DHCW Finance Team.

6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	2.6
-------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
---------------------------------------------------	-------------------------------------------------------------------------------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

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

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

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton	17/06/2025	Reviewed
Claire Osmundsen-Little	17/06/2025	Approved

Acronymau 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	SLT	Senior Leadership Team
-----	----------------------------	-----	------------------------

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The following reports summarises the key activities for quality performance in relation to:
 External Audit performance
 Internal quality performance against the annual quality plan
 Legislation changes and requirements

3.1 External Audits

There were three external audits conducted/completed within the period April to June 2025:

- Final day of (within April and Mold Office):
 - ISO 9001:2015 Quality Management Systems (Surveillance)
 - ISO 14001:2015 Environmental Management Systems (Surveillance)
- ISO 27001:2022 Information Security Management Systems (Recertification 2022)

The ISO 9001 & 14001 audits were successful, no major findings were identified with only 2 minor non-compliances and 4 opportunities for improvement and 1 positive finding across three sites,

The ISO 27001:2022 recertification audit was conducted through June. The audit report was pending at the time of writing this report.

There is an ISO 20000-1:2018 Information Technology Service Management surveillance audit within July.

3.2 Internal Quality Performance Milestones

The Quality Assurance and Regulatory Compliance team have deferred one milestone to next quarter, this is the introduction of the DHCW Quality Framework, this has been delayed due to time taken to socialise the Framework with operational teams.

Non-Compliance Management

Open Quality Improvements have increased from 88% to 92% within target date, reflecting positive progress. This improvement continues to be monitored by the Quality Business Partners.

Document Management Strategy (DMS) & iPassport

The Organisation continues to effectively manage documentation through iPassport. The current document status stands at 96%, demonstrating ongoing improvement in documentation management and timely handling of documents due for review.

Quality Improvement Framework

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



3.3 Legislation

Medical Devices

No further changes in relation to medical device legislation in this period.

Duty of Quality

The Annual Quality Report has been approved by Management Board in June and is due for review by Audit and Assurance Committee and SHA Board in July. For this report, information requests were sent out to all directorates to provide evidence on how they have complied with the Health and Care Quality Standards. The report links to the DHCW Annual Report and Performance Report, and it shows how DHCW is working to embed the Duty of Quality throughout our processes and linking them to our performance measures and the IMTP.

Legislation Assurance Register

Updates to the Legislation Register via iPassport remain effective, with the Quality team carrying out thorough monthly reviews during key meetings to ensure compliance with standards requiring a maintained Legislative Register.

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

4.1 External Audits

The combination 4-day surveillance audit against standards ISO 9001:2015 Quality Management Systems & ISO 14001:2015 Environmental Management Systems captured a total number of 7 findings:

- ISO 9001
 - 2 minor NCs around control of documentation and their changes.
 - 1 OFI around internal auditing of site-specific (Mold) operations/personnel.
- ISO 14001
 - 1 positive observation around the Core Environmental Management System
 - 2 OFIs around contractor control and accompanying records, 1 with regards to site waste transfer records.

The ISO 27001:2022 re-certification audit was still underway at the time of drafting this report.

4.2 Internal Quality Performance

Milestones

The Quality Assurance and Regulatory Compliance IMTP milestone for Quarter One has been deferred to Quarter Two, this milestone is in relation to the introduction of the DHCW Quality Framework. The Framework is currently being socialised with operational teams. Positive feedback has been received from the PCMH Senior Leadership Team, an engagement session with the Operations Senior Leadership Team is scheduled for June 24th. Following this, the Framework will be updated (if required) and presented to

Management Board for approval in July and then this committee at the next meeting.

Non-Compliance Management

The current status has improved to 92%, exceeding the 90% target for compliance. Quality Business Partners continue to work closely with directorates to maintain and build on this progress, ensuring sustained performance above the target by the end of Q2.

Document Management Strategy (DMS) & iPassport

Phase two of the DMS is underway with all directorate senior leadership team meetings being updated on progress. There is engagement across all directorates with the transfer of documents from incorrect storage locations to the correct locations as agreed in the DMS. Some directorates were already using iPassport as their preferred storage location for controlled documents so work with them has been minimal. For other directorates, substantial work is required to ensure that controlled documents have been appropriately stored.

Due to the ISO 9001 external audit findings around document control, it has been escalated to a corporate risk (ID 14200) and progress of phase two is being reported at Risk Management Group and at senior leadership team meetings by Quality Business Partners.

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 129 people so far and 97% of our attendees say they are satisfied with the content of this course.
- The Fundamentals of Quality Improvement workshop has been delivered to 69 people so far. 100% of our attendees say they are satisfied with the content of this course.
- Our improvement dashboard has been launched so that everyone at DHCW can submit, share and celebrate the improvements across directorates. We have had 27 ideas submitted so far.
- Communication pieces have been published internally to highlight the launch of the 5MI dashboard and another to highlight a more streamlined process. The feedback from our attendees said that the process of registering and authorising a 5MI was too long, so we have streamlined it considerably to make it easier for colleagues to complete.
- We have mapped our Quality Improvement training offering against that of Public Health Wales and are taking the next steps to deliver their training internally at DHCW. We aim to deliver their 'fundamentals of improvement' and 'Improvement in Practice' training initially, with the goal of delivering their 'coaching improvement' training.
- An introductory meeting has been scheduled with the Director and Senior Leadership Teams of Primary Care and Mental Health, Corporate Governance and Finance & Business Assurance directorates to discuss the What Matters to You initiative and next steps. We would like to pilot our conversations with one team from each of these directorates. A quarterly pulse survey will run alongside these conversations in the directorates mentioned.

4.3 Legislation

Medical Devices



We are continuing work on readiness for the new UK Medical Device Regulation compliances. The Quality team is maintaining communication 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 2026. To aid compliance to current and future MDR the Quality team have established a quality manual that outlines how DHCW shall manage SaMD.

The SaMD process is being developed to closely align with DHCW's presently established processes to support standardisation and consistency.

We are currently working closely with DHCW colleagues to establish 'quality agreements' to ensure the approach aligns with the organisations shift to product led digital services.

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 Annual Quality Report has been 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 the evidence to the Health and Care Quality Standards.

Legislation Assurance Register

One piece of Legislation was updated in line with legislative changes during the period (The Environment Act 2021 (Commencement No. 3) (Wales) Regulations 2025).

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

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

Forward Plan for Next Quarter

5.1 External Audit

- ISO 20000-1:2018 Information Technology Service Management surveillance audit

5.2 Quality Performance

- Further reduce open Quality Improvements and improve documentation management.
- Delivery of quality improvement training to all colleagues at DHCW
- Ongoing work to complete Phase two of the Document Management Strategy.
- Engage with the Centre for Digital Public Services to align the Quality Framework with the Digital Service Design standards

5.3 Legislation

Quality and Regulatory Update Report

7

Awdur / Author: Paul Evans
Cymeradwywr / Approver: Claire
Osmundsen -Little



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

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills, Belinda
01/07/2025 09:26:37

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

Eitem ar yr Agenda: Agenda Item:	2.7
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Laura Beddoe (DHCW - QA and Regulatory Compliance)
Cyflwynwyd gan: Presented By:	Claire Osmundsen-Little, Executive Director of Finance

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
---------------------------------------------------	--------------------

<u>DEDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
-----------------------------------------------------------------------------------------------------	-------------------

Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:
If more than one standard applies, please list below:

<u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u>	ISO 9001 - Quality Management System
---------------------------------------------------------------	--------------------------------------

Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:
If more than one standard applies, please list below:

<u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>PARTH ANSAWDD DOMAIN OF QUALITY</u>	Safe

Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod:
If more than one enabler / domain applies, please list below:

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

Datganiad:
Statement: N/A



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The Annual Quality Report is a regulatory requirement of the Duty of Quality as part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Paul Evans, Head of Quality Assurance and Regulatory Compliance		
Quality and Regulatory Group	21/05/2025	Reviewed
Incident Review and Learning Group	03/06/2025	Reviewed
Chris Moreton		
Claire Osmundsen-Little	06/06/2025	Approved
Management Board	12/06/2025	Approved

Acronymau Acronyms



DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DoQ	Duty of Quality	IMTP	Integrated Medium Term Plan

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The Annual Quality Report is a regulatory requirement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Quality (DoQ) statutory guidance requires NHS organisations to publish an Annual Quality Report with an aim to demonstrate how they have tried to improve the quality of health services.
- 3.2 Each directorate were asked to provide evidence on how they had complied with the aim of the Duty of Quality and to identify which of the Health and Care Quality Standards it related to.
- 3.3 The Health and Care Quality Standards are:



- 3.4 The report is split into sections:
 - Message from Simon Jones (Chair) and Helen Thomas (CEO)
 - Purpose of the report
 - Look back at 2024-25
 - Challenges in 2024-25
 - Looking Forward – Priorities in 2025-26 and beyond
 - Appendix – split into the Health and Care Quality Standards with evidence provided by directorates.

