

# Audit and Assurance Committee Extraordinary Meeting

Thu 26 June 2025, 09:00 - 09:30

## Agenda

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### 09:00 - 09:05 **1. PRELIMINARY MATTERS**

5 min

#### **1.1 Welcome and Introductions**

*For Noting*                      *Chair*

#### **1.2 Apologies for Absence**

*For Noting*                      *Chair*

#### **1.3 Declarations of Interest**

*For Noting*                      *Chair*

### 09:05 - 09:30 **2. AUDITED ACCOUNTS AND ANNUAL REPORT**

25 min

#### **2.1 Annual Financial Accounts 2024-2025:**

*For Endorsement*                      *Associate Director of Finance/ Audit Wales*

2.1i - Audit of the Financial Statements (ISA 260) Report (inc. Letter of Representation)

2.1ii - Head of Internal Audit Opinion

 2.1 DHCW-Audit Committee - Report-Template-2025-26 - Annual Accounts 2024-25.pdf (6 pages)

 2.1i DHCW Audit Committee Report - Annual Accounts ISA160 F-01.pdf (5 pages)

 2.1i Final DHCW Audit of Accounts Report 24-25.pdf (30 pages)

 2.1ii Head of Internal Audit Opinion cover paper.pdf (4 pages)


 2.1ii App HoIA Opinion 2024-2025.pdf (22 pages)

#### **2.2 DHCW Annual Report 2024-2025**

*For Endorsement*                      *Director of Corporate Affairs/Board Secretary*

- (including Accountability Report, Performance Report & Financial Statements)

 2.2 DHCW Annual Report 2024-25.pdf (5 pages)

 2.2i DHCW-Annual-Report-2024-2025-Draft-19-June-2025.pdf (206 pages)

### 09:30 - 09:30 **3. CLOSING MATTERS**

0 min

#### **3.1 Any Other Urgent Business**

*For Discussion*                      *Chair*

#### **3.2 Date of Next Meeting: 08 July 2025**

*For Noting*                      *Chair*

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES 2024-25 DHCW ANNUAL ACCOUNTS

Eitem ar yr Agenda:  
Agenda Item:

2.1

Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	26 June 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 Endorsement
Argymhelliad: Recommendation:	The Committee is being asked to
The Audit and Assurance Committee is being asked to <b>ENDORSE</b> the Annual Accounts for DHCW for 2024-25 and <b>ENDORSE</b> the Letter of Representation for DHCW to be signed by the Chief Executive and Chair. <b>NOTE</b> Audit Wales recommendations and actions.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

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

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Audit & Assurance Committee	26/06/2025	Endorsed

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISA	International Standard on Auditing		
SoCNE	Statement of Comprehensive Net Expenditure		



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The purpose of the report is to present the Annual Accounts for the financial year ended 31st March 2025 (see the accountability section of the (2.2 Annual Report) and request that these accounts be recommended to the Board for approval.
- 3.2 The draft Annual Accounts for DHCW for 2024-25 were submitted to the Welsh Government and Audit Wales on 2nd May 2025 and circulated to the Audit & Assurance Committee on 8th May 2025 to give an opportunity for any queries to be raised relating to their contents.
- 3.3 The main changes to the draft Accounts are explained within Audit Wales' "Audit of Accounts Report" (a separate report on their findings called an ISA260 inclusive of any forward-looking recommendations).
- 3.4 Audit Wales have issued an unqualified audit opinion on this year's accounts pending provision of a signed Letter of Representation (see 2.1i Appendix 4 – DHCW SHA 2024-25 Letter of Representation).
- 3.5 The final audited accounts for 2024-25 will be submitted to the Welsh Government on 27th June (ahead of the 30 June 2025 deadline), after approval by the SHA Board on 26th June.

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

- 4.1 The Annual Accounts consist of 5 key summary statements accompanied by 57 pages of published accounting notes and numerous off submission file notes, source documents and reconciliations.
- 4.2 Summary Statements comprise of:
- Statement of Comprehensive Net Expenditure - The Statement of Comprehensive Net Expenditure (SoCNE) summarises, on an accruals basis, DHCW's net operating costs.
  - Other Comprehensive Net Expenditure - This report is a primary statement showing the expenditure impact of changes to fixed asset valuations, reserve valuations and impairments.
  - Statement of Financial Position as at 31 March 2025 - This statement is what is

commonly known as the Balance sheet which presents Organisational assets and liabilities.

- Statement of Changes in Taxpayers' Equity - This Statement is now required under IAS 1, interpreted to include figures for net operating cost for the year and net Welsh Government funding for the year.
- Statement of Cash Flows for period ended 31 March 2025 - The cash flows reported relate to movements in cash and cash equivalents (short-term highly liquid investments that are readily converted into known amounts of cash and subject to insignificant risk of changes in value, which is assumed if the instrument's maturity is 90 days or less).

4.3 Performance against statutory targets: DHCW was established as a Special Health Authority. The statutory financial duties of Special Health Authorities are set out in section 172 of the National Health Service (Wales) Act 2006.

- **Statutory Financial Duties – First Financial Duty:** Section 172(1) sets out what is referred to as the 'First Financial Duty' -a duty to secure that DHCW expenditure does not exceed the aggregate of the funding allotted to it for a financial year. Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations. Revenue and Capital resource allocations were issued to DHCW for the period 1 April 2024 to 31 March 2025 and will form the basis of assessment of the First Financial Duty in the first statutory accounts.

DHCW has reported meeting this duty with the accounts presenting a revenue underspend of £0.251m and a capital underspend of £0.047m.

- **Administrative Financial Duties – Second Financial Duty:** The 'Second Financial Duty' for NHS bodies in Wales is the duty to prepare a plan and for that plan to be submitted to Welsh Government - **achieved:** DHCW has submitted an Integrated Medium-Term Plan for the period 2024-27 in accordance with NHS Wales Planning Framework 2024-27. However, as this was not a statutory requirement for SHAs under the NHS Finance (Wales) Act 2014 the plan did not require Ministerial approval

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

- 5.1 **Misstatements:** Audit Wales concluded that there are no non-trivial uncorrected misstatements in the accounts.
- 5.2 **Changes to Notes:** There were a total of 7 misstatements recommend by Audit Wales which were all actioned (with nil financial impact) since the draft accounts. There were 4 amendments to correctly reflect assets in the notes and 2 narratives disclosures. The final item, had a nil impact on the financial performance but changed the presentation in the Statement of Financial Position due to removing prepayments from the accounts where the invoices had not been paid at the year end.
- 5.3 **Amendment with a Financial Impact:** An amendment was agreed to be made to the DHCW reported financial performance which impacts a number of notes in relation to backpay of a Senior officer in DHCW, which wasn't confirmed until after the draft accounts. The resulted in changes of £49K to Note 3.2 Other operating expenses, SOFP: trade and other payables Note 18, Remuneration Report and also disclosures in Notes 9.1, 18 and 30 in the financial statements. This item has been amended within the financial performance and resulted in the draft position moving from £0.300m underspend to £0.251m underspend with no impact upon our statutory targets.
- 5.4 **Audit process improvement:** DHCW would like to note that the Audit process has been more efficient and effective in 2024-25. DHCW would like to thank Audit Wales on and DHCW will continue to work in partnership with Audit Wales to identify and action further areas of improvement for 2025/26.

## 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
The Audit and Assurance Committee is being asked to <b>ENDORSE</b> the Annual Accounts for DHCW for 2024-25 and <b>ENDORSE</b> the Letter of Representation for DHCW to be signed by the Chief Executive and Chair. <b>NOTE</b> Audit Wales recommendations and actions.	

# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES FINANCIAL UPDATE 2024/25 DHCW ANNUAL ACCOUNTS AUDIT REPORT (ISA260)

Eitem ar yr Agenda: Agenda Item:	2.1i
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	26 June 2025

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE</b> the Audit Of Accounts Report (ISA260) Digital Health And Care Wales SHA for audit year 2024-25.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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<b>ASESIAD O'R EFFAITH AR ANSAWDD</b> (cyf, os yw'n briodol) <b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	N/A
<b><u>DEDDF LLESIANT CENEDLAETHAU'R DYFODOL</u></b> <b><u>WELL-BEING OF FUTURE GENERATIONS ACT</u></b>	A Healthier Wales
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<b><u>SAFONAU ANSAWDD IGDC</u></b> <b><u>DHCW QUALITY STANDARDS</u></b>	N/A
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<b><u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u></b> <b><u>DUTY OF QUALITY ENABLER</u></b>	N/A
<b><u>PARTH ANSAWDD</u></b> <b><u>DOMAIN OF QUALITY</u></b>	Safe
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<b><u>DATGANIAD ASESIAID O'R EFFAITH AR</u></b> <b><u>GYDRADDOLDEB</u></b> <b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
Choose an item.	Outcome: N/A
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## 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	19/06/25	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
ISA	International Standard on Auditing		



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The purpose of the report is to present the Audit Wales' Audit of DHCW Accounts Report (ISA 260) attached for the Committee's information and to support consideration of the annual accounts. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. The Audit team have already discussed these findings with the Executive Director of Finance and Business Assurance.

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

- 4.1 The report has been prepared as part of Audit Wales work undertaken in accordance with statutory functions.

#### 4.2 Proposed audit opinion

We intend to issue an unqualified audit opinion on this year's accounts once DHCW have provided us with a Letter of Representation based on that set out in Appendix 4 of the report.

The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit (which incorporates a note for information relating to agreed immaterial uncorrected items).

Amendments to the draft accounts as a consequence of our review are set out in Appendix 2 of the report, all have been accepted by DHCW.

- 4.3 The full report is included within the ISA260 report.



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

5.1 The Audit and Assurance Committee is asked to Note the Audit of Accounts Report for Digital Health And Care Wales SHA.

## 6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:  
Recommendation:

The Committee is being asked to

**NOTE** the Audit Of Accounts Report (ISA260) Digital Health And Care Wales SHA for audit year 2024-25.

# Audit of Accounts Report – Digital Health and Care Wales

Audit year: 2024-25

Date issued: June 2025

Document reference: 4906A2025



# Contents

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

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

# Introduction



**Adrian Crompton**  
Auditor General for  
Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2024-25 annual report and accounts. My team have already discussed these findings with the Executive Director of Finance and Business Assurance

My team have substantially completed the audit work as set out in my Audit Plan dated March 2025.

Since my Audit Plan, I have updated materiality to reflect the 2024-25 accounts. I have also identified one new audit risk which need to be brought to your attention. This, along with my response to previously

identified audit risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared, give a true and fair view, in all material aspects and whether income and expenditure have been applied to the purposes intended. My proposed audit opinion and basis for it is outlined on page 19.

It is the responsibility of the Board to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of Digital Health and Care Wales for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

# Your audit at a glance



We intend to issue an **unqualified opinion** on the accounts.

See [Appendix 4](#)



There are no **other significant matters** to report.

See [Audit findings](#)



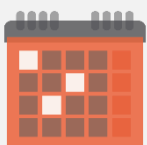
There are no **uncorrected misstatements** in the accounts which we wish to draw to your attention.

See [Audit findings](#)



The recommendations arising from our work will be set out in an Accounts Memorandum which will be communicated with officers in due course.

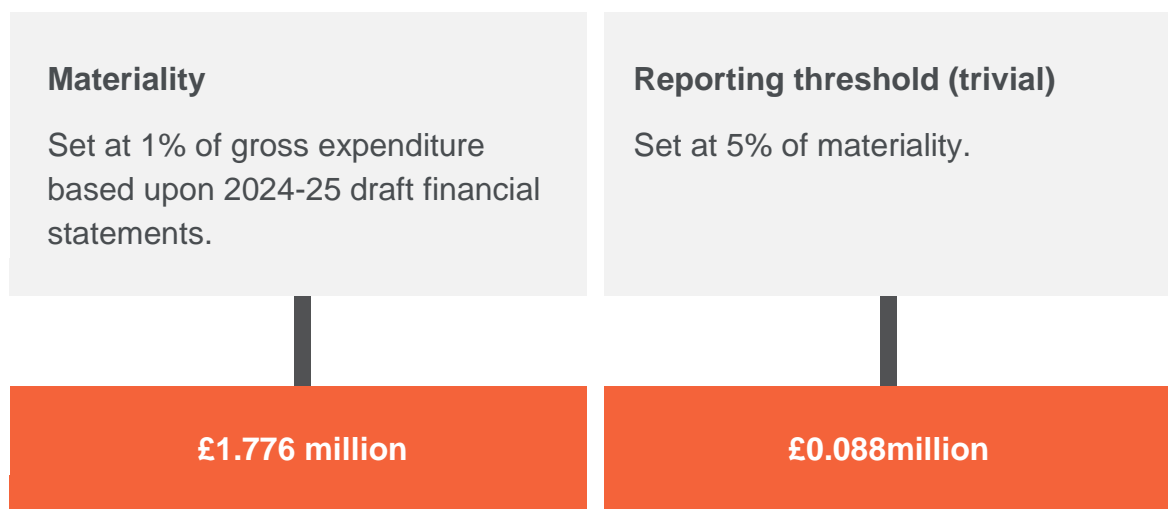
See [Appendix 5](#)



We are aiming to certify your accounts on **27 June 2025**, which is ahead of the deadline of **30 June 2025**.

# Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:



There are some areas of the accounts that may be of more importance to the user of the accounts. We confirm lower materiality levels for these:



# Audit Findings

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## Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

### Uncorrected misstatements

We have not identified any misstatements above our reporting threshold that remain uncorrected.

### Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, but which we consider should be drawn to your attention.

These are set out in [Appendix 2](#).

## Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of the Authority's financial reporting process.

There were no such issues identified during the audit.

## Proposed audit opinion

### Audit opinion

We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

Our proposed audit report is set out in **Appendix 3**.

### Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4**, the contents of which are in line with our standard request for representations.

# Audit team and ethical compliance

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The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

## Exhibit 1: my local audit team

**Engagement Lead**                      Derwyn Owen  
[Derwyn.Owen@audit.wales](mailto:Derwyn.Owen@audit.wales)

**Audit Manager**                         Mike Whiteley  
[Mike.Whiteley@audit.wales](mailto:Mike.Whiteley@audit.wales)

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**Audit Lead**                                 David Tomalin  
[David.Tomalin@audit.wales](mailto:David.Tomalin@audit.wales)

## Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised;
- we have no relationships that could undermine our independence or objectivity. We identified one potential conflict of interest which we reported in our Audit Plan, and we confirm that the planned safeguards put in place operated as intended; and
- we are not aware of any other potential conflicts of interest we need to bring to your attention.

# Appendix 1 – Audit risks and outcomes

Since the issue of my Audit Plan in March 2025, my team identified an additional risk of material misstatement that should be brought to your attention as listed below.

## Exhibit 2: audit risks identified following issue of my Audit Plan

Audit risk	Work done	Outcome
Welsh Government escalation to level 3 for performance and outcomes related to the delivery of major programmes	<p>The audit team considered DHCW's key ongoing programmes to identify any potential impact on the financial statements, specifically:</p> <ul style="list-style-type: none"><li>• reviewed the accounting treatment of programmes transferred into DHCW;</li><li>• tested the recognition of asset costs in relation to the delivery of programmes; and</li><li>• considered DHCW's assessment of the need for potential for any accelerated depreciation or impairment of previously recognised programme costs.</li></ul>	My audit work did not identify any issues.

**Exhibit 3** lists the audit risks included within my Audit Plan and sets out how they were addressed as part of the audit.

**Exhibit 3: audit risks reported previously, work done and outcome**

Audit risk	Work done	Outcome
<p><b>Risk of management override</b></p> <p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team:</p> <ul style="list-style-type: none"> <li>• tested the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li> <li>• reviewed accounting estimates for bias; and</li> <li>• evaluated the rationale for any significant transactions outside the normal course of business.</li> </ul>	<p>My audit work did not identify any instances of management override of controls.</p>
<p><b>Risk of fraud in expenditure recognition</b></p> <p>There is a risk of material misstatement due to fraud in expenditure recognition and as such is treated as a significant risk [Practice Note 10].</p>	<p>The audit team:</p> <ul style="list-style-type: none"> <li>• substantively tested all material areas of pay and non-pay expenditure;</li> <li>• tested the appropriateness of accruals made at the year-end; and</li> <li>• performed focussed cut-off testing on post year end payments to ensure expenditure was appropriately accrued.</li> </ul>	<p>My audit work did not identify any issues in relation to fraud in expenditure recognition.</p>

### Remuneration report disclosures

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

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

The audit team:

- ensured that disclosures are complete based on the team’s knowledge and are prepared in accordance with requirements;
- ensured that remuneration disclosed is consistent with supporting evidence;
- ensured that amounts paid are consistent with those approved by the Board and were in accordance with Welsh Government pay rates.

During our planning work, DHCW officers flagged a potential issue regarding back pay for a senior officer. The position was finalised during the audit and consequently met the criteria to recognise the expenditure, with corresponding adjustments within the financial statements and remuneration report.

My audit work did not identify any other issues or misstatements with the disclosures; however it did identify that some additional narrative disclosures would benefit the reader’s understanding of movements in the year.

Further details are in **Appendix 2**.

**Related party disclosures**

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

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

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

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

The audit team:

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

My work identified two omissions from the transactions and balances disclosed in respect of JCC and Bangor University. These omissions have been corrected and are detailed in **Appendix 2**.

**Failure of first financial duty**

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

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

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

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

The audit team focussed testing on areas of the financial statements which could potentially contain reporting bias.

My work did not identify any instances of reporting bias.

## Appendix 2 – Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
£49,000	<p><b>SoCNE: Other operating expenses</b></p> <ul style="list-style-type: none"> <li>Note 3.2 Directors costs: increased from £1,627,000 to £1,676,000</li> </ul> <p><b>SoFP: Trade and other payables (and Note 18)</b></p> <ul style="list-style-type: none"> <li>Welsh Government: amended from £51,000 to £100,000</li> </ul> <p><b>Remuneration report</b></p> <ul style="list-style-type: none"> <li>Executive Director of Strategy – salary banding: amended from £120,000 - £125,000 to £145,000 - £150,000</li> </ul> <p>This also impacts the disclosures in Notes 9.1, 18 and 30 in the financial statements.</p>	<p>To include backpay for a senior officer which had not been finalised when the draft accounts were submitted. This was subsequently agreed with Welsh Government and approved by RATS Committee during the audit.</p>

£427,000 SoFP only,  
nil impact on SoCNE

**Trade & other receivables  
(and Note 15)**

- Other prepayments:  
amended from £16,774,000  
to £16,357,000
- Other receivables: amended  
from £1,006,000 to £996,000

To remove prepayments  
from the accounts where  
the invoices had not been  
paid at the year end.

**Trade and other payables (and  
Note 18)**

- Non-NHS trade payables -  
revenue: amended from  
£3,931,000 to £3,504,000

Nil impact on SoFP  
or SoCNE

**Note 2.2 Capital Resource  
Performance**

- Gross capital expenditure:  
amend from £18,375,000 to  
£18,494,000.
- Less NBV on disposal of  
property, plant & equipment,  
right of use & intangible  
assets: amended from £0 to  
(£121,000).
- (Over)/Underspend against  
Capital Resource Allocation:  
amended from £45,000 to  
£47,000.

To correctly reflect asset  
disposals in the note.

Nil impact on SoFP  
or SoCNE

**Note 11 Cost or Valuation  
(Information Technology):**

- Reclassified as held for sale:  
amended from £0 to  
£222,000.
- Disposals: amended from  
£2,823,000 to £2,601,000.

Asset sale incorrectly  
processed and disclosed  
in the financial statements.

---

**Note 11 Depreciation  
(Information Technology):**

- Reclassified as held for sale: amended from £0 to £184,000.
- Disposals: amended from £2,785,000 to £2,601,000.

**Note 11.2 AHFS**

- Plus assets reclassified as held for sale in the period: amended from £0 to £38,000.
- Less assets sold in the period: amended from £0 to (£38,000).

---

Nil impact on SoFP  
or SoCNE

**Note 12 Intangible non-current  
assets**

- Additions purchased: amended from £0 to £2,603,000.
- Additions internally generated: amended from £2,603,000 to £9,793,000.
- Additions donated: amended from £9,793,000 to £0.

Expenditure on intangible  
assets incorrectly analysed  
in the note.

---

Nil impact on SoFP  
or SoCNE

**Note 30 Related party  
transactions**

- Income from JCC: amended from £0 to £155,000.
- Amounts owed to Bangor University: Amended from £0 to £5,000.

Incomplete transactions  
and balances disclosed for  
two related parties.

---

Narrative disclosure only	<b>Remuneration report</b> Additional footnotes were included to explain movements in senior officer pay during the year.	To aid the reader's understanding of senior officer pay.
Narrative disclosure only	<b>Performance report and accountability report</b> The staff number of 1,211 WTE disclosed in both reports was amended to 1,235 WTE.  Several minor amendments were also made to both reports to ensure consistency with the financial statements.	Staff numbers provided by People and Organisation Development for the reports were not calculated in accordance with the manual for accounts.

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# Appendix 3 – Proposed audit report

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## The Certificate and report of the Auditor General for Wales to the Senedd

### Opinion on financial statements

I certify that I have audited the financial statements of Digital Health and Care Wales for the year ended 31 March 2025 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Digital Health and Care Wales as at 31 March 2025 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

### Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

### Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

### Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability

to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Digital Health and Care Wales is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

### **Other Information**

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

### **Opinion on other matters**

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

### **Matters on which I report by exception**

In the light of the knowledge and understanding of the Authority and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report, Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

### **Responsibilities of Directors and the Chief Executive for the financial statements**

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions];
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Authority will not continue to be provided in the future.

### **Auditor's responsibilities for the audit of the financial statements**

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the audited entity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Digital Health and Care Wales' policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: expenditure recognition, posting of unusual journals and management override of controls;
- Obtaining an understanding of Digital Health and Care Wales' framework of authority as well as other legal and regulatory frameworks that the Digital Health and Care Wales operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Digital Health and Care Wales;

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business; and

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Digital Health and Care Wales' controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of my auditor's report.

### **Other auditor's responsibilities**

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

---

Audit of Accounts Report – Digital Health and Care Wales

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

## Report

I have no observations to make on these financial statements.

Adrian Crompton  
Auditor General for Wales  
27 June 2025

1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

# Appendix 4 – Letter of representation

## Letter of representation

Auditor General for Wales  
Audit Wales  
1 Capital Quarter  
Tyndall Street  
Cardiff  
CF10 4BZ

26 June 2025

### Representations regarding the 2024-25 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Digital Health and Care Wales for the year ended 31 March 2025 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

### Management representations

#### Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
  - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of Digital Health and Care Wales will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred; and
- the design, implementation and maintenance of internal control to prevent and detect error.

### **Information provided**

We have provided you with:

- full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- our knowledge of fraud or suspected fraud that we are aware of and that affects Digital Health and Care Wales and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements.
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.

- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- the identity of all related parties and all the related party relationships and transactions of which we are aware.
- our knowledge of all possible and actual instances of irregular transactions.

### **Financial statement representations**

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are no non-trivial misstatements within the accounts which remain uncorrected.

### **Representations by the Board**

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 26 June 2025.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

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Signed by: Helen Thomas

Chief Executive

Date: 26 June 2025

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Signed by: Simon Jones

Chair

Date: 26 June 2025

# Audit quality

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

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



## Our People

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



## Arrangements for achieving audit quality

### Selection of right team

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



## Independent assurance

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

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We welcome correspondence and telephone calls in Welsh and English.

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



# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES HEAD OF INTERNAL AUDIT OPINION

Eitem ar yr Agenda: Agenda Item:	2.1ii
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	26 June 2025

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

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

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



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



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

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

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs / Board Secretary	11/06/2025	N/A

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



### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The Head of Internal Audit Opinion is delivered based on the programme of internal audit work completed during 2024/25.
- 3.2 The purpose of the annual Head of Internal Audit Opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board’s own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

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

- 4.1 For 2024/25, REASONABLE assurance has been provided to DHCW, based on the findings from the results of our internal audit work.
- 4.2 This year we completed 13 reviews of which four were substantial, seven were reasonable assurance, one was limited assurance and one was an advisory review.
- 4.3 Overall, the Board, through the Audit and Assurance Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

### 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 the consideration of the Head of Internal Audit Opinion.

### 6 ARGYMHELLIAD / RECOMMENDATION

<b>Argymhelliad: Recommendation:</b>	The Committee is being asked to
<b>RECEIVE</b> the Head of Internal Audit Opinion for <b>ASSURANCE</b> and <b>NOTING</b> .	

# Head of Internal Audit Opinion & Annual Report 2024/25

Digital Health and Care Wales



Reasonable Assurance

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<b>Report status:</b>	Final
<b>Draft report issued:</b>	8 <sup>th</sup> May 2025
<b>Final report issued:</b>	11 <sup>th</sup> June 2025
<b>Author:</b>	Stephen Chaney
<b>Audit and Assurance Committee:</b>	26 <sup>th</sup> June 2025

# 1. Executive Summary

## 1.1 Purpose of this Report

Digital Health and Care Wales Special Health Authority (the Special Health Authority) Board is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

## 1.2 Head of Internal Audit Opinion 2024/25

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement. The overall opinion for 2024/25 is:

<b>Reasonable assurance</b>		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p><b>Low to moderate impact</b> on residual risk exposure until resolved.</p>
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## 1.3 Delivery of the Audit Plan

The plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit and Assurance Committee (the 'Committee'). In addition, regular audit progress reports have been submitted to the Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.

The Internal Audit Plan for 2024/25 year, was presented to the Committee in April 2024. Changes to the plan have been made during the year and these changes have been reported to the Audit and Assurance Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at NWSSP and the new NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we

'Fully Conform', and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to 'generally conform' to the requirements of the Public Sector Internal Audit Standards for 2024/25. We can state that our service 'conforms to the IIA's professional standards and to PSIAS.'

#### 1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.

Where we have given Limited Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.

In addition, we also undertook advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in table 1 below.

**Table 1 – Summary of Audits 2024/25**

Substantial Assurance	<ul style="list-style-type: none"> <li>• Follow-up of Previous Recommendations</li> <li>• Declarations of Interest</li> <li>• Mission One – Cloud Services</li> <li>• Financial Sustainability</li> </ul>
Reasonable Assurance	<ul style="list-style-type: none"> <li>• Performance Framework</li> <li>• Programme Management</li> <li>• Mission Five – Staff Development</li> <li>• Service Management (Service Level Agreements)</li> <li>• IT Change Management</li> <li>• Mission One – National Data Resource</li> <li>• Estates Assurance – Energy Management</li> </ul>
Limited Assurance	<ul style="list-style-type: none"> <li>• Recruitment Processes</li> </ul>
Unsatisfactory	N/A
Advisory/Non-Opinion	<ul style="list-style-type: none"> <li>• Cyber Resilience Unit</li> </ul>

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.7) and other information obtained during the year that we deem to be relevant to our work.

## **2. Head of Internal Audit Opinion**

### **2.1 Roles and Responsibilities**

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The Special Health Authority's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit and Assurance Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the Special Health Authority. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board considers but is not intended to provide a comprehensive view.

The Board, through the Audit and Assurance Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

### **2.2 Purpose of the Head of Internal Audit Opinion**

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Digital Health and Care Wales which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate

Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

### **2.3 Assurance Rating System for the Head of Internal Audit Opinion**

The overall opinion is based primarily on the outcome of the work undertaken during the 2024/25 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of PSIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.


This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset (see section 2.4).

### **2.4 Head of Internal Audit Opinion**

#### **Scope of opinion**

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit and Assurance Committee, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

<b>Reasonable assurance</b>		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively.</p> <p>Some matters require management attention in control design or compliance.</p> <p><b>Low to moderate impact</b> on residual risk exposure until resolved.</p>
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This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to the one Limited Assurance opinion issued during the year and the significance of the recommendations made across other audits (of which there were twelve audits and one advisory review in 2024/25) as well as addressing the implementation of any outstanding recommendations from previous year reviews.

### **Basis for Forming the Opinion**

The audit work undertaken during 2024/25, and reported to the Audit and Assurance Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit and Assurance Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the leadership standard.

Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).

- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of Board and other key Committee meetings; meetings with Executive Directors, senior managers and Independent Members; the results of *ad hoc* work and support provided; liaison with other assurance providers and Inspectors; research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Special Health Authority.

In reaching this opinion we have identified some reviews during the year concluded positively with effective control arrangements operating in some areas.

From the opinions issued during the year, four were allocated Substantial Assurance, seven were allocated Reasonable Assurance, one was allocated Limited Assurance with

none allocated an Unsatisfactory assurance opinion. One advisory or non-opinion report was also issued.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit and Assurance Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the findings is shown below. We have reported the findings using the eight areas of the Special Health Authority's activities that we had previously used to structure our strategic and one-year operational plans.

### **Corporate Governance, Risk Management and Regulatory Compliance**

We have undertaken two reviews in this area.

- **Declarations of Interest:** The audit provided **substantial** assurance on the management of declared interests within DHCW. Three low-priority recommendations were made to improve consistency in reporting, enhance corporate governance oversight, and ensure periodic confirmation of compliance by NHS Wales Shared Services Partnership (NWSSP) procurement staff. The audit confirmed effective guidance and management processes for declarations of interests, gifts, hospitality, sponsorships, and honoraria.
- **Follow-up of Internal Audit Recommendations** - this audit, where we considered timely implementation of a sample of 2023/24 internal audit recommendations, received a **substantial** assurance opinion. No matters were identified for reporting.

### **Strategic Planning, Performance Management & Reporting**

We have undertaken one review in this area.

- **Performance Framework:** The Performance Framework audit assessed the data quality of a sample of metrics reported within the Integrated Operational Performance Report (IOPR). The audit aimed to verify the accuracy and quality of metrics within the IOPR, ensuring they align with strategic objectives, key risks, and deliverables. We provided **reasonable** assurance and found that metrics are derived from reliable data sources, though manual data transfer introduces potential errors. A finding was raised over the absence of process controls for the Service Desk slide, requiring management action to ensure accurate reporting.

## Financial Governance and Management

We have undertaken one review in this area.

- **Financial Sustainability:** The audit provided **substantial** assurance over a review of the financial management arrangements in place, to ensure the ongoing sustainability of services and project delivery, with a particular focus on sustainable funding requirements for projects. We generally found good arrangements and despite some funding uncertainties, most projects are on track, with 92% milestone completion expected. We raised findings over:
  - inconsistencies in programme costing and benefits analysis; and
  - insufficient audit trail to support escalations.

## Quality & Safety

We have not undertaken any reviews in this area.

## Information Governance & Security

We have undertaken four reviews in this area.

- **IT Change Management:** We provided **reasonable** assurance over the change management framework at DHCW. We highlighted a robust framework with policies, procedures, and templates for managing changes. However, we raised points over a lack of the segregation of duties and post-implementation roles are not consistently recorded.
- **Mission One – National Data Resource:** We provided **reasonable** assurance on our review of the progress of the National Data Resource (NDR) Programme. We identified funding instability as a significant issue, noting that the nature of the funding process impacts financial planning and delays benefit realisation. Additionally, there are restrictions on the ingestion and use of some NHS Wales data due to perceived conflicts with Welsh Government policy and GDPR, which limit data analysis and the programme's ability to deliver its benefits fully. Recommendations focus on engaging with Welsh Government to stabilise funding and resolve data use conflicts.
- **Mission One – Cloud Services:** We provided **substantial** assurance on the review of the programme to migrate live services from datacentres to cloud services at DHCW. We noted that while there is monitoring of delivery at an operational level, there is no specific reporting to the Board or other committees on progress against the Cloud Strategy. Additionally, there is no risk explicitly addressing the failure to secure funding for the business case and its impact on the delivery of the Cloud Strategy. The business case proposal for cloud migration focuses on a rehost approach, which enables DHCW to exit the data centres but does not fully exploit cloud opportunities. Recommendations include improving governance reporting, addressing funding risks, and ensuring future consolidation and optimisation to maximise cloud benefits.
- **Cyber Resilience Unit:** This **advisory** review focused on the implementation of the NHS Wales Cyber Resilience Unit (CRU). It assessed the CRU's strategy, target

operating model, and its effectiveness in delivering responsibilities. It identifies several key areas for improvement, including the lack of a coordinated cyber security improvement plan and inconsistencies in incident reporting. The staffing model for the CRU needs assessment against its responsibilities, and there is no operating leadership forum. The report to Welsh Government does not fully convey the cyber security position, gaps, and progress. Additionally, there is no formal document outlining the CRU's responsibilities and reporting requirements. Recommendations include developing a coordinated improvement plan, enhancing incident reporting, and establishing a leadership forum.

### Operational Service and Functional Management

We have undertaken two reviews in this area.

- **Programme Management:** We provided **reasonable** assurance over our review of the effectiveness of the Portfolio Management Office (PMO), but not on the delivery and timescales of specific projects. The report notes that while the PMO effectively manages projects and aligns them with strategic goals, improvements are needed in the reporting process and the completion of change and lessons learned logs. Recommendations include ensuring the change control log is fully completed, simplifying the reporting framework, and updating the lessons learned log to enhance efficiency and accountability.
- **Service Management (Service Level Agreements):** We provided **reasonable** assurance over the management of service level agreements (SLAs) within DHCW. The audit issued reasonable assurance, highlighting key findings and recommendations. The report notes that while comprehensive guidance exists for developing and monitoring SLAs, the SLAs for services provided by DHCW are more aligned to operational level agreements (OLAs) rather than true SLAs. Furthermore, there is limited evidence of regular meetings with suppliers to discuss performance. Recommendations include revising the SLA templates to include agreed service standards, defining value and quality metrics, and ensuring all contracts are adequately monitored.

### Workforce Management

We have undertaken two reviews in this area.

- **Mission Five – Staff Development:** the audit evaluated the implementation of the Mission Five Staff Development (M5-SD) Strategy at DHCW and provided **reasonable** assurance. We note that while progress has been made, there are risks to the delivery of the M5-SD Strategy due to the resource position. Furthermore, issues identified included the lack of a formal People and Organisational Development Strategy for 2025-2030, misalignment of ongoing initiatives with the M5-SD Strategy, and objectives that do not meet SMART criteria.
- **Recruitment Processes:** We provided **limited** assurance from our audit of recruitment processes within DHCW. The audit highlighted several key areas requiring immediate attention. These included insufficient audit trails maintained for recruiting decisions, a lack of formal assessment of candidates' alignment with

organisational values, poor control of records utilised within the recruitment process and the need to formalise the recruitment assessment processes.

## Capital & Estates Management

We have undertaken one review in this area.

- **Estates Assurance – Energy Management:** We provided **reasonable** assurance over DHCW's processes for ensuring effective energy management. We that data centres incurred approximately £600k annually in energy costs, while office energy costs were around £240k. Over the past year, office energy costs decreased by 38% due to reduced occupancy and increased efficiencies. However, the audit identified discrepancies between meter readings, invoicing, and payments for office charges, prompting management to review these anomalies. The report recommended including energy reporting to a scrutiny forum, incorporating annual data centre usage in reports, and ensuring accurate monitoring of office occupancy.

### 2.5 Approach to Follow Up of Recommendations

As part of our Follow-up of Previous Recommendations audit work (rated substantial assurance), we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on high priority findings in reports where we were still able to give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit recommendation tracker.

In addition, Audit Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of Audit Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the PSIAS) and the level of overall assurance that we can give.

The Special Health Authority's recommendation tracking process continued during 2024/25 which was found to be operating effectively.

### 2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

In accordance with auditing standards, and with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and

materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

## **2.7 Period covered by the Opinion**

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Special Health Authority, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2024/25 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the Special Health Authority's Annual Report and accordingly will be completed and reported to management and the Audit and Assurance Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

## **2.8 Required Work**

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2024/25.

## **2.9 Statement of Conformance**

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute

of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023 stated who concluded we 'Fully Conform' with the Standards.

The NWSSP Audit and Assurance Services can assure the Audit and Assurance Committee that it has conducted its audit at the Special Health Authority in conformance with the Public Sector Internal Audit Standards for 2024/25.

Our conformance statement for 2024/25 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2024/25 which will be reported formally in the Summer of 2025; and
- The results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2024/25 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP's Audit & Assurance Service who undertook work on the Special Health Authority's audit programme for 2024/25.

The Head of Internal Audit has unfettered access to the Chief Executive, Chair of the Audit Committee and Chair of the Special Health Authority.

## **2.10 Completion of the Annual Governance Statement**

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the Board need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;
- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

## **3. Other work relevant to the SHA**

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other health bodies. These are set out below, with relevant comments and opinions attached, and relate to work at:

- NHS Wales Shared Services Partnership; and

- NHS Wales Joint Commissioning Committee.

## NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre University NHS Trust, a number of audits were undertaken which are relevant to the Special Health Authority. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Special Health Authority, derived the following opinion ratings:

Audit	Opinion	Outline scope
Accounts Payable	Reasonable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report.
Payroll	Substantial	To evaluate the design and operation of the systems and controls in place within payroll services.
Recruitment Services	Substantial	To review the adequacy of systems and controls in place for Recruitment Services.

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme. All audits in this programme are reported to the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. The overall Head of Internal Audit Opinion for NWSSP is Reasonable Assurance.

## **4. Delivery of the Internal Audit Plan**

### **4.1 Performance against the Audit Plan**

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit and Assurance Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit and Assurance Committee during the year. Audits that remain to be reported, but are reflected within this Annual Report, will be reported alongside audits from the 2024/25 operational audit plan.

The audit plan approved by the Committee in April 2024 contained 13 planned reviews. Changes have been made to the plan with 1 audit added and 1 deferred. These changes have been reported to, and approved by, the Audit and Assurance Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the Special Health Authority. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Audit and Assurance Committee.