Mills, Belinda
01/07/2025 09:16:37
Annual Quality Report



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

- 4.1 The [Annual Quality Report](#) is being presented to you in Word format, it will be changed to an accessible pdf format similar to the Always On report when it has been approved in readiness for SHA Board in July.
- 4.2 The Look Back at 2024-25 section provides links to other documents (Board and Committee Reports, the Annual Report and the DoQ statutory guidance). It also highlights the Organisational Strategy, the IMTP missions, DHCW principles and the Building our Future Programme. The DoQ statutory guidance requires NHS organisations to build a quality management system with a focus on quality control, quality planning, quality assurance and quality improvement to achieve a learning and improving environment. The report highlights some areas where DHCW meets these criteria. The alignment to the Strategic Framework and the Health and Care Quality Standards is also included to show how DHCW aims to embed and report on its' compliance with the DoQ.
- 4.3 Challenges for 2024-25 focuses DHCW being a digital organisation trying to relate the DoQ guidance which is heavily focused on patient care. It also includes some of the outcomes from the DoQ workshops and key objectives from the Annual Quality Plan and their current status.
- 4.4 Looking Forward – Priorities for 2025-26 and beyond includes the escalation framework, cultural changes in DHCW related to the Government, Digital and Data role profiles, User-Centred Design. Improving our understanding of Artificial Intelligence, quality improvements, the Benefits Realisation Framework, Directorate Reviews which will include the DoQ enablers, Quality Impact Assessments, a Self-Assessment against the DoQ requirements and the implementation of the Quality Framework.
- 4.5 The Annual Quality Report includes Achievements in 2024-25 which were provided by directorate senior leadership team members and have been aligned with the Health and Care Quality Standards. Information includes:
- Welsh Government paper due to increased cyber security threats
 - Cyber live seminars
 - Approval of the document management strategy
 - Improving cancer and immunisation data for better healthcare outcomes
 - Enhancing quality through data-driven improvements
 - User experience monitoring tool
 - Dental Access Porta
 - Electronic Prescribing and Medicines Administration
 - Senior Leadership Development Programme
 - Employee Assistance Programme
 - Talent cohort
 - Emerging talent
 - Career events and apprentice recruitment



- Fostering a culture of belonging, promoting well-being and providing development opportunities
- Equality, Diversity and Inclusion Network activity
- Primary Care information portal – providing real-time insights into performance
- Strengthening data sharing and digital governance for quality improvement
- Introduction to the Quality Improvement Programme
- Wales Institute of Digital Information Training Programme
- Professional Development Integration in Performance Appraisals and Development Reviews
- Strategic Workforce planning process
- Quality improvement through data, research and innovation
- Enterprise service management initiatives
- External quality certification alignment to the standards

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

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the report.	

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

Eitem ar yr Agenda: Agenda Item:	2.8
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The purpose of this report is to provide an update to the Audit and Assurance Committee on the organisation’s compliance with Welsh Health Circulars (WHCs) and Ministerial Directives (MD) that are issued by Welsh Government.
- 3.2 The Corporate Governance Team maintain a tracker for monitoring and recording the WHCs and MDs that are received by DHCW. The WHC’s are sent to the Weekly Executive Directors’ meeting for review and to agree the relevant Executive Lead for action.
- 3.3 A monthly progress report is presented at the Weekly Executive Directors meeting for information, monitoring and assurance purposes.

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

- 4.1 The [WHC Register](#) details the WHC’s received in the period 01 January 2025 and 01 July 2025. These have been reported to Weekly Executive Directors and Management Board. There were no Ministerial Directives received during this period.
- 4.2 With the exception of one WHC, requiring further detail before being closed, all WHCs are completed and have been signed off by the Executive Leads.

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills, Belinda
01/07/2025 09:16

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

Eitem ar yr Agenda: Agenda Item:	2.9
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	The Committee is being asked to
<p>NOTE the Welsh Language Update APPROVE the report for submission to the Welsh Language Commissioner and publication on the DHCW Website.</p>	

Mills, Belinda
01/07/2025 09:16:37



1 ASESAD O'R EFFAITH / IMPACT ASSESSMENT

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



--

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Welsh Language Group	24/6/25	Approved
Director of Corporate Affairs	24/6/25	Approved
Deputy Board Secretary Head of Corporate Governance	24/6/25	Approved

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This report outlines the steps taken to monitor compliance with the actions included in the DHCW Welsh Language Scheme and gives an overview of:

- the Welsh Language Commissioner Annual Report 2024-2025;
- an update on the Welsh Language Standards;
- the current Welsh Language skills dashboard showing staff’s self-assessment of their Welsh skills

3.2 Welsh Language Commissioner Annual Report 2024-2025

The draft [Welsh Language Annual Report](#) included in this report covers the period April 2024 to March 2025, the deadline for submission is the end of September 2025.

3.3 Welsh Language Standards

A Welsh Language Standards questionnaire was completed and submitted to the Welsh Language Commissioner in May 2025. A draft compliance notice is expected in July 2025 with final approval due in November 2025. DHCW will be expected to comply with approximately half of the standards in the compliance notice by May 2026.

3.4 Welsh Language Scheme

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

The summary of compliance are below:

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

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

4.1 ESR Compliance Data (May 2024)

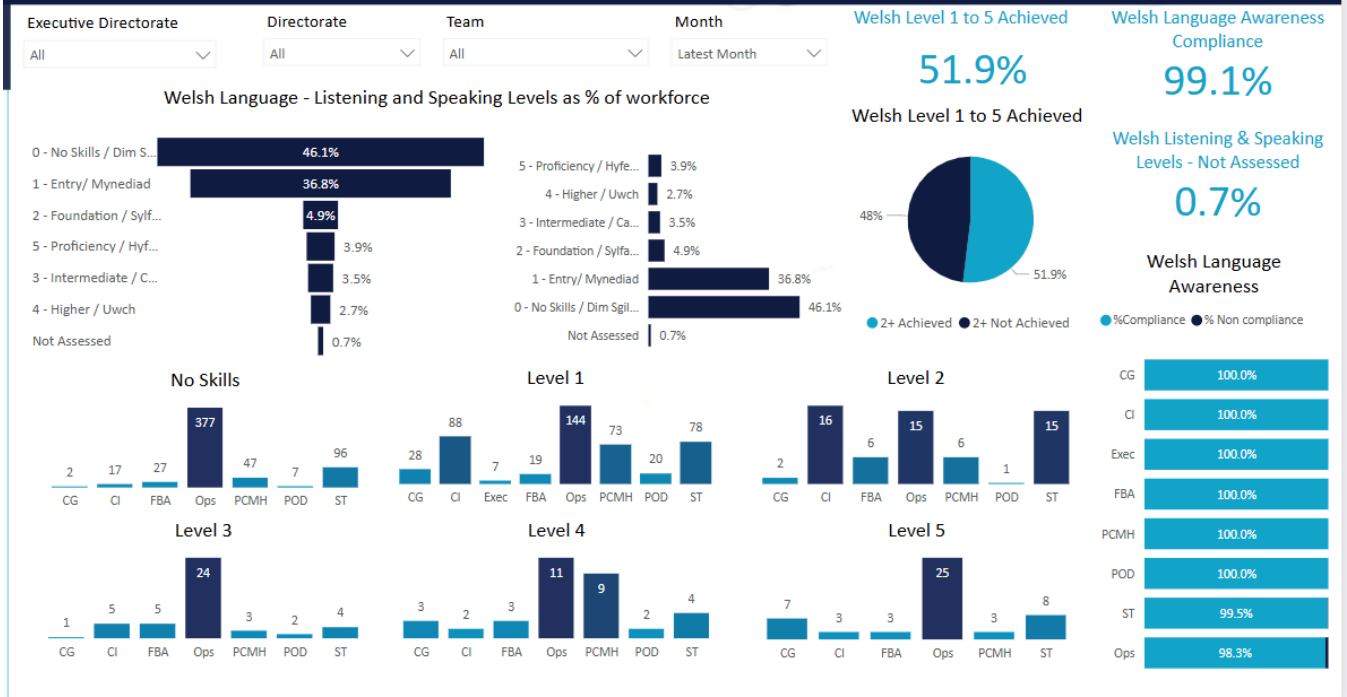


Workforce and Organisational Development

Displaying data for

May 2025

Last data refresh
03/06/2025 12:22:36



In order to work towards the achievement of the More than just words action of 100% of staff with at least a courtesy level of Welsh by 2027, a target of 60% has been set for the period 2025-2026. (currently 51.9%). The Welsh Language Team encourages staff to complete introductory courses provided by the centre for learning Welsh and send a monthly email reminder to update their skills levels on ESR. The addition of a new courtesy course in collaboration with Coleg Cambria in September 2025 will support the achievement of this target.

4.2 Engagement and Learning Activities

- The addition of a new courtesy course in collaboration with Coleg Cambria in September 2025 will support the achievement of the more than just words target. Coleg Cambria also offer a confidence building course for staff which we will encourage DHCW staff to attend.
- The recently launched DHCW mentoring scheme is currently supporting 36 members of staff with the development of their Welsh language skills.
- The DHCW Staff Awards include a 'Welsh Learner of the Year' award which has had several nominations, the winner will be announced at the DHCW Staff Awards Ceremony on 26 June 2025.
- A 'lunch and learn' session during the DHCW Staff Conference provided an opportunity for staff to learn about 'Work Welsh' This session included using Welsh in meetings and will be followed by a new 'Summer School' to support staff with other ways they can use Welsh in the workplace.



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

5.1 In preparation for the Welsh Language Standards the areas requiring attention include:

5.1(i) Recruitment

- Out of 226 posts, 9 were advertised as Welsh Essential during the period 2024-2025, with 7 roles being filled successfully. Recruiting managers are required to complete a Welsh Language skills assessment via an app and adhere to the recommendations provided in the app.
- Recruitment to Welsh essential posts requires additional funding to ensure they are advertised on appropriate Welsh recruitment sites.
- There is a need to strengthen Welsh Language within the recruitment strategy and action plan to support the attraction and recruitment of Welsh speakers into DHCW, the Welsh Language Team will continue to work with People & OD to address this.

5.1.(ii) Events and Engagement with Stakeholders

- Staff must ensure invitations to events and external meetings are bilingual and an offer of interpretation is included
- A bilingual template is used for presentations
- All promotional materials are bilingual
- Training materials are made bilingual
- Staff with Welsh Language Skills attend public events where possible

5.1 (iii) Welsh Language Skills

Although a few directorates have already achieved the courtesy level skills target of 60% there are a few outstanding, therefore these areas will be prioritised for the new courtesy course with Coleg Cambria.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Welsh Language Update APPROVE the report for submission to the Welsh Language Commissioner and publication on the DHCW Website.	

Mills, Belinda
 01/07/2025 09:16
 Welsh Language Report

DPIF DIGITAL PROJECT FINANCIAL MANAGEMENT & SUSTAINABILITY

This procedure provides guidance to the onboarding of time limited Digital
Priority Investment Fund Schemes

Document Version	1.4
-------------------------	-----

Status	Final
---------------	-------

Document author:	Grant Griffiths
Approved by	Mark Cox
Date approved:	
Review date:	

Mills, Belinda
01/07/2025 09:16:37

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

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

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services
---------------------	------------------------------------------

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

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

HEALTH CARE STANDARD	Governance, leadership and accountability
If more than one standard applies, please list below: N/A	

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

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this		
N/A	N/A	N/A

Mills, Belinda
01/07/2025 09:16:37

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 implication 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

Mills, Belinda
01/07/2025 09:16:37

CONTENTS

1	DOCUMENT HISTORY	5
1.1	REVISION HISTORY	5
1.2	REVIEWERS	5
1.3	AUTHORISATION	5
1.4	DOCUMENT LOCATION	6
2	PURPOSE	7
3	SCOPE	7
4	INITIATION & BUSINESS CASE GOVERNANCE	8
5	BUDGET VIREMENTS.....	8
6	THE ALLOCATION LETTER	9
7	DELEGATED LIMITS	10
8	DIBURSEMENTS	10
9	ENSURING FUTURE SUSTAINABILITY	10
10	PROGRAMME/PROJECT REPORTING & ESCALATION	10
11	SUSTAINABLE FUNDING ACTION	11
12	POST TRANSITION	12
13	REFERENCES.....	12

Mills, Belinda
01/07/2025 09:16:37

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
09/02/2022	v1	Sian Williams	New document. Version 1 for approval.
09/02/2023	v2	Sian Williams	Annual review. Version 2 for approval.
09/02/2024	v3	Sian Williams	Annual review. Version 3 for approval.
04/06/2025	v4	Grant Griffiths	Revision and update with current governance

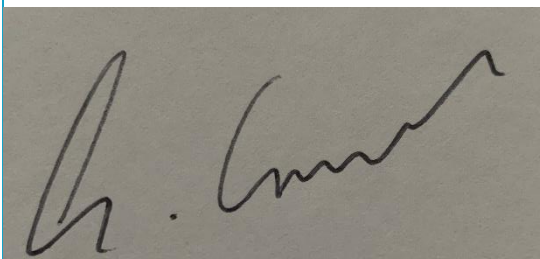
1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position
04/06/2025	v4	Mark Cox	Associate Director of Finance

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	Grant Griffiths
Role:	Head of Financial Planning & Analysis
Signature:	

Approver's Name:	Mark Cox
Role:	Associate Director of Finance
Signature:	

Mills, Belinda
01/07/2025 09:16:37

1.4 DOCUMENT LOCATION

Type	Location
Electronic	Quality Standards and Regulatory - Integrated Management System - All Documents (sharepoint.com)

Mills, Belinda
01/07/2025 09:16:37

2 PURPOSE

The purpose of this Standard Operating Procedure (SOP) is to provide a structured framework for the financial management and sustainability of Digital Priority Investment Fund (DPIF) projects. This document aims to:

- **Guide** project leads and managers through the financial onboarding process for time-limited DPIF schemes.
- **Ensure** that all financial requirements and future cost exposures are assessed and planned for, promoting long-term sustainability.
- **Support** adherence to the Standing Financial Instructions (SFIs) and Budgetary Control Procedures of Digital Health and Care Wales (DHCW).
- **Facilitate** the transition from project to business-as-usual operations by outlining necessary financial assessments and approvals.
- **Promote** transparency and accountability in the financial management of digital projects, ensuring compliance with governance standards.

This SOP is intended for use by NHS Wales employees, project leads, budget holders, and other stakeholders involved in the financial management of digital projects.

3 SCOPE

The Digital Priorities Investment Fund (DPIF) supports digital and data transformation at the all-Wales level, through revenue and capital funding, aligned to Ministerial priorities. It is managed by Welsh Government as a portfolio of digital programmes and activity. Funds are awarded to NHS Wales organisations through a scrutiny process. The costs of delivering digital transformation are not ‘one off costs’ and they are forecast and planned on a year by year basis. The DPIF is only part of wider digital transformation, alongside investment through Digital Health and Care Wales (DHCW), the national digital services delivery organisation established in April 2021.

The Standing Financial Instructions (SFIs) of Digital Health and Care Wales (DHCW) detail the financial responsibilities, policies and procedures adopted by the organisation.

SFIs require that the Finance Director will “devise and maintain systems of Budgetary Control”. This Budgetary Control Procedure covers the directions laid down in the SFIs and aims to provide additional guidance to budget holders and should be read in conjunction with-standing orders and standing financial instructions.

This procedure has been prepared to support adherence to the SFIs and ensure a transparent approach to support the transition from project to service **(from a finance perspective and does not address operational considerations & processes)**.

Mills, Belinda
01/07/2025 09:16:37

4 INITIATION & BUSINESS CASE GOVERNANCE

- 4.1 The Chief Executive as the accountable officer is responsible for the financial performance of the organization, consequently any future financial exposure as a consequence of external investment will require either future funding streams or offsetting benefits to support sustainability.
- 4.2 Historically there has been a mix of both “seed funded” (opportunistic without a full business case and formal business cases). There is a need to formally identify and agree sustainable service funding **before** investment is accepted.
- 4.3 A relevant business case (SOP/BJC/OBC/FBC) should be created and then follow the below Matrix. Templates can be found here with guidance on value and stage of the Project. [The five case model: templates | GOV.WALES](#)

The investment proposal should then follow the following stages:

- Capital & Non-Pay Investment Group
- Planning & Performance Management Group
- Weekly Executive Directors Sessions (if required)
- Management Board
- SHA Board (if appropriate)
- Upon Approval then submitted to Welsh Government
- After Welsh Government approval, distribute for approval to Health Boards/Invested Stakeholders.

5 BUDGET VIREMENTS

- 5.1 The Chief Executive may delegate, via the Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with Section 33 of the NHS (Wales) Act 2006 (C.42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:
 - a) The amount of the budget
 - b) The purpose(s) of each budget heading
 - c) Individual or committee responsibilities
 - d) Arrangements during periods of absence
 - e) Authority to exercise virement
 - f) Achievement of planned levels of service
 - g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

The Chief Executive, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.

Mis Beinda
51/07/2025 09:16:37

- 5.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 5.4 Alongside delegated limits, the following particular approval requirements apply in the following circumstances:
- **Budget Virements between Directorates (Executive Director portfolio responsibilities): Chief Executive to approve.**
 - **Budget Virements between core and programmes : Chief Executive to approve.**
 - **Budget Virements from between pay and non pay: Chief Executive to approve.**
- 5.5 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Director of Finance.
- 5.6 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.7 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.8 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders, and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.
- 5.9 It is anticipated that enactment of any changes to deliverables will be managed and reported via the established planning change control process.

6 THE ALLOCATION LETTER

- 6.1 The Allocation letter will include the following:
- a) Primary Funding Amount
 - b) Funding Conditions
- 6.2 A lead owner will be assigned with the responsibility of not only managing the current budget but also obtaining ongoing sustainable funding.
- 6.3 The Programme Director may delegate spend responsibility to budget holders can only authorise expenditure within the limits of the funding available and in furtherance of the grant conditions.
- 6.4 Budget holders are responsible for the goods and services for which their budget is delegated.
- 6.5 It is the budget holder's responsibility to check for accuracy the monthly budget report issued by the finance team. If inaccuracies are found the finance team should be notified.
- 6.6 Budget holders are responsible for taking corrective action for any overspend and setting out clearly to the Finance leads what corrective action(s) they are taking and the timescales for implementation.

7 DELEGATED LIMITS

The following delegated limits apply

	DHCW	VIREMENT LIMITS*
1	Board	Current Above £750,000
2	Chief Executive	Current Up to £750,000
3	Deputy Chief Executive (when acting in that capacity)	Current £750,000
4	Executive Director of Finance & Business Assurance	Current £250,000
5	Executive Directors/Board Secretary – Within delegated budget area	£80,000

Virements up to £80k authorised by the Executive Director must have approval from the Associate Director of Finance & Business & Assurance.

The purpose of funds in the Digital Priorities Fund will be outlined in the Remit Letter from Welsh Government. The delegated budgets must only be used for the purposes designated. Any budgeted funds not required for their designated purpose revert to the Chief Executive, subject to any authorised use of virement.

8 DIBURSEMENTS

8.1 Any disbursement from Programmes managed within DHCW will need to ensure effective programme delivery, evidence Value for Money, have sufficient evidence of deliverables achieved in line with the funding letter and have a clear audit trail in place regarding any changes or key decisions.

9 ENSURING FUTURE SUSTAINABILITY

9.1 Historical Grants: Where there is not an approved business case, recurrent funding requirements will need to be assessed and agreed with user organisations with an iterative business case formally agreed via the appropriate internal and external governance approval streams.

9.2 Prospective Grants: New grants should only be approved after due consideration of the “Sustainable Funding Transition Matrix”. The primary aim of this matrix will be to ensure transparency regarding the availability of resources and funding to support the stable provision of the service (either externally or via a pressure to the organisation) and that the decision has been approved by the appropriate governance groups.