## 4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit and Assurance Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2024/25	G	April 2024	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2024/25	G	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to discussion & draft report [20 working days]	A	63.6%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	80%	v>20%	10%<v<20%	v<10%

Key: v = percentage variance from target performance

## 5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

### 5.1 Overall summary of results

In total 13 audit reviews were reported during the year. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

**Figure 1 Summary of audit ratings**

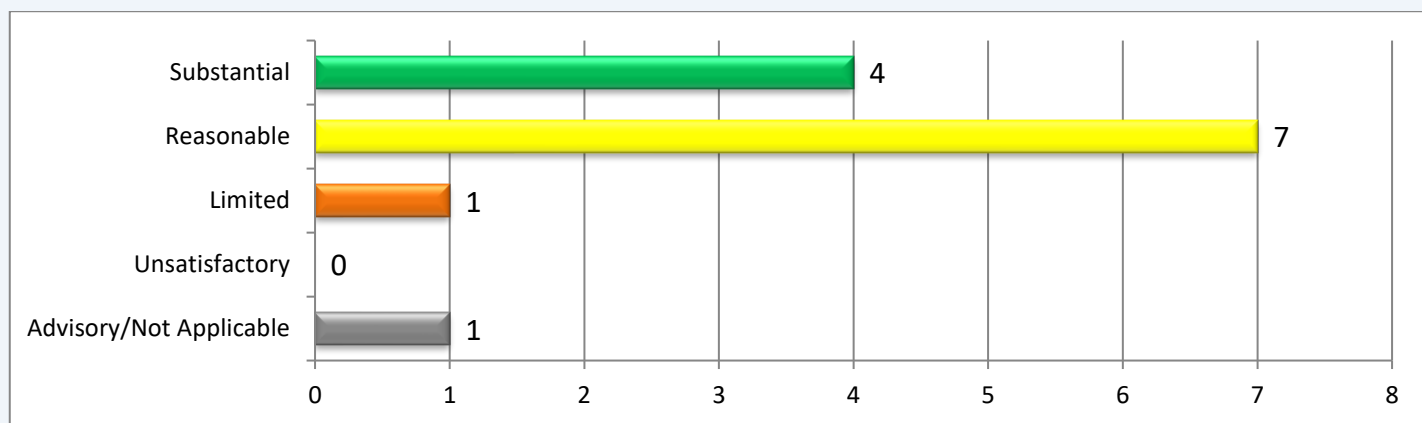


Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP or the NHS Wales Joint Commissioning Committee.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

In addition to the above, there was one audit that did not proceed following preliminary planning and agreement with management. This audit is documented in section 5.7.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

## 5.2 Substantial Assurance (Dark Green)



In the following review areas, the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Follow-up of Previous Recommendations	A follow-up of high and significant medium priority recommendations raised within the 2023/24 internal audits.
Declarations of Interest	To review compliance with the arrangements in place to manage declarations of interest, gifts and hospitality.
Mission One – Cloud Services	To provide assurance over the programme of work to move live services from datacentres into the cloud.
Financial Sustainability	To review the financial management arrangements in place to ensure the ongoing sustainability of

Review Title	Objective
	services and project delivery, with a particular focus on sustainable funding requirements for projects (e.g. DPIF, WASPI).

### 5.3 Reasonable Assurance (Light Green)



In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Performance Framework	To determine if the Performance Framework is being appropriately utilised to provide effective assurance over DHCW's services and deliverables.
Programme Management	To review the effectiveness of the management of a key programme (e.g. NDR, WCCIS, Digital Transformation Programme, non-national projects) of work underway.
Mission Five – Staff Development	To provide assurance over the process for implementing key components of Mission Five regarding staff development (e.g. DDAT).
Service Management (Service Level Agreements)	To provide an opinion over the arrangements in place for the management of service level agreements (SLAs) within the SHA, including, but not limited to, performance monitoring, quality targets, financial performance and escalation processes.
IT Change Management	A review over the arrangements in place to effectively manage digital change via business change, to ensure outcomes and objectives are achieved, including where applicable, supplier / provide deliverables. This audit will focus on a significant IT project / programme of work.
Mission One – National Data Resource	To provide assurance over the National Data Resource (NDR) Platform programme of work, including progress towards implementing local datastores, and reference, demographics and medicines data.

Review Title	Objective
Estates Assurance – Energy Management	To determine if appropriate arrangements are in place to manage energy consumption, optimisation, conservation and efficiency. In addition, to provide assurance over the arrangements in place to gather data and ensuring that the data is of suitable quality/reliability.

#### 5.4 Limited Assurance (Amber)



In the following review areas, the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Recruitment Processes	To provide assurance over DHCW's recruitment processes to ensure staff are appointed in an equal, compassionate and inclusive manner that is consistent with employment legislation and good practice.

#### 5.5 Unsatisfactory (Red)



No reviews were assigned an 'unsatisfactory' opinion.

#### 5.6 Advisory/Assurance Not Applied (Grey)



The following review was undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for this review is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
Cyber Resilience Unit	To provide an opinion over the implementation of the NHS Wales Cyber Resilience Unit's, as the Delegated Authority, strategy and Target Operating Model.

## 5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Objective
Mission Five – External Stakeholder Engagement	<p>To determine if a sample of the key components of the External Stakeholder Engagement Plan (2021/22 – 2023/24) have been delivered.</p> <p><i>Deferred due to an overlap with audit work completed by Audit Wales, which commenced earlier than originally scheduled.</i></p>

In addition, at the time of this annual report there were no reviews that were 'work in progress'.

## 6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the Special Health Authority to support delivery of the Internal Audit assignments undertaken within the 2024/25 plan.

Stephen Chaney

Pennaeth Archwiliad Mewnol/Head of Internal Audit

Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services

Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership

Mehefin 2025/ June 2025

## Appendix A

<b>ATTRIBUTE STANDARDS</b>	
<b>1000 Purpose, authority and responsibility</b>	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing Orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit and Assurance Committee on an annual basis.
<b>1100 Independence and objectivity</b>	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive and Audit and Assurance Committee chair. There have been no impairments to our independence during 2024/25.
<b>1200 Proficiency and due professional care</b>	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
<b>1300 Quality assurance and improvement programme</b>	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. An EQA was undertaken in 2023.
<b>PERFORMANCE STANDARDS</b>	
<b>2000 Managing the internal audit activity</b>	The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit and Assurance Committee.

	Policies and procedures which guide the Internal Audit activity are set out in an Audit Quality Manual. There is structured liaison with Audit Wales, HIW and LCFS.
<b>2100 Nature of work</b>	The risk-based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
<b>2200 Engagement planning</b>	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
<b>2300 Performing the engagement</b>	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
<b>2400 Communicating results</b>	<p>Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit and Assurance Committee.</p> <p>An annual report and opinion is produced for the Audit and Assurance Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.</p>
<b>2500 Monitoring progress</b>	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit and Assurance Committee. In addition, audit reports are followed up by Internal Audit on a selective basis as part of the operational plan.
<b>2600 Communicating the acceptance of risks</b>	If Internal Audit considers that a level of inappropriate risk is being accepted by management, it would be discussed and will be escalated to Board level for resolution.

# Appendix B

## Assurance Opinion

	<p><b>Substantial</b></p>	<p>Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.</p>
	<p><b>Reasonable</b></p>	<p>Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>Limited</b></p>	<p>More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>Unsatisfactory</b></p>	<p>Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.</p>
	<p><b>Advisory</b></p>	<p>Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.</p>

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Digital Health and Care Wales and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Digital Health and Care Wales. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)



# IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES ANNUAL REPORT 2024-25

Eitem ar yr Agenda: Agenda Item:	2.2
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Enw'r Cyfarfod: Name of Meeting:	Audit and Assurance Committee
Dyddiad y Cyfarfod: Date of Meeting:	26 June 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:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Endorsement
Argymhelliad: Recommendation:	The Committee is being asked to
<b>NOTE and ENDORSE</b> the final version of the 2024/25 Annual Report to recommend it is approved by the Board prior to submission to the Welsh Government as part of the required annual reporting for 2024/25.	



# 1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
<b>ANSAWDD A DIOGELWCH</b> GOBLYGIADAU/EFFAITH <b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	Yes, please see detail below  Evidence suggests there is correlation between governance behaviours in an organisation and the level of performance achieved at that same organisation. Therefore, ensuring good governance within the Special Health Authority supports quality and safety.
<b>CYFREITHIOL</b> GOBLYGIADAU/EFFAITH <b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>ARIANNOL</b> GOBLYGIADAU/EFFAITH <b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>AR Y GWEITHLU</b> GOBLYGIADAU/EFFAITH <b>WORKFORCE</b> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<b>ECONOMAIDD-</b> <b>GYMDEITHASOL</b> GOBLYGIADAU/EFFAITH <b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	Yes, please detail below  The Annual Report should highlight any areas of improvement in relation to socio economic duty
<b>YMCHWIL AC ARLOESI</b> GOBLYGIADAU/EFFAITH <b>RESEARCH AND</b> <b>INNOVATION</b> IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

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

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

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



MfA	Manual for Accounts	NHS	National Health Service
AGM	Annual General Meeting		

### 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 The SHA is required to submit its Annual Report 2024-25, including its Accountability Report to Welsh Government following the commencement of the new financial year, after which the documents are to be received at its Annual General Meeting.
- 3.2 The Manual for Accounts sets out that all NHS organisations are required to publish as a single unified document, a three-part Annual Report and Accounts which includes:
  - The Performance Report
  - The Accountability Report
  - The Financial Statements
- 3.3 The Performance Report provides information on the entity, its main objectives and strategies and the principal risks its faces. The performance report must provide a fair, balanced and understandable analysis of the entity’s performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable.
 

The Performance Report provides information was a collaborative effort developed by staff across the organisation and will form the basis for the information shared at the Annual General Meeting and provide an overview of DHCW performance to our wider stakeholders.
- 3.4 The Accountability Report is designed to meet the key requirements to Welsh Government and comprises of the following elements:
  - Corporate Governance Report
  - Remuneration and Staff Report
  - A National Assembly for Wales Accountability and Audit Report
- 3.5 Feedback from Welsh Government, Audit Wales and Internal Audit on the draft Annual Report and Accounts 2024-25 has been received and all comments and feedback addressed in the final Annual Report 2024-25.
- 3.6 The Audit & Assurance Committee has a key role in reviewing the Annual Report, Annual Accounts and key financial statements and the ISA 260 report from Audit Wales.
- 3.7 In reviewing the Annual Report, financial statements and associated documentation, the Audit & Assurance Committee has considered the work carried out throughout the year by internal audit and counter fraud. The Annual Report including the Annual Accounts was received by the Audit & Assurance Committee on the 26 June 2025

and feedback from this meeting will be provided to the SHA Board.

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

### 4.1 Annual Report 2024-25 Format

As per Chapter 3 guidance issued by Welsh Government, the Annual Report has been produced as a single unified document in PDF, which can be found in full at item 2.2i. However, to allow for greater accessibility and as a digital organisation, DHCW have also produced the Annual Report in HTML format, once the Annual Report has been laid at the Senedd, this will be published and promoted.

### 4.2 Annual General Meeting – 31 July 2025

The Annual General meeting is planned for Thursday 31 July 2025. The information from the Annual Report will be shared public, giving and opportunity for reflection, celebration and identification of key learning points for the future.

The Annual General meeting will be held virtually and advertised via our social channels. It's important to provide the public with the opportunity to ask questions about our performance and financial position, which will be collated ahead of the meeting and time allocated within the meeting to address these in full.

## 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** and **ENDORSE** the final version of the 2024/25 Annual Report to recommend it is approved by the Board prior to submission to the Welsh Government as part of the required annual reporting for 2024/25.



GIG  
CYMRU  
NHS  
WALES

lechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# DIGITAL HEALTH AND CARE WALES

## ANNUAL REPORT 2024 - 2025



IGDC • DHCW

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# THE PERFORMANCE REPORT

# STATEMENT FROM OUR CHIEF EXECUTIVE

As we complete our fourth year, Digital Health and Care Wales (DHCW) continues to grow and develop in our digital leadership role. The NHS in Wales is facing growing pressures, yet our committed workforce of more than 1,200 people are working together with our partners to deliver some of the UK's biggest digital and data healthcare projects, while supporting more than 100 high-quality and secure health and care services.

The performance report provides a summary of our key achievements, deliverables and challenges. It details how we have performed against our plans and Welsh Government targets with a focus on quality.

We were once again shortlisted as the UK's Best Place to Work in IT, demonstrating our ongoing commitment to building a positive and inclusive working environment that values innovation, collaboration, excellence and compassion. We were recognised with a Highly Commended Award for Equality, Diversity and Inclusion (EDI) at the Healthcare People Management Association National Awards, reflecting our proactive approach to advancing inclusion.

As an organisation quality is at the heart of everything we do, demonstrated by our ISO Standards (list them) and the achievement of a financially balanced position including recurrent savings.

Our work in developing a National Target Architecture will provide the foundation for faster and more agile product development.

The National Data Resource (NDR) Programme continues to advance secure, accessible health data solutions with the aim of improving health and social care outcomes for the people of Wales by responsibly managing data in a governed, secure and ethical way.

As an organisation quality is at the heart of everything we do, demonstrated by our ISO Standards and the achievement of a financially balanced position including recurrent savings.

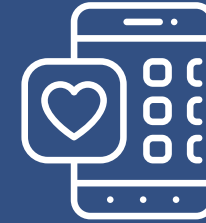
We achieved 99.984% service availability this year and continue to enhance our operational services across all settings. The Welsh Immunisation System (WIS) supported large-scale RSV and COVID vaccination programmes. The NHS Wales Microsoft 365 Centre of Excellence (CoE) has driven national collaboration, optimising efficiency and cost savings. The CoE team has led the development of tools such as the Dental Access Portal and the Staff Movement Advice App.

In terms of supporting community services and empowering patients to manage their own health and wellbeing:



**The Electronic Prescription Service has now dispensed one million prescription items** and is introducing one of the biggest changes in decades to the way NHS Wales manages prescriptions.

**The NHS Wales App** is supporting digital access for patients to health and care services and is now used by over **360,000 people in Wales**, with more using it every day



To evidence its success, the NHS Wales App has been shortlisted for multiple awards, including the Health Service Journal (HSJ) Digital Awards and the Digital Entrepreneur Awards. The App has been recognised for its innovation in digital healthcare and its contribution to empowering patients in Wales to manage their health.

We have supported safer, more efficient care by providing digital tools which give clinicians key information to support decision making. The Welsh Nursing Care Record is now live in all hospitals in Wales saving time, improving accuracy and reducing duplication.

The Welsh Clinical Portal has been instrumental in enhancing clinician access to patient information by providing a single log-on platform that integrates data across health boards. Key developments in the Welsh Clinical Portal include improved electronic test requesting, faster access to diagnostic results, patient referrals, medication management and cancer programme capabilities such as palliative care e-forms.

Research and innovation continue to thrive, with our commitment to supporting digital health advancements, workforce development and data-driven healthcare improvements. The NHS Wales e-Library has expanded access to high-quality resources, while our Value from Data initiative enhances analytics and decision-making capabilities.

While we are extremely proud of all our achievements over the last year, we also recognise that we continued to face a number of challenges. In March, we received news from Welsh Government that our escalation status was being raised to level 3 (enhanced monitoring) for the performance and outcomes domain related to the delivery of major programmes. Some of the challenges that we have faced are discussed within this document and we are embracing the opportunity that the increased focus and support in this area affords us .

Looking ahead, we remain dedicated to working with our partners to deliver digital solutions that enhance patient care, improve efficiency and make digital a force for good in health and care in Wales.



**Helen Thomas** - Chief Executive Officer & Accountable Officer

# PERFORMANCE OVERVIEW

## PURPOSE OF REPORT

The performance report provides a summary of our key achievements, deliverables and challenges. It details how we have performed against our plans and Welsh Government targets with a focus on quality.



## OUR VISION

To provide world leading digital services, empowering people to live healthier lives.

## OUR PURPOSE

To make digital a force for good in health and care.



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## WHO WE ARE AND WHAT WE DO



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

Digital Health and Care Wales was established as a Special Health Authority on April 1st 2021, directed by Welsh Government to:

- Design, develop and deliver digital platforms, systems and services
- Support others in the design, development and deliver digital platforms, systems and services
- Support the development and implementation of common standards for digital platforms, systems and services
- Advise and assist the Welsh ministers in relation to the security of digital platforms, systems and services
- Support the development of the digital workforce

**Our purpose** is fulfilled through our missions and strategic objectives. **Our vision** will be realised through our strategic principles:

**Putting people first.** Our services enable health and care staff to access the information they need to make decisions about health and care, and to record the actions they have taken. We are embracing a user-centred design approach to develop digital applications with health and care staff, prioritising understanding how our systems will be used.

**Simplifying everything we do.** To be able to do more, there is a requirement to be more productive as an organisation. This can be done through refining the way we work, focusing less on bespoke work, and more on reusable components. Standards and rules have an important role to play too. Data standards help to simplify our products and services. Similarly, programme and portfolio management standards will help to simplify the way we run our portfolios programmes and projects.

**Designing for more data, more digital.** The NHS in Wales is at a turning point. The challenges we face are complex and ever-changing; improving health and reducing inequalities against a backdrop of the ongoing impacts of the COVID-19 pandemic and limited funding. But the opportunity to transform health and care is significant, and digital and data play a vital role in achieving this, but it comes at increased cost, so we are exploring ways to becoming more financially sustainable.

**Finding more value.** We collaborate to deliver solutions to the problems that matter most to our partners and are implementing a robust benefits management framework. This helps improve efficiency, enhance experiences, and deliver greater value to staff, patients, and the public.

**Learning from the past, embrace the future.** The pace of technological change is accelerating, and we must adapt and flex our strategic direction accordingly. Our strategy provides the guardrails of our strategic direction, but it is not a rigid plan. We will continue to monitor and evaluate the changing landscape, and we will be prepared to adjust our plans as needed.

We are transforming our approach to designing and delivering digital products and services through the Building Our Future programme which is structured around the five strategic principles outlined above. Further information on this programme can be found under Mission 5 later in this report.

All of the above is underpinned by our values of **collaboration, innovation, inclusion, excellence and compassion** and underscored by our commitment to continuous improvement through the Duty of Quality enablers and domains.

## OUR ORGANISATION

Digital Health and Care Wales is a Special Health Authority with a unique role in providing national digital, data and technology services to support health and care delivery in Wales. More than half of our people are technical, including software engineers, data analysts and digital architects. Our IMTP Portfolios are a mixture of operations and new programmes/projects. 80% of our resources are committed to operational services. This split varies per Portfolio. Our work has demonstrable impact, as seen through the more than 100 operational services used daily by our partners.

One of the key challenges NHS Wales continues to face is fragmented health and care data. The Welsh Government recognises the need for better data use, however a barrier to data sharing is a lack of data and technical standards. Founded for the purpose of helping and supporting the delivery of digital health and social care through digital technology, data and standards, DHCW is establishing an open architecture through an all-Wales data platform, working with NHS Wales colleagues and with private sector partners to use interoperability standards to share data safely and securely.

We collect data from care events through building and buying the systems used in NHS Wales for health and care delivery. Our role includes leading commercial, procurement, programme / project management and business change services to facilitate data collection. To ensure all data collected is structured and meaningful, we develop, support and promote the use of information standards.

Unless protected and stored in a stable environment, the collection of this data becomes counterproductive. That is why we provide the infrastructure for safe, secure storage of health and care data, including data centres, Cloud services and cyber security. The National Data Resource and National Target Architecture will aid the transformation of health and social care in Wales through connected and collaborative use of data, supported by our Information Governance Framework, to enable data sharing and reducing siloed working. This important work supports the Welsh Government's goal of delivering seamless health and care services that offer fast, equitable access to care for all citizens.

### WE ALSO



Provide a fully managed **PC support service to 17,000 users across NHS Wales**, including GP Practices and national organisations.

Lead the development of **national business cases** including benefits frameworks for new national digital initiatives.



Manage the **Microsoft 365 tenancy for 120,000 users in NHS Wales**.

Lead the professional development of the digital workforce for NHS Wales.

Advise **Welsh Government and partner organisations on the strategic direction for digital health and care services** and support them in the development of digital health policy. We will support the findings of the 2024 Digital Governance review.



Watch a showcase of our work

**[DHCW - A showcase of our work](#)**

**[IGDC - Arddangosiad o'n gwaith](#)**



## OUR MISSIONS

The need for a digital and data revolution in the delivery of health and care has never been clearer. Achieving improved outcomes in safe and responsive health and care services are the goals we seek to achieve. Now, and in the future, digital and data are key enablers for this.

Our strategy is framed around the same five missions as our three-year Integrated Medium Term Plan and our annual Business Plan.

Our Missions bring together the portfolios of work and the enabling functions within our organisation. Four of the Missions centre on delivery, describing how the adoption and evolution of digital and data products drive better value and outcomes for health and care staff, patients and the public.

The fifth Mission centres on how we function, including our ability to operate within our allocated finances, to maintain an expert, motivated workforce and to meet our obligations on quality and safety, governance and sustainability.

# 1

### Provide a platform for enabling digital transformation

- Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
- Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
- Extend data standards and data components to social care and other partners
- Establish an all-Wales framework for sharing health and social care data
- Move all our live services to the cloud and close our datacentres

# 2

### Deliver high quality digital products and services

- All prescribing and medicines management in Wales is digitally enabled
- All our digital health systems and major social care systems flow data to and from the NDR platform
- Our core health services are consolidated into a single all-Wales Electronic Health Record application
- Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application

# 3

### Expand the digital health and care record and the use of digital to improve health and care

- A comprehensive single digital health and care record is used across all settings throughout Wales
- The NHS Wales App is used regularly by over a million people
- Users report a top-quartile satisfaction for our products and services

# 4

### Drive better values and outcomes through innovation

- An NDR Secure Data Environment which provides access for research while protecting privacy
- A national information and data insights service which demonstrates net benefit and value
- Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales

# 5

### Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

- An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
- A secure, long-term financially stable position
- At least a 34% lower carbon footprint with a clear route to achieving net-zero
- Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
- Top quartile staff and stakeholder engagement

## A SYNOPSIS OF THE PERFORMANCE ANALYSIS

With four years of operating as a Special Health Authority (SHA), DHCW continues to progress and develop our digital leadership role in cyber, information governance, data standards and the development of the digital and technology profession in NHS Wales.

With a workforce of 1,235 average whole time equivalent (WTE) in 2024-25 and total funding (revenue and capital) of £196.48m we work with more than 100 resilient digital services, technologies, and information.

We have achieved 90% of our Annual Business Plan this year and our Incident Review and Learning Group continues to assess opportunities for learning from areas such as programmes, audit and incidents. Learning is assessed through the Contributory Factors Framework and embedded through a process of continuous improvement aligned to the Duty of Quality. Through our Building Our Future programme we have also developed an organisation-wide approach to quality improvement.

DHCW's accountability conditions, set by the Welsh Government, focus on key areas of the organisation and are often aligned with the Cabinet priorities at that time. A total of 17 accountability conditions were set for DHCW for the financial year 2024/25. These related to the delivery of national programmes and stakeholder management. By the end of the financial year, all accountability conditions had been completed or delivered, however, our escalation status was raised in March 2025 to level 3 (enhanced monitoring) for delivery of major programmes.



## MISSION 1: PROVIDE A PLATFORM FOR ENABLING DIGITAL TRANSFORMATION

This mission focuses on empowering digital transformation by delivering advanced data platforms, establishing digital architecture foundations, safeguarding patient data, and sustainable and secure infrastructure.

The national target architecture serves as the framework for connected health and care data, as well as integrated digital services, ensuring that patient care is not only safe but also effective and efficient. A strategic roadmap for a national target architecture has been agreed with Welsh Government, alongside the procurement of an Enterprise Architecture Tool to drive transformation in NHS Wales. The National Data Resource (NDR) programme has made progress in developing a secure all-Wales data platform powered by Google Cloud technology, improving access to health and social care data, reducing costs, and enhancing collaboration. Achievements include the migration of historic data, advancements in interoperability standards, and successful implementation of core components like the Care Data Repository (CDR) and National Data and Analytics Platform (NDAP). The programme continues to foster innovation, ethical data use, and collaboration, benefiting initiatives such as 'Nutrition Skills for Life' and advancing patient outcomes.

We are embracing cloud solutions to enhance agility and reduce costs. Key achievements this year include decommissioning legacy data centres, strengthening security with offline backups, and upgrading infrastructure for better support. The Cloud Transition Programme business case was approved this year, which focuses on planning, robust infrastructure, staff training, and open-source integration, driving sustainable digital transformation and improved data accessibility.

DHCW continues to deliver the strategic aims of ensuring compliance, facilitating lawful data practices, building public trust and embedding quality standards. We lead the development and strengthening of an Information Governance compliance framework for health and care in Wales. This work sets the foundations for digital transformation by providing DHCW, stakeholders and the people of Wales with confidence that data is used lawfully and safely.

Our role in cyber security involves safeguarding information, leading security projects, ensuring compliance with standards, providing assurance for NHS Wales solutions and assessing cyber resilience. We have strengthened NHS Wales' cyber resilience by implementing Multi-Factor Authentication (MFA) for remote access and completing the deployment of a National Security Information and Event Monitoring (SIEM) system, which processes over 100 billion logs monthly, and delivering comprehensive technical training. The Cyber Resilience Unit continues to assess organisations against the Cyber Assessment Framework (CAF), while initiatives like the HIMSS INFRAM assessment and Cyber Live sessions enhance digital maturity and awareness. These efforts have strengthened defences against rising cyber threats, particularly ransomware, ensuring compliance with standards such as ISO27001 and NIS, and safeguarding critical health services.

**DHCW's Client Services team provides IT systems and support to nearly 17,000 NHS Wales staff across 500 locations.**

Key successes include the full implementation of the Digital Experience Platform, migration of the NHS Wales Executive and NHS Wales Health Collaborative onto DHCW support and upgrading more than 6,700 computers. The team has initiated modern device deployment and biometric authentication to improve user experience.

Meanwhile, the **Service Desk handled over 229,000 support tickets with a 96.9% call success rate and maintained a 96.7% customer satisfaction rate**, reflecting its continued commitment to excellent service and support.

## MISSION 2: DELIVER HIGH QUALITY DIGITAL PRODUCTS AND SERVICES

**We develop and deliver the high-quality digital systems and services that our partners across NHS Wales need to deliver health and care. A number of programmes in this Mission have faced challenges this year.**

The Welsh Intensive Care Information System (WICIS), Digital Maternity Cymru (DMC) and the National Eye Care Programmes are undertaking formal review and reset activities. Nevertheless, we achieved 99.984% availability this year and continue to enhance our operational services across all settings. This includes replacing older versions of diagnostics systems, joining up community health, mental health and social care data and rolling out and integrating medicines digital services. This work directly supports patient safety, efficiency of care and data accuracy. Digital requirements are developed with clinical networks and national strategic programmes including planned, urgent and primary care.

Primary care in Wales is supported by advanced digital tools to manage patient records and improve care. Following notification of the withdrawal of one of our GP Systems suppliers in 2024, DHCW has been migrating GP practices to the remaining supplier, prioritising safety and minimising disruption, with 58 out of 194 practices migrated to plan by March 2025. The Dental Access Portal (DAP) has been implemented nationwide, streamlining access to routine NHS dental care. Additionally, the rollout of Microsoft 365 to community optometrists is enhancing communication, efficiency, and information governance, achieving high adoption rates across clinical and administrative users as well as sites.

The National Immunisation Framework (NIF) and Welsh Immunisation System (WIS) support vaccination programmes. WIS has developed into a scalable, efficient platform through the deployment of its Core Web App in July 2024, enabling timely responses to enable the RSV vaccination programme and COVID autumn booster updates by August 2024. More than 74,000 RSV vaccinations were achieved by March 2025, with advanced data linkage improving surveillance and vaccine equity. Investments in DevOps and test automation have enabled frequent, high-quality updates, including features like GP system messaging and user-centred design for vaccine procurement.

The consolidated vaccination data has further strengthened public health planning. Childhood immunisation data is now integrated into the National Data Warehouse, facilitating national modelling and forecasting.

With **23,000 users across primary and secondary care**, WIS continues to be a vital platform in NHS Wales' preventative agenda, driving efficiencies and supporting health outcomes through innovative digital solutions.

Diagnostic services in Wales are navigating increasing demand, standardisation issues, and scarce expertise by employing digital technology to enhance efficiency, patient safety, and data usage. Programmes like RISP and LIMS2.0 aim to modernise diagnostic systems, enabling better access to test results and improved information sharing across health boards. Despite challenges such as tight timescales and resource constraints, RISP progresses towards a fully integrated radiology system by 2026, while LIMS2.0 progressed to the launch phase. The current laboratory information system (WLIMS) manages nearly 40 million tests annually, linking results across healthcare settings. Recent upgrades, include the rollout of the blood transfusion service in Swansea Bay University Health Board.

The Six Goals for Urgent and Emergency Care programme, aligned with Welsh Government priorities, aims to provide high-quality healthcare close to home and improve service integration. This year, the Welsh Emergency Care Data Set (WECDS) was developed, supporting better integration and patient care. The Patient Care Record (ePCR) and Computer Aided Dispatch (CAD) improved data sharing with health boards, while Same Day Emergency Care (SDEC) services collected new data to enhance service delivery. Urgent Primary Care Centres and Out of Hours services worked on updating data standards, with a new telephony DSCN planned for 2025-26. Two real-time dashboards replaced the old Unscheduled Care Dashboard, improving data access for NHS Wales and Welsh Government.

The Digital Medicines programme in Wales is transforming prescribing and medication management across care settings, advancing towards a fully digital approach. Milestones include more than one million items dispensed using the Electronic Prescription Service (EPS) and the integration of digital prescriptions into Community Pharmacy Patient Medication Records. Through the NHS Wales App, patients can receive "prescription ready" notifications and will soon nominate pharmacies for EPS prescriptions. In secondary care, the ePMA programme has seen health boards preparing hospital implementations, while readiness work continues for national integration. The Shared Medicines Record (SMR) project provides a consolidated record of medicines, allergies, and intolerances, enabling seamless data sharing between systems. These initiatives reflect significant progress in improving efficiency, safety, and patient care across Wales.



## MISSION 3: EXPAND THE DIGITAL HEALTH AND CARE RECORD AND THE USE OF DIGITAL TO IMPROVE HEALTH AND CARE

Strategic aims of the '[Digital and Data Strategy for Health and Social Care in Wales 2023](#)' sets out to enable health and social care professionals in accessing digital tools and data and using them to deliver safe, effective and efficient care.

The Strategy also aims to 'empower people to access and use digital services that meet their needs and preferences, enabling them to manage their own health and well-being'.

User-centred design is at the heart of our approach, embodying a key priority in creating impactful and user-focused products and services. This Mission focuses on providing streamlined access to data that may be locked in specialist systems or across different health boards and settings, supporting our key strategic priority of delivering a single digital health and care record.

The Welsh Clinical Portal (WCP) has been instrumental in enhancing clinician access to patient information by providing a single log-on platform that integrates data across health boards. Key achievements include improved electronic test requesting, faster diagnostic investigations and the digitisation of nursing assessments through the Welsh Nursing Care Record (WNCR). These advances have reduced duplication of procedures, enabled bedside documentation, and supported more efficient care delivery. Further developments in the WCP have strengthened its functionality, benefiting patient referrals, medication management, and cancer programme capabilities such as palliative care e-Forms.

Over the year, significant progress has been made in improving digital services and addressing patient needs. The legacy Cancer (CANISC) system has been replaced with modern technology to optimise access to cancer information and enable Big Data opportunities. Initiatives like MediScan installation, radiology test requesting expansion, and governance improvements demonstrate our commitment to driving digital maturity and achieving better patient outcomes.

By Quarter 3, the WNCR was successfully implemented across 90% of adult wards, with advancements towards paediatric integration continuing.

The NHS Wales Microsoft 365 Centre of Excellence (CoE) plays an essential role in driving national collaboration across NHS Wales organisations by unifying over 125,000 active users on a single M365 tenant and enabling significant cost avoidance. The CoE has facilitated regular updates to enhance security and functionality for familiar Office products, using multidisciplinary expertise to optimise M365 technologies. Notable successes during the year include the development of innovative tools such as the Dental Access Portal and Staff Movement Advice app, and advancing initiatives like Viva Engage and Power Platform capabilities. Looking forward, the Centre is leading efforts to renew the M365 Enterprise Agreement, aiming to align NHS Wales staff needs with greater innovation, productivity and cost efficiency.

We are working to provide better digital access to the public to allow people to more effectively manage their own health and wellbeing.

**The NHS Wales App supports the digital delivery of GP services and has been used by more than 360,000 members of the public.**

The App and accompanying desktop website offer convenient access to a range of health and care services through smartphones, tablets and personal computers, allowing patients and the public to take control of their own health and wellbeing. An ambitious delivery roadmap for the financial year 2025-26 has been agreed which will see an extension of App functionality into secondary care and provide a variety of means to collect patient provided information to support their care.

## MISSION 4: DRIVE BETTER VALUE AND OUTCOMES THROUGH INNOVATION

Through this Mission we aim to support development of the knowledge, innovation and insight required for service improvement, transformation and better health outcomes. Our Information and Analytics Strategy aims are aligned with, and remain responsive to, the requirements of major stakeholders and strategic programmes.

The Research and Innovation (R&I) function at DHCW has experienced significant growth and achievements over the past year, expanding its impact on healthcare services across Wales. The team has prioritised developing infrastructure to support digital health research, contributing to national projects such as the All-Wales Innovation Framework. Through robust governance processes and strategic workforce development initiatives, including the R&I Learning and Development Framework, the function ensures alignment with healthcare system priorities. DHCW has also strengthened its status as a Trusted Third Party (TTP) provider by maintaining its UK Statistical Authority Accreditation, facilitating secure and expanded research opportunities.

The NHS Wales e-Library has seen an overall increase in usage, with significant growth in e-Journal and e-Book interactions, reflecting work undertaken to enhance resource accessibility and engagement. Challenges such as decreased usage of certain tools have been addressed through strategic changes, including new authentication methods like OpenAthens, and plans are in place to further boost uptake. The e-Library's procurement activity has broadened its collection and improved the provision of high-quality resources, empowering healthcare professionals to innovate and support evidence-based practices.

DHCW's Value from Data initiative has driven substantial improvements in data accessibility, quality, and analytics capabilities. Transitioning national datasets to the Google Cloud Platform has modernised data storage and analysis, enabling more efficient processes and insights via tools such as BigQuery. Redesigned websites and expanded statistical publications have improved user engagement, transparency, and decision-making resources for healthcare providers. In collaboration with stakeholders, including the Welsh Government, DHCW continues to support research excellence and data-driven healthcare improvements, ensuring our contributions positively influence patient outcomes across Wales.

## MISSION 5: BE THE TRUSTED STRATEGIC PARTNER AND A HIGH QUALITY, INCLUSIVE AND AMBITIOUS ORGANISATION

Mission 5 covers key enablers of our delivery. It ensures our people are fulfilled engaged, high performing and embody our values and behaviour. It also outlines our drive for have sustainable funding, how we listen to our stakeholders and ensure quality in all we do.

We are transforming the way in which our products and services are designed and delivered, through the development of a user-centred approach and product-based delivery. The Building Our Future programme brings together key transformation elements across DHCW to enable greater oversight and clarity of critical change objectives and the outcomes that they will deliver.

Since the establishment of the Well-being of Future Generations Act, in 2015, we have worked to the principles of the Act, specifically the Sustainable Development Principle and associated Five Ways of Working.

**In March 2024, our Board approved an updated Statement for 2024-25:**

***"Our activities make a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our core purpose, creating the conditions for sustainable access to health and care services."***

Our objectives for 2024-25, which were also approved by our Board in March 2024, are detailed in the report.

We are committed to creating a workplace that fosters engagement, high performance, and alignment with organisational values. Guided by our **People and Organisation Development Strategy (2022-2025)**, we have prioritised initiatives such as the development of a Behavioural Framework, leadership programmes, strategic recruitment efforts and tailored digital e-learning programmes to equip staff with essential skills like AI, Agile Delivery and Software Development.

Work has been undertaken to enhance workforce development including expanding Welsh language learning, advancing talent pipelines, succession planning and leveraging internal career progression, with 60% of vacancies now filled internally compared to 30% in previous years.

Staff engagement remains strong, as demonstrated by increased participation in the NHS All Wales Staff Survey, with notable improvements in flexible working, teamwork and patient safety confidence. Moving forward, DHCW plans to refresh our strategy, strengthen professional development and address opportunities for further improvement, ensuring our workforce is well prepared to adapt to healthcare challenges and drive meaningful organisational progress.

We are committed to advancing equality, diversity and inclusion (EDI) through impactful initiatives, partnerships and achievements. These include raising awareness and fostering cultural change with dedicated sessions and support for national campaigns, strengthening talent pipelines by engaging with diverse communities and promoting digital health careers and achieving recognition for excellence, such as the Highly Commended Award at the HPMA National Awards.

We recognise our responsibility to safeguard the environment and our resources, addressing the climate and health emergencies through a methodical approach to carbon reductions outlined in our Environmental Strategy and [Decarbonisation Action Plan](#). These efforts are guided by the ISO14001:2015 Environmental Management System standard and focus on promoting environmental awareness, reducing greenhouse gas emissions, and increasing carbon efficiency. We have refreshed the Decarbonisation Action Plan, maintained ISO14001 certification, participated in climate change forums, enhanced energy efficiency through data centre relocation and reduced single-use plastic waste. Our hybrid working model has contributed to estate rationalisation and carbon footprint reduction, while our telematics solution has the potential to improve vehicle usage efficiency.

**As a digital organisation, we are uniquely positioned to support carbon reduction in the wider NHS through innovative digital solutions. With operational emissions showing a 50% reduction for Quarters 1-3 of 2024-25 compared to 2019-20, we remain dedicated to achieving net zero carbon by 2050 in alignment with Welsh Government's ambitions.**

Operating in a complex and evolving ecosystem, DHCW prioritises understanding stakeholder perceptions and fostering strong partnerships through workshops, one-to-one meetings and an [Independent Stakeholder Review](#). This Review focused on enhancing communication, collaboration, responsiveness and system integration. Guided by our four-pillar [Engagement Strategy](#), we have delivered tailored engagement strategies, strengthened partnerships with key organisations, advanced digital inclusion through impactful initiatives, and showcased innovation in technology and data services. By cultivating a listening and responsive culture, we continue to address challenges, promote digital equity and reinforce our role as a trusted and agile partner within the healthcare system.

Guided by our [Communications Strategy](#), approved in September 2023, we have achieved significant progress across five strategic aims: enhancing internal communications, fostering stakeholder collaboration, growing public awareness, strengthening digital communications and establishing our reputation as a digital leader. Through tailored strategies, corporate alignment, bilingual content and high-quality digital tools, DHCW has delivered workshops, events, and public-facing service launches while consistently achieving record levels of engagement across our communications channels. These accomplishments underscore our dedication to effective communication and commitment to continuous improvement as it progresses into year two of our action plan.