10 PROGRAMME/PROJECT REPORTING & ESCALATION

10.1 DHCW finance will provide reports to the following groups:

- a) Executive Directors Team: Weekly – Escalations for action.
- b) Portfolio Oversight Management Board: Monthly – Performance & Risks
- c) Risk Management Group: Monthly – Risks

Mills, Belinda
01/07/2025 09:16:37

- d) Monthly reporting via the IQPD
- e) Programme Board
- f) Monthly reporting to Welsh Government

- 10.2 The financial position of each programme/project will be considered monthly with finance escalations should there be any anticipated overspend or an underspend equating to 5% or £0.025m of funding (whichever is the lesser).
- 10.3 Quarterly Senior finance checkpoint meetings will be held between the Associate Director of Finance and Head of Financial Planning & Analysis to review financial performance of each programme/project. The session will include topics covering finance, activity, risk and expenditure value considerations (supplier and disbursements) will be held with review point scheduled at mid-year to fix the final funding position and enable strategic decisions to be made. The session will also inform any further meetings to be scheduled with the Executive Director of Finance and Business Assurance to discuss areas of significant concern.
- 10.4 The Executive Team will consider a broad range of emerging issues and agree on the next steps with actions for those deemed appropriate for escalation. Those escalatory items will include:
- a) Sustainable Funding Consideration
 - b) Benefits Realisation
 - c) Financial Performance
 - d) Funding approval
 - e) Commercial considerations
 - f) Resources
- 10.5 The Management Board will consider financial performance and approve any business cases including any cases for charging.
- 10.6 The Risk Management Group will monitor and report any financial risks and the progress of mitigating actions consistent with established processes and mechanisms.
- 10.7 Programme Boards to receive financial updates, recommend decisions based on financial sustainability and strategy to enable to long term goals.
- 10.8 The cost of programme delay must be quantified and mitigation approved at programme board, then circulated for approval via the above governance routes.

11 SUSTAINABLE FUNDING ACTION

- 11.1 Once sustainable funding has been agreed the following actions will take place (with due regard to established processes).

- The Service Name & Description will be added to the Service Portfolio
- An appropriate Service Management Board will be established (or added to an SMB ToR).
- Upon implementation the service will be added to organisational SLA's via the established change control process with the finance recharges updated. Should the service be centrally funded via Welsh Government then an adjustment to the recurrent core funding

will be agreed.

11.2 In addition, each Business Partner will produce a written monthly budget report for the Directorates' senior management team, in a format agreed by the Finance Director, which will be shared with the Finance Director and Deputy Director of Finance. This report will detail:

- A summary of the main issues.
- The financial position to date along with explanations of any significant variances.
- Management actions to correct adverse variances or further exploit favourable variances with identified leads and timescales.
- Analysis of budget changes.
- A summary of the savings delivery performance to date and forecast year end position.
- Details of the division projected end of year position.
- A summary of the key financial risks & opportunities that have not yet crystallised and are not yet reflected in the division forecast outturn position.
- Trend analysis by month of key expenditure areas – actual and variance.
- Recommendations for improving the financial performance.

11.3 Budget values reported in the statements should take into account, wherever possible, all known adjustments to budget and all reasonably anticipated future adjustments. Proportions of budget applied to the report month and the accumulated period to date should take account of appropriate start and finish dates of functions or value variations, seasonal fluctuations, irregular spending patterns and spending conforming to quarterly, annual (or other non-monthly) patterns.

11.4 Finance staff will carefully assess income/expenditure within each report month and make appropriate accruals to account for financial transactions not yet recorded in the accounting records. All accruals must be coded to the correct balance sheet subjective and analysis code.

11.5 After preparation of the statements, the Finance staff will discuss any significant variances displayed in the resulting financial data with budget holders.

12 POST TRANSITION

As an operational service the standard financial management processes set out in SOP-15 will apply.

13 REFERENCES

DOCUMENT	VERSION
DHCW Financial Control Procedures	Current
DHCW Standing Orders and Standing Financial Instructions	Current

SOP-FBA-015 Budgetary Control	Current
DPIF Project Transition Maturity Matrix	Current

Mills, Belinda
01/07/2025 09:16:37

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

CONSULTATION AND DOCUMENT APPROVAL REPORT

Eitem ar yr Agenda: Agenda Item:	2.11
---------------------------------------------------	------

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Alex Lawrence – Quality Management System Manager
Cyflwynwyd gan: Presented By:	Claire Osmundsen-Little, Executive Director of Finance

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services
---------------------------------------------------	----------------------------------------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	n/a
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	n/a

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

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

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

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



--

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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



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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 DHCW have a number of policies, procedures and processes that help manage the running of the Organisation by outlining responsibilities related to legislation, accreditation, and regulation.
- 3.2 The following Policies have been approved by their Executive Sponsor, internal two-week consultation and approval at Management Board:

Document Reference	Title	Executive Sponsor	Consultation Dates	Management Board Date
POD-POL-18	Recruitment and Resourcing Policy	Director of People & Organisational Development	7 th – 21 st May 2025	12 th June 2025
POD-POL-3	Violence, Domestic Abuse and Sexual Abuse	Director of People & Organisational Development	12 th – 26 th May 2025	12 th June 2025
DHCW-POL-9	Wellbeing Policy (including Mental Health and Stress Management)	Director of People & Organisational Development	12 th – 26 th May 2025	12 th June 2025

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

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

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



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

5.1 There are no key risks / matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills Belinda
01/07/2025 09:16:37

Reference	Date of Meeting	Action/Decision Detail	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised Action	Revised due date	Session Type
20250408-A01	08/04/2025	Remit Letter Internal Audit Plan - to review the plan in light of the discussion on DHCW's escalation status and the	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary)	07/05/2025	Plan revised and going to A&A for approval in July	Complete			Public

Mills, Berinda
01/07/2025 09:16:37

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

Eitem ar yr Agenda: Agenda Item:	4.1
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Krisztina Kozlovszky, Internal Audit Manager
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

- Financial Sustainability (substantial assurance)
- Cyber Resilience Unit (advisory)
- Follow-up of Internal Audit recommendations (substantial)

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	4.2
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	8 July 2025

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

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

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The following audit reports are included:

Financial Sustainability (Substantial)

We provided substantial assurance with two medium priority recommendations.

Follow-up of Internal Audit Recommendations (Substantial)

We provided substantial assurance with no priority recommendations identified.

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

4.1 A summary of the key findings is provided below:

Financial Sustainability (Substantial)

We found that effective financial management arrangements were in place to support the ongoing sustainability of services and project delivery. However, we identified two medium-priority issues: inconsistencies in costing and benefits analysis, and a lack of sufficient audit trail for some escalations.

Follow-up of Internal Audit Recommendations (Substantial)

The audit assessed the timely implementation of a sample of recommendations and their subsequent reporting to the Audit and Assurance Committee for completeness.

Overall, no issues were identified that require further consideration.

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills, Belinda
01/07/2025 09:16:11

IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES FINAL INTERNAL AUDIT PLAN 2025/26 NWSSP AUDIT & ASSURANCE SERVICES

Eitem ar yr Agenda: Agenda Item:	4.3
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the final 2025/26 Internal Audit Plan.	

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This document sets out the final position of the [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 previously reviewed by the Audit and Assurance Committee and is presented as a final version for noting.

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

4.1 The Committee is asked to receive and note the final version of the plan for 2025/26, which contains several updated audit delivery timings, notably:

- Service Continuity Planning rescheduled from quarter two to quarter three;
- Recruitment Process brought forward from quarter four to quarter one; and
- LIMS rescheduled from quarter one to quarter four.

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

5.1 The Committee provides assurance to the Board that an appropriate Internal Audit programme is in place for the year. This final version is the agreed position for 2025/26.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the final 2025/26 Internal Audit Plan.	

Mills, Belinda
01/07/2025 09:16:00
Final Internal Audit Plan

Audit and Assurance Committee Update – Digital Health and Care Wales

Date issued: July 2025

Document reference: 4656A2025

Mills, Belinda
01/07/2025 09:16:37

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.

© Auditor General for Wales 2025. No liability is accepted by the Auditor General or staff of the Wales Audit Office in relation to any member, director, officer, or other employee in their individual capacity, or to any third party, in respect of this report.

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

Mills, Belinda
01/07/2025 09:16:37

Contents

Audit and Assurance Committee Update

About this document	4
Accounts audit update	5
Performance audit update	6
Other relevant publications	8
Additional information	8

Mills, Belinda
01/07/2025 09:16:37

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](#).

Mills, Belinda
01/07/2025 09:16:37

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	<p>The audit of the accounts is now complete.</p> <p>The revised accounts were to be approved by the Audit & Assurance Committee & Board on the 26 June 2025.</p>	Complete	June 2025

Mills, Belinda
01/07/2025 09:16:37

Area of work	Executive Lead	Focus of the work	Current status	Planned date for consideration
		The Auditor General for Wales intends on certification of the Accounts on the 27 June 2025, ahead of submission for laying at the Senedd by the 30 June 2025.		

Mills, Belinda
01/07/2025 09:16:37

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.	Report finalised and included in today's committee papers	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,	Fieldwork underway	October 2025

Mills, Belinda
01/07/2025 09:16:37

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

Mills, Belinda
01/07/2025 09:16:37

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.		

Mills, Belinda
01/07/2025 09:16:37

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

Additional information

- 7 There have been no corporate documents published by Audit Wales since the last committee update.
- 8 There are no relevant Audit Wales consultations currently underway.

Mills, Belinda
01/07/2025 09:16:37

Mills, Belinda
01/07/2025 09:16:37



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

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.

Mills, Belinda
01/07/2025 09:16:37

Review of Stakeholder Engagement Arrangements - Digital Health and Care Wales

Audit year: 2024

Date issued: June 2025

Document reference: 4751A2025

Mills, Belinda
01/07/2025 09:16:37

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

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

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

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

Mills, Belinda
01/07/2025 09:16:37

Contents

Introduction	4
Objectives and scope of our work	5
Key findings	5
Planning stakeholder engagement activity	6
Delivering stakeholder engagement activity	8
Responding to stakeholder engagement activity	11
Monitoring and oversight of stakeholder engagement activity	12
Recommendations	14
Appendices	
Appendix 1 – Audit methods	16
Appendix 2 – Management response to audit recommendations	17

Mills, Belinda
01/07/2025 09:16:37

Introduction

- 1 Digital Health and Care Wales (DHCW) is responsible for creating and providing digital and data services for health and care in Wales. To discharge its role, it is must work constructively with other stakeholders to plan, introduce and maintain digital services.
- 2 DHCW is funded both by Welsh Government and from other NHS bodies in Wales. In 2024-25, it received £131.9 million from Welsh Government, health boards and trusts. It also received non-recurring funding of £7.4 million from the Welsh Government for its COVID-19 response and £30.3 million from the Digital Priorities Investment Fund.
- 3 For DHCW to achieve its aim of being a trusted partner, it must demonstrate that:
 - it understands the needs of its stakeholders;
 - responds appropriately to those needs; and
 - provides a good return on the investment.
- 4 It is important that DHCW's stakeholders understand the operating environment within which it works and the risks and challenges it faces.
- 5 In April 2024, DHCW commissioned an independent stakeholder review led by Atos¹. The review targeted a broad range of stakeholders who work and interact with DHCW. DHCW received the Atos report in September 2024, and we have considered its response to it during our review.
- 6 We also note that due to some concerns about the organisation's ability to effectively deliver a number of major programmes, the Welsh Government has escalated DHCW to 'level 3' on its escalation and intervention framework. The extent that the wider NHS has confidence in DHCW's delivery of its key programmes is essential. Effective stakeholder engagement is a key element for building that confidence.
- 7 During our review, we identified some broader strategic issues with digital services in NHS Wales. This includes availability of capital funding, the balance between national and local digital programmes, digital leadership, and roles and responsibilities. These are out of scope of this review. However, we intend to look at these issues more closely in our 2025 review of digital transformation.

¹ Atos specialise in cybersecurity, cloud, employee experiences, digital technology and transformation services.

Objectives and scope our work

- 8 The objective of our review was to examine whether DHCW has an effective approach to stakeholder engagement, in line with its strategic aims. The aim of this work is not to repeat the work of Atos, which sought stakeholder views. Instead, our review is focussed on the effectiveness of the strategic and operational approach to stakeholder engagement. Our audit work assesses DHCW's approach for planning, delivering, responding to and overseeing stakeholder engagement. We have provided recommendations where improvements are required.
- 9 The work has been undertaken to discharge the Auditor General's statutory duty under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to secure economy, efficiency, and effectiveness in its use of resources.
- 10 We undertook our work between September 2024 and February 2025. The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 11 Overall, we found that **DHCW has a clear stakeholder engagement strategy and engages its stakeholders reasonably well. However, it needs to use engagement as a means of aligning its priorities with its stakeholders, ensure sufficient engagement resources and improve learning and reporting on stakeholder feedback.**
- 12 The findings that support our overall conclusions are summarised below under the following headings:
 - planning stakeholder engagement activity;
 - delivering stakeholder engagement activity;
 - responding to stakeholder engagement activity; and
 - monitoring and adapting stakeholder engagement activity.

Mills, Belinda
01/07/2025 09:16:37

Planning stakeholder engagement activity

- 13 We considered whether DHCW has:
- a clear, costed and timebound delivery plan underpinning its stakeholder engagement strategy;
 - effective approaches to identify the stakeholders it needs to engage with; and
 - clearly identified who is responsible for leading and delivering stakeholder engagement activities.
- 14 We found that **DHCW has a clear stakeholder engagement strategy supported by a detailed action plan. However, there are delivery risks because there aren't sufficient resources to support the Engagement and Strategic Partnerships Team.**

Stakeholder engagement delivery plan

- 15 DHCW recognises the importance of engaging well with stakeholders. Its strategic plans² aim to make it a 'trusted partner' to NHS Wales. It wants to be a high-quality, inclusive, and ambitious organisation. Its 2023 [Engagement Strategy](#) (the strategy) and plan, effectively underpins its wider strategic plans. The strategy focuses on four 'engagement pillars' that provide the necessary infrastructure and platform to achieve its goals. These are:
- create a culture of effective engagement, improving DHCW's skills and resources;
 - build strong strategic partnerships, networks, and forums;
 - be recognised as a leader in developing high-quality technology, data products, and services for the NHS; and
 - operate as a flexible and responsive organisation, listening to and addressing stakeholder needs.
- 16 The strategy is up to date with clear objectives, appropriate timelines and actions. It includes measures of success, identified leads, and a performance reporting process.
- 17 The strategy does not have a budget, nor does it identify the financial resources required to deliver it. Despite investing in the Engagement and Strategic Partnership team and wider support from its communications team, delivery of the strategy remains at risk due to a failure to identify sufficient resources to take forward the required work.
- 18 Its January 2025 Board update gave an overview of the extent of the work required to implement the Atos review recommendations. DHCW has appointed a Senior Engagement Officer on a fixed-term basis to lead this work. However, it again highlighted the lack of overall capacity to deliver the Atos actions in a timely

² [Organisational Strategy 2024-2030 and Integrated Medium-Term Plan \(IMTP\) 2024-27](#)

manner. DHCW needs to regularly review resources and put in place effective actions to mitigate the risks. **(Recommendation 1)**

Identifying stakeholders

- 19 Stakeholder mapping is a key priority for DHCW. Its goal is to involve the right people with the necessary skills and authority in programme delivery. DHCW has many partnerships, and it has undertaken work to identify and map its key stakeholders. Its engagement strategy and [2023 Communications Strategy](#) development comprehensively identified 15 types of stakeholders³ their strategic needs.
- 20 Work is also underway to develop stakeholder profiles. This is resulting in operational teams creating their own mapping with defined responsibility for engagement. However, progress is slower than expected and a renewed effort is needed. The Atos review also recommended that DHCW conducts stakeholder mapping for its digital programmes. In response, DHCW is starting to map its engagement requirements for its programmes, projects, and services.
- 21 DHCW recognises the need for robust engagement with clinicians. While it supports and engages primary care clinicians well, DHCW find it harder to obtain good clinical engagement and involvement in secondary care digital programmes. The Atos review also highlights that many clinicians do not understand DHCW's role. Effective communication and engagement with clinicians should remain a key goal for DHCW. DHCW clearly needs to address this issue, and it should consider different approaches for attracting or incentivising clinical engagement.
(Recommendation 2).
- 22 DHCW's role in social care is to support integrated digital services for health and social care. They have developed programmes include Connecting Care⁴ and the National Data Resource⁵. In 2023, the [Senedd Cymru Public Accounts and Public Administration Committee \(PAPAC\)](#) stressed the need for wider partnership engagement. It formally recommended that DHCW increases its engagement with:
- the social care sector, including public, third and private sector providers;
 - regional partnership boards; and
 - the Social Partnership Council.
- 23 DHCW's reasonably comprehensive response indicates both how it is engaging with social care and regional partners, and the specific actions linked to integrated health and social care digital programmes. DHCW and Social Care Wales have a

³ Stakeholders include Health and Social Care Bodies and Services, patients, the public, Welsh Government, third sector, professional bodies, suppliers, and contractors.

⁴ Connecting Care is a new programme established to replace the Welsh Community Care Information System as it reaches end of life.

⁵ The National Data Resource is a centralised platform that collects and integrates health and social care data from across Wales.

memorandum of understanding on the National Data Resource, but more work is needed to set out engagement requirements for Connecting Care.

Responsibilities for leading and delivering stakeholder engagement activities

24 There is clear overarching executive and senior leadership responsibility for engagement, and allocated responsibilities in the Engagement and Strategic Partnership Team. DHCW has also set out lead officer responsibility for each action in its 2023 strategy. However, the Atos review indicates that some operational engagement roles and responsibilities need to be clearer. In response, DHCW is developing a communications and engagement plan and has held a leadership day and workshops to discuss and plan its actions. It has identified a delivery lead coordinator, responsible lead and executive sponsors to support delivery of its improvement actions. DHCW is also setting up an external stakeholder advisory group. The proposed members include representatives from the Welsh Government, NHS Executive, Health Boards, Trusts, Social Care, and other healthcare-related organisations. The draft terms of reference for this group are waiting for approval, but we understand the groups initial focus will be on delivery of Atos recommendations.

Delivering stakeholder engagement activity

- 25 We considered whether DHCW is:
- undertaking stakeholder engagement activities in line with its strategy using this to understand the digital needs of its stakeholders; and
 - effectively communicating its delivery plans to relevant stakeholders, together with the risks associated with the delivery of specific programmes.
- 26 We found that **DHCW engages and communicates reasonably well with stakeholders but needs to better understand NHS Wales's digital priorities.**

Using stakeholder engagement to understand their needs

- 27 DHCW has a strong engagement programme that routinely includes:
- meetings with NHS organisations;
 - using all-Wales groups⁶;
 - regular operational engagement in digital projects / programmes; and
 - executive team meetings with key NHS Wales bodies yearly or twice a year, with planning sessions every 2 months.

⁶ All-Wales Groups include all-Wales NHS Chairs, Chief Executives, Medical Directors, or digital leads, or routine operational engagement in the work on digital projects or programmes.