Together, these efforts reflect our commitment to fostering innovation, inclusivity, and sustainability, while empowering our workforce and partners to deliver exceptional health and care services across Wales.

This synopsis above provides an overview of the content in the remainder of this document which provides further detail and information on additional activity.

# OUR YEAR IN NUMBERS AND VALUE



**2,700+**  
Number of  
Cyber Threats  
Deflected



DHCW total funding  
**196.48**  
Broken down by Core  
Business (~80%),  
programmes (~20%)



**360,000+** NHS Wales  
App User Downloads



Moddion Digidol  
Digital Medicines

IGDC • DHCW



**1.4 million**  
Number of GP  
prescription items  
claimed via EPS



M365 Use of licence  
**136,195** User accounts  
**6.8% rise since 2023**



Canolfan Ragoriaeth  
Microsoft 365 GIG Cymru  
NHS Wales Microsoft 365  
Centre of Excellence

IGDC • DHCW



**Over 450k** Consultations for  
common ailments with Choose  
Pharmacy

Dewis Fferyllfa  
Choose Pharmacy

IGDC • DHCW



GP Electronic Referrals - Test results

Images and Care documents are viewed across  
health board boundaries (don't have to be repeated  
or requested).

# DELIVERY AND PERFORMANCE ANALYSIS

# MISSION 1 : PROVIDE A PLATFORM FOR ENABLING DIGITAL TRANSFORMATION

## NATIONAL TARGET ARCHITECTURE

The Welsh Government has commissioned DHCW to develop a national target architecture for health and social care in Wales and a strategic investment case. The architecture is the foundation for connected health and care data, as well as integrated digital services.

By establishing a strategic, policy-driven systems landscape for NHS Wales, the national target architecture will be based on open standards and industry best practice. It will enable a seamless, patient-centric view of a health and care journey.

Currently, the systems landscape is diverse and complex, with inconsistencies in approach and a large number of integrations between systems. The new architecture seeks to address these challenges by adopting a more unified and efficient approach.

A high-level strategic approach was confirmed with the Welsh Government, setting a clear foundation for progress and ensuring alignment with national priorities. The appointment of a Chief Digital Architect in September brought vital expertise to guide the work. To support this work, an all-Wales licence for industry-standard enterprise architecture tooling was procured, equipping the project with the tools needed to drive forward the transformation.

Building on this progress, a governance approach was developed to synchronise both national and local structures, fostering clarity and consistency in decision-making. This effort culminated in the creation of a comprehensive six-step delivery roadmap, which was submitted to Welsh Government in December, marking a significant milestone in shaping the future of connected health and social care systems. Stakeholder engagement has been a continuous priority throughout. Regular updates include monthly briefings to Digital Directors and updates to the Welsh Government. Since December, monthly updates have also been provided to Welsh Government, alongside bi-monthly updates to the DHCW SHA Board to maintain transparency and alignment.

National target architecture is one of the areas where Welsh Government would like to see increased speed of delivery. We are procuring a supplier to support us with documenting the current architectural landscape across NHS Wales, collaboratively define a number of possible target future states and develop supporting roadmaps to inform the strategic investment case.

## NATIONAL DATA RESOURCE

The National Data Resource (NDR) Programme is a collaborative initiative that is establishing a unified data architecture and encourages the development of data analytics skills across Wales. Powered by Google Cloud technology, this single national data platform enhances access to clinical, operational, and research data, ultimately benefiting patients and services alike.



Adnodd Data Cenedlaethol  
National Data Resource

IGDC • DHCW

A key enabler of a connected digital health and social care record, the NDR ensures that relevant information is accessible to the right individuals at the right time. The platform's secure, efficient data storage reduces management costs and supports better collaboration between teams. Access to patient information and trends, enables healthcare providers to make informed decisions.

The NDR is integral to our transition to cloud-based, open architecture. It will allow us to harness data more effectively and securely, while also enabling the adoption of emerging technologies like artificial intelligence and advanced analytics.

The platform includes essential components such as the Care Data Repository (CDR) and the National Data and Analytics Platform (NDAP), which facilitate seamless integration and interoperability. Key features, including API management ensure consistency across systems and support all-Wales data requirements.

We are supporting health boards and trusts to make use of the NDR platform and services to integrate new functionality in their forward plans and deliver aligned national and local roadmaps.


The NDR programme continues to progress in improving interoperability between health and social care systems, making data easier to access and analyse in a safe, secure and ethical manner. Data stored in the NDR platform has been made available to delivery partners for analysis, via the NDAP and is being shared between partners, such as the NHS Executive and Powys Teaching Health Board.

Now delivering the health and care data and analytics capability in a live cloud platform, supporting data-driven insights and improving patient outcomes, DHCW's focus during this period is moving into business-as-usual operations, acquiring more data into the platform and API management services so partners and suppliers can connect more easily to our architecture to share data. The milestone to commence the load of historic data and documents into the NDR platform has been reached.

Key milestones achieved include the options appraisal for moving the current data dictionary to a new platform. Additionally, considering the successful migration of data from national systems via the Google Transfer Appliance, and development and completion of the Data Acquisition Toolkit and Standards Toolkit, the NDR programme continues to ensure effective utilisation of the latest tools available through Google Cloud Platform (GCP) and embed best practice from across the UK. Collaboration with the Professional Record Standards Body (PRSB) has fostered shared learning and aligned approaches.

Progress to commence data migration from the existing DHCW national data warehouse into the NDAP has been achieved through the proof-of-concept work and the completion of the backloading of data, by the transfer appliance. . During November 2024, it was necessary for the CDR Project to rescope and reprofile the delivery plan. The revised plan for CDR remains challenging, due to ePMA timelines and dependencies. However, both programmes continue to work closely.

Progress on the Fast Healthcare Interoperability Resources (FHIR) standards has been made, with four standards published and available in addition to unplanned work. The Shared Medicines Record (SMR) has been successfully deployed into production. Demographics records are also live and User Acceptance Testing (UAT), assurance, and completion is anticipated in April 2025.



A project helping communities across Wales develop better nutrition skills has been enhanced through data-driven insights, thanks to the National Data Resource's Analytics Learning Programme (ALP). The 'Nutrition Skills for Life' initiative, delivered by NHS dietitians, now uses a dashboard to track impact—an innovation made possible by last year's ALP cohort, which provided the technical expertise in digitalisation and data visualisation.

**[NEWS: How data is transforming nutrition support in Welsh communities.](#)**



Adnodd Data Cenedlaethol  
National Data Resource

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To date, phases 1 to 3 of the NDR programme have been concerned with the development, build and assurance of the Google Cloud infrastructure products and services. From April 2025, phase 4 of the programme will be focused on further, accelerated acquisition of data on a use case basis.

## CLOUD AND INFRASTRUCTURE PROGRAMMES

**As a modern digital organisation, the growing expectations for response, pace, agility, and adaptability to variations in demand make the adoption of cloud solutions increasingly appealing. These approaches align with a product-oriented service model, offering enhanced flexibility in service and support, while embracing DHCW's commitment to open architecture and data access philosophies.**

Moreover, the organisation faces mounting pressure from digital inflation. Over the last five years, the costs associated with licences and physical infrastructure services have risen considerably. Transitioning to cloud-hosted infrastructure facilitates greater utilisation of open-source technologies, reducing reliance on proprietary software licences and paving the way for future savings.

This year, we have migrated our test and development systems onto a new cloud platform, resulting in ongoing savings of £166,000 per year. New contracts have been awarded to app delivery providers and Virtual Server providers, resulting in a £3.8m cost avoidance to NHS Wales. In the first quarter we completed the decommissioning activities for our legacy data centre facility, following our successful data centre migration project, thus enabling a robust on-premises infrastructure while we transition our services to the cloud. We are also nearing completion of a migration to a more robust off-line backup solution to provide better protection against a cyber-attack such as a ransomware attack. We also have an ongoing programme of upgrades and replacement for our infrastructure to maintain supportability and security updates from our vendors.

The Cloud Business case was finalised, endorsed by SHA Board and submitted into Welsh Government, who have agreed to provide initial funding for a period of two financial years. As such, the primary activities for the coming year will be related to our newly established Cloud Transition Programme (CTP). This will be a three-year programme, with most of the activities in the first year being discovery/planning and ensuring that we have robust cloud infrastructure and processes to support the migration.

As part of this work, there will be a significant investment in staff training as we embrace a new way of working and introduce open-source software where practical as part of the transition. Some key appointments into the CTP have already been made, with others following early next year. A pre-procurement exercise has been complete to determine the preferred approach for procuring commercial partners for the CTP. The output of this work is being used to steer our procurement which will take place in the first half the next financial year.

## CYBER SECURITY

**DHCW is responsible for securing the information assets for national clinical and business systems developed and hosted by DHCW, leading and managing the delivery of complex national security projects, ensuring compliance with security standards such as ISO27001 and network and information systems (NIS), and providing security assurance for the solutions, services and policies for deployment across NHS Wales. We also host the Cyber Resilience Unit for the NHS in Wales which is responsible for assessing organisations against the Cyber Assessment Framework (CAF).**

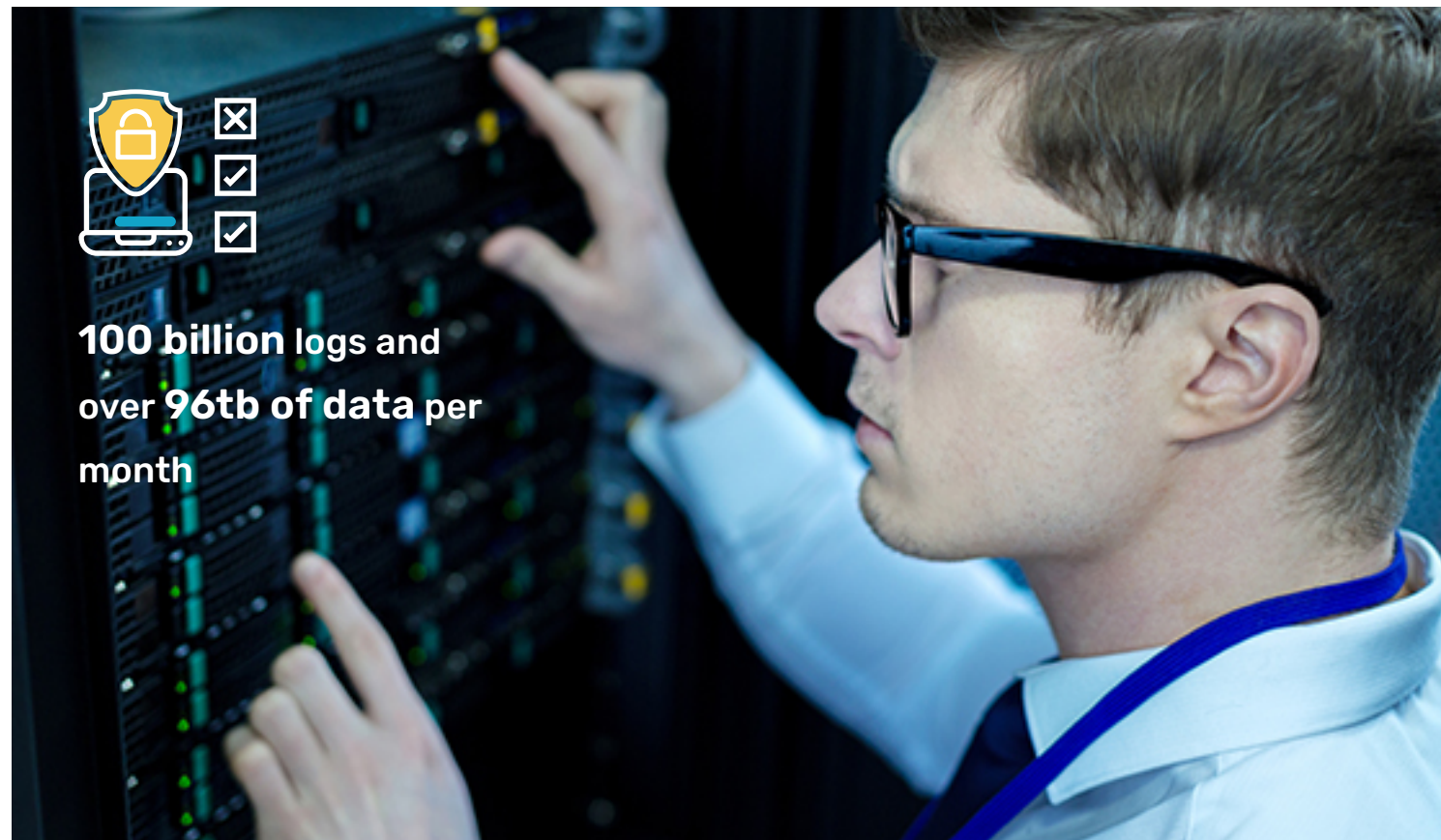
Cyber threats against the health sector are increasing rapidly, particularly the incidence of targeted ransomware attacks, which are highly damaging and disruptive. To protect the ongoing confidentiality, availability and integrity of critical health services we continue to invest in developing our ability to prevent, detect and respond to cyber incidents across NHS Wales. The National SIEM has been procured by DHCW for NHS Wales. We have successfully onboarded critical infrastructure and authentication services, including all domain controllers, Google, Entra/Azure, and Microsoft services, along with 22 local collector servers across Wales, enabling organisations to transmit on-premise logs. Additionally, comprehensive training has been delivered to all technical teams across NHS Wales.

**Multi Factor Authentication (MFA) Implementation:** MFA is now technically enforced for all remote access to Microsoft Services. Implementing MFA for remote users was a key mitigation against malware attacks, particularly ransomware and was a specific recommendation from NHS England to protect against threats similar to the Synnovis attack.

**Security Information and Event Monitoring (SIEM):** The project to deploy the national SIEM is complete and is currently ingesting 100 billion logs and over 96Tb data per month, with work to optimise the solution ongoing. This has significantly improved the capability of NHS Wales to detect, respond to, and mitigate security threats to maintain a robust security posture and compliance with regulatory standards.

**Infrastructure Maturity (INFRAM) Assessment:** Cisco are performing a HIMSS INFRAM assessment on DHCW, due to be completed by the end of April 2025. DHCW has offered to facilitate the audits for all NHS Wales organisations starting with Aneurin Bevan University Health Board and Health Education and Improvement Wales. This will give us a benchmark of the digital maturity of all NHS Wales and allow us to compare and identify areas for improvement.

A series of three very well attended Cyber Live sessions were offered to all DHCW staff covering areas such as 'Threats to Healthcare', 'Cyber Security Best Practices' and 'DHCW Policies and Compliance'.



## INFORMATION GOVERNANCE

**DHCW is responsible for the Information Governance Framework which helps monitor and improve information governance understanding and responsibility in Wales. Without a framework, the challenge of making information available to services providing health and care becomes far more difficult.**

**The Wales Accord on the Sharing of Personal Information (WASPI)** framework has continued to grow through progression of the work to become an Information Commissioner's Office Code of Conduct, development of a digital system for organisations to digitise their information sharing agreements and new information sharing templates shared ahead of the framework's 20th Anniversary in 2025.

**The Welsh Information Governance toolkit** continues to provide improved functionality and implement changes proposed by stakeholders. This has included expanding the use of the platform to other stakeholders by supporting Community Pharmacies in the provision and onboarding of the Pharmacy Clinical Governance toolkit. Future platform developments will enable expansion from those organisations that currently use the existing platform to a wider set of stakeholders who need to provide information governance assurance when processing personal data in the provision of NHS Wales services.

**The Data Protection Officer Support Service** has been onboarding Community Pharmacies to a new Data Protection Officer service. This provides information governance advice and assistance to Community Pharmacies in the same manner as the current Data Protection Officer service for General Practices on a subscription basis. 84% of GP practices in Wales and 9% of Community Pharmacies are subscribers to this service with ongoing input and feedback from subscribers supporting the development and focus of the service.

**The National Intelligent Integrated Audit Solution** continues to monitor potential inappropriate access to clinical records for many national systems. Training on the proactive monitoring tool have been undertaken with health board and trust information governance leads reminding attendees of the functionality and benefits of the audit tool, which sits behind many of DHCW's national systems.

A national data policy framework for Wales is critical to the ambitions to make better use of health and care data. Intent needs to be underpinned by an implementation plan with actions and owners but the data policy position needs to be established by Welsh Ministers, via Welsh Government. As such, DHCW’s activities have been supporting, highlighting the need for action and raising awareness across the health and care system.

The National Data Resource (NDR) published the NDR Information Governance Framework artefacts to stakeholders providing them access to a range of information governance related documents, guidance and templates that assist organisations in understanding the roles and responsibilities in the context of the NDR. Relevant national NDR Data Protection Impact Assessments that have been completed while Joint Controller Agreement and Acceptable Use for NDR services were also shared.

The Information Governance team successfully completed DHCW’s accreditation to BS10008, the British Standard on evidential weight and legal admissibility of electronically stored information. The next audit will be in December 2025 with a full re-certification audit opening up opportunities to explore scope development.

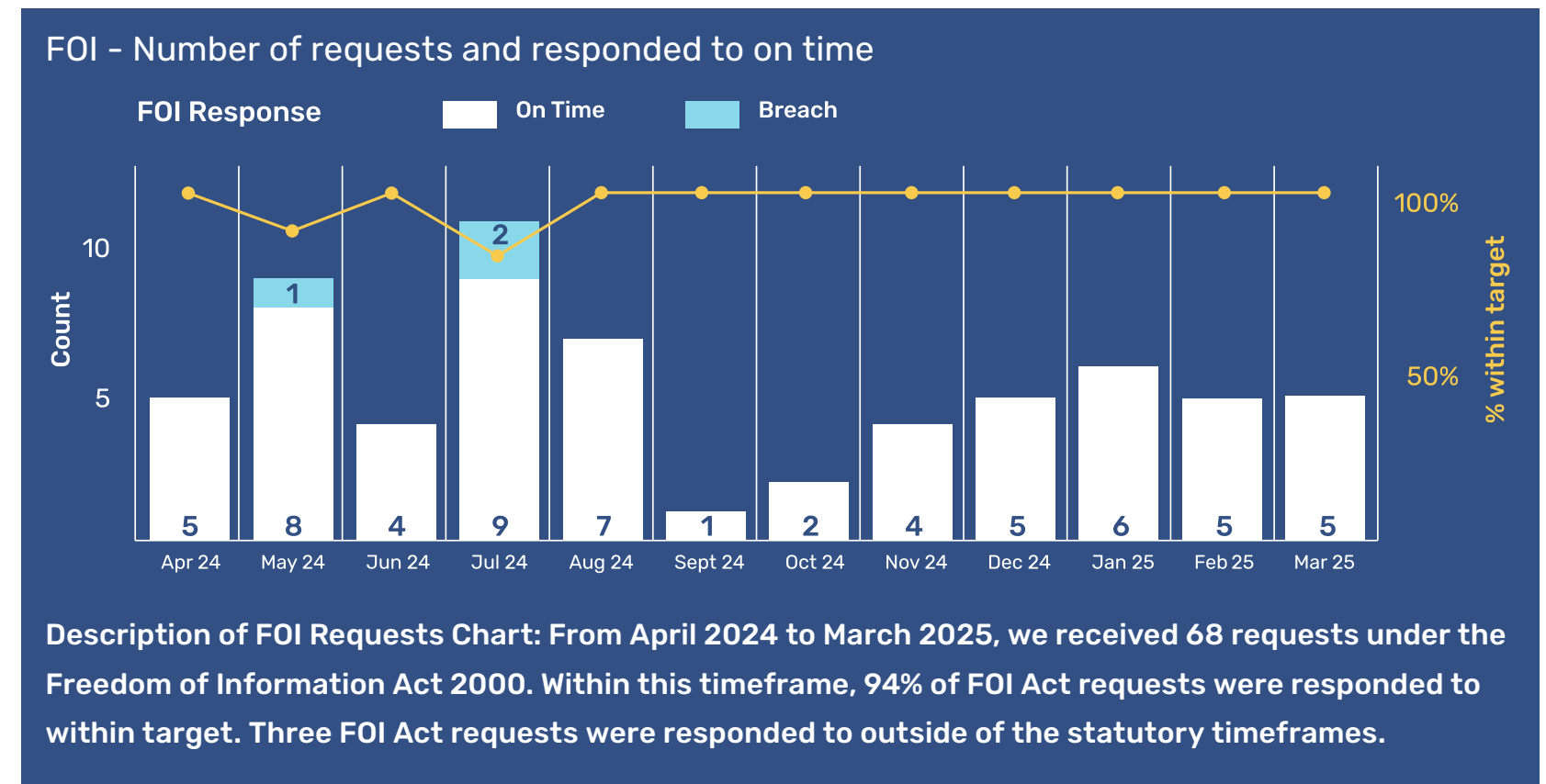
### INFORMATION GOVERNANCE CORPORATE COMPLIANCE

In addition to monitoring and support to improve stakeholders’ Information Governance compliance, we also need to provide assurance that we continue to meet our statutory obligations under information rights legislation. Highlights of our corporate compliance with Information Governance are set out below.

**DHCW Information Governance Toolkit submission** – In addition to our responsibility for the maintenance and development of the toolkit for stakeholders to complete annually, we complete and submit our own information governance toolkit, based on our own compliance, to national Information Governance standards and legislation. We submitted the 2023-24 toolkit in March 2024, and a paper was provided to Digital Governance and Safety (DG&S) Committee in May 2024 on our submission. An action plan was established with key actions highlighted to the DG&S Committee at subsequent meetings.

**Information Governance Requests for Information** – Members of the public are entitled to request information from public authorities. This includes information about themselves (Subject Access Requests), or information held by public authorities (Freedom of Information Act and Environmental Information Regulations requests).

DHCW is required to respond to any requests in line with the requirements of the legislation, including responding within statutory timeframes.



We received 30 Subject Access Requests within this timeframe. All responses were responded to within the statutory timeframes. We also received 4 Environmental information Regulation requests, three requests made by the police and other agencies under Schedule 2 of the Data Protection Act and one other Individual Rights request – all of which were responded to within the statutory timeframes.

**Information Governance breaches** – There were 14 incidents recorded on our incident management system during the financial year. No incidents recorded during this period were deemed reportable to the Information Commissioner’s Office.

## CLIENT SERVICES

Client Services provide computing services to almost 17,000 NHS Wales staff working out of over 500 different locations across Wales. The organisations supported include DHCW, GP Practices, the NHS Wales Shared Services Partnership and several other NHS Wales organisations.

Throughout the past year, our continued focus on service delivery and improvement has led to significant achievements. The Digital Experience Platform is now fully implemented for DHCW staff, key metrics have been established and improvements in end-user experience have been made throughout the year. Migration of the NHS Wales Executive and NHS Wales Health Collaborative onto DHCW support is now complete. Several other staff groups have been successfully migrated, and support for multiple workplace relocations provided. More than 80% of the supported computer estate is now running the latest operating system (Windows 11). The hardware refresh is ongoing at pace, with almost 6,500 computers upgraded. A major focus area has been supporting the GP clinical system programme, and the team have successfully helped in clinical system migrations for over 50 GP practices.

A phased rollout of modern device deployment and biometric authentication has begun as part of the work to modernise and improve the end user’s digital experience. The team have designed and supported the delivery of a state-of-the-art ‘Digital Futures’ facility at DHCW’s headquarters.

Looking ahead, we have outlined future goals to further enhance our services:

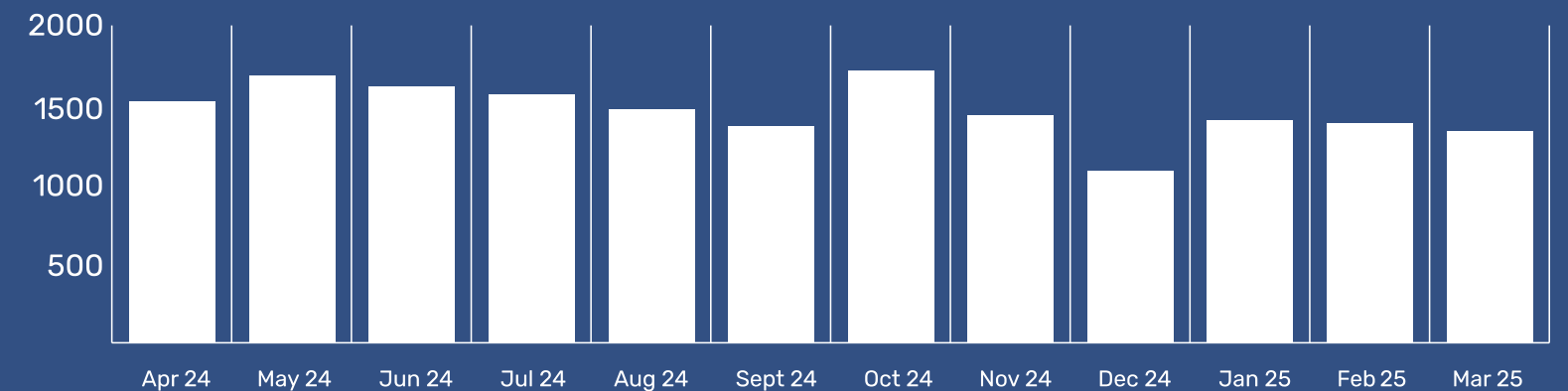
- Complete the Windows 11 rollout
- Support the accelerated migration of GP Clinical Systems
- Complete migration of on-premises file stores to a cloud solution
- Continued upgrades of end user devices and infrastructure
- Further security enhancements to increase security posture
- Develop a proposal to enable organisations to leverage AI

## DESKTOP SUPPORT PERFORMANCE

Desktop Support is the managed desktop service we offer to our supported organisations. Our performance metrics, or Key Performance Indicators (KPIs), are set by Service Level Agreements with each organisation.

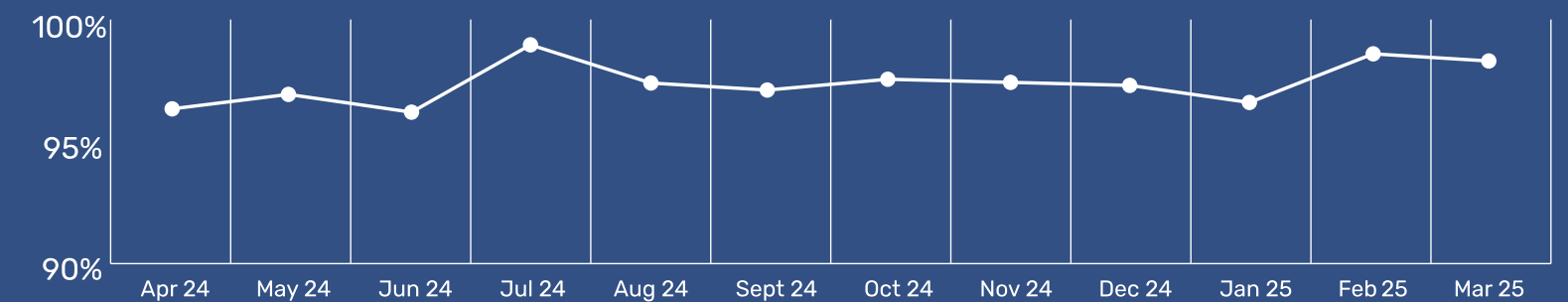
The following charts show the total number of calls we handled, grouped by incidents and service requests, and the percentage of resolutions that met our agreed goals.

Desktop Support Total Number of Incidents for 2024 - 2025: 22,631



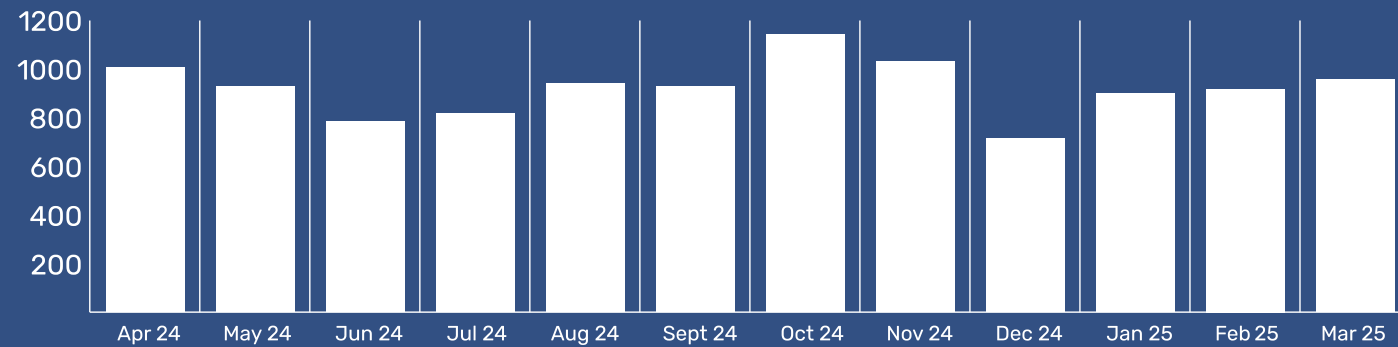
Description of Desktop Support SPC Chart for number of Incidents: From April 2024 to March 2025 the highest number of incidents recorded was October 2024 at 1,722 and the lowest was December 2024 at 1,088.

Desktop Support Percentage of Incidents Resolved on Time



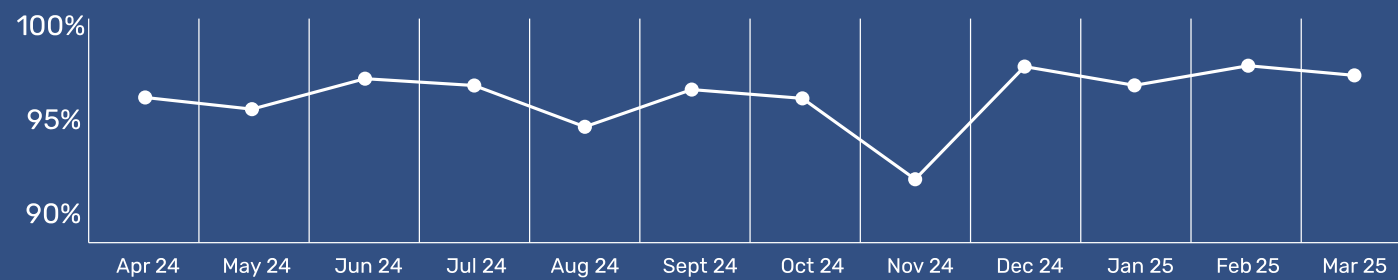
Description of Desktop Support SPC Chart for percentage of Incidents resolved on time: From April 2024 to March 2025 the highest % of incidents resolved on time was July 2024 at 98.96% and the lowest was June 2024 at 96.11%.

### Desktop Support Number of Service Requests: 14,391



Description of Desktop Support SPC Chart for Number of Service Requests Recieved: From April 2024 to March 2025 the highest number of requests recorded was October 2024 at 1,148 and the lowest was December 2024 at 721.

### Desktop Support Percentage of Service Requests Resolved on Time



Description of Desktop Support SPC Chart for Percentage of Service Requests Resolved on Tme: From April 2024 to March 2025 the highest % of requests resolved on time was Dec 2024 at 97.64% and the lowest was Nov 2024 at 92.57%.

## SERVICE DESK

Our SDi accredited Customer Led IT Service Desk provides direct support for over 16,000 staff in GP practices, the NHS Wales Shared Services Partnership, Digital Health and Care Wales, and other national organisations.

The team also acts as the point of escalation for all NHS Wales organisations' local service desks, helping to resolve issues and requests from by health boards, trusts and others.

In the past year, the Service Desk handled over 229,000 support tickets from across NHS Wales. On average, the Service Desk successfully answered 96.9% of calls, with an average abandoned call rate of just 2.09%.

Our Service Desk collects feedback on quality of service and has maintained a customer satisfaction rate of 96.7%, based on responses received.

152,865 Incidents

14,391 Service Requests

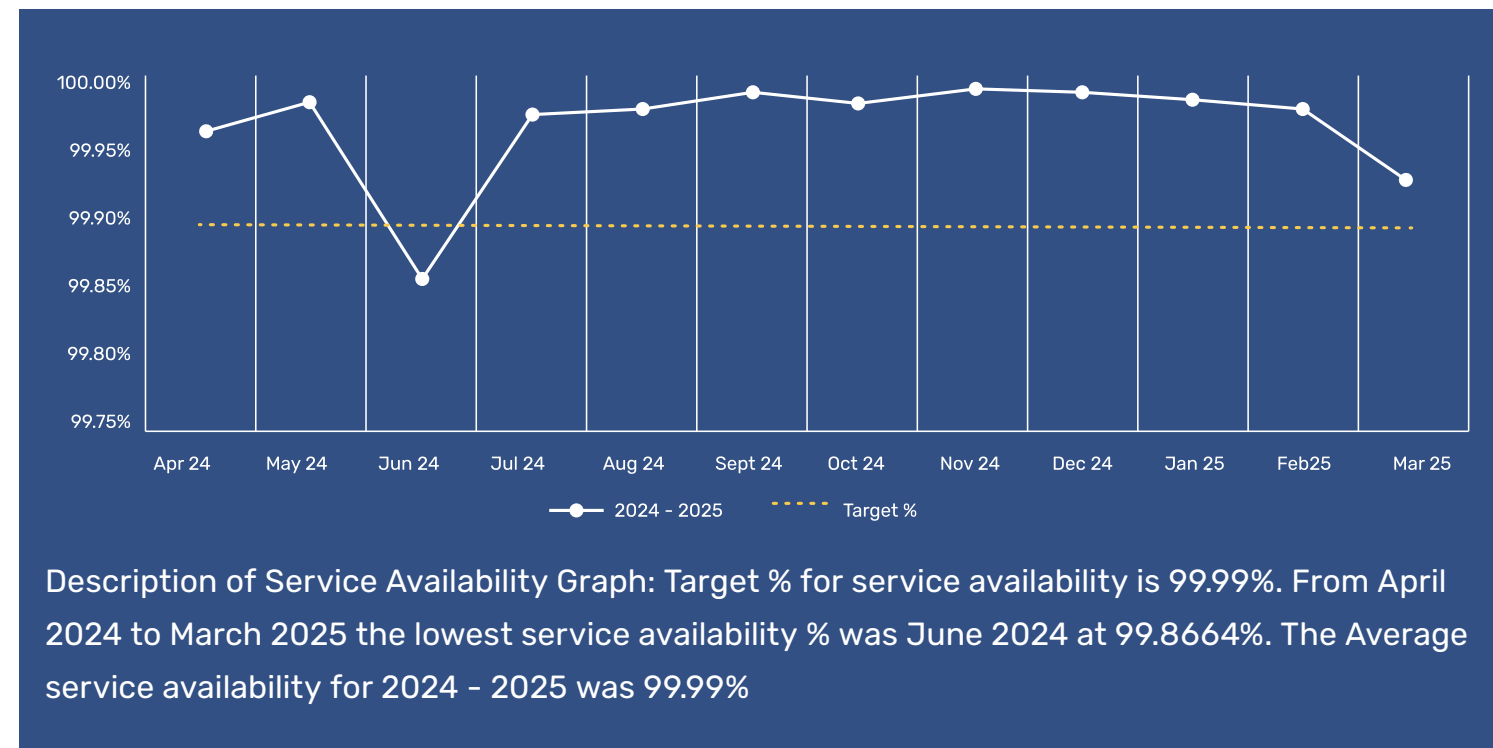


# MISSION 2 : DELIVER HIGH QUALITY DIGITAL PRODUCTS AND SERVICES

## SERVICE AVAILABILITY

Healthcare professionals rely on the technology and services we provide. We work proactively to ensure maximum reliability and availability.

We are pleased to note that our operational services performed well over the past year, achieving an average availability of 99.98%. During this period, we experienced a total of 61 major incidents.



Major IT incidents affect a large number of users and include issues such as delays in processing test results, service downtime or partial service disruption. Some of these incidents were due to issues with third party suppliers or infrastructure problems at health board premises. A data room cooling failure in June at one of our data centres impacted multiple services, all impacted services were restored within 6 Hours. Of these major IT incidents 98% were resolved within their target fix-times.

## NATIONAL IMMUNISATION FRAMEWORK (NIF) AND THE WELSH IMMUNISATION SYSTEM (WIS).

Good progress has been made in advancing the National Immunisation Framework (NIF) from discovery into Alpha. The indicative roadmap, submitted to the Welsh Government in August, outlines a programme of iterative development, led by the Welsh Immunisation System (WIS) with contributions from associated products and services.

Despite resource constraints, notable strides have been made in expanding the functionality and reach of WIS in support of the NIF's strategic objectives. In July 2024, the deployment of the WIS Core Web App marked the commencement of a transition to a microservice architecture. This modernisation enhances the system's ability to scale, supports agile development cycles, and underpins improved delivery of vaccination programmes across Wales.

Crucially, these technical developments have yielded tangible benefits for patients. By August 2024, WIS was fully configured to support the new Respiratory Syncytial Virus (RSV) vaccination programme, as well as the COVID-19 autumn booster campaign. This readiness enabled Wales to begin RSV vaccinations at the earliest feasible opportunity, reducing the risk of severe respiratory illness, particularly among infants and pregnant women.

**As of June 10th almost 100,000 people have been vaccinated with nearly 10,000 interventions in pregnancy –directly contributing to the prevention of RSV-related hospital admissions in vulnerable populations.**

To facilitate prompt and sustainable delivery, a new automated primary care payment feature and post-payment verification process were introduced in September 2024. Designed to scale for future campaigns such as flu, this functionality ensures timely reimbursement for providers, supporting continuity of care and reducing administrative burdens across primary care settings.

The system's ability to respond rapidly to unplanned requirements—such as those for RSV—alongside wider transformation and business-as-usual demands, reflects sustained investment in modern product development and DevOps practices. Test automation coverage exceeding 80% of the WIS codebase supported 14 successful releases in Q3 alone, enabling timely updates for RSV and COVID booster delivery. We are now entering a space where rapid and continuous delivery will help us support new policy in a timely manner and open new opportunities.

We have made numerous iterative releases to support the rollout of RSV and flu vaccine messaging to GP systems; Spring Campaign enhancements; and the implementation of new User-Centred Design (UCD) elements for central flu vaccine procurement. These releases represent a step towards a Single Vaccination Record, improving patient safety by reducing duplication and supporting informed clinical decision-making. The onboarding of Hywel Dda UHB to a centralised communications platform for letters, emails and SMS enhances patient engagement and ensures consistent, timely information delivery.