- 28 DHCW also engages with the Welsh Government, commercial partners, third sector bodies, patients and the public through surveys and consultations. They hold workshops and meetings with various groups to discuss digital priorities.
- 29 Our 2024 Structured Assessment also highlights DHCW's role in board-level strategic engagement. We emphasised the importance of board members visiting frontline health services. It is now building on its recent visit North-East Wales and continuing this in other areas. This approach should help board members to understand digital issues faced in services and foster better board-level engagement.
- 30 One of DHCW's key roles is to engage with stakeholders at the programme delivery level. Feedback shows their staff are knowledgeable, helpful, and good at resolving issues. The Atos review is a positive step in understanding stakeholder needs and it highlighted DHCW's positive impact. However, it also found concerns:
- 43.2% respondents found it hard to work with DHCW;
 - 42.8% felt left out of policy and strategy development;
 - 50.4% thought DHCW didn't understand their work;
 - DHCW sometimes used a 'one-size-fits-all' approach, missing opportunities to share resources; and
 - there is a need for more structured collaboration and better communication."
- 31 DHCW is experiencing issues with the pace and effectiveness of digital programme delivery. This is reflected in DHCW's recent escalation on Welsh Government's escalation framework. Despite much engagement, DHCW and stakeholders do not regularly share and understand each other's organisational needs and priorities. The Atos review suggests improving joint planning, knowledge sharing, user-centred design, and providing updates on decisions. These may help to alleviate some of the challenges identified above.
- 32 Frontline staff also have a key role in engagement. However, we identified some concerns caused by the impact of staff turnover which may affect DHCW's ability to build ongoing day-to-day stakeholder relationships in key roles. Our 2024 Structured Assessment comments on the risk and impact of the Digital Priorities Investment Funding model which, because of uncertainty of future funding, encourages short-term recruitment and increases turnover. DHCW therefore needs to consider how it can maintain continuity of engagement with its key stakeholders in this climate. **(Recommendation 3)**
- 33 The findings above show the importance of DHCW's approach to engagement. The Atos review suggests 11 actions for better collaboration, listening, and responsiveness. Implementing these actions is crucial for improving stakeholder engagement.

Mills, Belinda
01/07/2025 09:16:37

Communicating with stakeholders

- 34 DHCW generally communicates well, and meets regularly, with its key stakeholders providing updates on digital solution developments and risks. DHCW publish a range of online information and updates. This includes regular news and social media feeds, updates on general digital programmes, case studies, and specific digital programme updates such as medicines and primary care. DHCW hold regular stakeholder events. Key areas in the last 12 months include an update on the National Data Resource in autumn 2024 and seeking stakeholder views on its long-term strategy. It has clearly set out the communications plan for the next period. Its January Board meeting included a report setting out how stakeholder communications were being further developed. Nevertheless, the Atos review suggests further ways to improve transparency and communication.
- 35 Our 2024 Structured Assessment comments on how DHCW is working with stakeholders to agree IMTP priorities. While DHCW understands the shared risks, concerns, and challenges, it is having trouble meeting everyone's needs. The 2024-27 IMTP still has many un-resourced priorities, which makes them difficult to deliver and may damage relationships and reputation. The health boards and DHCW need a shared agenda around the digital transformation that is required. DHCW needs to clearly communicate its plans, risks, and actions to stakeholders and incorporate them into its and the wider NHS Wales planning process to effectively co-create digital NHS solutions. **(Recommendations 4.1 and 4.2)**

Responding to stakeholder engagement activity

- 36 We considered whether DHCW is using the feedback it receives as a basis for strengthening its stakeholder relationships and is reporting the results of stakeholder feedback into committee and/or the Board.
- 37 We found that **DHCW needs to improve how it reports, learns and responds to stakeholder feedback.**
- 38 Stakeholder feedback comes largely from two areas, operational level feedback on services, and wider responses to bespoke engagement activities. These are often related to digital programmes. The Atos review highlights that 41.8% of stakeholders engage with DHCW weekly or more. Much of this takes the form of day-to-day operational engagement. Officers provide feedback on DHCW service desk performance to the Board when presenting the Integrated Organisational Performance Report (IOPR). This shows performance, customer satisfaction and free text feedback. There is a low response rate to feedback requests, but where this is provided most feedback is positive, with satisfaction above 95%⁷. While positive, DHCW could further expand its performance report to include examples of

⁷ We note that the response rate is consistently below 10%.

negative feedback, its response, what it learned and what will be done differently in future.

- 39 There are examples where DHCW can demonstrate that it has acted on feedback on its digital programmes. For example, in November 2024, feedback on the NHS app from patients and public included requests for useful features and helped to shape patient priorities. DHCW shared this example with the Programme Delivery Committee and provided assurance that it is creating a plan and roadmap for delivering these improvements. However, often, digital programme updates do not include detailed stakeholder feedback. For example, the May 2024 update on Laboratory Information Management System (LIMS2.0) and Radiology Information Procurement System (RISP) simply listed support teams instead of providing stakeholder feedback and the actions it has taken to address any identified issues. The Programme Delivery Committee and Board should seek assurance that stakeholder engagement is effective and responsive across all DHCW digital programmes. **(Recommendation 5)**
- 40 A key goal of DHCW digital programmes is to deliver benefits to health bodies or NHS Wales. It plans benefits with its service owners and stakeholders. An Internal Audit report on benefits realisation in January 2024 gave a reasonable assurance rating, noting good stakeholder involvement. However, it highlighted the need to finalise the Benefits Framework, ensure benefits have a baseline and owner, and develop a tracking process. DHCW has addressed those recommendations.

Monitoring and adapting stakeholder engagement activity

- 41 We considered whether DHCW:
- regularly monitor the delivery of its stakeholder plans; and
 - regularly reviews and adjusts its engagement strategy and supporting delivery plans to ensure they adequately reflect the climate in which the SHA is operating.
- 42 We found that **DHCW is good at monitoring its stakeholder engagement strategy and action plan delivery. However, DHCW needs to ensure that it maintains its focus on delivering the actions arising from the Atos review, particularly those that it is not entirely responsible for delivering.**

Monitoring delivery of stakeholder engagement plans and strategic aims

- 43 DHCW regularly monitors its stakeholder engagement strategy and action plan. The Board receives detailed updates twice yearly updates and regular summary reports on progress. These report progress, actions, and achievements, but it is not easy to draw a direct link back to the planned actions in the original 2023 strategy and action plan. Its last Annual Report also provides a useful update on

engagement strategy progress. This allows key stakeholders to understand overall progress. However, it could strengthen its approach by setting out completed actions, changes to the plan, and any new objectives or activities.

(Recommendation 6)

- 44 The Atos review resulted in a report with 27 recommendations to improve DHCW's engagement arrangements and system-wide working. The findings and DHCW's response were presented to the Board in January 2025. DHCW has set up a Stakeholder Action Plan Delivery Group and an External Stakeholder Advisory Group, with their first meetings scheduled for February and March 2025. These groups will play key roles in monitoring and implementing the action plan.
- 45 DHCW is making progress on its specific Atos report actions and there are leads identified for each of them. Two actions are already completed, and 14 are in progress. The remaining 11 actions involve system-wide improvements. DHCW is engaging partners to secure their support on actions that sit with one or more organisations. DHCW should ensure that it maintains effective monitoring and reporting arrangements until all 27 actions are fully addressed.

Reviewing and adjusting stakeholder engagement strategy and delivery plans

- 46 DHCW effectively reviews and adjusts its engagement strategy and delivery plans. In 2023, they reduced the number of actions from 52 (from the original 2021 Engagement Strategy) to 23. This change was influenced by stakeholder discussions, growth in number and scale of projects / programmes, increased staff mobility, the pandemic's impact on digital services and a desire for a coordinated approach. DHCW now plans to use the Atos findings to review and update its stakeholder engagement strategy.

Mills, Belinda
01/07/2025 09:16:37

Recommendations

47 **Exhibit 1** details the recommendations arising from our work. DHCW's response to our recommendations is summarised in **Appendix 2**.

Exhibit 1: Recommendations

Recommendations	
R1	DHCW should ensure that there are sufficient resources within the Engagement and Strategic Partnership Team to lead and deliver both the outstanding Engagement Strategy actions and actions arising from the Atos review. Paragraph 18
R2	DHCW should ensure that there are systems and processes in place to establish effective clinical engagement on all key digital programmes. As part of this, DHCW should consider how it can attract or incentivise clinical engagement, particularly in key clinical digital programmes. Paragraph 21
R3	DHCW should ensure resilience in its engagement arrangements to maintain continuity and ongoing relationships with stakeholders where there is staff turnover in key roles. Paragraph 32
R4	DHCW should: R4.1 use stakeholder engagement to strengthen how it aligns its own and key stakeholder's IMTP digital requirements so that they are, where relevant, incorporated into its and the wider NHS Wales planning process. R4.2 clearly communicate delivery plans, risks and mitigating actions with stakeholders so that they are appropriately informed. Paragraph 35
R5	Digital programme updates to the Programme Delivery Committee and Board should routinely provide assurance on DHCW's response to stakeholder feedback. This could include examples of feedback received on key initiatives/programmes and actions it has taken in response. Paragraph 39

Mills, Belinda
01/07/2025 09:16:37

Recommendations

- R6 Updates to Board on delivery of the Stakeholder Engagement Strategy should be clearer around completed actions, plan changes, and new objectives or activities. **Paragraph 43**

Mills, Belinda
01/07/2025 09:16:37

Appendix 1

Audit methods

Exhibit 2 below sets out the methods we used to deliver this work.