Simultaneously, efforts to consolidate childhood immunisation data have continued at pace. The integration of this data into the National Data Warehouse allows health professionals to access a comprehensive and secure source of immunisation records. This capability supports improved clinical care, strengthens national surveillance (e.g. for MMR2 uptake at age 16), and enhances the ability of Public Health Wales to provide timely, reliable uptake data—directly supporting efforts to prevent disease outbreaks and promote equitable access to vaccination.

These data-sharing improvements underpin a more responsive, preventive healthcare system. By facilitating accurate modelling, forecasting, and uptake monitoring, the enhanced system mitigates risks associated with viral spread, reduces unnecessary hospitalisations, and ultimately contributes to better health outcomes for patients across Wales.



## CONNECTING CARE (PREVIOUSLY WELSH COMMUNITY CARE INFORMATION SYSTEM)

The Connecting Care Programme, which succeeded the WCCIS Programme, is a national programme, that manages the delivery of the CareDirector product which enables the safe sharing of information between health and social care to deliver improved services and support for people in Wales.

### Cysylltu Gofal Connecting Care

IGDC • DHCW

A single integrated health and social care record system was introduced to help social services (adults and children) and a range of community health services (including mental health, therapies and community nursing) to ensure that care and support for individuals, families and communities are more effectively planned, co-ordinated and delivered.

Since 2016, 16 local authorities and 5 health boards now utilise the CareDirector system. While the system may not have fully met the needs of all service users, it set a precedent for integrating information across health and social care services. The scope has since broadened to include initiatives aimed at creating national digital standards, promoting unified digital processes that can be applied across different systems. A programme is now underway to procure "best of breed" solutions for Mental Health, Community Health, and Social Care, so replacing CareDirector v5.

The programme faced challenges in establishing effective collaborative governance across this broad scope of services. It was agreed to devolve responsibility for social care delivery back to the local authorities and an exercise was run to design a new governance model for the programme's work. This led to a separation of the business cases for Health and Social Care with initial versions being submitted to the Welsh Government in October 2024. Changes were requested to the Health Business Case after review in January, with the subsequent Business Case resubmitted in April. The delay in the approval of the business case has led to significant budget constraints in financial year 2024-25 and moving forward in 2025-26.

The challenges of creating a collaborative plan has led to delays in moving forward with procurement so it was agreed that Betsi Cadwaladr University Health Board would progress with procurement as a pathfinder for other health boards for a mental health solution. DHCW has worked with all health boards to create a single set of national requirements for mental health and community applications Betsi Cadwaladr University Health Board based their procurement on this national set.

Further progress has been made in the replacement of the CareDirector system in mental health, community health, and social care, as well as the development of digital and data standards across community and mental health. Working with service leads across Wales, national digital and data designs have been developed for mental health services and the specialist perinatal service. The designs follow the citizens pathway for a person accessing these services and they identify the data items to be collected at each point of the citizens' journey. The data is assured through the Welsh Information Standards Board (WISB) and the data requirements have been included in the national set of functional requirements as part of the replacement Mental Health system in Wales.

Key achievements include multiple updates to the existing CareDirector platform, agreement of a national set of functional requirements across community and mental health, the commencement of social care procurement across 18 local authorities and the submission of an initial Outline Business Case for the future programme of work.

## DIGITAL MATERNITY CYMRU

Digital Maternity Cymru (DMC) is a national collaborative programme, centrally funded by Welsh Government, established to deliver a digital maternity solution across Wales, supporting safe and effective care for all women and birthing people in Wales.

The delivery model for the Programme has changed, and Welsh Government is now funding individual health boards to implement locally. Therefore, the national programme, managed by DHCW, will close in 2025-26. A separate project, managed by DHCW, will deliver national data standards for maternity, which will be a requirement for local implementations when they have been assured and confirmed by Welsh Government.



## NATIONAL DIGITAL EYE CARE PROGRAMME

The National Digital Eye Care Programme aims to give hospital ophthalmologists and community optometrists access to shared clinical information. This helps to monitor eye health and provide shared care in both hospital and community settings such as high street opticians, as part of a single connected pathway.

DHCW has been working with stakeholders to mitigate funding challenges and commercial complexities and has produced indicative plans and an options appraisal for the Electronic Patient Record (EPR) and E-referrals (ER) systems. The recommended options for Cardiff and Vale University Health Board to manage the tactical implementation supporting health boards under the remaining two years of their contract and for DHCW to develop business cases for the strategic procurement of eyecare systems for longer term stability was agreed by the Executive Sponsorship Group.



## THE SIX GOALS PROGRAMME



The Six Goals for Urgent and Emergency Care were co-designed by clinical and professional leads.

They align with Welsh Government priorities in the **Programme for Government 2021-2026**, to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. In 2023-24, significant progress was made in healthcare data management and service integration across Wales.

## Six Goals for Urgent and Emergency Care

### Right care, right place, first time

For optimal staff and patient experience, clinical outcomes and value.



1. Co-ordination planning and support for populations at greater risk of needing urgent or emergency care



2. Signposting people with urgent care needs to the right place, first time



3. Clinically safe alternatives to admission to hospital



4. Rapid response in a physical or mental health crisis



5. Optimal hospital care and discharge practice from the point of admission



6. Home first approach and reduce the risk of readmission

The Six Goals for Urgent and Emergency Care Programme is a priority for Welsh Government, to understand 'what good looks like' for patients accessing care at emergency care settings, what Welsh Emergency Care Data Set (WECDS) is needed, to agree care standards, create a uniform approach to measuring activity and develop a nationally agreed model of care for emergency departments. This will enable improvements in clinical outcomes as well as patient and staff experience.



**The Welsh Emergency Care Data Set supports the delivery of Goal 4** of the Six Goals. The draft data set and development proposal were presented at the Welsh Information Development Group in March 2024 and published in August 2024. In future, the data set will be adopted by the ambulance service in its 999 and 111 services, leading to better service integration and more meaningful insights.



**The Patient Care Record (ePCR) and Computer Aided Dispatch (CAD) support Goals 2 and 3** by creating a robust data set for sharing with health boards and trusts, linking with other data sets to enhance understanding of the service and patient pathways. Work is underway with the Welsh Ambulance Service NHS Trust (WAST) and Warwick University to establish the foundation data set that will be shared with health boards. This data will reside in the National Data Resource (NDR).



**The Same Day Emergency Care (SDEC) service, supporting Goal 3**, is now established in health boards across Wales. The SDEC service is part of the Welsh Emergency Care Data Set phase one approach. We have worked with the Goal 3 and 4 leads to develop outline measures, and these are currently being collected across SDEC services across Wales. We continue to work on improving data quality to ensure that it is meaningful and useable.



**The Urgent Primary Care Centres (UPCC), 111 and Out of Hours Services (OOH)** have been working with the Data Standards team to update the existing **Data Standards Change Notice (DSCN)** from 2019, **supporting Goal 2**. A telephony DSCN, including UPCC work, is planned for publication in 2025-2026.



**We have been working with the Goal 6 director** to develop an aggregate data set to measure Discharge to Recover then Assess (D2RA) activity across health boards.

We have produced two new Urgent and Emergency Care dashboards to replace the old Unscheduled Care Dashboard:

- An operations dashboard with real-time or near-real-time metrics and demands across Urgent and Emergency care.
- A management dashboard with metrics related to service performance.

The dashboards, managed and maintained by DHCW's Information Services, went live in September 2023 and are being used across NHS Wales and Welsh Government. They are accessible without needing an NHS Wales Laptop or login, enabling significant progress in data access for Welsh Government.



## WELSH INTENSIVE CARE INFORMATION SYSTEM (WICIS)

The WICIS is intended to collect real-time information from monitoring devices, pumps and respiratory equipment used in patient care. To provide frontline staff with easy access to vital data and insights, offering a quick and clear overview of patient and device statuses across the ward; and to replace all paper charts and hand-written observations of vital signs.



System Wybodaeth  
Gofal Dwys Cymru  
Welsh Intensive Care  
Information System

IGDC • DHCW

With over 10,000 patients admitted to critical care in Wales every year, this digital system will help reduce the burden on frontline staff and will be integrated into NHS Wales digital systems, ensuring information is available when and where it is needed.

The planned go live at the Grange Hospital was delayed following testing locally. Subsequently, an independent review was commissioned by Welsh Government which found that changes were required to improve the system and programme governance before it could go live.

Following the review, a scope workshop took place, attended by all health boards to discuss potential ways forward. A high-level plan has been drafted to improve the system, introduce new governance arrangements and move the system from development into test and implementation. DHCW is working with Welsh Government and NHS Executive to agree the next steps.

## DIAGNOSTICS

Diagnostic services in Wales are facing challenges due to increasing demand, changes in clinical care, a lack of standardisation and scarce expertise. NHS Wales aims to improve service efficiency and effectiveness by reconfiguring services and providing diagnosis closer to the patient. Digital technology is being used to enhance service delivery, patient safety, communication, error rates, costs and data usage.

We are working to integrate new laboratory and radiology informatics solutions, expand electronic requesting functionality, and enhance the national availability of diagnostic results and reports. This means better access to test results, improving patient care and clinical safety. Better information sharing across boundaries and improved storage and distribution of imaging are also key goals.

Modern diagnostic imaging is essential for diagnosis and treatment in modern patient care. Radiology services are being provided in a wide range of healthcare settings across all health boards and trusts in Wales. In future, regional diagnostic hubs will expand the range of services provided outside of typical hospital environments.

The Radiology Informatics System Procurement (RISP) programme aims to procure and implement a new system that integrates picture archive and communication, patient dose management and radiology information management functionality. The integrated system will be rolled out across Wales by 2026.

Y Rhaglen Gaffael System  
Gwybodeg Radioloeg  
The Radiology Informatics  
System Procurement Programme

IGDC • DHCW

The Laboratory Information Management System (LIMS2.0) Programme supports delivery of a modern, sustainable and safe pathology service as part of the **Pathology Statement of Intent**. Both programmes transferred to DHCW from the NHS Wales Health Collaborative in January 2023.

The RISP programme is progressing, with all Health Boards and Trusts agreeing go-live dates. Due to a number of issues affecting the programme, the original timescales were unable to be met. We are working closely with the suppliers and the health boards to ensure the programme is delivered to the contractual deadlines. System integration testing began in October and data migration is progressing with most Health Boards approving the Penetration Test Report.

Public Health Wales went live in February, with further planning meetings taking place across health boards to ensure ongoing progress.

The WLIMS is the current laboratory system which will be replaced through the LIMS2.0 programme. It is a clinical IT system used by pathology staff across Wales to store, record and exchange information such as blood test results. The system also links to the machines that perform tests and analyse the samples. In the past year, the system managed almost 40 million tests. WLIMS links to the Welsh Clinical Portal, allowing health professionals to see all previous tests conducted for a patient, and request new ones, no matter where they are in Wales.

This year, the Blood Transfusion part of the service went live in Swansea Bay University Health Board. This means blood transfusion data is now available across Wales for both laboratory and clinical staff, enabling a more joined up approach.

The LIMS2.0 programme is progressing and has made remarkable progress, however some milestones have slipped and as a result a mitigation plan has been developed to ensure deployment is complete by the end of November.



In the past year, the system managed almost **40 million tests**.

## Rhaglen LIMS 2.0 LIMS 2.0 Programme

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## DIGITAL MEDICINES

**Digital Medicines** combines programmes and projects that will deliver the benefits of a fully digital prescribing approach in all care settings in Wales. Responding to an [independent review](#), in September 2021 the Minister for Health and Social Services set out an [ambition for a comprehensive digital medicines plan for Wales](#) and asked Digital Health and Care Wales to establish the programme. The programme has four interconnected areas of work:

- Primary Care Electronic Prescription Service (EPS) Programme
- Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme
- Shared Medicines Record (SMR) Project
- Patient Access Project (NHS Wales App)

The Electronic Prescription Service (EPS) replaces paper prescription forms and enables GP practices to electronically send a prescription to a patient's nominated community pharmacy/dispenser.



Moddion Digidol  
Digital Medicines

IGDC • DHCW

This year, a significant milestone was reached when **more than a million GP prescription items were dispensed using EPS**, since the service first went live in November 2023.

EPS is currently in use across all health boards and in 44 GPs practices, 281 Community Pharmacies and 3 Dispensing Appliance Contractors (DACs).

Similarly, another significant milestone was achieved in January 2025, where all Community Pharmacy Patient Medication Record (PMR) systems, with a footprint in Wales, completed assurance activities to start receiving digital prescriptions from GP practices.

Through the Patient Access Project and working in collaboration with the Digital Services for Patients and Public (DSPP) programme, "prescription ready" notifications have started to be sent to the NHS Wales App, informing patients when their medicines are ready from their community pharmacy. Software development is also nearing completion on a feature that enables patients to "nominate" a community pharmacy, via the NHS Wales App, to receive a prescription from a GP practice digitally using EPS.

It has been an important year too for the Secondary Care ePMA Programme, with six health board contracts now signed with their chosen ePMA supplier and each are now planning their hospital implementations. To support these plans, there was a well-attended national ePMA Collaborative Learning Network event in November 2024, where all health boards, Velindre University NHS Trust, DHCW, Welsh Government and ePMA suppliers came together to collaboratively work through challenges and to learn from other successful ePMA implementations. Readiness work is also continuing to integrate ePMAs with the national architecture, with the first go live planned for May 2025.

The Shared Medicines Record (SMR) project has delivered the platform for a comprehensive and consolidated medicines, allergies and intolerances record for every patient in Wales. Its Application Programming Interface (API) with GP Medicines, GP Allergies and Discharge Medicines capabilities, has been developed and made available for ePMA suppliers; allowing them to start testing the ability to read and reuse digitally recorded medicines, allergies and intolerances information without the need to transcribe from one system to another.

Overall, significant progress has been made in advancing electronic prescription and medication management initiatives.

These efforts demonstrate an ongoing commitment to overcoming challenges and ensuring successful implementation for the benefit of patients and healthcare providers across Wales.



## CHOOSE PHARMACY

**Choose Pharmacy** helps community pharmacies provide services for patients and the public, freeing up GP appointments for people with more complex needs.

It supports pharmacists in clinical decision-making and improves patient safety by offering:

- Accessible advice and support at a time and place **convenient** to local communities
- Digital templates which help to guide pharmacists through a patient consultation

The Choose Pharmacy Application has provided and supported the ability for community pharmacies across Wales to deliver **460,705 Common Ailments Consultations**, which includes **53,158 Sore Throat Test and Treat Consultations** and **12,321 Urinary Tract Infection Consultations**.

Based on patient feedback during common ailments service (CAS) consultations, **361,296 (78.4%) of the 460,705 consultations that took place, would have resulted in a GP appointment being made, had the service not been available.**

Dewis Fferyllfa  
Choose Pharmacy

IGDC • DHCW



## PRIMARY CARE

Digital and technology solutions are at the heart of primary care and general practice service delivery. We provide primary care with a growing range of digital tools to help GPs and primary care contractors run their services - from appointment management to repeat prescriptions, chronic disease management, access to electronic referrals and laboratory testing, as well as access to patient records.

Since December 2023, DHCW primary care teams have been working closely with practices using Vision, to undertake a large-scale migration to the alternative supplier. This work has, to date, been taking place at a steady rate which prioritises clinical safety and minimises disruption to practices and patient services. As of 31st March 2025, 58 practices have been migrated and 136 practices remain - with an average of 2 practices migrating per week.

As of 31st March 2025, 58 practices have been migrated and 136 practices remain - with an average of 2 practices migrating per week.

The parent company of INPS (suppliers of the Vision Clinical System used by 154 GP Practices in Wales as of December 2024) placed INPS in voluntary administration in December of last year. There was no warning that this action was imminent.

The impact of losing core GP systems to Primary Care and the wider healthcare system cannot be underestimated - this was registered as a corporate risk, shared with Health Boards. DHCW set up an Incident Management group with four work streams: Commercial and Legal, Communications, Operational and Technical. These groups worked with Administrators, colleagues across the other three NHS nations and a range of contingency options were prepared.

A new buyer was sought with a preferred buyer selected by the Administrator at the end of January 2025. DHCW teams have been working closely with all parties to ensure a smooth sales process, continuity of service and no disruption to practices or patients.

## DENTAL ACCESS PORTAL (DAP)

The Dental Access Portal provides a central platform for health boards to allocate places for routine dental treatment at NHS dental practices across Wales.

DHCW designed and built the service which provides the Welsh Government, NHS Wales and partner organisations with a clear picture of the scale of demand for NHS dental services. The software has been delivered using the agile methodology, with a user-centred focus throughout the development.

Following a pilot in the summer of 2024 and staggered implementation, the DAP service is now available in all Health Board areas. Patients living in every area of Wales can use this service to request an NHS dentist for routine dental treatment.



## MICROSOFT 365 ROLLOUT TO COMMUNITY OPTOMETRISTS

The provision of Microsoft 365 to community optometrists and support staff aims to deliver a safe platform to meet business needs which can be exploited by future projects such as Electronic Referral Service and Electronic Patient Record.

Other benefits include:

- Access to NHS Wales Global Address List and potential reduction of any risks associated with the use of personal e-mail accounts (information governance)
- Access to Teams for chat and meetings (communication)
- Less delay when comparing to paper mail (efficiencies)
- Less chance of information being lost/not acted upon and easier to track (information governance/efficiencies)
- Having digital copies saves time converting paper to digital (efficiencies)
- Less paper usage (environment)

The rollout project has concluded, and user/site targets set by Welsh Government and achievement rate are detailed in the table below:

User/sites	Target %	Achievement Rate %	Achievement Rate no. of users/sites
Clinical	95	96	1075 users
Administrative	75	94	404 users
Sites (shared mailbox activated)	100	100	352 sites

## WELSH PATIENT ADMINISTRATION SYSTEM

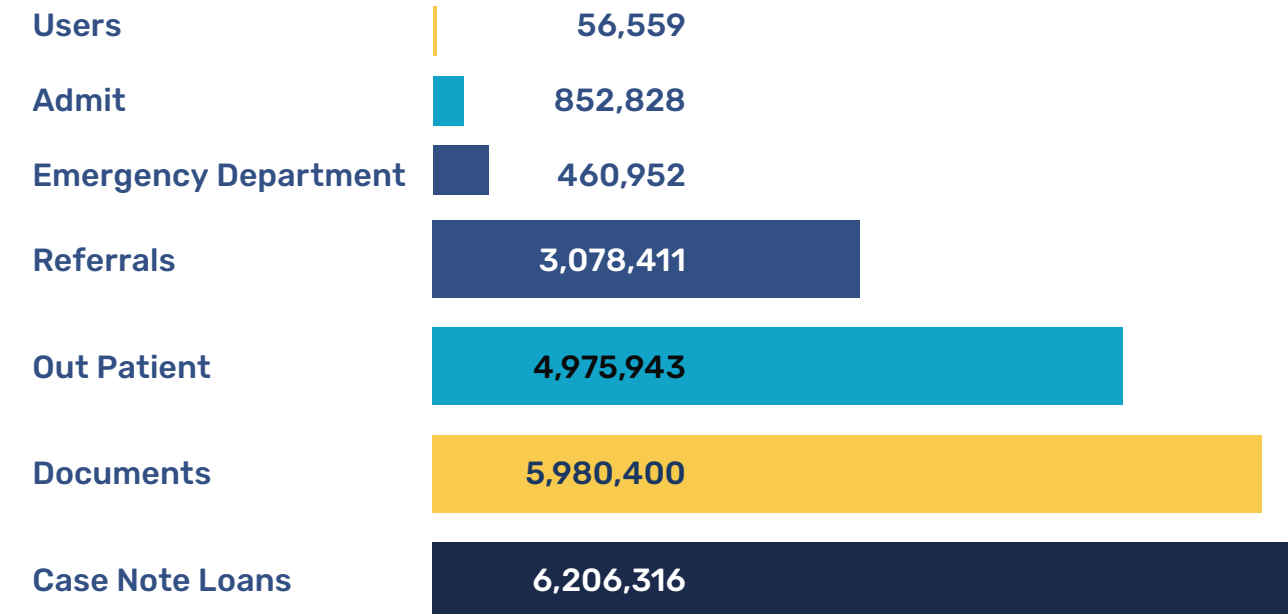
The Welsh Patient Administration System (WPAS) records key patient information, including identification details, outpatient schedules, administrative documents, clinical notes, and referral-to-treatment (RTT) pathway data.

Used across six health boards in Wales and Velindre Cancer Centre, WPAS improves secondary care patient management by digitising and streamlining administrative processes such as admissions, discharges, and appointment scheduling.

This year, we've made progress towards the WPAS Health Board Boundary Change, with the WPAS Bridgend Disaggregation project. Key milestones included completing multiple data migration events, building and configuring test environment servers, and aligning with health boards to confirm a go-live date in May 2025. We've worked through complexities such as the Princess of Wales hospital estate issue, presenting and approving an alternative disaggregation approach to mitigate impacts. Assurance processes for the test environment and collaborative troubleshooting with system teams have been ongoing, ensuring alignment with project timelines.



WPAS Users and Transactions All Wales - Rolling Total April 2024 - March 2025



# MISSION 3 : EXPAND THE DIGITAL HEALTH AND CARE RECORD AND THE USE OF DIGITAL TO IMPROVE HEALTH AND CARE

## NHS WALES MICROSOFT 365 CENTRE OF EXCELLENCE

The NHS Wales Microsoft 365 Centre of Excellence enables all NHS Wales organisations to share a single M365 tenant with more than 125,000 active users, underpinning national collaboration and realising significant cost avoidance.



Canolfan Ragoriaeth  
Microsoft 365 GIG Cymru  
NHS Wales Microsoft 365  
Centre of Excellence

IGDC • DHCW

Working collaboratively across organisations, the CoE facilitates weekly changes to M365 to maintain and increase security, as well as functionality enhancements to the familiar Office products such as Teams, Outlook, Word, Excel and many others.

The M365 CoE is a multi-disciplinary capability, working across the full range of M365 technologies, to support organisations to maximise the benefit of the investment in M365 licensing.

Key initiatives and successes include:

- **Identity and access management** – completion of the discovery phase to understand and document the technical and process landscape
- **Development of the Dental Access Portal** (as part of a wider project, on behalf of Welsh Government) to establish a nationwide system enabling residents across Wales to register their interest in routine dental treatment
- **Development of the Staff Movement Advice app** to streamline the submission of payroll changes, terminations, and new starters by line managers across NHS Wales. This is resulting in significant time savings for front-line and back-office staff, and reducing errors, delays and overpayments

- **Migration of Viva Engage** from the US to EU to enable usage by all NHS Wales organisations, in support of employee engagement and community
- **All Wales trial of Copilot for M365**, results of which contributed to increasing understanding of the potential opportunities as well as challenges of adoption and support
- **Supporting the development** by Cardiff and Vale UHB of a cluster services booking application and associated integration with third-party software
- **Supporting the creation of a new integrated digital system (Codi)** by Health Education and Improvement Wales (HEIW)
- **Supporting the implementation of the iCasework application** by NHS Wales Shared Services Partnership
- **Increasing Power Platform development capabilities** across NHS Wales, including working directly with Swansea Bay UHB
- **Hosting a Teams Telephony event**, together with partners and suppliers, to develop increased awareness of the opportunities and the roadmap towards implementation
- **Supporting the movement of resident doctors** as they rotate between assignments in different health boards by facilitating bulk M365 account updates

Looking ahead to next year, the CoE is leading a taskforce with stakeholders across multiple DHCW teams and all NHS Wales organisations to prepare for and agree the next M365 Enterprise Agreement (EA). The EA renewal project seeks to ensure the ongoing alignment between the needs of NHS Wales staff, the potential for increased innovation and productivity, and the blend of M365 licences at the lowest achievable cost.

## USER CENTRED DESIGN

User-centred design (UCD) is the approach of creating products and services with users, rather than for them. This methodology prioritises understanding users' behaviours, preferences, needs, and concerns through direct engagement. It ensures that users are involved throughout every stage of the design and development process—not just at the beginning or the end of delivery.

UCD is critical to the success of all products and services. Products and services that fail to resonate with users deliver no value and achieve no benefits. By fostering partnerships with users, UCD challenges assumptions about their needs, reduces waste and risks, optimises delivery costs, and lowers the need for user support. Moreover, it enhances engagement and drives adoption.

The UCD Working Group that was established in November 2023 has now been repurposed into the UCD Community of Interest, as a mechanism for sharing best practice and showcasing the benefits of UCD with our network of UCD ambassadors. A UCD Community of Practice has also been set up for those who are practitioners in UCD professions. The Community of Practice has established a backlog of activities that includes the creation of a standardised toolkit, learning and career pathways, and the development of a design system. The newly appointed Head of User-Centred Design took up post in March 2025 and has converted the UCD roadmap into an action plan, developed UCD principles for the Technical Design Authority and has been meeting with product and programme leads to discuss their UCD needs.

## NHS WALES APP

The **NHS Wales App** is the national public gateway to health and care services which has already been adopted by more than 360,000 members of the public across Wales.



Further enhancements to digital medicines functionality are being developed and deployed such as the nomination of pharmacy of choice for medicines collections and a prescription ready message. Extension of functionality from the App has been supported by the first integration carried out with the Swansea Bay Patient Portal (enabled by Patients Know Best) which allows patients to seamlessly view test results and clinical letters.

Work to show and manage waiting list referrals and secondary care appointments within the App and resources that will support effective self-management will directly support the planned care recovery agenda by empowering patients to manage their health and care. An ambitious delivery plan for next year has been agreed by Ministers and this will see an expansion of what patients and the public will be able to do using the NHS Wales App.

## SINGLE RECORD

The **Welsh Clinical Portal (WCP)** has been developed to enable the sharing, delivery, and display of patient information from multiple sources with a single log-on, even when the information crosses health board boundaries. It includes key electronic tasks and supports clinicians with centralised access to information.

Future plans involve continuously adding clinical content, expanding electronic test requesting and results notifications, introducing new forms for the Nursing Care Record, and enhancing user-centred design to improve digital maturity. Collaboration with NHS Wales partners through the Microsoft Centre of Excellence remains a priority.

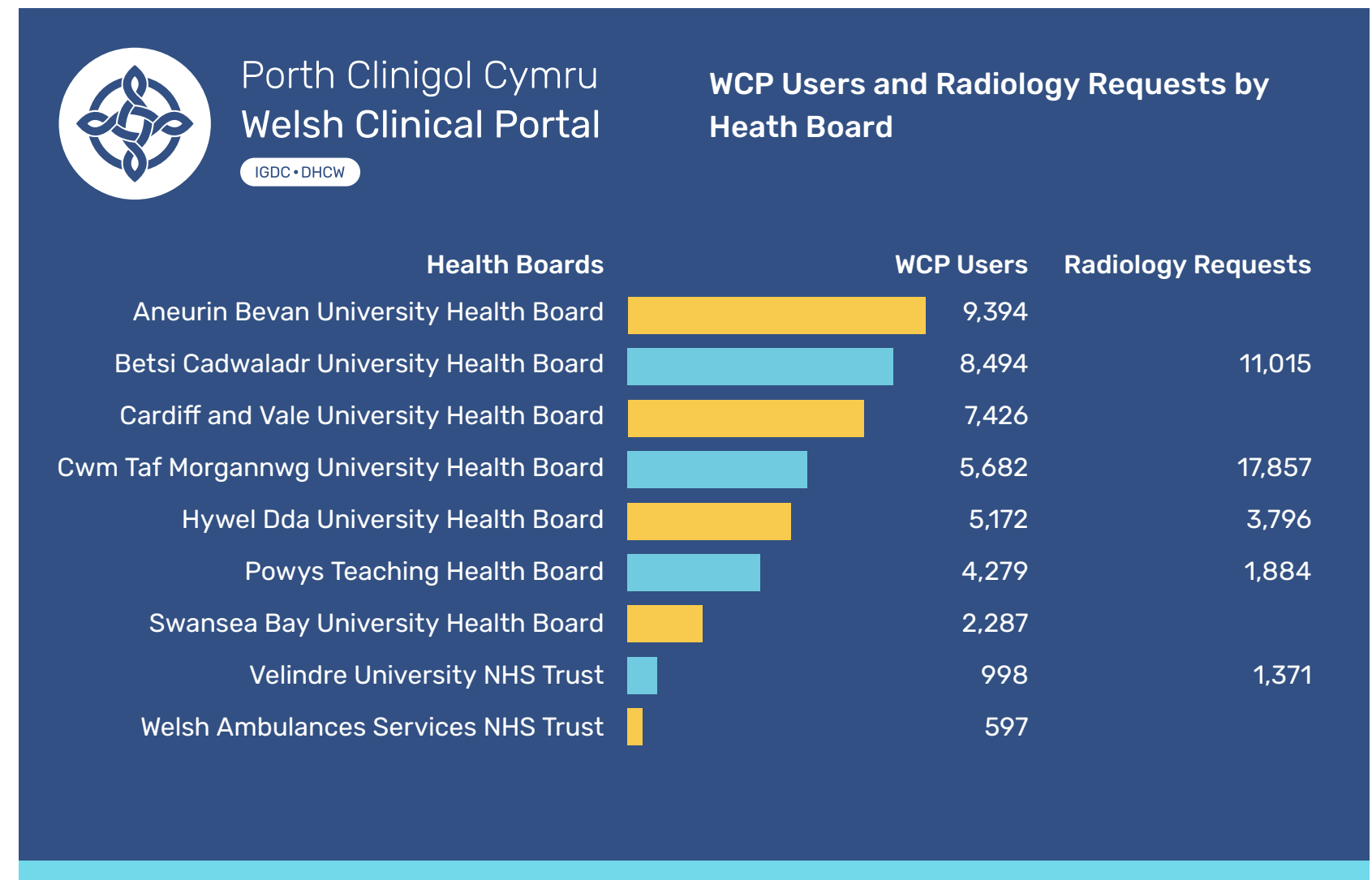
The WCP supports clinicians in delivering effective care by providing more electronic data, reducing time spent waiting for results, and replacing paper-based nursing assessments with digital records. By improving access to diagnostic investigations, the platform helps ensure earlier treatments and reduced duplication of procedures. Additionally, it enables the integration of cancer patient records on modern IT platforms, delivering relevant data for service development and improved patient outcomes.

DHCW is working with key partners to support the Cancer Improvement Plan by developing future funded phases of the Cancer solution. This work includes building functionality for palliative care and improving national cancer data standards. The new Cancer solution replaces the legacy CANISC system with resilient technology, improving access to cancer information, redesigning pathways, and enabling Big Data opportunities through the National Data Resource infrastructure.

Launched in April 2021, the **Welsh Nursing Care Record (WNCR)** has transformed nursing documentation by digitising forms, standardising processes, and using a single nursing language. Nurses can now complete assessments at the bedside using mobile devices, ensuring efficiency and better patient care. The centralisation of data enables access across health board boundaries, supports auditing, and enhances reporting.

The focus for the year centred around increasing access and functionality of the WCP, further developing digital tools like test requesting and results reporting, and enhancing digital services to support patient referrals and information management. In the first half of the year radiology test requesting was expanded and, new capabilities were introduced to enhance the Cancer Programme, including palliative care e-Forms. New infrastructure was completed for the Cancer Programme, and a working group was established for improving WRRS and WCRS governance.

Latterly, achievements include the installation of MediScan for cancer screening and colposcopy applications, as well as the integration of WCP with ePMA for medication management. By Quarter 3 WNCR was implemented in 90% of adult wards, with progress towards paediatric integration.





# Cofnod Gofal Nyrsio Cymru Welsh Nursing Care Record

IGDC • DHCW

## 47 MONTHS OF IMPLEMENTING THE WELSH NURSING CARE RECORD

WNCR live between April '21 – February '25



WNCR is live in all **eight** health board/trust sites in Wales.

**23,771 Users** across all Wales

WNCR being used in **348** wards across all **58** hospital sites. This account for 95% of eligible wards in Wales.



Over **485,000** inpatients have been digitally assessed.

**21,566** monthly users.

Over **220,527** temporary accounts since go-live.



Over **40.4 million** digital risk assessments completed.

WNCR has captured over **24.4 million** inpatient nursing notes.



**475,199** assessments have been **shared** with our National Repository, **making them available across all of Wales**

These documents have been viewed **506,802** times.

**20%** have been viewed by another Health Board.



### RISK ASSESSMENTS

Over **1.02 million** Continence Risk Assessments

Over **1.78 million** Skin Pressure Ulcer Risk Assessments

Over **1.02 million** Patient Handling Risk Assessments

Over **1.01 million** Fall Risk Assessments

Over **965,000** Nutritional Risk Assessments

Over **4.3 million** Bowel Assessments

Over **20.2 million** Skin Inspection and Repositioning Records

Over **936,000** Mouthcare Assessments

Over **9.1 million** Pain Assessments



## BOWEL SCREENING INFORMATION MANAGEMENT SYSTEM

The **Bowel Screening Information Management System** developed and supported by DHCW is supporting the expansion of the Bowel screening programme in Wales to younger ages.



The system is a secure web application that supports the screening process, by selecting people from the Welsh population for screening. Bowel cancer is one of the most common causes of death from cancer in Wales.

Over 2,000 people are diagnosed with bowel cancer every year in Wales, and it results in over 900 deaths.

Evidence shows that screening people at a younger age enables more bowel cancers to be picked up at an earlier stage, when treatment is likely to be more effective and survival chances improved.



# MISSION 4 : DRIVE BETTER VALUES AND OUTCOMES THROUGH INNOVATION

## RESEARCH AND INNOVATION (R&I)

The Research and Innovation (R&I) function has played an active role in delivering projects that generate measurable benefits for patients, clinicians, and the broader healthcare system.

Ymchwil ac Arloesi  
Research and Innovation

IGDC • DHCW

This year has been a period of significant growth and achievement for the R&I team at Digital Health and Care Wales (DHCW). Guided by our strategic aims, we have expanded our impact and strengthened our commitment to fostering excellence in digital health research and innovation across Wales.

A key focus has been establishing and enhancing the infrastructure needed to support digital health research. We have contributed to national priorities, including supporting the development of the all-Wales Innovation Framework and representing DHCW at the National Innovation Leads Group and the Health and Care Research Wales Data for Research Working Group. To further our understanding of available resources, we work closely with DHCW's Information Services to map data assets, explore their potential uses, and assess the skill sets within our organisation.

To maximise the impact of our work on service improvement and health outcomes, our robust governance processes ensure that R&I activities are of high quality and aligned with both healthcare system priorities and DHCW's strategic objectives. A key initiative this year has been the development of the R&I Learning and Development Framework for DHCW staff. This framework provides a structured approach to addressing workforce needs, supporting digital and clinical research initiatives at practitioner, foundation, and awareness levels. As part of the Integrated Medium-Term Plan (2023–2026), it leverages existing resources, fosters partnerships with organisations such as the Welsh Institute for Digital Information, and empowers local R&I champions to share knowledge.

Our commitment to prioritisation ensures that resources are directed towards areas of highest need and impact.

We have successfully maintained our UK Statistical Authority (UKSA) Digital Economy Act (DEA) 2017 Accreditation. The R&I function coordinated and oversaw the review process for DHCW's re-accreditation as a Trusted Third Party (TTP) provider of data through Swansea University's SAIL databank. Our organisation was assessed against several security and capability controls, ensuring that SAIL can expand its research capabilities while enabling DHCW to receive additional datasets.

By enhancing access to resources and tools, we are building a strong foundation for researchers and innovators across Wales to drive advancements in healthcare delivery and patient outcomes. Collaboration has been at the heart of this progress. This year, DHCW R&I actively engaged with a diverse network of partners across academia, industry, and healthcare. We developed a communication and engagement plan to strengthen strategic alliances with universities and research institutions, fostering an interdisciplinary approach to digital health challenges. Through these partnerships, we amplify the reach and effectiveness of our innovations, bringing together key stakeholders to address critical healthcare issues. We recognise that impactful research and innovation depend on strong, effective partnerships with organisations that share our values and goals. These collaborations enable us to co-develop and co-deliver innovative solutions that meet the evolving needs of the healthcare sector.

We are also seizing opportunities to present at national and international events, expanding our presence in the wider R&I landscape in Wales. DHCW is actively represented on various groups, committees, and boards, including the Innovation Leads Group, Bevan Commission Fellowship Steering Group and Health and Care Research Wales R&D Directors' meetings.

Through these efforts, we continue to drive meaningful innovation, ensuring that research and technological advancements translate into tangible benefits for healthcare services and the people of Wales.

## NHS WALES E-LIBRARY

The **NHS Wales e-Library** provides a high-quality, user-led service to promote evidence-based practice and empower NHS Wales to improve and innovate.

It is accessible by all 112,000+ NHS Wales employees along with contract holders, volunteers and organisations commissioned to deliver care to patients, registered social care workers and social care managers, hospice workers, retired NHS Wales employees, students on placement, Welsh Government departments and Welsh Government funded or sponsored organisations that provide health and social care services or information to support health and social care service delivery.

Due to the login methods, the e-Library cannot identify the actual number of people who utilise the nationally procured digital resources, but it can provide usage data. As at the 31st March 2025, a total of 6910 OpenAthens accounts were recorded, 153 of those based in social care.

Usage has increased for e-Journals, e-Books, and Databases. There has been a decrease in usage in the following areas:

- **Medicines Information:** Usage of the previously contracted medicines information and drug tool, 'MicroMedex' decreased significantly towards the end of its contract in August 2024. Following implementation of 'MedicinesComplete' provided by the Royal Pharmaceutical Society, usage increased by 260% from August – September 2024 and continues to show similar results
- **Evidence Summary / Clinical Decision Support Tool:** 'ClinicalKey Nursing' was cancelled in January 2024 due to poor cost per use and as a result, usage for these tools has declined slightly



e-Lyfrgell GIG Cymru  
NHS Wales e-Library

IGDC • DHCW

### NATIONAL DIGITAL RESOURCE USAGE: Q1 - Q4 2024/25

e-Journal Articles Accessed **798,513**

Database Searches **437,253**

Evidence Summary / Clinical Decision Support Tool Requests **152,692**

e-Book Chapters Accessed **25,823**

Medicines Information Requests **25,793**

Guidelines Accessed **8,434**

e-Learning Modules Completed **8,223**



- **Guidelines:** 'iRefer' is only accessible via IP authentication reducing the number of users who can utilise the resource. OpenAthens authentication was implemented in March 2025 and the e-Library team envisage usage increasing into 2025-26 as a result. Usage of 'Royal Marsden Manual of Clinical and Cancer Nursing Procedures' declined month on month. The team have developed engagement, learning and training plans to support improved usage. Please note that usage for the national provision of NEWT Guidelines is not available from the supplier and therefore not included here
- **E-Learning:** Small decrease in number of modules completed that, with further engagement activity, is expected to be remedied into 2025-26

Procurement activity and contract extensions for the e-Library Service have been delivered on time and contributed to its collection development expanding the number of high-quality e-Journals and improving the provision of UK produced Medicines Information for authorised users.

## VALUE FROM DATA

**DHCW aims to deliver a world-class national information and analytics service that supports effective, efficient and safer decision-making. This is achieved by providing access to rich, person-focused health and care data. The goal is to create an environment full of information assets and resources that not only meet the evolving needs of the health system in Wales but also support research and innovation.**

A key priority for DHCW's information and analytics service is the migration and maintenance of national datasets onto the Google Cloud Platform (GCP). Work is underway to develop modern processes for acquiring and processing data from health boards, trusts, and other external organisations, ultimately reducing the reliance on the legacy NHS Wales Data Switching Service (NWDSS). Once complete, data will be uploaded directly to the Google Cloud Platform where it will be automatically validated and processed, including error checks, error reports and loaded into BigQuery, Google's big data analysis tool. This transition is part of a broader effort to enhance data storage, organisation, and querying within BigQuery, ensuring that both new and old datasets are combined efficiently for easy access by analysts. A specific "data science" project has been established within GCP, where analysts explore pseudonymised national datasets, and learning sessions are held for teams to enhance data analysis capabilities.

DHCW has also focused on improving user engagement with its resources. Redesigned websites now offer a better user experience and increased visibility of publications and services. Statistical publications and data products have been expanded to include more detailed reports on hospital admissions, planned care, and secondary care activities, providing healthcare providers with better tools for decision-making. This increased transparency further solidifies DHCW's position as an official statistics-producing body. Additionally, DHCW has established a Power BI design group and a Statistical Analysis Group to improve best practices in publishing and statistics.

As part of our role as an Official Statistics Producing Body, DHCW works closely with the Welsh Government and other official statistics organisations to ensure that data is accurate, complete, and aligned with national health priorities. This collaboration also ensures that the data reported is of high quality and adheres to the established code of practice.

The Primary Care Information Portal (PCIP) plays a crucial role in supporting General Practice (GP), GP Clusters, Local Health Boards (LHBs), and the Welsh Government. The PCIP offers advanced visualisations, analytics, and allows for the uploading of documents for evidence of activity or compliance. Over the past nine years, the portal has grown significantly, offering over fifty "tiles" for users to access. In 2024, focus was placed on supporting GMS contract requirements, including modifications to the GMS Contract Assurance Framework and the creation of new dashboards for Practice Managers and LHBs to track performance.

### Custom requests for data held in the DHCW Data Warehouse

**360** requests dispatched  
**30** per month on average  
**8** Days average completion time

### Data products

**63** live publications including dashboards, reports and mapping tools

### Most popular dashboards by views

- Cancer Dataset
- Urgent & Emergency Care
- Secondary Care Electronic Test Reques (Pathology)
- Result Notification
- Suspected Cancer Pathway



# MISSION 5 : BE THE TRUSTED STRATEGIC PARTNER AND A HIGH QUALITY, INCLUSIVE AND AMBITIOUS ORGANISATION

## BUILDING OUR FUTURE PROGRAMME

**Our approach to transforming the way our products and services are designed and delivered, and the wider organisational changes that need to take place to enable this shift, are being facilitated through five projects aligned to our strategic principles:**

**Put People First:** Focuses on fostering a people-centred operating model and embedding new working practices across the organisation. Key milestones include the development of our Target Operating Model through continuous employee engagement and communication via workshops, feedback sessions, blogs and vlogs. Progress spans four workstreams: aligning job descriptions with the Government Digital and Data framework, advancing organisational change processes, specification for a Digital Learning Portal, and enabling a user-centred design approach.

**Simplify Everything We Do:** Focuses on delivering an enterprise tooling strategy and adoption process which will deliver a prioritised set of standardised tools with a best of breed ethos. This will support the shift to user centred design and a product approach. The tooling strategy is underway, and some of the more urgent tools are already being delivered.

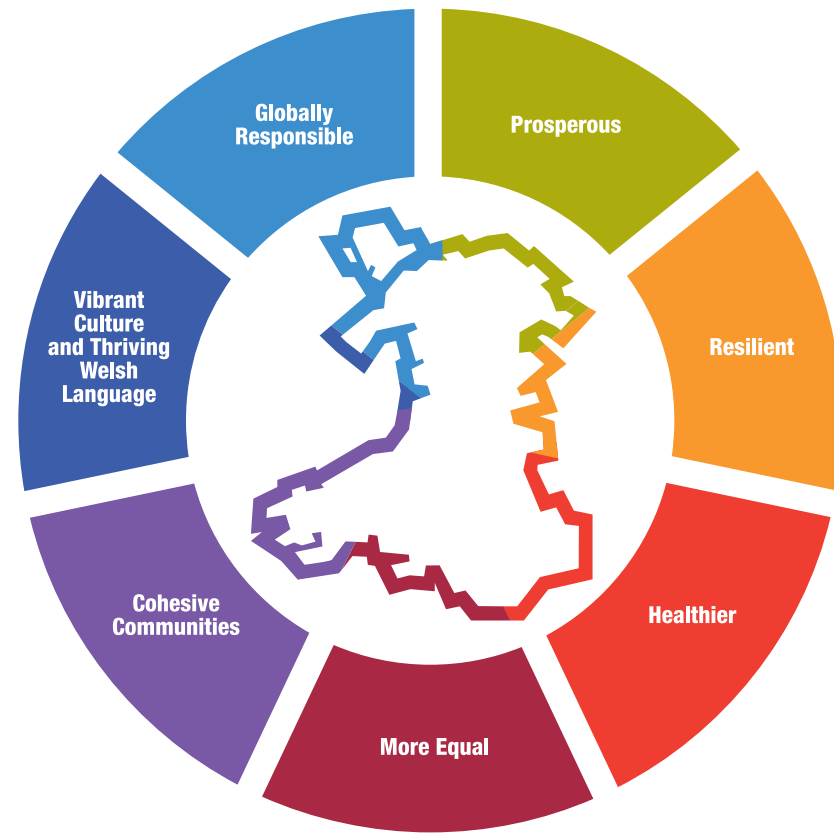
**Design for More Digital More Data:** Focuses on supporting our aim to expand the digital health and care record, expanding the use of digital to improve health and care; this includes development of a robust and sustainable financial model and finding more ways that we can use Artificial Intelligence (AI) to solve problems, establishing DHCW as the digital leader and partner of choice in AI-enabled projects. A financial model is currently being piloted with our Primary, Community and Mental Health directorate. We have delivered an AI Roadmap, and we are supporting the AI Commission. We are also developing a maturity index which will support recommendations on best practice deliverables.

**Find More Value:** Focuses on collaboration, quality improvement and sustainability. The Stakeholder Relationships workstream is establishing groups to enhance collaboration and address system-wide actions to improve stakeholder engagement. Quality Improvement Training has been delivered, including our organisation-wide "5-minute improvements" and "Fundamentals of Improvement" initiatives to support our aim to embed a culture of continuous improvement. A pledge to promote social and environmental value was made at the NHS Wales Climate Leadership Day on 21st February 2025, reinforcing DHCW's commitment in this area. Additionally, a benchmarking exercise has successfully aligned DHCW's wellbeing statement

**Learn from the past to embrace the future:** focuses on how DHCW will support delivery of improvements in service delivery. We are currently in the discovery phase of defining the scope and deliverables of this project.



## WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015



The **Well-being of Future Generations Act**, established in 2015, requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

DHCW has been included under the act since June 2024. Once noted under the Act, organisations had until March 2025 to consult on and agree their Wellbeing Statement and Objectives, however, DHCW was keen to undertake this action earlier and published a Statement and

Objectives as part of our 2024-25 Integrated Medium Term Plan (IMTP).

Since the establishment of the Act, we have worked to the principles of the Act, specifically the Sustainable Development Principle and associated Five Ways of Working.

**In March 2024, our Board approved an updated Statement for 2024-25:**

“Our activities make a fundamental contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and the five ways of working. We see this as part of our core purpose, creating the conditions for sustainable access to health and care services.”

Our objectives for 2024-25, which were also approved by our Board in March 2024, are outlined below together.



**A Globally Responsible Wales:** A globally responsible Wales improves the economic, social, environmental and cultural well-being of Wales. DHCW has established a sustainability strategy based on the ISO 14001 Environmental Management System requirements and a decarbonisation strategic delivery plan. Our procurement processes align with foundational economy principles.



**A Prosperous Wales:** A prosperous Wales uses resources efficiently in an economy which generates wealth and employment opportunities. This is supported by our focus on financial sustainability, efficiency, benefits management and our decarbonisation strategy.



**A Resilient Wales:** A resilient Wales maintains healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change. Our Digital Services for Patients and the Public programme helps citizens to engage in better co-productive dialogue with their healthcare provider. Our organisational resilience is tested through various quality initiatives such as ISO accreditation, including ISO 14001 Environmental Management Systems.



**A Healthier Wales:** A healthier Wales wants everyone to have long, healthy, happy lives, with access to the right health and social care services. Our 14 portfolios of delivery show how our services can contribute to this through providing the right data at the right time to clinicians irrespective of where the patient presents. We will also comply with the new Health and Social Care (Quality and Engagement) (Wales) Act 2020, strive for excellence by ISO standards compliance and prepare for the new Medical Device Regulations legislation.



**A More Equal Wales:** A more equal Wales with a socio-economic duty, tackles inequality at the heart of decision making, and enables people to fulfil their potential no matter what their background or circumstances. We are prioritising talent and succession planning, aligning to more standardised skills frameworks such as the Digital, Data and Technology Profession (DDAT) framework, and embedding our equality, diversity and inclusion commitments as outlined in our Strategic Equality Action Plan.



**A Wales of Cohesive Communities:** A Wales of cohesive communities encourages attractive, safe, viable and well-connected communities. Our stakeholder strategy and the appointment last year of an engagement lead is providing focus on developing and reinforcing our strategic relationships with patients, users and wider stakeholder communities in an inclusive and collaborative style. In 2023, we approved a Community Projects Scheme, whereby our workforce can become volunteers and be actively involved in helping those in need. Our people are helping to support local communities to embrace digital technology as part of our digital inclusion action.



**A Wales of Vibrant Culture & Thriving Welsh Language:** This is a principle adopted in the development of our strategic equality plan and our commitment to being a bilingual organisation including Welsh language training. Objectives and Key Results (OKR) are a performance management tool set out within our **Integrated Performance Management Framework**. We have applied this tool/approach to the WBFGA as follows:

- The Wellbeing Objectives are set on a long-term basis (ten years to 2035)
- The Key Results set out the initiatives to be delivered in the short to medium term which will support the delivery of our long-term Wellbeing Objectives.
- Each of the Key Results have been referenced within our 3-year IMTP 2025-2028.

## SOCIAL PARTNERSHIP DUTY

The **Social Partnership and Public Procurement (Wales) Act 2023 (the SPPPA 2023)** requires Digital Health and Care Wales (DHCW), as a public body, to produce an annual report to evidence how they have complied with the Social Partnership Duty, the report must be agreed with the public body's trade union, submitted to the Social Partnership Council (SPC) for scrutiny and published. The report will be available in the public domain as part of the organisation's Annual Report.

The SPPPA 2023 provides for a framework to enhance the well-being of the people of Wales by improving public services through social partnership working, promoting fair work and socially responsible public procurement. It is intended to complement other legislation, including the Socio-economic Duty and the Well-being of Future Generations (Wales) Act 2015 (WFGA 2015).

The Act requires the organisation, in carrying out sustainable development, to seek consensus or compromise with their recognised trade unions, when setting their well-being objectives (in line with the Well-being of Future Generations (Wales) Act 2015) and making decisions of a strategic nature about the reasonable steps they intend to take to deliver those objectives set. The requirements are intended to ensure that trade unions are fully and properly involved when a public body sets its well-being objectives, or when making strategic decisions.

The intended effect of the legislation is to improve the economic, social, cultural, and environmental well-being of people in Wales by strengthening the role of social partnership within strategic decision-making. Involving both employers and workers in key discussions regarding improvements to well-being recognises and values the unique contribution and expertise brought by those directly engaged in public service delivery when addressing shared challenges and seeking innovative solutions. The intended effect of these provisions is to promote cooperation, strengthen policy and improve outcomes, through dialogue between social partners, achieved in social partnership.

At DHCW we have a strong working partnership relationship. In addition to the formal relationship within DHCW such as the Local Partnership Forum, and the appointment of an Associate Board Member to the Board to represent staff side views, weekly meetings have been ongoing for several years between the Trade Unions and the People and Organisational Development Directorate as an opportunity to discuss any topics on an informal basis. The meeting also acts as an opportunity to identify any queries or concerns that need to be addressed.

**Social Partnership Conference:** Representatives from DHCW attended an all-day Social Partnership Conference in Swansea in September 2024. This was well attended by people from Welsh Government, Public and Private Sector, Trade Unions and the Voluntary Sector. Details around the Social Partnership Conference and the implications for DHCW was discussed with our Trade Union colleagues at one of our weekly Trade Union/People and Organisational Development meetings.

**Social Partnership Self-Assessment Tool:** The Social Partnership Self-Assessment Tool was completed in partnership with our Trade Union colleagues in October 2024. The findings from the tool demonstrated that our partnership is healthy and strong across all areas, there were a few areas that were 'agree' and we will explore these further to move these to a 'strongly agree' position. A briefing paper on the Social Partnership Duty and results of the self-assessment tool was submitted to our Local Partnership Forum in December 2024. The Forum is chaired alternately by our Chief Executive Officer and the Associate Board Member for Trade Unions.

**Social Partnership and Wellbeing Objectives Roundtable event:** Representatives from DHCW attended a roundtable event for senior executives in Cardiff in November 2024. This focused on Social Partnership and Wellbeing Objectives.

**Wellbeing of Future Generations Statement and Objectives review:** Progress against wellbeing objectives is referenced in the previous section of this annual report. A workshop was held at the beginning of December 2024 to review and update our Statement and Objectives for 2025-26. This was led jointly by Executives and Trade Unions to review and develop our new Well-being of Future Generations Statement and Objectives. These were approved by our Board in March 2025.

**Actions from the NHS Wales Staff Survey:** In recent months and to support actions and recommendations from NHS Wales Staff Survey 2023 and the Workforce Race Equality Standards, we have worked in partnership to co-facilitate two Anti Bullying and Harassment TENTalks in 2024 and followed up with drop-in sessions in January and February 2025.

We have raised awareness of the Social Partnership Duty and implications for the organisation in our organisational newsletter and published [a joint case study in DHCW about the importance of social partnership in February 2025](#).

We are required to produce an annual update highlighting how we have complied with the duty. This update has been produced in partnership, agreed and signed off by Trade Union colleagues.

## PEOPLE AND CULTURE

Our vision is to create a great workplace where our people are fully engaged, high-performing, and exemplify our organisational values and behaviours. The **People and Organisation Development (POD) Strategy for 2022-2025** continues to support our strategic ambitions, vision, and focus, ensuring that our newly developed values are integrated throughout the organisation. This strategy will be reviewed and refreshed in 2025.

Our Strategic Equality Plan, developed in partnership and endorsed by the Board in 2023, underscores our commitment to promoting equality and diversity within the organisation. This plan serves as a foundation for fostering an inclusive work environment.

During 2024-2025, we have focused on advancing key people initiatives and action plans introduced in the previous year. The primary developments include:

- **DHCW Behavioural Framework:** We have developed a Behavioural Framework aligned with our organisational values to reinforce expected behaviours across all levels
- **Senior Leadership Programme:** We continue to build on our leadership development programmes to enhance the skills and capabilities of senior leaders
- **Talent Development and Recruitment:** We have successfully supported significant recruitment efforts with a strong emphasis on equality, diversity and strategic workforce planning
- **Digital Upskilling Programme:** As part of our strategic collaboration with the Wales Institute of Digital Information (WIDI), we have partnered with the University of Wales Trinity Saint David (UWTSD) to develop and deliver custom digital e-learning programmes. These programmes support DHCW's transition to a product-focused operating model by providing employees with essential digital skills. The training covers areas such as Agile Delivery and Scrum (Foundation and Practitioner levels), Artificial Intelligence (AI) and Machine Learning, and Software Development and Testing at various levels. These courses have been successfully implemented and will remain a key part of our workforce development strategy in 2025-26, ensuring our employees continue to drive digital innovation and efficiency.

We remain dedicated to supporting the Welsh Language Scheme by encouraging staff to learn and use the language in the workplace – **nearly 99% Welsh Language Awareness compliant and 52% of our staff between level 1 and 5**. Additionally, we have focused on targeted recruitment efforts to attract Welsh-speaking employees.

The POD Strategy 2022-2025 will be refreshed making sure it continues to align with our organisational goals, ensuring that our people are engaged, skilled and embody our values. As we move forward, we will build on our progress and further strengthen our commitment to equality, diversity and workforce development.

## LEADERSHIP AND TALENT MANAGEMENT, INCORPORATING SUCCESSION PLANNING

**As a learning organisation, we continue to provide opportunities to learn, train and develop for all levels in DHCW. At least 60% of our vacancies were filled through internal career moves, compared with 30% in 2023-2024, demonstrating our on-going commitment to supporting staff development and career progression. In addition to in-house training, development opportunities are available through Health Education and Improvement Wales and external providers, including professional memberships, universities and Wales Institute of Digital Information (WIDI), all in line with the Compassionate Leadership Pledge.**

Our commitment to developing and supporting our people remains central to our strategic priorities. The initiatives outlined below demonstrate a proactive approach to leadership development, talent management, and succession planning, ensuring DHCW has the right capabilities to meet its current and future ambitions.

After completing the DHCW bespoke Leadership Programme, the DHCW Senior Leadership Team meets on a quarterly basis to discuss key organisational priorities. These meetings provide an opportunity for leaders to collaborate across different functions, drive continuous improvement and ensure alignment with the organisation's strategy.

This approach supports the development of a future-ready organisation that is equipped to respond to evolving challenges and opportunities.

Beyond senior leadership development, we continue to invest in talent pipelines tailored to roles and to address skills gaps identified through Strategic Workforce Planning. In addition, DHCW has also begun identifying critical and pivotal roles to ensure a structured approach to succession planning and future capability building.

Our people have accessed various development opportunities, including **978 employees attending in-house training, nearly 130 taking part in all-Wales (HEIW) initiatives and bespoke programmes and more than 1,000 online learning modules available through 250 licences.**

Additionally, **more than 400 staff members hold professional memberships, such as with the British Computer Society (BCS) and the Federation for Informatics Professionals (FEDIP), and benefit from university partnerships that support both personal and professional growth.**

A key focus moving forward is strengthening the integration of professional development into PADRs, ensuring alignment with organisational values and strategic objectives. This comprehensive learning provision ensures our workforce are equipped with the skills and knowledge needed to drive success and adapt to an evolving healthcare landscape. These initiatives also reflect our strategic intent to nurture leadership capability, embed a culture of continuous development and build a strong, future-ready workforce.

## GREAT PLACE TO WORK



We were pleased to take part in the NHS All Wales Staff Survey 2024, achieving a **62.3% response rate, an increase from 60.5% in 2023. This placed us joint third highest in NHS Wales for overall engagement, reflecting the positive contribution of our colleagues across the organisation.**

Eight out of ten engagement themes remained strong, and while our overall engagement score reduced slightly to 76%, this remains a positive result given that 10 out of 14 NHS Wales organisations experienced a similar reduction.

We are particularly proud of our strong performance in Flexible Working and Teamwork, both of which exceeded the NHS Wales average. Our Patient Safety sub-theme also improved by 7.6%, reflecting growing staff confidence in our safety measures and ongoing commitment to delivering high-quality care.

Staff feedback has provided valuable insights, and we recognise opportunities to further improve morale and engagement. We are actively enhancing support for colleagues, with a particular focus on managing work pressures and promoting psychological safety to create an even more positive working environment.

A detailed analysis and targeted action plans will be developed to address these findings. Our priority remains creating a workplace where colleagues feel valued, engaged, and supported.

## ADVANCING EQUALITY, DIVERSITY, AND INCLUSION

We have continued to strengthen our commitment to equality, diversity, and inclusion (EDI) through a range of impactful initiatives, partnerships, and achievements.

**Raising Awareness and Driving Cultural Change:** We have delivered dedicated sessions spotlighting topics such as Equality Impact Assessment, Life as a Carer and Anti-Bullying, while also supporting national campaigns like International Women's Day, Men's Health Week and Pride. These efforts reflect our ongoing focus on fostering an inclusive and supportive workplace culture.

**Strengthening Partnerships and Talent Pipelines:** We have continued to build relationships with local community groups, schools, colleges and universities to promote careers in digital health. Collaborations with organisations such as lungo Solutions and schools like Fitzalan High School have helped raise awareness of opportunities within DHCW. Events such as Eisteddfod 2024 have provided valuable platforms to engage with potential candidates from diverse backgrounds.

We have participated in several career events across Wales, strengthening our employer brand and attracting top talent. These efforts have resulted in the recruitment of apprentices in key growth areas of the organisation. Additionally, we have continued to support intern placements and graduate programmes, including the NHS Wales General Management Graduate Programme, welcoming our third graduate placement since 2021.

**Commitment to Excellence and Continuous Improvement:** Our efforts were recognised with a Highly Commended Award for EDI at the Healthcare People Management Association (HPMA) National Awards, reflecting our proactive approach to advancing inclusion.

Key achievements include:

- Re-accreditation of ISO 30415 for Diversity and Inclusion, reinforcing our commitment to best practice
- The appointment of a permanent EDI and Wellbeing Lead to provide strategic direction and drive meaningful change
- Strengthening our Equality, Diversity and Inclusion Network, now with more than 32 engaged employees who actively contribute to organisational decisions
- Implementing a robust practice of conducting comprehensive Equality Impact Assessments (EIAs) for relevant policies, frameworks, strategies, projects, and schemes
- Publishing our Gender Pay Gap Report, ensuring transparency and accountability in our approach to pay equity

Further details on our commitment to equality, anti-corruption and the prevention of human trafficking can be found in [our Accountability Report](#).

Through these initiatives, we have strengthened our position as an employer of choice, committed to embedding equality, diversity and inclusion at the heart of our culture and operations.



## STRATEGIC WORKFORCE PLANNING (SWP) AND SHAPING THE WORKFORCE

The Strategic Workforce Planning (SWP) process, launched in April 2024, helped the organisation to identify critical roles, succession planning needs, and workforce sustainability strategies to support its goal to build a more flexible, future-ready workforce.

DHCW is currently undertaking strategic restructuring to align with the organisational Target Operating Model. This will be achieved through Building Our Future programme. One of the main areas of focus under the programme is to upskill the workforce to ensure they stay current with evolving technologies. The organisation is delivering training in important fields like Agile methodology, AI and Machine Learning and Cloud Software Development at foundation and practitioner levels. Currently more than 380 people have been trained in these areas.

We will continue to support career development and workforce modernisation through Building Our Future, focusing on aligning roles with the Government Digital and Data (GDaD) framework to create clear career pathways and developing a Learning Portal as a platform to help individuals to map career progression and identify skills gaps.

Looking ahead, the organisation will start an annual Strategic Workforce Planning process in May 2025. This will be a time for departments to reassess their training needs, plan for future leaders and think about how to sustain the workforce in the long-term. We will create a consistent and organised approach to workforce planning that will pro-actively support our evolving needs.

In addition to training and transformation, there is a strong focus on recruitment and retention. Since April 2024, **213 new hires have been brought on board, with 87 internal promotions and 127 external hires. Our retention rate is also high at 91.3%, meaning most employees choose to stay.**

As part of recruitment efforts, we have also reviewed our resourcing strategy to ensure that it meets current and future workforce needs and supports us in remaining an attractive employer.



## WELLBEING AND ENGAGEMENT

At DHCW we remain committed to fostering a healthy, engaged and resilient workforce. Over the past year, we have taken a proactive approach to employee wellbeing, introducing a range of initiatives designed to promote physical, mental, and social health. In addition to our established Employee Assistance Programme, we delivered several targeted activities to support staff:

**Spring into Action Step Challenge:** Engaged 235 participants across 35 teams, collectively tracking nearly 98 million steps, promoting teamwork and physical wellbeing

**Autumn Step Challenge:** Expanded engagement to 325 staff, further reinforcing the value of movement and collaboration

**Dog Walking Competition:** Encouraged wellness beyond the workplace, with 40 photo submissions celebrating active lifestyles

**Cuppa Catch-Ups:** Informal meet-ups continue to provide valued opportunities for connection across our office locations

**Wellbeing Champions:** With 32 employees volunteering as Health and Wellbeing Champions, we have strengthened our peer support network, embedding wellbeing into daily practices

Our commitment to excellence in workforce wellbeing was recognised through the successful retention of the Gold Corporate Health Standard and recertification for the BS76000 Valuing People Standard. These achievements reflect our strategic focus on creating a positive, supportive environment where our people can thrive.

- **Sickness Absence:** Overall Sickness is 2.9% at the end of March 2025, with an average over the year of 3.42%.
- **Appraisals:** Appraisal completion rate is 86.7% at the end of March 2025, with an average over the year of 86.6%.
- **Statutory and Mandatory Training:** The completion rate is 95.7% at the end of March 2025, with an average over the year of 94.9%.
- **Welsh Language Recruitment:** 7% of new and vacant posts advertised during the year were categorised Welsh language essential with 93% categorised as desirable.

DHCW remains committed to building a skilled, engaged, and future-ready workforce. Through strategic workforce planning, recruitment initiatives and employee engagement efforts, the organisation is well-positioned to support the evolving needs of NHS Wales. Moving forward, DHCW will continue investing in upskilling, enhancing employee wellbeing, and modernising workforce structures to ensure long-term success.



## FINANCE

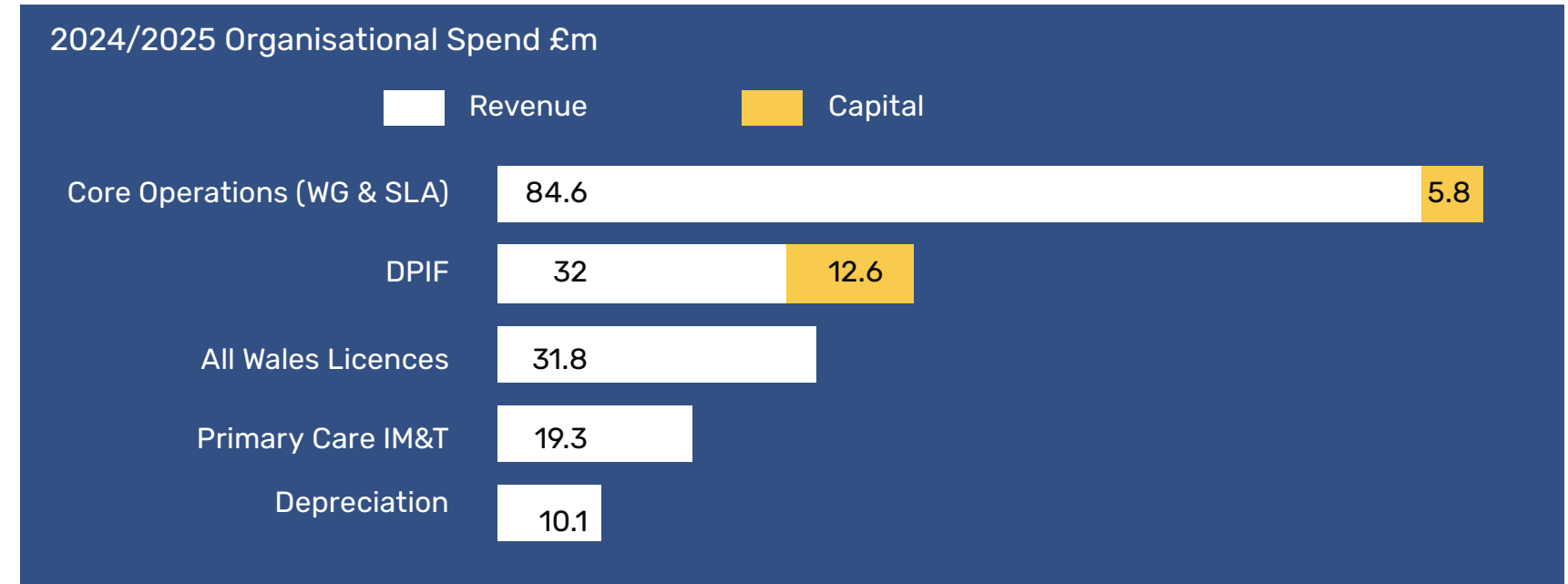
Our main objective is financial sustainability. The key financial indicators reflect both statutory (to achieve breakeven in revenue and capital allocations) and administrative targets (to pay).

We want to automate more processes, explore Cloud environments and lead on cloud accounting guidance, benefits management and financial analytics.

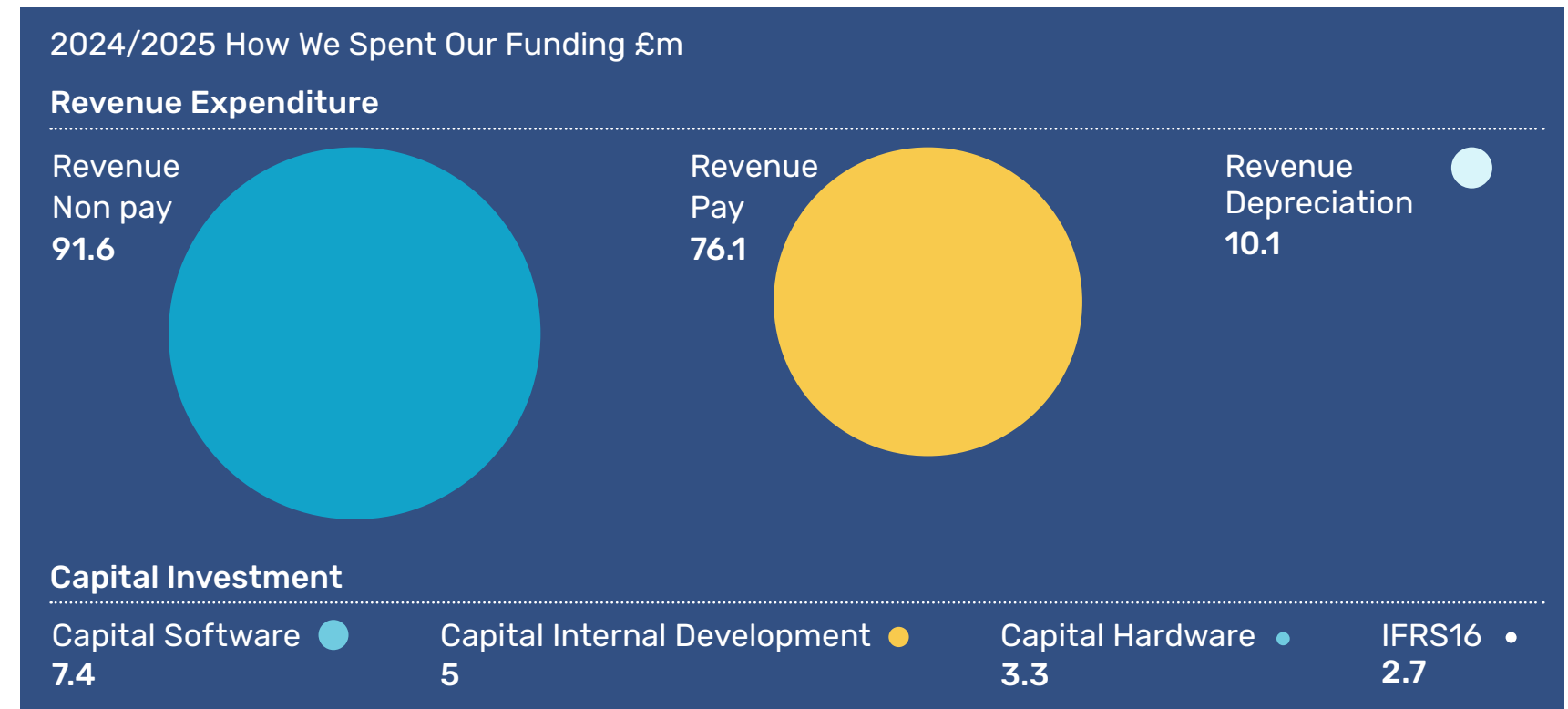
DHCW is reporting achievement of all the key financial indicators for the financial year.

Indicator	Result	Summary
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	Achieved	Small operational surplus of £0.251m (0.1% of revenue funding received).
Remain within Capital Resource Limit (To ensure net Capital Spend does not exceed the Capital Resource Limit CRL)	Achieved	£15.653m capital and £2.720m IFRS16 lease spend, totalling £18,373m against a capital limit of £18.420m, resulting in an underspend of £0.047m (0.2%).
Public Sector Payment Policy (To pay a minimum of all non-NHS creditors within 30 days of receipt of a valid invoice)	Achieved	PSPP target achieved. 97% achieved against a target of 95%.
Bank Sufficient bank balances	Achieved	Balance as at 31/03/25 £2.7m.

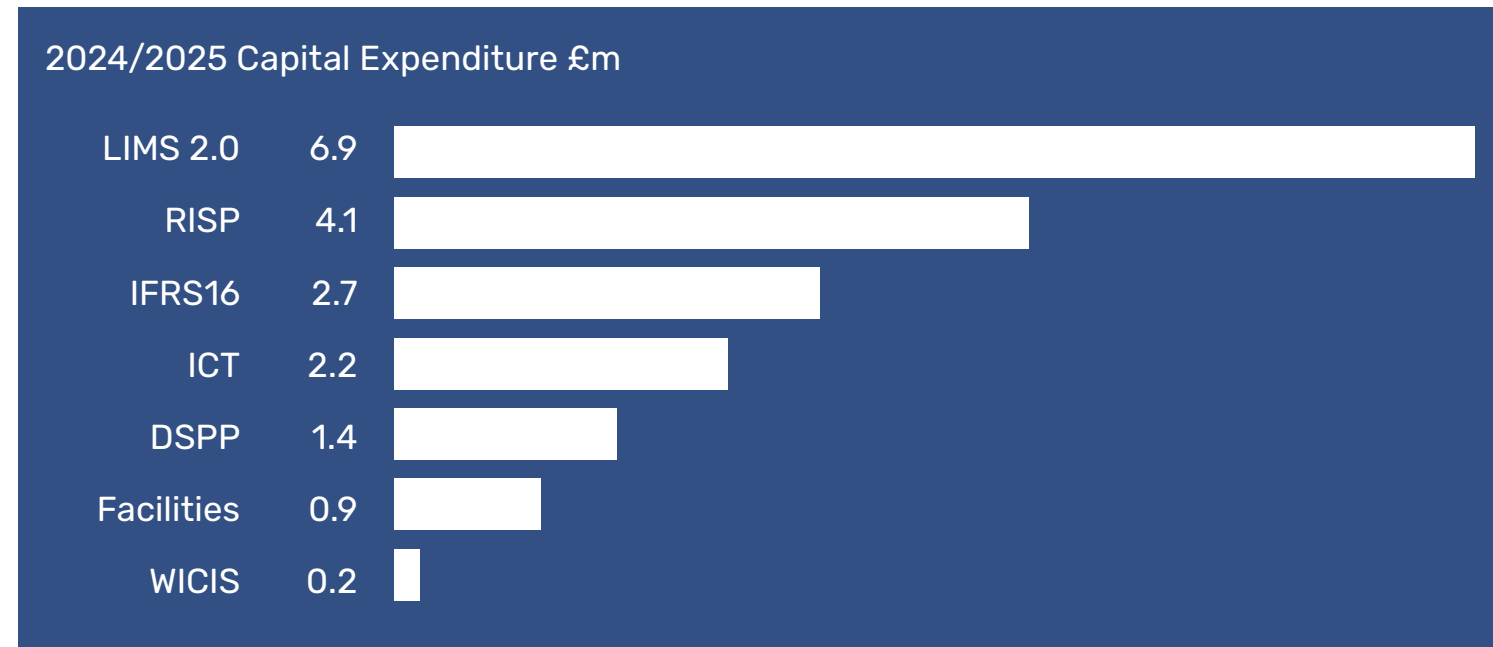
To support organisational activities DHCW spent £196.2m (Revenue & Capital) in the following 5 main areas:



The expenditure recorded during the year of £196.177m (£177.804m revenue and £18.373m capital) can be further analysed as follows:



In terms of capital investment totalling £18.373m, the key initiatives consisted of the following schemes:



The capital funding has enabled investment in key areas such as:

- **Laboratory Information Management Solution LIMS (2.0)** – to support the programme DHCW procured hardware and software licences to support the solution and completed configuration and testing in readiness to implement across Health Boards in 2025-26.
- **Radiology Informatics System Procurement (RISP)** – the funding supported activities including licence procurement, system setup, integration, testing and infrastructure commissioning to enable the start of implementation with the remaining health boards and trusts going live in 2025-26.
- **Information Communication Technology** – key spend related to strengthening of the organisation’s cyber security posture at its datacentres.
- **DSPP (NHS App)** – the investment in this area is primarily reflective of Priority Patient Pathway Feature delivery, and progress for delivery of the Welsh Identity Verification Service to improve functionality available to citizens across Wales.
- **Facilities** – the material investment related to the construction of the organisation’s state-of-the-art ‘Digital Futures’ facility at Ty Glan Yr Afon.
- **WICIS** – investment reflects the ongoing work in Health boards from clinical leads, nurses and consultants to support system design resolution and readiness.