Element of audit approach	Description
Interviews	<p>We interviewed the following Senior Officers and Independent Members:</p> <ul style="list-style-type: none">• Chair of DHCW• Chief Executive• Executive Medical Director;• Executive Director of Strategy;• Director of Corporate Affairs/Board Secretary;• Independent Member/Chair of the Digital Governance and Safety Committee;• Independent Member/Chair of the Programme Delivery Committee;• Head of Engagement and Strategic Partnerships;• Senior Engagement and Strategic Partnerships Manager; and• Representative from Atos.
Observations	<p>We observed:</p> <ul style="list-style-type: none">• Public Board; and• Board development session

Mills, Belinda
01/07/2025 09:16:37

Element of audit approach	Description
Documents reviewed	<p>We reviewed a range of documents, including but not limited to:</p> <ul style="list-style-type: none"> • Board and committee papers and minutes • Atos Stakeholder Review 2024 • DHCW Engagement Strategy and Action Plan • Reports prepared by the Internal Audit Service • DHCW Annual Reports • Organisational Strategy 2024-2030 • Integrated Medium Term Plan 2024-27 • Communications Strategy • Integrated Organisational Performance Reports • Stakeholder Engagement Strategy Updates • Digital Programme Assurance Updates • Senedd Health and Social Care Committee and Public Accounts and Public Administration Committee joint report ‘Scrutiny of Digital Health and Care Wales’

Mills, Belinda
01/07/2025 09:16:37

Appendix 2

Management response to audit recommendations

Exhibit 3: DHCW response to our audit recommendations

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1	DHCW should ensure that there are sufficient resources within the Engagement and Strategic Partnership Team to lead and deliver both the outstanding Engagement Strategy actions and actions arising from the Atos review	DHCW has appointed a dedicated resource to lead delivery of the Stakeholder Review Action Plan. DHCW is moving to a work package model, increasing core resource and allowing a more flexible resourcing model to meet the changing needs of programmes and services at different	February 2025 March 2026	Head of Engagement and Strategic Partnerships (Completed) Head of Engagement and Strategic Partnerships

Mills, Belinda
01/07/2025 09:16:37

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		stages, this includes with Engagement.		
R2	DHCW should ensure that there are systems and processes in place to establish effective clinical engagement on all key digital programmes. As part of this, DHCW should consider how it can attract or incentivise clinical engagement, particularly in key clinical digital programmes.	<p>DHCW has strengthened clinical engagement on programme assurance Groups and Boards and has appointed a number of clinical leads and Assistant Medical Directors.</p> <p>DHCW will further refine its approach to clinical engagement, which will include aligning with the outcomes of the Welsh Government commissioned DDaT Governance Review.</p>	<p>April 2025</p> <p>December 2025</p>	<p>Completed</p> <p>Assistant Director of Business Change & Clinical Informatics</p>

Mills, Belinda
01/07/2025 09:16:37

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R3	DHCW should ensure resilience in its engagement arrangements to maintain continuity and ongoing relationships with stakeholders where there is staff turnover in key roles.	DHCW will ensure all programmes have engagement plans with stakeholder maps and regular reporting to ensure consistency and learning and insights are shared.	March 2026	Head of Engagement and Strategic Partnerships (working with Head of Portfolio Management Office)
R4	<p>DHCW should:</p> <p>R4.1 use stakeholder engagement to strengthen how it aligns its own and key stakeholder's IMTP digital requirements so that they are, where relevant, incorporated into the DHCW planning process.</p> <p>R4.2 clearly communicate delivery plans, risks and mitigating actions with stakeholders so</p>	<p>DHCW will utilise the exec level engagement sessions with all NHS Wales partners to share and discuss alignment of priorities and IMTP deliverables and will further promote the joint planning sessions with NHS Wales partners.</p> <p>DHCW will use standardised process and tools for sharing and communicating product roadmaps.</p>	<p>December 2025</p> <p>September 2025</p>	<p>Head of Engagement and Strategic Partnerships</p> <p>Assistant Director of Digital Delivery/Associate Director, Products Single Record</p>

Mills, Belinda
01/07/2025 09:16:37

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	that they are appropriately informed.	DHCW will refresh governance for DHCW service management.	March 2026	Assistant Director of Service Management
R5	Digital programme updates to the Programme Delivery Committee and Board should routinely provide assurance on DHCW's response to stakeholder feedback. This could include examples of feedback received on key initiatives/programmes and actions it has taken in response.	DHCW will embed use of standard engagement plans and reporting across all DHCW programmes.	March 2026	Head of Engagement and Strategic Partnerships (working with Head of Portfolio Management Office)
R6	Updates to Board on delivery of the Stakeholder Engagement Strategy should be clearer around completed actions, plan changes, and new objectives or activities.	DHCW tracks progress against plans through the IMTP and monthly milestones management process. Future updates to DHCW Management board on the Stakeholder Engagement will include	March 2026	Head of Engagement and Strategic Partnerships

Mills, Belinda
01/07/2025 09:16:37

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
		reference to the detail on these as an appendix.		

Mills, Belinda
01/07/2025 09:16:37



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

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.

Mills, Belinda
01/07/2025 09:16:37

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

AUDIT ACTION LOG

Eitem ar yr Agenda: Agenda Item:	4.5
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Audit Action Log; and APPROVE the Audit action extensions set out in 4.6 of the report.	

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

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

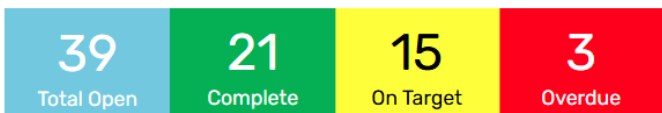
4.1 The Audit Tracker Dashboard shows the current reported status against recommendations received and the analysis shows all recommendations giving the current status of each recommendation which remained open at the last Committee meeting, and also those presented in report form to the Committee since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

4.2 Following advice from Internal Audit, the one action dependent on a third party is being managed via a separate log for tracking.

4.3 The Committee received 5 reports at the last meeting (listed below) which contained a total of 14 new actions. These have been added to the Audit Action Log, which now contains a total of 39 open actions.

- Programme Management
- Performance Framework
- Mission One – National Data Resource
- Service Management (SLA)
- Recruitment Processes

4.4 The status of the 39 open actions is shown below.



Number of Actions by Status

4.5 The Committee are requested to note the completion of the following 21 actions:

Audit Title	Audit Action Reference
Declarations of Interest	DHCW-2425-03 Rec 3.1
Final Internal Audit Report	
Energy Management Final Internal Audit Report	DHC-SSU-2425-13 - Rec 1.1
Energy Management Final Internal Audit Report	DHC-SSU-2425-13 - Rec 2
Energy Management Final Internal Audit Report	DHC-SSU-2425-13 - Rec 3
Energy Management Final Internal Audit Report	DHC-SSU-2425-13 - Rec 4.1
Energy Management Final Internal Audit Report	DHC-SSU-2425-13 - Rec 4.2
Energy Management Final Internal Audit Report	DHC-SSU-2425-13 - Rec 5
Energy Management Final Internal Audit Report	DHC-SSU-2425-13 - Rec 6.1
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 4
National Data Resource (NDR)	DHCW-2425-10 Rec 2
Performance Framework	DHCW-2425-04 Rec 1
Programme Management	DHC-2425-06 Rec 1
Recruitment Processes	DHC-2425-14 Rec 1
Recruitment Processes	DHC-2425-14 Rec 3
Recruitment Processes	DHC-2425-14 Rec 4
Recruitment Processes	DHC-2425-14 Rec 6
Service Management (Service Level Agreements)	DHCW 2425-08 Rec 1.1
Structured Assessment 2023	DHCW R5
Structured Assessment 2024 – Digital Health and Care Wales	4354A2024 - R1
Structured Assessment 2024 – Digital Health and Care Wales	4354A2024 - R5
Structured Assessment 2024 – Digital Health and Care Wales	4354A2024 - R7

4.5 The remaining 15 actions are reported as on track for completion by the target date.

Audit Title	Audit Action Reference
Digital Eyecare Programme	DHCW-2324-08 Rec 1.1
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 1
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 2
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 3
National Data Resource (NDR)	DHCW-2425-10 Rec 1
Nationally Hosted NHS IT Systems	4649A2024-2024.6
Nationally Hosted NHS IT Systems	4007A2024 2022.4
Nationally Hosted NHS IT Systems	4649A2024-2024.4
Nationally Hosted NHS IT Systems	4649A2024-2024-5
Programme Management	DHC-2425-06 Rec 2
Programme Management	DHC-2425-06 Rec 3
Recruitment Processes	DHC-2425-14 Rec 2
Recruitment Processes	DHC-2425-14 Rec 5
Service Management (Service Level Agreements)	DHCW 2425-08 Rec 2.1
Service Management (Service Level Agreements)	DHCW 2425-08 Rec 3.1

4.6 There are 3 actions marked as overdue, listed below and detailed in full at item [4.5j](#)

Mills Belinda
01/07/2025 09:16



[Appendix A](#). The Committee are asked to approve an extension to the target date of September 2025 for all 3 actions:

Audit Title	Audit Action Reference
Mission Five – Staff Development Review Final Internal Audit Report 2024/25	DHC-2425-07 Rec 5
Recruitment Processes	DHC-2425-14 Rec 7
Recruitment Processes	DHC-2425-14 Rec 8

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

- 5.1 Due to their technical nature, 4 actions have been classified as private and have sensitive details redacted. These will be discussed in detail in the private Committee meeting.
- 5.2 Progress has been made over the period with a total of 21 actions completed. Progress against remaining actions will continue to be monitored by the Corporate Governance team in conjunction with Leads on a regular basis

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Audit Action Log; and APPROVE the Audit action extensions set out in 4.6 of the report.	

Mills, Belinda
01/07/2025 09:16:36
Audit Action Log – July 2025

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

Eitem ar yr Agenda: Agenda Item:	4.6
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 1 of the financial year 2025/26	

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

4.1 The progress made in the Counter Fraud Provision for DHCW during [Quarter 1 of the 2025/26](#) 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 progress with the National Fraud Initiative.