Alongside the management and achievement of our statutory financial targets we have also delivered the following:

- **National Leadership – Benefits Realisation** – The finance team has worked with stakeholders across Wales to not only agree a refreshed benefits framework and toolkit but also a standardised dataset. An All-Wales Benefits Reporting system has been designed and is in development – this will collate and enable reporting of all benefits from digital programmes. Benefit dashboards will exist for all Wales, each organisation/health board and for each individual programme. This year there was further development of the central benefits repository and reporting dashboard. As a proof of concept significant progress was made in data population and providing important intelligence on cost, usage and benefits of a number of national digital programmes.
- **Funding of Service Level Agreements** – As part of the 2025-26 IMTP SLA review round DHCW instigated sessions with senior teams of all organisations and will look to initiate an exercise providing transparency regarding legacy service charging, pressures and constructing a charging model fit for purpose and reflective of new service models and changes in the technological layer (including the shift to cloud).
- **Control of Cloud Spend (FinOps)** – As DHCW’s presence in the cloud grows as part of its strategic aim it is vital that good governance and cost control are embedded into the organisations processes. The finance team have established an accredited function to not only ensure processes are followed but spend is incurred in the most cost-efficient way. During the year the team have published standard operating procedures and constructed cost and consumption monitoring dashboards. Masterclasses have also been held to finance professionals across Wales in order to share knowledge and awareness.
- **Financial Sustainability** – Allied to the SLA charging review exercise, through the Building Our Future programme the IMTP transparently demonstrates DHCW’s approach to maximising resource utilisation through improved productivity and efficiency aligned to the strategic term to 2030. This programme has identified a roadmap within its workstreams to identify gains and any underpinning investment requirement.

## SUSTAINABILITY

We understand that we have an obligation to safeguard the environment and its natural resources. We have an Environmental Strategy in place that integrates the requirements of the ISO14001:2015 Environmental Management System standard within DHCW operations, as well as a Decarbonisation Action Plan (DAP), which has been developed in line with our strategy.

This allows us to use a methodical and organised approach to carbon reductions, control the risk of threats, seize all opportunities and to meet the demands and expectations of interested parties. Our Environmental Strategy is the guiding concept to establish, implement, maintain, and continuously improve our performance in managing environmental elements and compliance obligations.

We acknowledge the potential impact that we may have on the environment, and we are fully committed to reducing this impact across the scope of our operations. By increasing environmental awareness, promoting best practice behaviour and through greater engagement with our stakeholders, we have become more environmentally conscious.

We are actively working to improve sustainability by quantifying and lowering our carbon footprint. While there are many activities that can reduce the total quantity of greenhouse gases that we emit as an organisation, we believe they must be undertaken as part of a coordinated and coherent programme to ensure a complete transformation. Crucially, our approach is underpinned with the knowledge that any steps taken must consider not only how to address generated CO2 emissions, but also how we can become carbon efficient (adaptation).

Pollution, rising temperatures, and other environmental factors pose serious health risks. We recognise this as both a climate and health emergency and are committed to tackling these challenges to create a healthier Wales, now and for future generations.

Examples of our progression during the year include:

- Refreshing DHCW's Decarbonisation Action Plan (DAP)
- Implementing 2024-25 Decarbonisation roadmap actions outlined within our Strategic Delivery Plan, which was established to further DHCW's contribution to Welsh Government's Net Zero aims
- Maintaining ISO14001:2015 Environmental Management Systems standard certification
- Actively participating in a number of All Wales Climate Change forums, delivering presentations on a range of subjects
- Continuing to oversee DAP progress through our Decarbonisation Working Group and ensure best practice
- Successfully working with our ICT supplier to reduce unnecessary single use plastic waste packaging.
- Analysing the carbon benefits of technology solutions
- Further development of our Environmental Development and Estates Compliance Facilitator
- Data Centre relocation that enables improved PUE (Power Usage Effectiveness) and will result in greater energy efficiency
- Developing and maintaining Sustainable Travel intranet pages to increase staff awareness
- Hybrid working enabling estates rationalisation, which has aided carbon footprint reductions
- Implementing a telematics solution to monitor and improve vehicle usage, which has the potential to lead to lower emissions
- Quantification of our IT estate carbon footprint
- Continuing to monitor utility, waste and paper usage

## ENVIRONMENTAL STATEMENT

Our Decarbonisation action plan for 2024-25 was completed. Our annual trend is positive, with operational emissions showing a gross reduction of 49% (1393 CO<sub>2</sub>e) for 2024-25, compared to our baseline year of 2019-20. Some estimates are being used for electricity where invoices and usage data has not been received. We continue to monitor emissions in multiple areas to ensure a comprehensive approach is in place to lower CO<sub>2</sub> levels.

The NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can contribute to climate recovery and the Wellbeing of Future Generations (Wales) Act 2015, which addresses long-term persistent challenges such as poverty, health inequity and climate change.

We recognise the climate emergency and the need for all those in the public sector to contribute to the ambitious Net Zero carbon by 2050 goal for Wales set by Welsh Government.

In late 2021 we developed the first iteration our DHCW's Decarbonisation Strategic Delivery Plan (DAP) and have made significant progress since then. In early 2025 we refreshed our DAP to take a fresh look at our building and energy needs, as well as procurement, travel, and other emissions sources. Some of these emissions are beyond our direct control; highlighting the challenge we have in working collaboratively to influence the decisions of others.

As a digital organisation, we have a unique opportunity to help lower carbon emissions within the wider NHS by developing and enhancing digital solutions, such as those that facilitate digital transfer and storing of information, as well as those that enable remote consultation.

Many actions can be taken to reduce our carbon emissions, but in order to guarantee a full transformation, we believe that these actions need to be taken as part of a wider strategy.

Most importantly, our approach is based on the conviction that any action must take into account not only how to address carbon emissions that are generated (mitigation), but also how our organisation can become carbon efficient in the future (adaptation).

## OUR CARBON FOOTPRINT

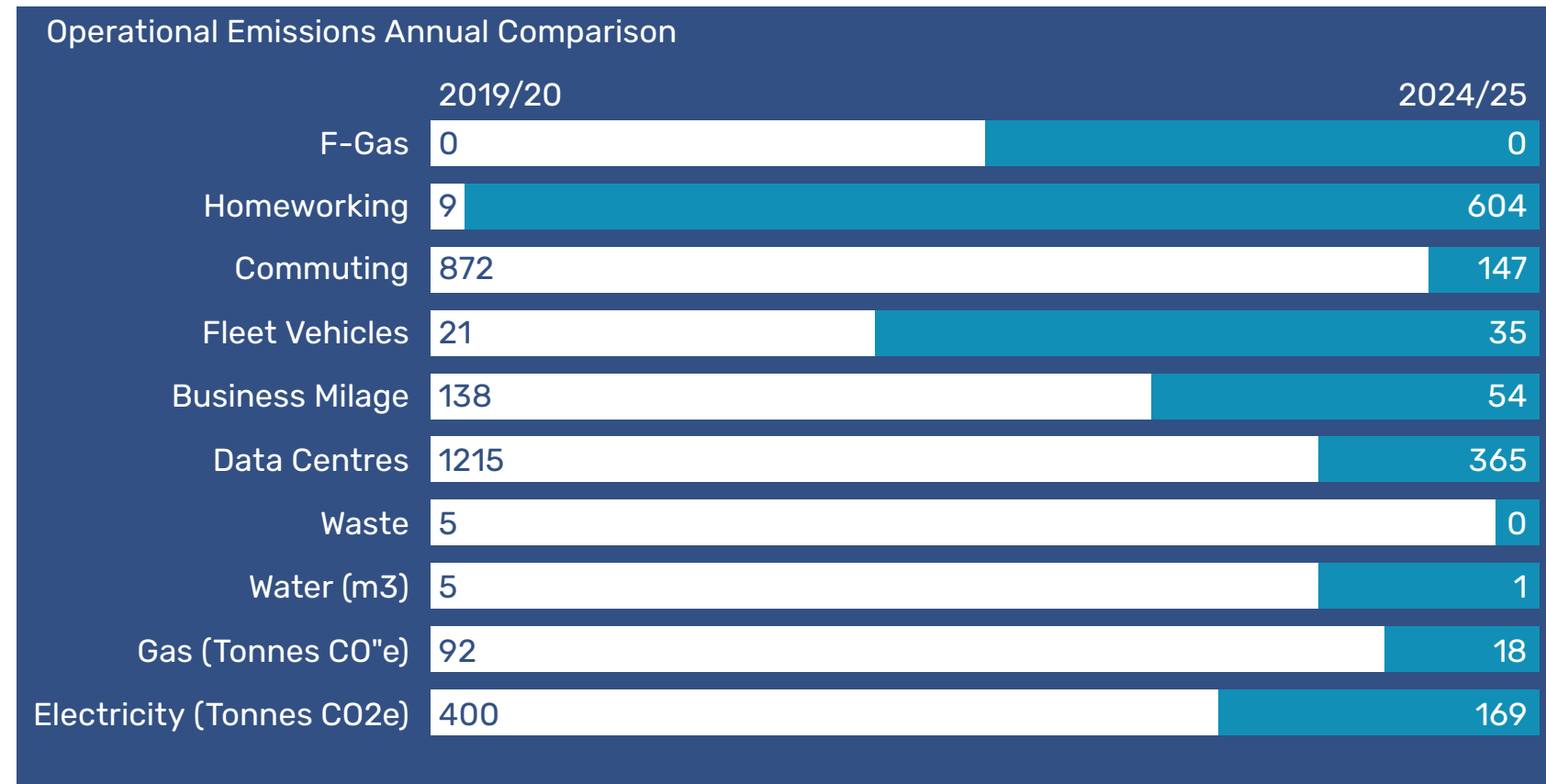
Carbon emissions are an important part of measuring environmental impact. Our carbon footprint is calculated as the total quantity of greenhouse gas (GHG) emissions produced as a result of our activities and services, expressed as carbon dioxide equivalent.

In 2019-20, DHCW (as its precursor organisation) measured emissions for the first time. We refer to this year as our baseline. The majority of our carbon footprint for operations this year were attributed to gas (18%) and electricity (80%). Operational emissions during 2019-20 totalled 2757 MtCO<sub>2</sub>e (Metric Tons of Carbon Dioxide equivalent).



Operational Emissions	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Datacentres	1215	1084	581	458	437	365
Homeworking	9	515	541	582	606	604
Building Electricity	400	246	292	274	185	169
Commuting	872	40	69	84	81	147
Building Gas	92	95	58	49	25	18
Fleet	21	23	25	25	35	35
Business Travel	138	6	11	32	51	54
Water	5	2	1	1	1	1
Waste	5	1	1	2	3	0.4
F-Gas	0	0	0	169	0	0
<b>TOTAL</b>	<b>2757</b>	<b>2012</b>	<b>1579</b>	<b>1676</b>	<b>1424</b>	<b>1393</b>

During Year 6, our current reporting year (2024-25) operational emissions have continued to decrease, a significant factor for this is due to our estates rationalisation work, undertaken as a result of agile working, which has allowed DHCW to vacate premises at Pontypool, we anticipate further estate rationalisation in 2025-26. The below table features Year 6 annual data in comparison to our baseline year, we are showing a 49% reduction in operational emissions.



**Further Breakdown of Waste and Resource Usage.** As shown in the graph below, Waste Electrical and Electronic Equipment (WEEE) accounted for the largest proportion of waste at DHCW, closely followed by recycled waste (plastic, cardboard, paper and cans). Materials typically sent to landfill were processed through waste-to-energy methods.



## EMISSIONS METHODOLOGY

When reporting our emissions, different methodologies are used in order to calculate these figures. For example, a different methodology will be used in the absence of specific usage data.

As a guide, our approximate methodology breakdown is:

- Tier 1 – 21%
- Tier 2 – 18%
- Tier 3 – 61%

(Tier 1 being the least accurate and Tier 3 being the most accurate).

These methodologies are subject to change and we monitor our usage of these regularly to ensure the most accurate option is being used.

## TASKFORCE ON CLIMATE-RELATED FINANCIAL DISCLOSURE (TCFD)

In accordance with the TCFD-aligned disclosure application guidance, which interprets and modifies the framework for the UK public sector, DHCW has reported on climate-related financial disclosures.

DHCW views climate change as a principal risk, therefore it has complied with the TCFD's guidelines and disclosures set out in phase 1 regarding:

- General principles (including scoping)
- Governance recommendation and recommended disclosures (a) and (b); and
- Metrics and Targets recommended disclosure (b) – where data is available.

DHCW intends to adhere to subsequent TCFD phases in accordance with the timeline for central government implementation.

## STAKEHOLDER ENGAGEMENT

**It is essential that we understand stakeholders' perceptions and the impact of our work. Operating in a complex and ever-changing ecosystem, challenges and pressures, have underscored the importance of strong partnerships and a whole-system approach.**

To support this, we have hosted workshops, held one-to-one meetings, and gathered intelligence to deepen our understanding of our stakeholders, fostering more effective partnerships to meet system needs.

As part of this commitment, and our mission to be a trusted partner and a listening, learning organisation, we initiated an Independent Stakeholder Review.

This complements our internal work by benchmarking progress, establishing a methodology to measure improvements, identifying challenges, and recommending solutions.



The review sought to:

- Capture stakeholder perspectives on:
  - Working and communicating with DHCW.
  - Concerns, risks, perceived impacts, and opportunities from collaboration with DHCW.
- Develop actionable recommendations to improve future collaborative working and stakeholder engagement.

The review explored several strategic themes, including stakeholders' understanding of DHCW, their perceptions of its role and effectiveness and the impact of its work within the system. Additionally, it examined stakeholders' experiences of working with DHCW and considered their outlook on future collaboration and developments.

Recommendations were made for improvement in six areas these are:

- Promote transparency and effective communication.
- Foster collaboration and partnership.
- Enhance active listening and responsiveness.
- Clearly define roles and responsibilities.
- Simplify processes and optimise efficiencies.
- Advance interoperability and system integration.

In response to these recommendations, DHCW has established an internal Action Plan Delivery Group and an external Stakeholder Advisory Group. The internal group convened for the first time in February 2025, and the external group is set to meet in Quarter 1 of 2025-26. Of the 27 recommendations from the review, 64 actions have been outlined, with 30 already in progress and 10 completed.

In response to these recommendations, DHCW has established an internal Action Plan Delivery Group and an external Stakeholder Advisory Group. The internal group convened for the first time in February 2025, and the external group is set to meet in Quarter 1 of 2025-26. Of the 27 recommendations from the review, 64 actions have been outlined, with 30 already in progress and 10 completed.

Our Engagement Plan has four pillars these are:

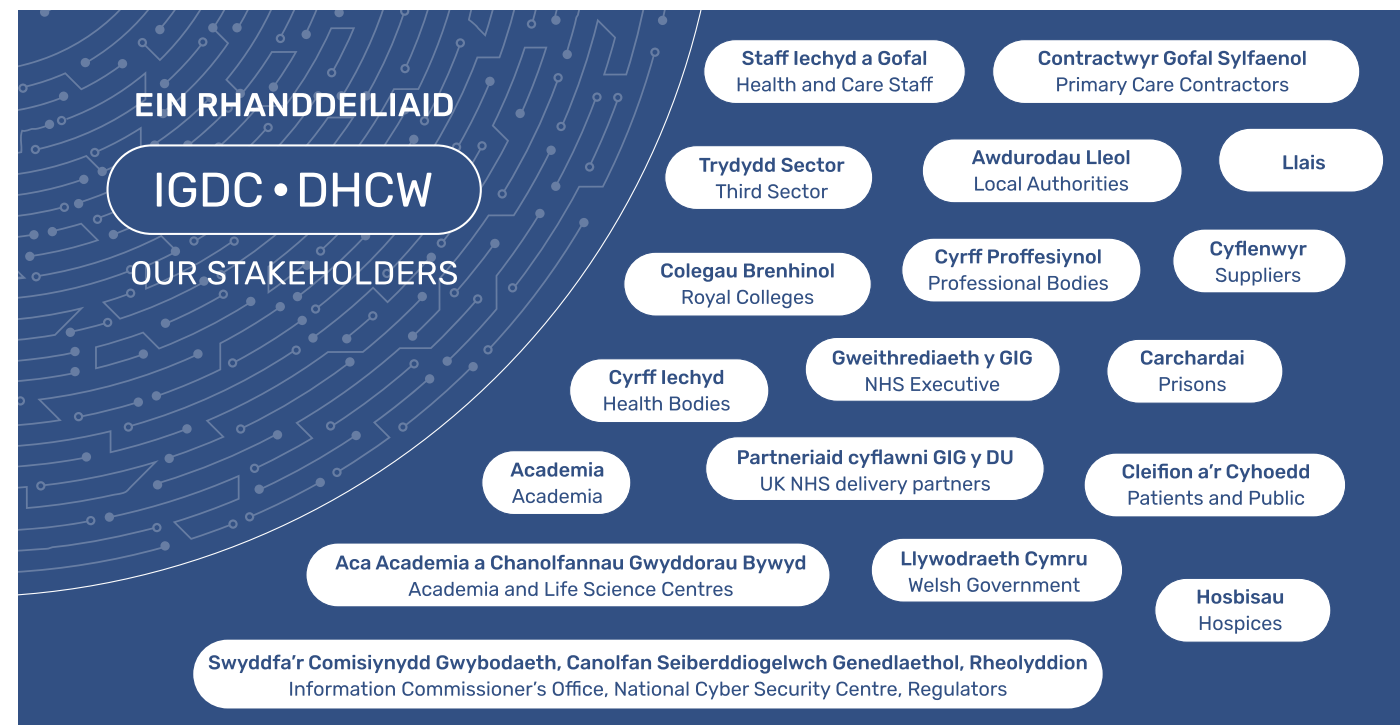
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**Foster a culture of effective engagement, enhancing DHCW's capability and capacity.**
- 


**Develop effective strategic partnerships, networks, and forums to enable successful collaborative working.**
- 

**Be recognised as a system leader in the development of high-quality technology, data products and services for the NHS.**
- 


**Operate as an agile and responsive organisation, listening and responding to stakeholders.**



The following is a summary of the key achievements made towards each pillar this year.

 **Pillar 1: Foster a culture of effective engagement, enhancing DHCW's capability and capacity**

DHCW is cultivating a strong engagement culture through delivering tailored strategies and workshops for key programmes such as LIMS 2.0, DSPP, Digital Maternity Cymru, RISP and Eyecare. We have piloted a CRM tool with ten teams contributing to the discovery phase to shape an organisation-wide system. Staff engagement has been enriched through bilingual training sessions, including 'Introduction to Engagement' and 'Digital Inclusion', at major events, while the bi-monthly DHCW Engagement and Communications Network meetings have provided a platform for continued professional collaboration. The launch of the DSPP Resource Centre represents a key achievement, equipping GP practices and digital champions with essential tools to support digital inclusion.

 **Pillar 2: Develop effective strategic partnerships, forums, and networks to enable successful collaborative working**

We have strengthened our collaborative relationships by hosting Exec-to-Exec meetings with several NHS Wales organisations which have generated new initiatives and further workshops. Collaboration with the Life Sciences Hub Wales has progressed through joint ventures, such as a thought leadership series on Advanced Analytics. Partnerships with third-sector organisations and patient groups have contributed to developments such as the DSPP NHS Wales App prioritisation workshops, while training for Digital Champions has empowered stakeholders to promote and support the app's adoption effectively. We have defined our approach to commercial engagement with focus on core set of suppliers to drive a more strategic approach to the relationships.



### Pillar 3: Be recognised as a system leader in the development of high-quality technology, data products, and services for the NHS

DHCW continues to showcase its leadership in innovation, with the successful Big Data Event, 'Collaborating with Data', attended by 168 stakeholders and receiving high evaluation scores. Social care engagement at the Data Strategy Stakeholder Reference Group has introduced new use cases, while the Four Nations visit established Wales as a leader in healthcare innovation and set the groundwork for formalising a Five Nations Group. Digital inclusion remains a priority, with initiatives such as piloting Digital Champions in GP clusters, creating impactful workstreams with Cwmpas, and advancing the Digital Inclusion Action Plan under the guidance of a dedicated manager. These efforts underscore DHCW's commitment to delivering high-quality data products and services.



### Pillar 4: Operate as an agile and responsive organisation, listening and responding to stakeholders

DHCW's approach has been reflected in the completion of an Independent Stakeholder Review. Stakeholder engagement has been further enhanced through evaluations of events, lessons learned sessions and planning improvements to foster collaboration. User-focused initiatives include the recruitment of 5,200 research panel members, focus groups and public-facing events promoting the NHS Wales App. Daily feedback mechanisms have driven continuous improvement, while dedicated monthly sessions with individual health board digital leads aim to address challenges and strengthen partnerships. Despite engagement hurdles, plans to develop NHS Wales partner profiles and trial new approaches demonstrate our commitment to proactive solutions.

## DIGITAL INCLUSION

As health care's dependency on digital intensifies, the need to ensure digital equity has become paramount to ensure citizens of Wales are able and supported to utilise the opportunities and improvements, generated by emerging technologies.



Helen Thomas, Chief Executive, and Simon Jones, Chair of Digital Health and Care Wales, signed the [Digital Inclusion Charter](#) in 2022. The Charter exists to support and champion organisations working in the public, private or third sector in Wales who are willing to promote basic digital skills and help people get online.

To drive forward our commitment and work on digital inclusion DHCW has set up a working group. The group aims to support digital inclusion in DHCW and wider and work on the deliverables in the Digital Inclusion Charter for Wales Action plan pledges.

## COMMUNICATIONS

As a national NHS organisation, it is vital that DHCW delivers strong and proactive communications to raise the profile of its work and build its role as a trusted strategic partner with a reputation as a system leader for digital health and care services.

**DHCW's Communications Strategy**, approved by the SHA Board in September 2023, sets out a proactive approach to strengthening communications across five strategic aims:

**ONE:** To **establish** DHCW's reputation as a trusted strategic partner

**TWO:** To **build** on our internal communications - supporting staff to feel informed and empowered, making DHCW a great place to work and a high quality and ambitious organisation

**THREE:** To **develop** our stakeholder communications - building relationships to work in partnership

**FOUR:** To **grow** our public communications - building understanding of DHCW's role and how digital and data will help the NHS in Wales work better, what DHCW is doing to address digital inclusion and encouraging people to work for us

**FIVE:** To **enhance** our digital communications - delivering high quality digital communications which reflect our purpose and ambition as a digital organisation

This strategy aligns with DHCW's broader missions and strategic objectives, aiming to position the organisation as a trusted system leader in digital health and care. A supporting yearly action plan outlines specific activities to achieve these goals.

During the last year, the Communications Team has fully delivered against the first-year action plan while also managing additional critical demands, including crisis communications, staff awards and providing support for programme communications.

The Communications Team has made significant strides in positioning DHCW as a trusted strategic partner through:

- Conducting stakeholder mapping and messaging workshops, resulting in consistent corporate messaging
- Launching a Communications Repository with templates and tools to ensure message and branding consistency
- Establishing proactive media engagement to pitch positive stories and submitting monthly updates to key stakeholders for broader dissemination
- Supporting the Engagement Team in implementing recommendations from DHCW's stakeholder review, aligning stakeholder communications with corporate messaging
- Centralising programme communications under the corporate team for consistency and alignment
- Developing a strategic approach to events, securing high-profile speaking opportunities at national events
- Developing case studies with partner testimonials to demonstrate DHCW's impact



## ENHANCING INTERNAL COMMUNICATIONS

Efforts to strengthen internal communications include:

- Expanding channels for timely staff updates and conducting regular evaluations to enhance effectiveness
- Revamping staff briefings to promote two-way engagement and rolling out executive engagement sessions for informal staff interactions
- Delivering successful events like the 2024 staff conference and staff awards, achieving record attendance and positive feedback
- Launching campaigns like #IamDHCW and running events to celebrate diversity and inclusion, such as International Women's Day and religious festivals
- Providing tailored communications for sensitive topics like flexible working policies and supporting key projects and programmes, including Building Our Future
- Promoting health and wellbeing content aligned to our values and maintaining a strong focus on bilingual communications aligned with DHCW's Welsh language goals

## DEVELOPING STAKEHOLDER COMMUNICATIONS

Key actions under this aim have included:

- Responding to the stakeholder review recommendations by enhancing the stakeholder newsletter, creating new materials to explain DHCW's role, and implementing feedback mechanisms like surveys
- Improving stakeholder engagement through a user-centred redesign of the DHCW website and collaborative workshops with the Engagement Team
- Building stronger relationships with clinical teams through visits to understand how DHCW's work supports clinicians
- Strengthening national collaboration by participating in national communications groups and launching a Senedd event to engage political stakeholders
- Proactively improving communications during major incidents in collaboration with Service Management colleagues

## GROWING PUBLIC COMMUNICATIONS

Public-facing communications efforts have focused on:

- Simplifying messaging to demonstrate the benefits of DHCW's systems and services for clinicians and the public
- Increasing presence at public events, such as the Eisteddfod, and achieving record engagement on social media channels
- Collaborating with partners and supporting recruitment campaigns to position DHCW as an employer of choice
- Supporting the launch of public-facing digital services like the Dental Access Portal and NHS Wales App through toolkits and guides



## ENHANCING DIGITAL COMMUNICATIONS

To strengthen digital communications, the team has:

- Invested in new equipment and training to produce high-quality digital content in-house
- Improved SharePoint and the website using user-centred design principles and regularly evaluated performance to guide updates
- Increased bilingual content, reflecting DHCW's commitment to inclusivity, and delivered training to DHCW staff and partners on best practices in digital communications

### Some key indicators of success in our communications work include:

- Record levels of attendance at staff briefings
- A waiting list for some of our internal events, including TENTalks
- Consistently high levels of engagement across our digital and social channels – which are higher than those we benchmark against. Record levels of engagement were recorded in autumn 2024.
- Both the communications and engagement teams are being approached by teams across DHCW to support them in developing their communications and engagement work
- High staff engagement in key areas such as opinion surveys
- Positive feedback relating to staff events such as the staff conference and awards

In terms of next steps, we will be focusing efforts on delivering the year two action plan and strengthening our internal and external communications approaches and channels.

## QUALITY AND SAFETY

**DHCW has maintained its' focus on quality and safety through its' commitment to the Duty of Quality and Duty of Candour which were introduced through the Health and Social Care (Quality and Engagement) (Wales) Act 2020.**

DHCW has produced Always On reports and an Annual Quality Report which demonstrates how DHCW has complied with the Duty of Quality and how it actively seeks to improve the quality of services and products.

We have embarked on a programme of activities to further understand and align to the health and care quality standards 2023. Further information can be found in the Annual Quality Report. The aim is to provide DHCW with a framework that has interpreted the health and care quality standards 2023 for a digital organisation.

DHCW's quality framework is supported by an electronic quality management system and an integrated management system. DHCW has maintained several ISO certifications demonstrating its' continued effort to provide a high-quality service. DHCW has several groups that monitor quality activities, the Quality and Regulatory Group, Integrated Management Systems Assurance Group and the Medical Devices and Alerts Group. These report into the Audit and Assurance Committee which provides assurance to the Board.

## CLINICAL INCIDENTS

**During the year 2024-25 DHCW logged 9 clinical incidents. Four of these incidents were escalated to Welsh Government as Early Warning Notifications due to the assessment of the potential for patient harm during initial incident review, and one other more complex incident was reported as a Nationally Reportable Incident by the affected health board**

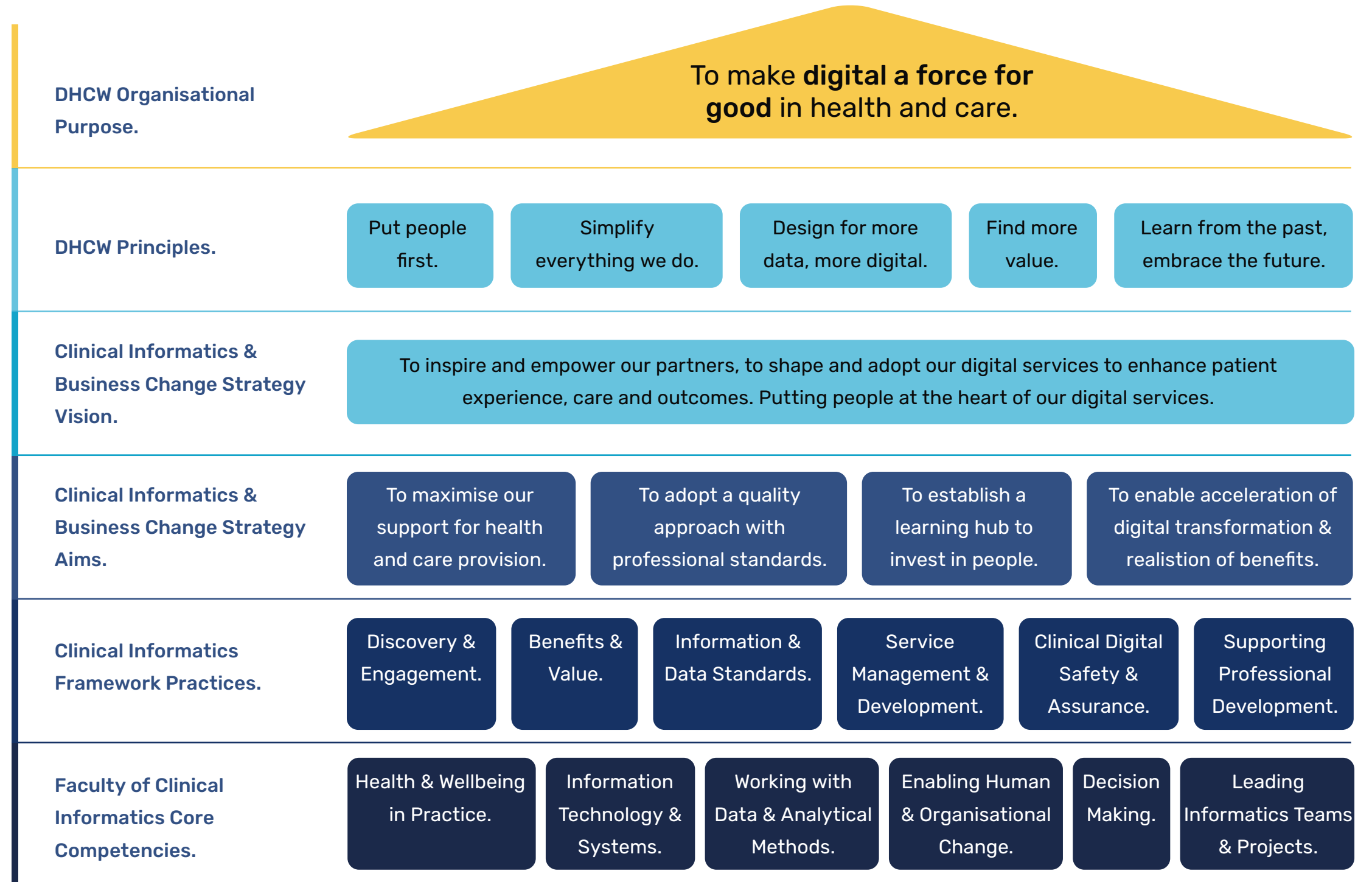
No patient harm because of any act or omission by DHCW has been identified in relation to any of these incidents, nor any associated requirement to trigger the Duty of Candour.

## CLINICAL INFORMATICS FRAMEWORK

The Clinical Informatics and Business Change Strategy 2023-26, developed in 2023-24, outlined the creation of a framework and in 2024-25 we have developed and approved our new DHCW Clinical Informatics Framework, aligned to the 'efficient' domain of quality.

The framework outlines six clinical informatics practices to guide and ensure that the clinical voice is correctly positioned and included in Digital Health & Care Wales. This includes ensuring clinical safety and quality assurance in the transformation of health and care services using digital technology. It has been developed to reflect and align with professional standards across the UK and will dovetail with the newly forming DHCW target operating model.

The practices are Discovery and Engagement, Benefits and Value, Information and Data Standards, Service Management and Development, Clinical Digital Safety and Assurance and Supporting Professional Development. Each practice has a list of applications, processes and tools to support those processes, to ensure quality and consistency in our clinical informatics and business change provision. The implementation, embedding and evaluation of the framework is included in our Integrated Medium-Term Plan for 2025-26.



## GOVERNANCE, PERFORMANCE AND ASSURANCE

This enabler includes the assurance we provide to our Board through risk management, business continuity, performance and planning frameworks.

### PLANNING APPROACH

Our plan focuses on how digital and data can help manage the pressure on healthcare services and improve patient outcomes. We are committed to transparency and our IMTP clearly outlines our plans, risks and challenges, supporting our commitment to being a trusted strategic partner.

Our annual business plan is an ambitious and comprehensive roadmap, covering a portfolio of change initiatives for the year. To allow DHCW to respond to changing priorities and new requests for additional work during the year, we employ a robust change control process to ensure close management of the plan and deliverables. While some initiatives may be slowed or paused, this approach enables resources to be focused on the highest priority initiatives, delivering the most benefit to NHS Wales. We successfully achieved 90% of our IMTP milestones by carefully managing funding, resource constraints and other complexities within the system.

The plan for Years 2 and 3 is indicative, based on available funding and resources, with delivery timelines colour-coded to reflect certainty and maturity. Any new commitments require additional or reallocated funding and progress through detailed planning and maturity. Capacity across the organisation is forecasted, considering recruitment timelines and absence. The plan has incorporated priorities from key partner organisations, including Welsh Government, health boards, Social Care Wales, and others, gathered from meetings and service requests. Alignment with other plans is managed through ongoing strategic engagement.

## PERFORMANCE APPROACH

DHCW adopts a structured, comprehensive approach to performance management, centred on continuous improvement and high performance. This approach ensures that resources are used efficiently to achieve outcomes that meet stakeholder needs, focusing on three key areas:

- **PLANS:** Clearly defined objectives and expected outcomes
- **RESOURCES:** Ensuring the right resources to achieve outcomes
- **OUTCOMES:** Monitoring results and their impact on development



Performance is managed through a hierarchy of directorates, departments and teams, overseen by the Management Board and assured by the DHCW Board. DHCW’s Performance Management Framework (PMF) sets the system for continuous improvement to achieve strategic priorities and objectives, both in service delivery and supporting mechanisms.

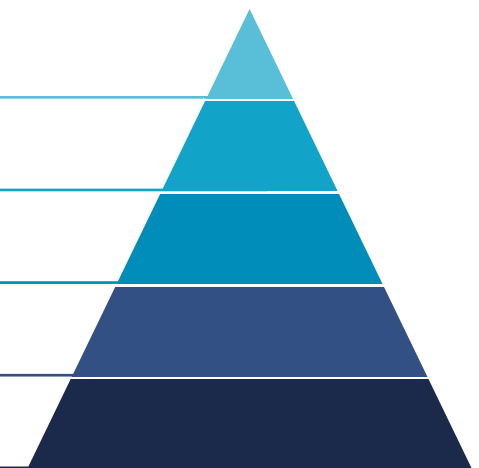
**LEVEL ONE: Welsh Government & SHA Board**

**LEVEL TWO: Internal Meetings & Strategic Groups**

**LEVEL THREE: Accountable Areas**

**LEVEL FOUR: Team**

**LEVEL FIVE: Individual**



**Key Components:**

- **Seven principles underpin the PMF:** strategic focus, connectivity of information, materiality, conciseness, reliability and completeness, consistency and comparability, and stakeholder relationships.
- **KPIs and OKRs are key tools used to measure and improve performance.** KPIs are quantifiable measures that reflect DHCW’s critical success factors. OKRs are a goal management framework that follow a structured, hierarchical approach, cascading from organisational objectives, with measurable results to track progress.

DHCW’s Performance Management Framework was reviewed this year and approved by the SHA Board in January. The Framework aims to ensure accountability, with performance metrics and reporting structures aligned to strategic objectives. KPIs are stored in a centralised KPI Register, enhancing visibility, accountability and alignment. DHCW promotes a culture of continuous improvement, with objectives set at all levels to support strategic goals. Staff are encouraged to share learning, celebrate success and maintain focus on critical priorities.

DHCW’s performance management framework ensures alignment with its strategy, Integrated Medium Term Plan and annual business plan. The approach is cascaded from organisational objectives to team plans, supported by regular reviews, continuous improvement and a culture of accountability.

**RISK MANAGEMENT**

DHCW acknowledges the necessity of embracing risks in pursuit of its strategic objectives and delivering value to stakeholders. These risks will be handled with thorough consideration and a methodical approach to ensure control is maintained. The Board ensures that our exposure to risks remains within predetermined acceptable thresholds, subject to regular reviews for adjustments as circumstances evolve. Any deviations from our risk tolerance undergo a governance process to ensure transparency and effective management. Some risks may be permitted beyond our usual appetite if they are deemed improbable, offer significant potential rewards, are deemed too costly to mitigate compared to potential impacts, have only a limited exposure window, or require external parties to take mitigating actions.



## Our IMTP 2024 – 27 identified our main areas of risk as:

**Cyber:** Optimising our protection against cyber-attacks is critical to ensure continued availability and delivery of any of our digital solutions otherwise, optimum, safe, and timely patient care is at risk. DHCW procured the National SIEM for NHS Wales and made other investments to protect NHS Wales from cyber security threats.

**Suppliers:** We are reliant on supplier capacity to support key systems over the course of the plan. We need to be confident that delivery timescales are not at risk, and suppliers remain focussed on an NHS Wales roadmap and requirements.

**Digital Inflation:** Increased costs from suppliers of digital services will potentially impact on the organisation's ability to balance finances.

**Sustainable Funding:** There are key funding risks: additional funding needed in year 1 and sustainable funding for future years reflective of changing service models and growth. These could impact on delivery of new systems and ongoing operational services. There can be uncertainty about future service level agreement income from other NHS organisations, including the transition of major programmes from Welsh Government digital priority investments into business as usual. This year we completed an initial assessment of service/product costs and accompanying funding. We are working closely with Welsh Government on the future funding model state.

**Resourcing:** There is a risk of not filling vacancies in a timely manner. Some digital skills are in short supply and posts are difficult to fill. We setup a Strategic Resourcing Group which enables monitoring of resource requirements at an organisational level to minimise resourcing risks. Additionally, there are risks associated with unfunded positions across the organisation DHCW are mitigating these by upskilling and reskilling affected staff to mitigate business pressures.

**Legacy issues:** There is still legacy infrastructure which needs upgrading across the estate. Any focus away from this means new systems could sit on sub-optimal infrastructure which could delay roll out and have a reputational impact due to instability. Last year we migrated to a new data centre, recruited 5 of 6 Cloud staff, developed a Cloud economic case, implemented a Cloud PC solution, commenced cloud migration assessment scans and continued to reduce legacy infrastructure.

**Complex Interdependencies:** The integrations between digital systems in health and social care are extremely complex and sometimes not well understood. This can result in unexpected delays which may be difficult to mitigate, for example, when systems are provided by third parties. This year we published our API roadmap and delivered 6 priority API's.

**Use and dissemination of Citizen Data:** During 2024-25 DHCW has been subject to the realisation of a lack of wider NHS Service understanding of its core functions by which the organisation accesses and uses patient data. Gaps in a common understanding and consistent underpinning policy direction have meant that a sound legal basis for the collection, processing and dissemination of Welsh resident data has not been easy to establish. This poses an increasing risk to the organisation and a direct impact on DHCW Strategic Programmes.

## CONCERNS

Although the DHCW Special Health Authority is not recognised as a body under the Putting Things Right (PTR) Regulations, we follow the recommended response and guidance set out under PTR Regulations and take our responsibilities and accountabilities seriously, to this end we aim to ensure that our responses to concerns raised are cohesive, measured and timely.

We have robust monitoring metrics and system in place to provide our board with timely escalations and assurances by early identification of emerging themes. We also have a dedicated learning group to ensure proactive measures are in place to address any deviation in delivery of our expected standards.

## COMMERCIAL SERVICES

DHCW Commercial Services has a role distinct from that provided at local trust and central procurement services in Wales. It is responsible for a wide range of commercial activities such as procurement and contract management of complex clinical digital solutions and underpinning digital solutions, execution of multimillion pound technical software and service agreements and people-based contracts.

The development and management of these robust agreements are essential to facilitate effective service delivery across Wales. Its portfolio consists of 74 contracts with a total expenditure of £1.25 billion. Working within a niche market can be extremely challenging especially given the current economic climate seeing markets and products shrink. A recent example which required adept commercial and contractual skills and leadership was the successful retention of Audit+ for a further period of 12 months into 2026. A service which is embedded and entrenched in GP services auditing and reporting and other Welsh Government initiatives.

Over the years the team has won a plethora of Welsh awards for its innovative contracts and achievements. These awards recognise the achievement, innovations and successes that make the UK a world leader in effective public procurement. Additionally, the team has prioritised professional development, this focus ensures we continue to strengthen our capabilities and provide exceptional services.

Aligned with DHCW's strategic objectives, we have delivered a prioritised pipeline of future programmes and projects, while maintaining strong levels of staff and stakeholder engagement. Our dedication to procurement best practices, value for money, and the health and well-being of communities across Wales remains at the heart of our progress.

## CONCLUSION AND FORWARD LOOK

As we reflect on the progress made over the past year, it is evident that the advancements in digital health and care have not only transformed the way services are delivered but have also demonstrated the crucial role that technology plays in achieving improved outcomes for the people of Wales.

The work of DHCW continues to shape a future where the seamless integration of data and digital services enhances accessibility, security and responsiveness in healthcare. With significant milestones such as more than one million items dispensed using the Electronic Prescription Service (EPS) and the growth of the NHS Wales App, we are witnessing tangible impacts that empower citizens to take control of their health, enable professionals to provide high-quality care, and ensure our systems are more secure and efficient than ever before.

Looking ahead to the next year, the ambition outlined in our refreshed IMTP will build on this progress, pushing the boundaries of what digital and data can achieve in health and care. We are committed to fostering innovation, driving partnerships and investing in our workforce to continue supporting our vision for a fully integrated, data-driven healthcare system. The implementation of the national target architecture and advanced analytics through the National Data Resource will lay the groundwork for proactive, preventative care models and enhanced value-based healthcare delivery.

As we move forward, our focus remains on refining and expanding digital services that place people at the heart of their care, while ensuring that technology continues to be a powerful enabler of change. With a forward-thinking approach, we aim to enhance the patient experience, improve population health outcomes and ensure the long-term sustainability of the health and care system in Wales. Through collaboration, innovation, and dedication, we will continue to drive improvements that allow everyone to experience better care, manage their own health, and lead healthier lives.



# THE ACCOUNTABILITY REPORT AND ACCOUNTS



**GIG**  
CYMRU  
**NHS**  
WALES

lechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

## CORPORATE GOVERNANCE REPORT

The Corporate Governance Report provides an overview of the governance arrangements and structures in place across Digital Health and Care Wales Special Health Authority during 2024/25. It includes:

### THE ANNUAL GOVERNANCE STATEMENT

Sets out the governance arrangements and structures and brings together how the organisation manages governance, risk and control.

### THE DIRECTORS' REPORT

Provides details of the Board and Executive Team, which has authority or responsibility for directing and controlling the major activities of the Special Health Authority during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.

### THE STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES AND STATEMENT OF DIRECTORS' RESPONSIBILITIES

The Accountable Officer, Chairman and Executive Director of Finance confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts, as a whole, is fair, balanced and understandable.

# ANNUAL GOVERNANCE STATEMENT

## SCOPE OF RESPONSIBILITIES

The Board of Digital Health and Care Wales, is accountable for:

- setting the strategic direction
- the governance framework
- organisational tone and culture
- steering the risk appetite and overseeing strategic risks
- developing strong relationships with key stakeholders and partners and
- the successful creation and delivery of the organisations Long Term Strategy.

IGDC • DHCW

**The Board is accountable for Governance, Risk Management and Internal Control.** As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The annual report outlines the different ways the organisation has worked internally and with partners during 2024/25. It explains arrangements for ensuring standards of governance are maintained, risks identified and mitigated, and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement (GS), however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

This Governance Statement explains the composition and organisation of DHCW's governance structures and how they support the achievement of our objectives. The background to DHCW, its functions and plans are set out in the Performance Report.

The Board sits at the top of our internal governance and assurance system. It sets strategic objectives, monitors progress, agrees actions to achieve these objectives and ensures appropriate controls are in place and working properly. The Board also takes assurance from its committees, assessments against professional standards and regulatory frameworks.

## ESCALATION AND INTERVENTION ARRANGEMENTS

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales (Tripartite Group) twice a year to discuss the overall assessment of each Health Board, Trust and Special Health Authority in relation to the arrangements. A wide range of information and intelligence is considered to identify any issues and inform the assessment.

The [Welsh Government Oversight and Escalation Framework – NHS Wales Organisations](#) has five escalation levels:

1. Routine arrangements
2. Area of Concern
3. Enhanced monitoring
4. Targeted intervention
5. Special measures

Since its establishment in April 2021 DHCW has operated at escalation level 1 – routine monitoring. On the 11 March 2025 DHCW was escalated to level 3 – enhanced monitoring. The change in escalation status from level 1 – routine monitoring to level 3 – enhanced monitoring, relating to the ‘performance and outcomes’ domain of the escalation framework and specifically to ‘the delivery of major programmes’.

The rationale for the decision to increase the escalation status was the ongoing challenges with pace and delivery on key national priorities, including:

The Welsh Government has set out the key areas to be addressed by the Special Health Authority over the coming months as part of the escalation framework and the expectations for improvement.

The routine performance management arrangements with the Welsh Government, which include regular Joint Executive Team (JET) and Integrated Quality and Planning and Delivery Group (IQPD) meetings, will include a focus on ‘major program’ and will track delivery of DHCW’s escalation improvement plan milestones. . The Welsh Government will also agree with the health board the ongoing frequency of interventions, support and monitoring. Internally, the Programmes Delivery Committee, will oversee the delivery of the escalation improvement plan and report to the SHA Board on progress.

## OPENNESS AND TRANSPARENCY

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 and in addition to DHCW being committed to ensure we are being as open and transparent we are:

- Live streaming and recording our [Public Board meetings](#) and posting them to our website within 5 working days of the meeting being held
- Recording our [Committee meetings](#) and posting them to our website within 5 working days of the meeting being held
- Advising stakeholders of our intention to hold Board meetings 10 days before Board and Committee meetings
- Sharing papers with members 7 days before, and publishing public papers to our website 7 days before Board and Committee meetings
- Actively promoting our public Board and Committee meetings via various social media channels, encouraging stakeholders to join and providing highlights of meeting content
- Providing a highlight report of all Committee and Advisory Group meetings, covering any agenda items discussed in public and private to the Board and publishing these to our website

The Remuneration and Terms of Service Committee is a private Committee of the Board, in addition the singular advisory group, the Local Partnership Forum (LPF) is currently private, but to commit to openness and transparency, a highlight report from both meetings is shared at each Public Board meeting.

The reporting period for this Annual Governance Statement is primarily focussed on the financial year 1 April 2024 to 31 March 2025.

## OUR GOVERNANCE FRAMEWORK AND ASSURANCE SYSTEM

DHCW's **standing orders** are designed to translate the statutory requirements set out in the DHCW (Establishment and Constitution) Order 2020 into day-to-day operating practice.

Together with the adoption of a scheme of matters reserved to the Board; a scheme of delegation to officers and others; and standing financial instructions, they provide the regulatory framework for the business conduct of DHCW and define its 'ways of working'. These documents, together with the range of corporate policies, including the **Standards of Behaviour Policy** set by the Board, make up the Governance Framework.

The Board reviewed and approved **DHCW's standing orders** in March 2025, in addition the Board received an update on **DHCW's compliance with standing orders during 2024-25** in March 2025. There have been no variations to DHCW standing orders during 2024-25.

The command structure was not utilised during 2024/25.

In accordance with DHCW's standing orders and scheme of delegation, the following **policies** were approved by the Board and its Committees during 2024/25:

- POL-CG-019 - Waste Management Policy
- POL-POD-002 - Shared Parental Leave Policy
- POL-CG-009 - Standards of Behaviour
- POL-OSD-005 - Backup Policy
- DHCW-POL-32 - Fire Safety Policy
- POL-QRC-001 - Quality Policy
- POL-DHCW-001 - Integrated Management Systems Policy
- POL-SMS-004 - Problem Management Policy
- POL-SMS-005 - Incident Management Policy
- POL-SMS-003 - Change Enablement Policy
- DHCW-POL-46 - Business Continuity Management Policy
- POL-NWIS-013 - Patching Policy
- POL-IG-006 - Access to Information Policy
- POL-SMS-010 - Availability Management Policy
- DHCW-POL-5 - Service Level Target Policy
- CS-POL-5 - Acceptable Use Policy
- NEW - NHS Wales Password Policy
- DHCW-POL-8 - Service Level Management Policy
- DHCW-POL-25 - Request Fulfilment Policy
- POL-OSD-007 - Cryptographic Policy
- POL-CG-006 - Control of Contractors

## BUSINESS CONTINUITY

The NHS needs to plan for and respond to a wide range of emergency incidences that could affect health or patient care. Although DHCW is not formally named in the Civil Contingencies Act 2004, as a Categorised “Responder” under the Act.

The Welsh Government has recognised the importance of the role of DHCW in emergency and business continuity planning on a Pan Wales basis. To this end the Welsh Government have formally included DHCW within the new Wales Resilience Framework and has instructed DHCW to act as a Category 1 Responder until such time as DHCW can be legally included into the Civil Contingencies Act as it applies to Wales.

DHCW has continued its collaborative approach to business continuity and emergency planning through the active membership of Planning groups:

- The Welsh Health Emergency Planning Advisory Group.
- Welsh Health and Social Services System Resilience and Planning Group.

DHCW also attends four Welsh Local Resilience Forums. This will aid in satisfying the requirement to collaborate, plan, share information and jointly exercise resilience plans on a multi-agency basis.

## THE ROLE OF THE BOARD

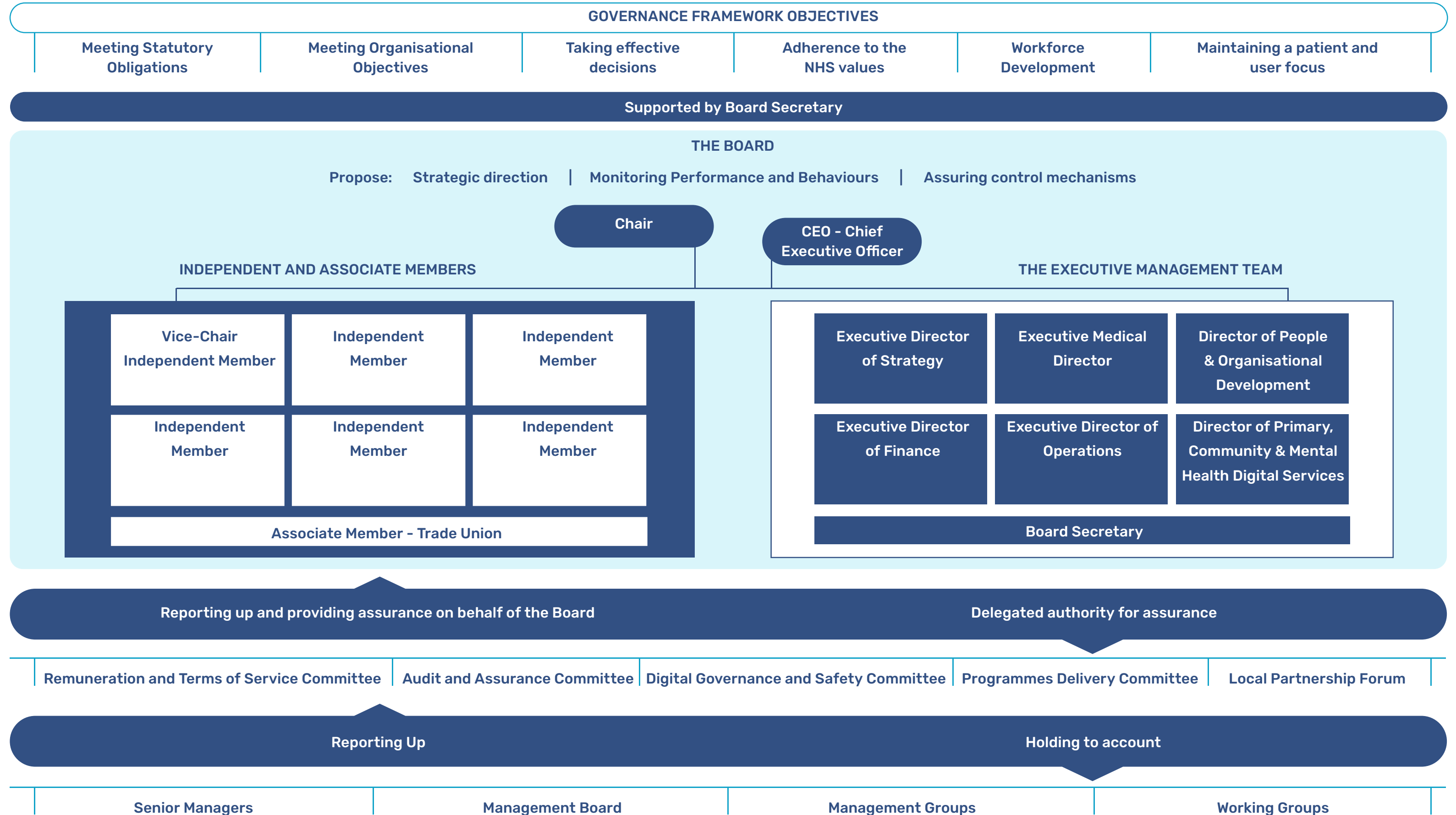
The Board has been constituted to comply with the Digital Health and Care Wales (Membership and Procedure) Regulations 2020.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Independent Members have worked with the Chair to agree their Board Champion roles. A detailed [Board Champion Annual Report](#) was shared at our Board Meeting in March 2025.

The [Board](#) is made up of Independent Members and Executive Directors



## DHCW Board Structure

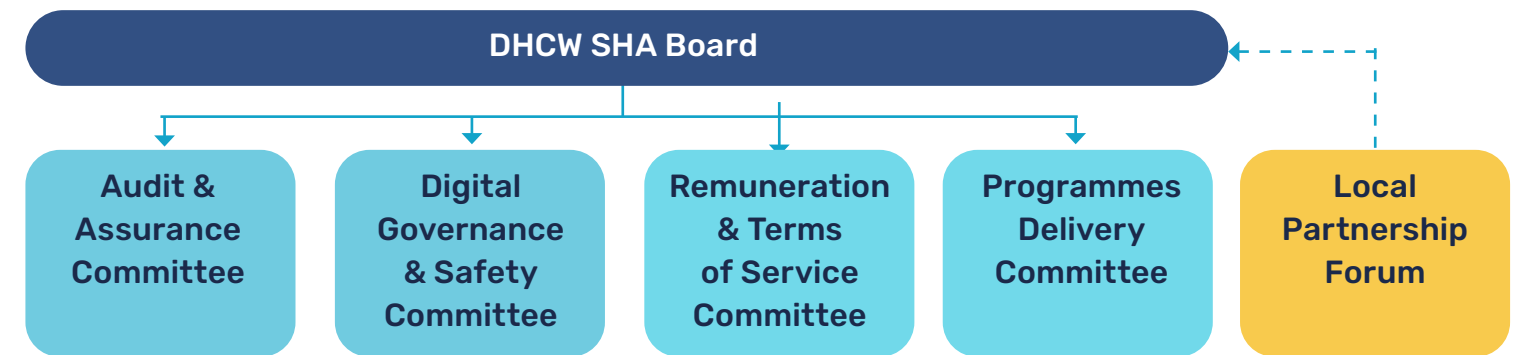


During 2024/25 Board development and briefing sessions took place that included a focus on the following elements of governance:

- Risk Appetite and Board Assurance Framework
- Review of SHA Board Decisions
- Transformation incorporating Product Approach
- Digital Workforce Development
- National Target Architecture / EHR Update
- Stakeholder Engagement – Independent Review Feedback
- Cloud Adoption
- Data, Digital and Technology (DDaT) Governance Review
- Benefits Realisation
- Performance Management Framework
- Implications of the Welsh Government Draft Budget
- INPS
- Dental Access Portal
- IMTP 2025/26 – 2027-28
- Workforce Race Equality Standard
- **Digital by Design (Learning from Audit Wales Report)**
- Agor yr Drws
- Public Digital (External)
- DHCW Swansea Bay University Health Board Clinical Site Visit

Full membership of the Board is outlined in [Appendix 1](#).

Below is a summary of the Board and Committee structure. This is reflective of the proposed structure in the DHCW model standing orders.



The Board provides leadership and direction to the organisation and has a key role in ensuring the organisation has sound governance arrangements in place. The Board also seeks to ensure the organisation has an open culture and high standards when conducting its work.

Together, Board members share corporate responsibility for all decisions and play a key role in monitoring the performance of the organisation. All Board meetings during 2024/25 were appropriately constituted with a quorum.

The key business and risk matters considered by the Board during 2024/25 are outlined in this statement and further information can be obtained from [meeting papers available on our website](#).

## ROLE OF THE COMMITTEES

The Board has four committees, the Audit and Assurance Committee, Remuneration and Terms of Service Committee, Digital Governance and Safety Committee and the Programmes Delivery Committee.

These committees are chaired by the Chair or Independent Members of the Board and have key roles in relation to the system of governance and assurance, decision making, scrutiny and in assessing current risks. The committees provide assurance and key issue reports to each Board meeting to contribute to the Board's assessment of assurance and to provide scrutiny on the delivery of objectives.

The Board is responsible for keeping the committee structure under review and reviews its standing orders on an annual basis. The Board will consider whether any changes are needed during 2025/26 in line with the Board's governance framework and priorities of the Integrated Medium-Term Plan. DHCW is committed to openness and transparency with regard to the way in which it conducts its committee business.

The DHCW Board and its committees aim to undertake the minimum of its business in closed sessions and ensure wherever possible business is considered in public with [open session papers published on DHCW's website](#). Information received in closed session meetings are undertaken because of the confidential nature of the business. Such confidential issues may include commercially sensitive issues, matters relating to personal issues or discussing plans in their formative stages. In addition, the Annual Committee and Advisory Group Annual Reports give an overview of the activity undertaken across the year and can be found here:

- [Audit and Assurance Committee](#)
- [Digital Governance and Safety Committee](#)
- [Programmes Delivery Committee](#)
- [Remuneration & Terms of Service Committee](#)
- [Local Partnership Forum](#)

## AUDIT AND ASSURANCE COMMITTEE

An important Committee of the Board in relation to this Annual Governance Statement is the Audit and Assurance Committee. The Committee keeps under review the design and adequacy of DHCW's governance and assurance arrangements and its system of internal control.

During 2024/25, key issues considered by the Audit and Assurance Committee relating to the overall governance of the organisation included:

- Revisiting its terms of reference, which will be kept under regular review
- Approving the Internal Audit Plan for 2024/25 and keeping under review the resulting Internal Audit Reports. Noting key areas of risk and tracking the management responses made to improve systems and organisational policies
- Ensuring effective financial systems and controls procedures are in place
- Monitoring the risk management systems
- Monitoring standards of behaviour, including declarations of interests, gifts, hospitality and sponsorship
- Developing arrangements to work with Audit Wales (AW), and considering, the [2024 Structured Assessment](#) and [Audit Wales's 2025-26 Audit Plan](#)
- Monitoring progress on the development of the [Welsh Language Scheme for DHCW](#)
- Approving and reviewing [DHCW's Legislative Assurance Framework](#)
- Developing and endorsing new policies, strategies and framework in support of good governance and appropriate control.

## REMUNERATION AND TERMS OF SERVICE COMMITTEE

The Remuneration and Terms of Service Committee considers and recommends salaries, pay awards and terms and conditions of employment for the Executive Team and other key senior staff.

During 2024/25 key issues considered by the Remuneration and Terms of Service Committee included:

- Performance of Executive Directors against individual objectives
- Executive Team structure
- Ratification of Executive Team posts

## DIGITAL GOVERNANCE AND SAFETY COMMITTEE

The Digital Governance and Safety Committee advises and assures the Board with regard to the quality and integrity, safety, security and appropriate use of information and data to support health and care delivery and service improvement and the provision of high-quality digital health and care.

Key issues considered by the Committee in 2024/2025 relating to their remit included:

- Revisiting its terms of reference, which will be kept under regular review
- Cyber Security arrangements
- Incident review and organisational learning
- Information Governance
- Information Services Assurance
- Informatics Assurance
- Research and Innovation Assurance
- Technical Design Assurance

## PROGRAMMES DELIVERY COMMITTEE

The Programmes Delivery Committee advises and assures the Board with regard to how programmes are delivered, in particular that they have regular and proper governance, have robust control processes and reporting, and are demonstrating good planning, management and delivery.

The Committee will also provide assurance to the Board on the delivery of programmes as a portfolio, prioritised allocation of resources, programmes impact on wider DHCW delivery, and transition of programmes activity to live services which are sustainable in the longer term. Key issues considered by the Committee in 2024/2025 relating to their remit included:

- Refining and agreeing the Committee terms of reference which will be kept under regular review
- Programmes Assurance
- Portfolio Assurance
- Governance (including reviewing which programmes are in scope of the Committee)

## EFFECTIVENESS SELF-ASSESSMENT

The Board and Committees of the Board undertook a self-assessment for 2024/25 between January and March 2025 and the findings were discussed at the relevant committee meeting and reported to the SHA Board.

The [Audit and Assurance Committee](#) questionnaire was based on the Audit Committee Handbook and circulated to Committee members and attendees.

The [SHA Board](#), [Digital Governance and Safety Committee](#), [Programmes Delivery Committee](#), [Remuneration and Terms of Service Committee](#) and [Local Partnership Forum](#) questionnaires were based on the composition, establishment and duties, then Board, Committee, Advisory Group leadership and support questions of the Audit and Assurance Committee.

## MEMBERSHIP OF THE BOARD AND ITS COMMITTEES

**Appendix 1** outlines the membership and attendance of the Board and its Committees for the period 1 April 2024 to 31 March 2025. Members undertake a range of other activities on behalf of the Board including Board Development and Briefing Sessions, and a range of internal and external meetings.

Any proposed changes to the structure and membership of Board committees requires Board approval. The Audit and Assurance Committee and Digital Governance and Safety Committee together with the Programmes Delivery Committee, has considered its own terms of reference and recommended changes to the Board. The Board will ensure that terms of reference for each committee are reviewed annually to ensure the work of committees clearly reflects any governance requirements, changes to delegation arrangements or areas of responsibility. All committees and advisory groups of the Board have developed annual reports of their business and activities which were received and noted in March 2025. The lead officers are included in **Appendix 2** and the schedule of Board and Committee meetings 2024/2025 is included at table **Appendix 3**.

## LOCAL PARTNERSHIP FORUM

The DHCW Local Partnership Forum (LPF) provides the formal mechanism for social partnership within DHCW as well as providing a vehicle for engagement, consultation, negotiation and communication between trade unions and DHCW management.

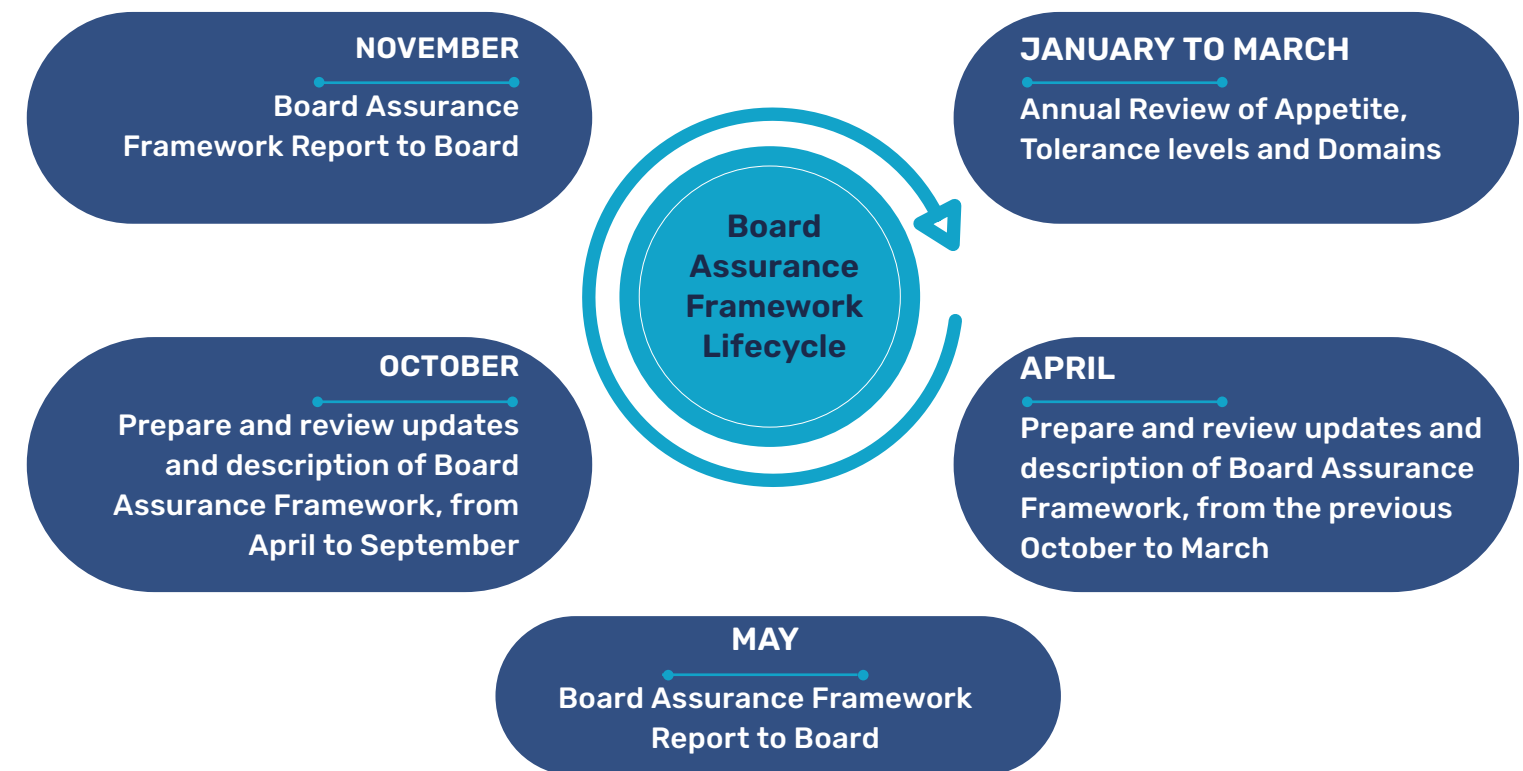
During 2024/25, the LPF has met quarterly and focussed on both strategic and practical issues including culture, values & behaviours, staff recognition, wellbeing, new ways of working & welfare, organisational development, employment policies and equality and diversity.

## THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

DHCW’s Board system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks, this has been articulated in DHCW’s risk appetite statement. It can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise risks to the achievement of the policies, aims and objectives. It also evaluates the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

The **Board Assurance Framework** was reviewed and approved by the Board in May 2024. The Board Assurance Framework identifies all the key controls and lines of assurance to be reported to the Board.



We use the BAF system and process to monitor, seek assurance and ensure that shortfalls are addressed through the scrutiny of the Board and its Committees. Oversight of our Corporate Risk Register system is provided through the scrutiny and monitoring of the Board and its Committees.

Key controls are defined as those controls and systems in place to assist in securing the delivery of the Board’s strategic objective. The effectiveness of the system of internal control is assessed by our internal and external auditors.



## CAPACITY TO HANDLE RISK

The Chief Executive/Accountable Officer, has overall responsibility for the management of risk but the SHA’s lead for risk is the Director of Corporate Affairs | Board Secretary. This means leading on the design, development and implementation of the **Risks Management and Board Assurance Framework**.

DHCW’s risk appetite statement, set out below, describes DHCW’s approach to risk management and the risks it is prepared to accept or tolerate in the pursuit of its strategic goals:

- DHCW must take risks to achieve its strategic aims and deliver beneficial outcomes to stakeholders
- Risks will be taken in a considered and controlled manner
- Exposure to risks will be kept to a level of impact deemed acceptable by the Board
- The acceptable level may vary from time to time and will therefore be subject to at least annual review and revision
- Any risk outside our agreed appetite may be accepted and will be subject to a governance process to ensure visibility and management
- Some particular risks above the agreed risk appetite may be accepted because:
  - the likelihood of them occurring is deemed to be sufficiently low
  - they have the potential to enable realisation of considerable reward/benefit
  - they are considered too costly to control given other priorities
  - the cost of controlling them would be greater than the cost of the impact
  - there is only a short period of exposure to them
  - mitigating action is required by an external party

DHCW’s risk appetite considers its capacity for risk, which is the amount of risk it is willing to accept in pursuit of its objectives having regard to its financial and other resources, before a breach in statutory obligations and duties occurs.

The risk tolerance gives guidance regarding escalation for risks across its activities, the below infographic provides details on the risk domains identified and agreed by the DHCW Board, associate appetite, tolerance levels and sets the expectation of the Board regarding the number of key controls when reviewing Corporate Risks in those categories in the Board Assurance Report.

<b>HUNGRY</b>	Risk with rating 25 of above are escalated for consideration to report to the Board	None
<b>OPEN</b>	Risk with rating 20 of above are escalated for consideration to report to the Board	Development of Services
<b>MODERATE</b>	Risk with rating 15 of above are escalated for consideration to report to the Board	Corporate Social Responsibility
<b>CAUTIOUS</b>	Risk with rating 12 of above are escalated for consideration to report to the Board	Financial, Reputational Safety and Wellbeing, Service Delivery Reputational, Information - Access and Sharing
<b>ADVERSE</b>	Risk with rating 9 of above are escalated for consideration to report to the Board	Compliance, Information - Storing and Maintaining, Citizen Safety

All risks will be clearly linked to organisational objectives with a line of sight to the Board Assurance Framework. Our **Board Assurance Framework** has five principal risks, these were discussed in detail with the Board and approved in May 2024. Work was undertaken by the Board throughout the year to define the principal risks to the strategic objectives. In addition, in **May 2024 the Board approved DHCW’s risk appetite for each principal risk**, which included a change in the risk appetite for Mission 2 from ‘Cautious’ to ‘Moderate’ to demonstrate the organisations willingness to move at pace with new products and services.

## Current principal risks against our strategic missions:

STRATEGIC MISSION	PRINCIPLE RISKS
<b>1. Provide a platform for enabling digital transformation</b>	IF we do not provide robust and secure platform services supported by common standards and open architecture principles THEN we will be unable to deliver high quality, innovative and joined up digital services RESULTING IN not being able to digitally transform services at pace.
<b>2. Deliver high quality digital products and services</b>	IF we do not deliver safe, secure, accessible, resilient products and services of high quality THEN the ability of health and care partners to deliver and modernise services is compromised RESULTING IN less effective, less sustainable care that could cause harm, would not meet the expectations of patients or professionals and holds potential cost implications.
<b>3. Expand the digital health and care record and the use of digital to improve health and care</b>	IF we fail to provide a comprehensive digital health and care record, engage users and drive the adoption and use of our Digital Services THEN we will not realise value from Digital investment and service delivery RESULTING IN a reduced ability to use information to inform care and empower citizens, leading to poorer outcomes.
<b>4. Drive better value and outcomes through innovation</b>	IF we do not focus on making use of data and innovation to improve outcomes THEN we may not be optimising value for citizens RESULTING IN less sustainable health and care services and reduced or delayed benefit for the public and patients.
<b>5. Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation</b>	IF we are not a Trusted Partner and a high performing inclusive organisation THEN people will not want to work with and for us RESULTING IN a failure to achieve our strategic ambition of delivering world leading digital services.

During 2024/25 due to the economic crisis the financial risk profile of DHCW has seen a significant increase in risks identified that have the potential to impact our achievement of objectives and deliverables across the last year and potential to impact greatly on our achievement of objectives in the next financial period. These range from investment for digital developments to staffing levels.

A lack of sustainable funding model for DHCW particularly relating to programmes funded via the Digital Investment Priorities fund has posed a risk to the organisation across the last 12 months which has subsequently posed a risk to staffing levels. Our Finance and People and Organisational Development teams have provided mitigation to this by engaging continuously with Welsh Government and working to ensure we continue to develop our workforce skillset and talent pool currently in place.

During 2024-25 there has been a significant increased risk and threat of Cyber-attack. As an organisation we recognise this will be a long-term risk and emerging threats will continue to increase in intensity and intelligence; we have as an organisation undertaken extensive evaluation of our current risks, key controls and assurances to identify a significant Service Improvement Plan offering assurance and protection to both our organisation and also the wider NHS Wales Domain.

During 2024-25 DHCW has been subject to the realisation of a lack of wider NHS Service understanding of its core functions by which the organisation accesses and uses patient data. Gaps in a common understanding and consistent underpinning policy direction have meant that a sound legal basis for the collection, processing and dissemination of Welsh resident data has not been easy to establish. This poses an increasing risk to the organisation and a direct impact on DHCW Strategic Programmes.

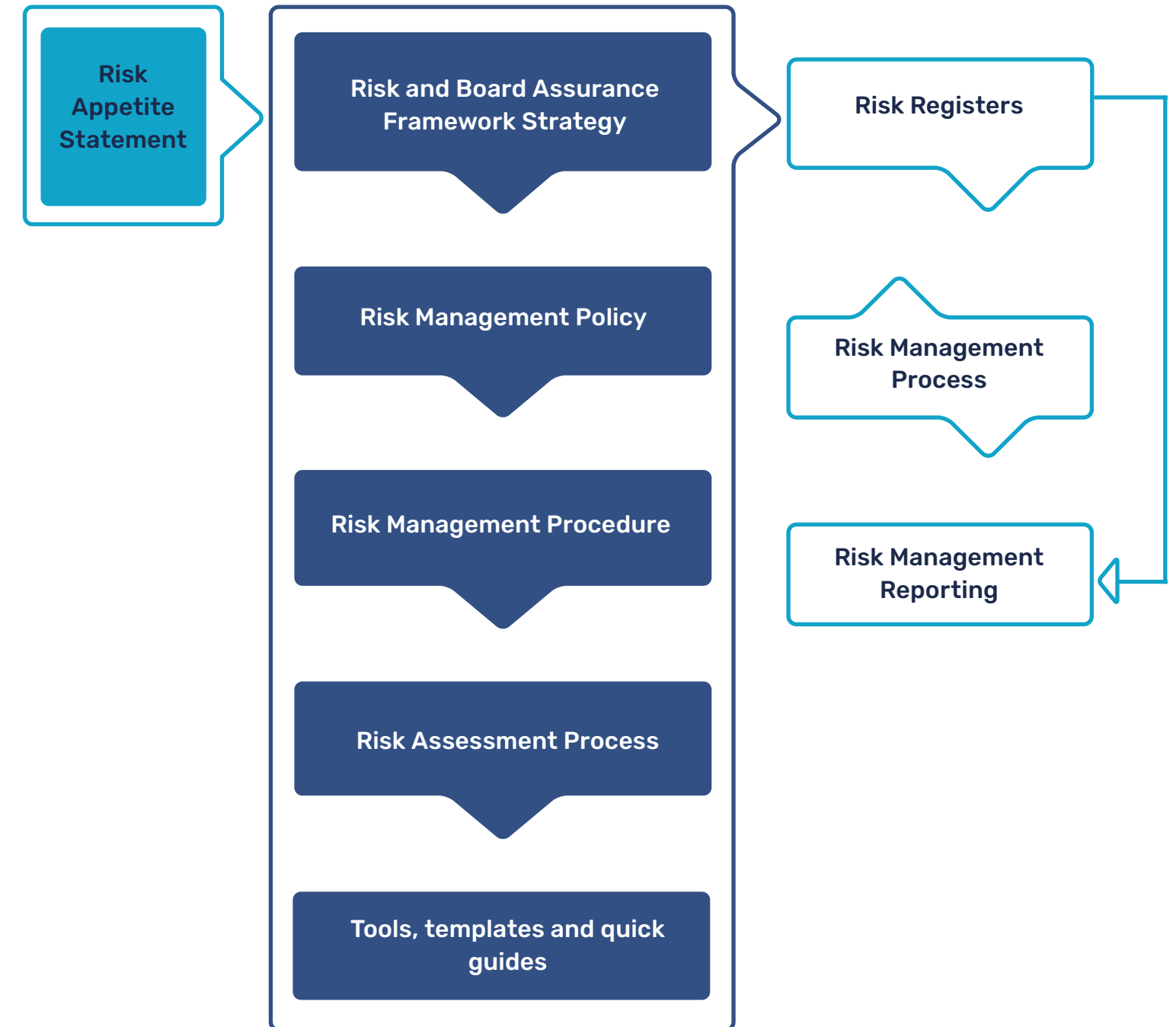
## RISK MANAGEMENT FRAMEWORK

The Board sees active and integrated risk management as key elements of all aspects of our functions and responsibilities to support the successful delivery of our business.