4.4 Summary of referrals and investigations.

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

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

6 ARGYMHELLIAD / RECOMMENDATION

**Argymhelliad:
Recommendation:**

The Committee is being asked to

NOTE the contents of the report that relate to the Counter Fraud work carried out in Quarter 1 of the financial year 2025/26

Mills, Belinda
01/07/2025 09:16:37

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

Eitem ar yr Agenda: Agenda Item:	4.6ii
---------------------------------------------------	-------

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
---------------------------------------------------	--------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1. In 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.
- 3.2 This Counter Fraud [annual report](#) will highlight the activities undertaken by the LCFS team, and demonstrate how they have delivered their counter fraud, bribery and corruption activities. Additionally, in compliance with the NHSCFA's standards for providers, this annual report will also document and present the following details,
- Days used to deliver counter fraud, bribery and corruption work
 - The cost of counter fraud, bribery and corruption work carried out during the year
 - Details of any risk based proactive exercises conducted during the year
 - The number of incident reports and cases recorded on the NHSCFA Case management system
 - Number and type of sanctions imposed, including recoveries made.

The report highlights how LCFS' has demonstrated compliance towards the recognised standards, with some of the key aspects summarised. The NHS CFA measures compliance as follows: **Green – fully compliant**; **Amber – partially compliant**; **Red – non-compliant**.

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

- 4.1 Content of the report shows work completed for the year by Counter Fraud and the assessment against the Government Function Standards for Counter Fraud.

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

- 5.1 There are no key risks or matters for escalation noted in the report.



6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

CORPORATE RISK REGISTER

Eitem ar yr Agenda: Agenda Item:	5.2
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

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

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

Mjlls Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Risk Management Group	03/06/2025	Discussed and verified
Management Board	13/06/2025	Discussed and verified
Laura Tolley, Deputy Board Secretary Head of Corporate Governance	24 June 2025	Reviewed
Chris Darling, Director of Corporate Affairs Board Secretary	24 June 2025	Approved

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

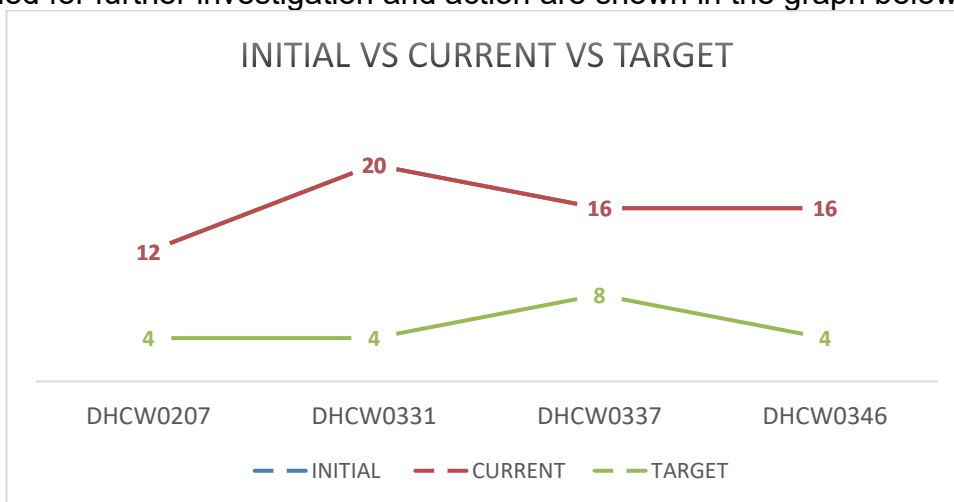


3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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



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

- 4.3 DHCW's Corporate Risk Register currently has 20 risks on Register, 4 of which are allocated to the Audit and Assurance Committee. 4 are detailed at item [5.2i Appendix A](#) for consideration by this Committee. The remaining 15 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 (6) 6 Public, 0 Private

RISK REF	RISK TITLE	COMMITTEE ASSIGNMENT
DHCW0346	DDaT Governance Review Implementation	Audit & Assurance Committee
DHCW0347	National Target Architecture Transition Roadmap	Programmes Delivery Committee
DHCW0348	Transition to new data architecture	Programmes Delivery Committee
DHCW0349	RADIS Team scaling back 25/26	Programmes Delivery Committee
DHCW0207 (re-escalated)	Document Management Strategy	Audit & Assurance Committee
DHCW0298 (re-escalated)	Delay in the Implementation of WLIMS 2.0	Programmes Delivery Committee

RISKS REMOVED (2) 1 Public, 1 Private

RISK REF	RISK TITLE	STATEMENT	COMMITTEE ASSIGNMENT
DHCW0282	PRIVATE	PRIVATE	Digital Governance & Safety Committee
DHCW0343	REMIT LETTER 2025/2026	Remit letter received and responded to	Audit & Assurance Committee

CHANGES IN SCORE (0) 0 Public, 0 Private

There were no changes in score during the period.

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

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0291 →	DHCW0340 - BP Systems and Services provided by third party could be withdrawn →	DHCW0298 - Delay in WLIMS implementation 2.0 ★
	MAJOR (4)			DHCW0344 Funding for Connecting Care in FY25/26 → DHCW0207 Document Management Strategy ★ DHCW0349 - RADIS Team Scaling Back 25/26 ★	DHCW0336 Audit + Withdrawal from Contracts → DHCW0337 Sustainable Digital Services and Development Funding Model → **DHCW0341 → **DHCW0342 → DHCW0345 Funding for Operational delivery of Care Director in FY25/26 → DHCW0346 DDaT Governance Review Implementation ★ DHCW0348 Transition to new data Architecture ★	DHCW0331 - Fixed term funding resource → DHCW0333 - WICIS Implementation Delay → DHCW0263: DHCW Functions ★ DHCW0320 - Citizen and stakeholder trust in use of HSC data ★
	MODERATE (3)		DHCW0300 - Canisc (Screening and Palliative Care) →	DHCW0318 - Welsh Language Scheme Compliance →	DHCW0347 National Target Architecture Roadmap ★	
	MINOR (2)					
	NEGLECTIBLE (1)					

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

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

- 5.1 The Committee are asked to note the five 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 six new risks being added to the Corporate Register.

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills, Belinda
01/07/2025 09:16:31

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

HIGH VALUE PURCHASE ORDER AND CUMULATIVE REPORT

Eitem ar yr Agenda: Agenda Item:	5.3
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Sian Williams, Head of Financial Services and Reporting
Cyflwynwyd gan: Presented By:	Claire Osmundsen-Little, Executive Director of Finance

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the High Value Orders report to June 24th, 2025.	

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
---------------------------------------------------	--------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

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

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

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



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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Claire Osmundsen-Little	24/6/25	Approved

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

- 4.1 During the period 17th March 2025 – 24th June 2025 there were 4 high value order of more than £0.750m raised.
- 4.2 The details of all orders raised year to date and individual governance approval is presented within [Appendix A – High Value Purchase Order Tracker](#). An extract is detailed within table 1.

4.3 Table 1 High Value Orders (reclassified extract) 17th March 2025 – 24th June 2025.

Ref	Area	Supplier	Service/Good Detail	Date Order Raised
A1 & A2	All Wales Licence Provision	Trustmarque Solutions ltd	All Wales Microsoft Enterprise Agreement	11/06/2025
A3	GP Systems Maintenance Support	HP INC UK LTD	Managed Print	02/05/2025
A4	Professional Fees	Kainos Software Ltd	Delivery Increment 7	15/05/2025

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

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

4.5 Table 2: Cumulative Supplier Orders reaching £0.750m for the financial year 17th March 2025 – 24th June 2025

Ref	Area	Supplier	Service/Good Detail	Number of Orders	Amount £
B1	Data Centre Services	Computacentre (UK) LTD	Computer Infrastructure, Licences & Support	13	>£0.750 m
B2	GP Systems Maintenance Support	Egton Medical Information Systems Ltd (EMIS HEALTH)	GMS Support and maintenance	11	>£0.750 m
B3	Various	NHS England	Various	4	>£0.750 m

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 24th June 2025.

4.6 Table 3: Suppliers with Spend of over £0.750m for the period of 17th March 2025 – 24th June 2025.

Ref	Area	Supplier	Amount £
C1	All Wales Licence Provision	Trustmarque Solutions Ltd	>£0.750m
C2	Data Centre Services	Computacentre (UK) LTD	>£0.750m
C3	Professional Fees	Kainos Software LTD	>£0.750m
C4	GP Systems Maintenance Support	HP INC UK LTD	>£0.750m
C5	GP Systems Maintenance Support	EGTON MEDICAL INFORMATION SYSTEMS LTD (EMIS HEALTH)	>£0.750m
C6	Various	NHS England	>£0.750m
Grand Total High Value Purchase Orders			£39,859.000



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

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the High Value Orders report to June 24th 2025.	

Mills, Belinda
01/07/2025 09:06:37
High Value Orders Report

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

PROCUREMENT AND SCHEME OF DELEGATION COMPLIANCE REPORT

Eitem ar yr Agenda: Agenda Item:	5.5
---------------------------------------------------	-----

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	08 July 2025

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

Noddwr Gweithredol: Executive Sponsor:	Claire Osmundsen-Little, Executive Director of Finance
Paratowyd gan: Prepared By:	Julie Williams Senior IT Category and Contracts Manager
Cyflwynwyd gan: Presented By:	Claire Osmundsen-Little, Executive Director of Finance

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

Mills, Belinda
01/07/2025 09:16:37



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
---------------------------------------------------	--------------------

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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



--

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Julie Francis, Head of Commercial Services	05/06/2025	Reviewed
Claire Osmundsen-Little	06/06/2025	Approved



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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1.1 The purpose of this report is to provide the Audit and Assurance Committee with an update in relation to procurement activity undertaken during the period 1st March 2025 to 31st May 2025 and in accordance with reference 1.2 (Schedule 2.1 Procurement and Contracting for Goods and Services) of the standing Financial Instructions.

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

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

Mills, Belinda
01/07/2025 09:16:37



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

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

- 2 x Single Tender Actions ([Set out in item 5.5i Appendix A](#)) Total Value £4,090,000.00 ex VAT
- 2 x Change control ([set out in item 5.5i Appendix A](#)) Total Value £167,780.00 ex VAT

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills, Belinda
01/07/2025 09:16:37