The Board and its Committees identify and monitor risks within the organisation.



Risks are escalated to the Board as appropriate. At an operational level Executive Directors are responsible for regularly reviewing their Directorate Risk Registers and for ensuring that effective controls and action plans are in place and monitoring progress.



The framework includes strategy to operational tools and provides the working context for the staff in the organisation with regard to the management of risk from identification and scoring through to monitoring.

## EMBEDDING EFFECTIVE RISK MANAGEMENT

Members of DHCW's corporate governance team provide risk management training, support and advice to the organisation.

Full training is also provided on our Risk Information Management System before access is granted, to ensure a consistent approach to writing risks, mitigation action plans and mapping of dependencies:

### INTRODUCTION TO RISK MANAGEMENT

- This training provides an overview of how to identify, score, write, monitor, and escalate a risk.

### RISK MANAGEMENT FOR RISK OWNERS AND HANDLERS

- This training provides detailed information regarding how to use the organisations risk management system and re-validates the risk assessment and management process with a focus on the control and assurance elements of risk.

### RISK AND BOARD ASSURANCE FRAMEWORK

- This training targets expanding the knowledge of strategic risk and the approach outlined in the Risk and Board Assurance Framework Strategy.  
It focuses on the difference between the BAF and the Corporate Risk Register.

Overall risk performance has met expectations over the last 12 months with our [risk management policy](#) becoming embedded across the organisation and aligned with our [Board Assurance Framework](#).

Ongoing progress has been made in embedding the Risk Management and Board Assurance Framework during 2024/25.

The framework, policy, and associate policies and procedures have been communicated across the organisation with training provided. New processes have been rolled out to all staff and data cleansing activities have greatly improved data quality regarding our risk profile position.

We have an internal risk management page to assist staff in positive risk management, quick guides are available alongside the policies and procedures to enable staff to be more pragmatic in scoring and proactive with the management of their risks in accordance with policy. Staff are more empowered to identify risks in a clear and consistent manner and escalate where appropriate for decision making and mitigation. Risk registers and a live Risk Dashboard are available to staff through this secure mechanism for openness, transparency and allowing a collaborative approach to risk identification and management.

All risks are fully aligned to our strategic missions and clearly mapped against their primary risk domain and dependencies. In depth risk reviews have assisted in the identification of risks that are not DHCW's to own or mitigate and work has been underway through the Governance structures and Clinical risk reviews to identify and share these risks for correct ownership and accountability. As a direct result of this DHCW's risk profile is now becoming more streamlined and accurate allowing the focus on critical risks and identification of emerging risks to the organisation.

To ensure appropriate focus is provided on our [corporate level risks](#) (March 2025), our Board Committees periodically undertake deep dives into specific areas. During 2024/25, the following deep dives were held:

RISK	ASSIGNED COMMITTEE
Technical Debt	Digital Governance & Safety Committee
Choose Pharmacy DHCW Maintaining Funding Gap	Audit & Assurance Committee
Cyber security	Digital Governance & Safety Committee
Data functions	Digital Governance & Safety Committee
Citizen and stakeholder trust in uses of Health and Care Data	Digital Governance & Safety Committee
Switching Service	Programmes Delivery Committee
Audit +	Digital Governance & Safety Committee

An analysis of [corporate risks including the movement in corporate risks](#) since the establishment of DHCW, from October 2023 to September 2024, was undertaken during the year and presented to our Board in November 2024.

## THE CONTROL FRAMEWORK

NHS Wales organisations are not required to comply with all elements of the [corporate governance code](#) for central government departments.

The information provided in this governance statement provides an assessment of how we comply with the main principles of the code as they relate to DHCW as an NHS public sector organisation. DHCW is following the spirit of the code to good effect and is conducting its business openly and in line with the code. The Board recognises that not all reporting elements of the code are outlined in this governance statement but are reported more fully in the organisation’s wider annual report. On an annual basis, DHCW undertake an assessment against its compliance against the corporate governance code. The outcome of this [assessment was reported](#) to the [SHA Board in March 2025](#). There have been no reported departures from the corporate governance code.

DHCW’s risk management framework complies materially with the Orange Book Management of Risk principles taking into account the organisation’s size, structure and needs.

There have been no reported departures from the [Orange Book](#).

## EFFECTIVENESS OF RAISING CONCERNS (WHISTLEBLOWING/ SPEAKING UP SAFELY) ARRANGEMENTS

DHCW are committed to fostering a culture of openness across all parts of the organisation to support and encourage all staff to communicate any concerns they might have, with the confidence that they will be treated with respect and dignity when doing so.

During 2024-25 there were four Rasing Concerns cases which were managed within the appropriate processes and reported to Audit & Assurance Committee. The NHS Wales Staff Survey Results for DHCW indicate that:

- **91.3% of staff would feel secure raising concerns about unethical behaviour;**
- **84.8% of staff are confident that DHCW would address concerns; and**
- **84.8% of staff feel safe to speak up about anything that concerns them in DHCW.**

## OTHER CONTROL FRAMEWORK ELEMENTS

### Quality and Duty of Candour

DHCW came under the **Duty of Quality** and **Duty of Candour** Act in April 2023, in line with the Health and Social Care (Quality and Engagement) (Wales) (Act) 2020. In line with the Duties, DHCW have produced its first **Duty of Quality Annual Report** and **Duty of Candour Annual Report** on compliance with the duties.

The Duty of Quality is actively embedded within DHCW's operations, following its introduction in April 2023 under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. DHCW has demonstrated its commitment to this duty by producing its first Duty of Quality Annual Report, outlining its compliance and progress. This initiative reflects DHCW's focus on maintaining high standards of care and ensuring continuous improvement across its services, aligning closely with the principles set out in the Act.

As a Special Health Authority Digital Health and Care Wales (DHCW) has a statutory obligation to have in place the knowledge, processes, and procedures to appropriately implement and manage the Duty of Candour.

To ensure this all incidents are reviewed and actioned by the Patient Safety team (where required in conjunction with the Corporate Governance team), and any escalation, subsequent review of reports and learning from events is managed by the Incident Review & Learning Group (IRLG) and in turn this group reports to the Digital Safety & Governance Committee, allowing for robust levels of assurance that the Duty is appropriately and effectively implemented.

## INFORMATION GOVERNANCE ARRANGEMENTS

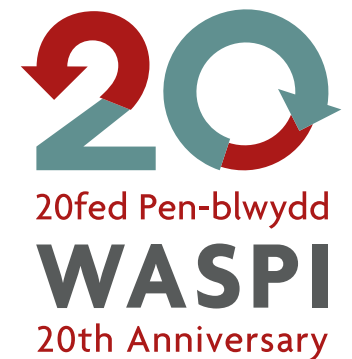
DHCW is responsible for the Information Governance Framework which helps monitor and improve Information Governance understanding and responsibility in Wales. Without a framework, the challenge of making information available to services providing Health & Care becomes a far more difficult construct.

The framework is key to **DHCW's Information Governance 2023-2026 Strategy**, which was approved as part of the set of Clinical Strategies at the Digital Governance and Safety Committee meeting in November 2023. The IG Strategy outlines the team's vision, mission statement and strategic aims, highlighting any challenges and opportunities and how the team are intending to meet their key aims identified in the Strategy.

DHCW's Information Governance Strategy outlines the component elements of the IG framework. Updates on these components include:

**FRAMEWORK FOR INFORMATION SHARING – DHCW provide the central support function of the Wales Accord on the Sharing of Personal Information (WASPI) framework.** The WASPI framework helps organisations that provide services to the public, share information effectively and lawfully. This is achieved through commitment to common principles and standards, and put into practice through template information sharing agreements provided by the framework.

Over the past year, WASPI has progressed work in becoming an Information Commissioner's Office Code of Conduct and development of a digital system for organisations to digitise their information sharing agreements. Additionally, to strengthen the existing WASPI framework, new national information sharing templates were released during 2024 to support joint data controller and data processor arrangements. 2025 marks an important milestone as it celebrates the 20th anniversary of WASPI and is a fitting time to reflect on the significant impact this initiative has had on service provision and service user care across Wales. Events and promotions will be held throughout the year, to mark this occasion.



**FRAMEWORK FOR ASSURANCE – The Welsh Information Governance Toolkit (“IG Toolkit”)** is a self-assessment tool enabling organisations to measure their level of compliance against national Information Governance standards and legislation. The annual assessment helps organisations identify areas of improvement which can assist organisations in improving their Information Governance compliance.



Pecyn Cymorth Llywodraethu  
Gwybodaeth Cymru  
Welsh Information Governance  
Toolkit

IGDC • DHCW

All Welsh Health Boards, Trusts, Special Health Authorities, General Medical Practices (GMPs) and Community Pharmacies (CPs) complete the IG Toolkit. The Caforb platform for IG Toolkit is developed by a team of software developers in DHCW, providing improved functionality implementing changes proposed from a range of stakeholder feedback. Platform and question set developments are continuing to fully implement IG Toolkit requirements for all stakeholders.

Future platform developments will enable expansion from those organisations that currently use the existing platform to a wider set of stakeholders who need to provide IG assurance when processing personal data in the provision of NHS Wales services.

**FRAMEWORK FOR ADVICE AND GUIDANCE – The Data Protection Officer Support Service (“the Service”)** provides dedicated advice and assistance to General Medical Practitioners (GMPs) and Community Pharmacies (CPs) on a subscription basis, by providing the functions of the statutory Data Protection Officer role.

The Service provides a range of functions including an IG service desk, training and awareness sessions, auditing of the annual IG Toolkit submissions and providing a range of guidance, templates and other documentation to help GMPs meet and improve their compliance with information rights legislation. 84% of GP practices in Wales and 9% of Community Pharmacies are subscribers to this service, with input and feedback from subscribers supporting the development and focus of the service. Through the service, subscribers are supported on all Information Governance and data protection matters, giving them the knowledge and the confidence to keep patient information safe within their organisations.



Gwasanaeth Cefnogi  
Swyddog Diogelu Data  
Data Protection Officer  
Support Service

IGDC • DHCW

Additionally, the IG Team for Primary Care support DHCW’s Primary Care service team are involved with national projects and programs within Primary Care Services. These include programs delivered for general practice, pharmacy, optometry and prison services.



Cymorth Llywodraethu Gwybodaeth  
ar gyfer Gofal Sylfaenol  
Information Governance Support  
for Primary Care

IGDC • DHCW

**FRAMEWORK FOR ACCOUNTABILITY – The National Intelligent Integrated Audit Solution (NIIAS)** is a proactive monitoring tool, which identifies potential inappropriate access to clinical records for many national systems.

National systems such as the Welsh Clinical Portal, the Welsh Patient Administration System and the Welsh Demographic Service have large amounts of users accessing information on a daily basis. Whilst health and care staff are aware of their responsibilities not to access any information not relevant to them, NIIAS is in place to identify instances of potential inappropriate use. NIIAS sits behind a number of national systems to flag instances of potential inappropriate access to alert NHS Wales Health Boards and Trusts with daily notification reports of user access.

**FRAMEWORK FOR POLICY & GOVERNANCE – A national data policy framework for Wales** is critical to the ambitions to make better use of health and care data. Policy in this context means a statement of government intent supported by legislative measures, policy and guidance that helps organisations work towards agreed outcomes. Intent needs to be underpinned by an implementation plan with actions and owners.

DHCW has the experience and knowledge to input into the development of data policy in Wales but the data policy position needs to be established by Welsh Ministers, via Welsh Government. As such, DHCW’s activities have been supporting, lobbying for action and raising awareness across the health and care system.

DHCW’s Information Governance responsibilities are monitored by the Digital Governance and Safety Committee via the standing Information Governance Assurance Report.

FRAMEWORK COMPONENTS

VISION

Leading Information Governance compliance for health and care in Wales

MISSION

We lead the development and strengthening of an Information Governance compliance framework for the health and care system in Wales. This sets the foundations for digital transformation by providing DHCW, stakeholders and the people of Wales with confidence that data is used lawfully and safely

STRATEGIC AIMS

To assure the Board that DHCW continues to meet its statutory obligations under information rights legislation and to ensure our IG function applies latest policy developments and good practice

To provide organisations and professionals in Wales with the IG advice, guidance, services and products they need to ensure health and care data is processed lawfully and appropriately

To contribute to the development and implementation of policy that builds trust with patients and the public by allowing them to exercise their information rights

To embed the domains and enablers of the duty of quality across DHCW's IG function.

ELEMENTS OR THE IG FRAMEWORK

Accountability

Assurance

Information Sharing

Advice and Guidance

Training

Standards

Policy & Governance

DHCW Corporate Compliance

IG PRODUCTS AND SERVICES

NIIAS

IG Toolkit

WASPI

GP DPO Service

E-Learning

BS10008

Government Policy Decisions

ISG Tool

Primary Care Support

Portfolios, Programmes and Projects

National Policies

National Boards and Groups

FOUNDATIONS

Our own compliance with Information Rights Legislation and good practice is critical to our aim of being a trusted strategic partner (mission 5 of DHCW's IMTP 2023-26)

## DHCW'S WELSH INFORMATION GOVERNANCE TOOLKIT SUBMISSION

DHCW have dual responsibilities for the The Welsh Information Governance Toolkit ("IG Toolkit"), in that it is responsible for the development and maintenance of the IG Toolkit and is required to complete and submit annually.

The deadline for submission of the 2023/24 IG Toolkit was 31st March 2024.

The scoring of 2023/24 Toolkit was as follows:

Welsh IG Toolkit sections	Expectation Exceeded	Minimum Expectation	Progress Bar									
Leadership and oversight	100%	100%	[Full bar]									
Policies and Procedures	100%	100%	[Full bar]									
Training and Awareness	100%	91%	[91% bar]									
Individuals Rights	87%	100%	[87% bar]									
Records of Processing and Lawful Basis	100%	100%	[Full bar]									
Contracts and Information Sharing	42%	100%	[42% bar]									
Risks and DPIAs	81%	100%	[81% bar]									
Breach Response and Monitoring	100%	100%	[Full bar]									
FOI and EIR	50%	100%	[50% bar]									
Information Security Measures	100%	100%	[Full bar]									
Business Continuity	100%	100%	[Full bar]									

DHCW's scoring shows a high level of compliance. The scoring should only be used as a guide to DHCW's level of IG compliance. Organisations completing the IG Toolkit are not expected to achieve 100% across all sections as the self-assessment is intended to be used to identify areas of improvement. Therefore, where DHCW has not scored 100% in some sections, this does not indicate that the organisation does not meet the legal requirements for these sections, more so, it identifies areas which can be improved.

Following submission of the IG Toolkit, actions were identified to improve DHCW's compliance with legislation, standards and good practice and its next submission (2024/25). These are set out in an action plan with updates on key actions provided to Committee as part of the Information Governance Assurance Report.

The 2024/25 IG Toolkit was submitted on 31st March 2025, with the outcome and action plan presented to the Digital Governance and Safety Committee.

## LINKED STRATEGIES AND PROGRAMMES

DHCW responsibilities have expanded over time to support information sharing and assurance for its own internal strategies and programmes as well as those being delivered by other organisations.

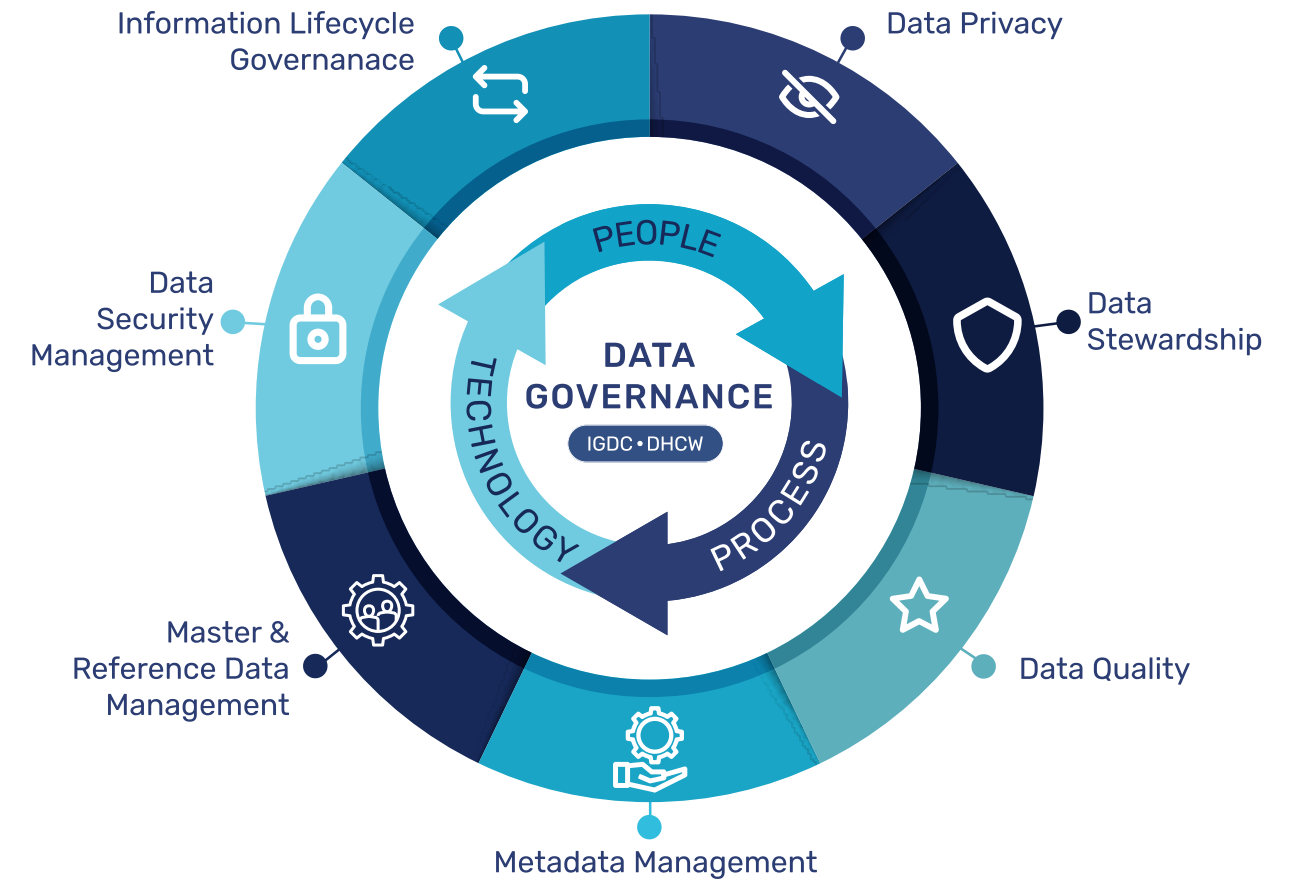
These include:

- Single Patient Record
- National Data Resource (NDR)
- Data Promise
- Digital Services for Patients and the Public (DSPP)
- Strategic Programme for Primary Care
- Medicines Management
- Welsh Community Care Information System

## COUNTER FRAUD

In line with the NHS Protect Fraud, Bribery and Corruption Standards for NHS Bodies (Wales), the Local Counter Fraud Specialist (LCFS) and Executive Director of Finance agreed at the beginning of the financial year a work plan for 2024/25 which was approved by the Audit and Assurance Committee in April 2024.

Updates on delivering against this work plan have been provided to the Audit and Assurance Committee during 2024/25.





## COMPLIANCE WITH EQUALITY, DIVERSITY, AND HUMAN RIGHTS LEGISLATION

### EQUALITY DIVERSITY AND INCLUSION

DHCW is committed to putting people at the centre of everything it does and as an organisation, we are guided by our core values. Our ambition is to celebrate our organisation as a place where people thrive, innovate and achieve great things. We believe our values are integral to everything we do.

### MODERN SLAVERY ACT 2015 – TRANSPARENCY IN SUPPLY CHAINS

The Welsh Government's Code of Practice: Ethical Employment in Supply Chains was introduced to highlight the need, at every stage of the supply chain, to ensure good employment practices exist for all employees, both in the United Kingdom and overseas. DHCW is committed to embedding the principles and requirements of the Code and the Modern Slavery Act 2015. In doing so it is demonstrating the commitment to our role as a public sector employer, to eradicate unlawful and unethical employment practices, such as:

- inequality
- modern Slavery and Human rights abuses
- false self-employment
- unfair use of umbrella schemes and zero hours contracts; and
- not paying the Living Wage

During 2024/25 took the following actions:

- **It paid the governments living wage rate** on its lowest pay scale, which is at Agenda for change pay band 3 and no longer recruits to bands 1 or 2 as band 3 is now our entry grade
- **It has a Raising Concerns (Whistle blowing) Policy**, which provides the workforce with a fair and transparent process, to empower and enable them to raise suspicions of any form of malpractice, by staff, suppliers or contractors working on DHCW premises and supports the no detriment in regards to anyone raising a concern.
- **It has robust IR35 processes**, which ensures that there is no unfair use of false self-employed workers or workers being engaged under umbrella schemes. These processes also ensure the fair and appropriate engagement of all workers and prevents individuals from avoiding paying Tax and National Insurance contributions. It also ensures that no worker is unduly disadvantaged in terms of pay, rights or substantive employment opportunities.
- **It does not engage or employ staff or workers on zero-hour contracts**
- **It has an open and robust Recruitment and Selection Policy and Procedure**, which ensures a fair and transparent process. Specific commitments to support equality is to: advertise opportunities to join the organisation in wider and diverse communities. Following implementation of the organisation's Strategic Equality Plan (SEP) in April 2023, bi-annual reports have been submitted to SHA Board to monitor progress on the delivery of objectives outlined in the SEP.
- **Has worked closely in partnership with the trade unions, employee assistance provider and wider networks to support employees.** During the period, Anti-bullying and harassment sessions were co-facilitated by People and OD and Union Colleagues.
- **Commitment to the Digital Inclusion Charter** - DHCW described as 'exemplary' after being awarded Digital Inclusion Charter Accreditation in January 2024
- **Alongside the SEP, the organisation implemented a revised Equality, Diversity and Inclusion policy** which ensures equality and inclusion for all in DHCW. This relates to pay, employment rights, employment, training and development or career opportunities.
- **A gender pay report** was provided to the DHCW Board in March 2025.

## PENSION SCHEME

**As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with.** This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

## WELSH RISK POOL

**The Welsh Risk Pool Services (WRPS) is a risk sharing mechanism, akin to an insurance arrangement, which provides indemnity to NHS Wales's organisations against negligence claims and losses. Individual NHS organisations must meet the first £25,000 of a claim or loss, which is similar to an insurance policy excess charge.** The Board along with its internal sources of assurance, which includes its internal audit function provided by NHS Shared Services, also uses sources of external assurance and reviews from auditors, regulators and inspectors to inform and guide our development. The outcomes of these assessments are being used by the Board to further inform our planning and the embedding of good governance across a range of the organisation's responsibilities.

## CARBON REDUCTION DELIVERY PLAN

**In March 2025 DHCW Board approved a revised Decarbonisation Delivery Plan (DAP) 2025-2028.** The revised DAP reassesses the decarbonisation needs in areas such as buildings, energy, procurement and travel, as well as other sources of emissions, and it features a roadmap with actions up to 2030. Importantly, we have incorporated the ongoing work that is being undertaken to strengthen DHCWs position regarding AI, its environmental impact, and how inclusion of this technology will influence the design process of our software and programs.

Our DAP has been developed to support the ambitions set out within the NHS Wales Decarbonisation Strategic Delivery Plan which outlines how NHS Wales can contribute to the wider recovery effort and its commitment to the Wellbeing of Future Generations (Wales) Act 2015,

which addresses long-term persistent challenges such as poverty, health inequity, and climate change. DHCW have made significant progress in decarbonising our estate in 2024/25, however, we recognise that there is still more work to be done.

## CLIMATE CHANGE ACT AND ADAPTATION

**DHCW has undertaken the required risk assessments in accordance with our obligations under the Climate Change Act.** We have reviewed the HSC risk and opportunities toolkit, and will monitor identified actions. We will continue to comply with future assessments as they become available, and we remain committed to fulfilling DHCW's obligations under the Adaptation Reporting requirements.

We maintain a Legislation Register, which is reviewed regularly to ensure that we meet our compliance obligations and provide the required assurance. Additionally, our Environmental Aspects Register enables us to assess potential environmental impacts and ensures compliance with the Climate Change Act.

At present, we can confirm that we are in full compliance with the Climate Change Act and Adaptation Reporting requirements. We remain committed to maintaining compliance in this area and will take all necessary steps to ensure that we continue to meet these important obligations.

## DATA BREACHES

**Incidents resulting in a data breach are reported in accordance with DHCWs statutory requirements and documented Standard Operating Procedure on Personal Data Breach Reporting Management.** Under Data Protection legislation, personal data breaches are considered a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data.

Personal data breaches are required to be risk assessed to determine the likelihood of the risk to the individuals' affected rights and freedoms. If a risk is likely, under Data Protection, the breach must be reported to the Information Commissioners Office (ICO) within 72 hours.

Failure to report could lead to financial or reputational loss. Additionally, those individuals concerned directly may need to be informed where the breach is likely to result in a high risk to the rights and freedoms of individuals.

All data breaches are appropriately investigated by our Information Governance team. Where appropriate or mandated, Welsh Government are informed as part of a no surprises report. During 2024/25, there were 14 IG incidents recorded on our incident management system during the financial year. No incidents recorded during this period were deemed reportable to the Information Commissioner's Office.

## MINISTERIAL DIRECTIONS

**Whilst Ministerial Directions are received by NHS Wales organisations, these are not always applicable to DHCW.**

**Ministerial Directions** issued throughout the year are listed on the Welsh Government website. Details of the ministerial direction received and their applicability to DHCW as at year end 31 March 2025 are included at [Appendix 4](#).

## PLANNING ARRANGEMENTS

The IMTP was submitted to the SHA Board and finally Welsh Government at the end of March 2024. The plan was subsequently confirmed as satisfactory by the Minister for Health and Social Services via an accountability letter in August 2024.

## DHCW ACCOUNTABILITY CONDITIONS:

### GENERAL

The **'Five Ways of Working'** and the **Well-being of Future Generations Act** must be central to the health board's approach. It is essential that your organisation continues to build on the progress made to utilise the five ways of working, sustainable development principles, to deliver your plan. The organisation should ensure its well-being objectives are consistent with and continue to be supported by its planning arrangements.

The **Duty of Quality** and **Duty of Candour**, effective from April 2023, must underpin your operational models and demonstration of this will be required in discussions at regular IQPD meetings and other governance arrangements.

Strong but **compassionate leadership** will be needed to demonstrate commitment to staff of the need to adopt new ways of working. This should encourage staff of all grades to learn lessons from the pandemic.

**Demand and capacity** and the financial risks pose significant challenge across the system. Difficult choices will need to be taken at all levels and decisions must be robust and be in line with the organisation's governance arrangements.

**Climate change** is a global risk. As anchor institutions, all organisations across NHS in Wales should ensure that planning arrangements and decision making considers the risks of the choices made on climate change (across both decarbonisation and adaptation planning objectives). NHS Wales is committed to the ambition for a collectively net zero public sector by 2030 and to ensuring resilience to climate impacts.

**Reporting** must be submitted quarterly to provide an update on progress against the plan. There should be reporting against the key milestones associated with that quarter, any slippage against the plan, next milestones and the mitigation of any new/emerging risks. A copy of your Board report should be submitted on a quarterly basis to [HSS-PlanningTeam@gov.wales](mailto:HSS-PlanningTeam@gov.wales). Organisations should refresh their **Minimum Data Set (MDS)** on a quarterly basis as part of their internal review of plans. Please submit your quarter two MDS returns to [HSS-PlanningTeam@gov.wales](mailto:HSS-PlanningTeam@gov.wales) by 27th October 2023.

## FINANCE AND EFFICIENCY

Provide **monthly reports to Welsh Government**, outlining delivery against savings plans outlined in Accountable Officer letter, with clear remedial action of planned profile, and assurance is clearly provided to the DHCW Board with associated mitigations.

Ensure **Benefit frameworks** and methodology are established and ensure all business case proposals have a clear benefits case, benefits frameworks are in place, and delivery of benefits tracked.

Support the development of new **funding models**, strengthened analysis around allocative efficiency across portfolios, and national SLAs and services to inform national funding model for 23/24, this will include greater transparency around SLA costs for all partners.

## GOVERNANCE AND ENGAGEMENT

Develop an enhanced **portfolio management and governance framework**, that aligns and is integrated to wider NHS System and governance development, to enable delivery and proportionate reporting to DHCW boards and Welsh Government and NHS Executive boards and teams.

Review **SLA arrangements** with health boards and associated services to ensure during year all Health boards understands detail of services being provided, or to be provided by DHCW nationally, with clear service catalogues for all health boards.

## DELIVERY

Develop a clear plan and **roadmap for integrated and interoperable National Architecture** to enable a singular view of the patient across all ages and care settings, including children and young people – drawing together in single portfolio work on WICCS/WCP/WNCR and NDR, NHS App and Primary Care EPR developments, optimising architectural and deployment resource, and ensuring national architecture is open to all health boards to utilise to support local health and care planning and improved care, population health management and development of Clinical Data repositories

Establish a **digital diagnostics portfolio** to optimise the use of resources across that portfolio's programmes.

DHCW to work closely with all NHS and Social Care partners with regard to overarching **Information Governance Strategy and Toolkits**, such that it supports effective and safe delivery at scale within Health and Social Care settings.

Evidence that your Board demonstrates **System Leadership** on key digital and data issues, in particular Cyber and Data Security is vital.

Complete the development of all priority functionality within the **Cancer Information System** required to deliver patient care

## WORKFORCE

Strengthened the plan, in collaboration with HEIW, to **develop digital skills** and experience of NHS Wales GDaD workforce with clear measures to assess impact.

## REVIEW OF EFFECTIVENESS

**As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.**

The Board and its Committees rely on several sources of internal and external assurances which demonstrate the effectiveness of the Special Health Authority's system of internal control and advise where there are areas of improvement. These elements are detailed above in the diagram of the DHCW Board Control Framework.

The processes in place to maintain and review the effectiveness of the system of internal control include:

- Board and committee oversight of internal and external sources of assurance and holding to account Executive Directors and Senior Managers
- Executive Directors and Senior Managers who have responsibility for development, implementation and maintenance of the internal control framework and the continuing improvement in effectiveness within the organisation
- The oversight of operational risk through the Board and its Committees
- Oversight of fraud risk through the Cardiff and Vale Local Counter Fraud team
- The monitoring of the implementation of recommendations through the audit tracker overseen by the Audit and Assurance Committee
- Audit and Assurance Committee oversight of audit, risk management and assurance arrangements

All Committees of the Board provided an annual report to the March 2025 Board detailing the work undertaken by the relevant Committee within the year and the key decisions taken.

I am satisfied that generally the mechanisms in place to assess the effectiveness of the system of internal control are working well and that the Special Health Authority has the right balance between the level of assurance I receive from my Executives, Board and Board Committee arrangements and DHCW Internal Audit Services.

## INTERNAL AUDIT INCLUDING HEAD OF INTERNAL AUDIT CONCLUSION

**Internal Audit provide me as Accountable Officer and the Board through the Audit and Assurance Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership.**

The scope of this work is agreed with the Audit and Assurance Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The programme has been delivered substantially in accordance with the agreed schedule and changes required during the year have been approved by the Audit & Assurance Committee, in addition, regular audit progress reports have been submitted to the Committee. Although minor changes have been made to the plan during the year, the Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion.

In forming the Opinion, the Head of Internal Audit has considered the impact of all the audits carried out, summarised in the table below:

Name of Audit	Date received by the Audit Committee	Assurance Rating
Programme Management	16/04/2024	Reasonable
Digital Eyecare Programme	16/04/2024	N/A
Business Continuity (Ransomware)	16/04/2024 (PRIVATE)	Reasonable
Eyecare Review	16/04/2024	N/A
Decarbonisation	09/07/2024	
Follow Up of High Priority Internal Audit Recommendations	09/07/2024	Reasonable
Financial and Service Delivery Sustainability	09/07/2024	Reasonable
Data Quality	09/07/2024	N/A
Legacy Software Modernisation	09/07/2024 (PRIVATE)	Reasonable
Declaration of Interests	15/10/2024	Substantial
Mission One - Cloud Services	21/01/2025	Substantial
Mission Five - Staff Development	21/01/2025	Reasonable
Estates Assurance - Energy Management	21/01/2025	Reasonable

## THE HEAD OF INTERNAL AUDIT HAS CONCLUDED:

**Reasonable Assurance - The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.**

In reaching this opinion the Head of Internal Audit has identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas. The 2024/25 Internal Audit Plan included audits over key operational objectives, digital deliverables and associated risks.

From the opinions issued during the year, two were allocated Substantial Assurance, nine were allocated Reasonable Assurance and no reports were allocated a 'limited' or 'no assurance' opinion. We also issued one advisory report during the year, which has been considered when reaching our opinion.

There were five further reports issued before the year end that have been taken into account for the opinion, but will be reported to the Audit and Assurance Committee during 2025/2026. These include four allocated Reasonable assurance and one Limited assurance.

## AUDIT WALES STRUCTURED ASSESSMENT

The aim of this work is designed to help discharge the Auditor General's statutory requirement to be satisfied that DHCW has made proper arrangements to secure economy, efficiency, and effectiveness in its use of resources under section 61 of the Public Audit (Wales) Act 2004.

The work specifically focussed on DHCW's arrangements in relation to governance; strategic planning; financial management; and managing the workforce, digital assets, the estate and other physical assets.

**3.3 The overall Structured Assessment 2024 conclusion found: "DHCW's corporate arrangements support good governance and the efficient, effective, and economical use of resources. However, it now needs to use its new long-term strategy to demonstrate its value and consolidate its position as a digital system leader and enabler in the NHS."**

The recommendations from Audit Wales together with management's response are recorded and this will be received at every Audit and Assurance Committee meeting. The Board finds the Performance Report acceptable in making its assessment of the organisation.

## DATA QUALITY

The quality and effectiveness of the information and data provided to the Board is continually reviewed at each meeting of the Board and some revisions have been made to the Integrated Performance Report during the year to provide further clarity.

The quality and effectiveness of the information and data provided to the Board is continually reviewed at each meeting of the Board and some revisions have been made to the Integrated Performance Report during the year to provide further clarity. The Board finds the Performance Report acceptable in making its assessment of the organisation.

## CONCLUSION

As indicated throughout this statement and the Annual Report, there are no control issues or significant governance issues that have arisen in 2024/25, however, financial pressures on public services continue across the board in addition as reliance on digital and data continues to increase year on year the cyber threat continues to be a high risk for DHCW to continue to manage. I will ensure our Governance Framework considers and responds to this need.

Signed by Helen Thomas

Chief Executive:



Date: 26 June 2025

# DIRECTOR'S REPORT FOR THE PERIOD ENDED 31 MARCH 2025

The information required for this report can be found in the tables and pages of the annual report detailed below:

## THE COMPOSITION OF THE BOARD AND MEMBERSHIP

**Composition of Board:** [Appendix 1](#) provides detailed information in relation to the composition of the Board including executive directors and independent members, who have authority or responsibility for directing or controlling the major activities of DHCW during the financial year 2024/25.

This includes the names of the Chair and Chief Executive. Table 1 also includes the names of the directors forming the Audit and Assurance Committee. [Appendix 1](#) also details the meetings attended during the year and the champion roles agreed by Board Members for the forthcoming year. In addition, [short biographies of all Board Members](#) can be found on the Special Health Authorities website.

## REGISTER OF INTERESTS

To ensure fair and equitable decision making the Board are required to declare any interests which may conflict with the organisation's responsibilities.

This is updated on a regular basis and received by the Audit and Assurance Committee on behalf of the Board, it is published to the DHCW website under [key documents](#). A hard copy can be obtained from the Director of Corporate Affairs | Board Secretary [on request](#).

## PERSONAL DATA RELATED INCIDENTS

Information on personal data related incidents formally reported to the Information Commissioner's Office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed in the Annual Governance Statement.

## ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES

Details of DHCW decarbonisation strategy and progress are in the Performance Report.

## STATEMENT FOR PUBLIC SECTOR INFORMATION HOLDERS

DHCW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

# ANNUAL GOVERNANCE STATEMENT: ACCOUNTABLE OFFICER OF THE SPECIAL HEALTH AUTHORITY

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

I can confirm that:

- To the best of my knowledge there is no relevant audit information of which the entity's auditors are unaware, and I as the Accountable Officer have taken all the steps that ought to have taken to make myself aware of any relevant audit information and have established that the entity's auditors are aware of that information.
- The DHCW annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

The Accountable Officer is responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed by Helen Thomas

Chief Executive:



Date: 26 June 2025

# STATEMENT OF DIRECTORS' RESPONSIBILITIES

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Special Health Authority and of the income and expenditure of the Special Health Authority for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above-mentioned direction by the Welsh Ministers.

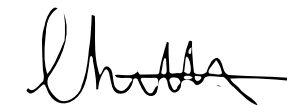
By Order of the Board



Simon Jones  
Chair



Helen Thomas  
Chief Executive and  
Accountable Officer



Claire Osmundsen-Little  
Director of Finance

Dated: 26th June 2025

# REMUNERATION AND STAFF REPORT

## REMUNERATION REPORT

The information contained in this report relates to the remuneration of the senior managers employed by Digital Health and Care Wales (DHCW).

The definition of “Senior Manager” is: ‘those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.’ For DHCW, the senior managers are considered to be the regular attendees of Board meetings, i.e. Members of the Executive Team and the Independent Members.

Existing public sector pay arrangements apply to all staff including members of the Executive Team.

All members of the Executive Team are on pay points and not pay scales.

The performance of members of the Executive Team is assessed against personal objectives and against the overall performance of the SHA. The SHA does not operate a performance related pay scheme.

There have been some payments to former Executives or other former senior managers during the year and these are detailed in the table below.

The totals in some of the following tables may differ from those in the Annual Accounts as they represent staff in post at 31 March 2025 whilst the Annual Accounts ([note 9.2](#)) shows the average number of employees during the year.

Transparency of senior remuneration in the devolved Welsh Public Sector – [Guide to Tackling Unfair Employment Practices and False Self-Employment](#)

## REMUNERATION AND TERMS OF SERVICE COMMITTEE

The pay and terms and conditions of employment for the Executive Team and senior managers have been and will be determined by the Remuneration and Terms of Service Committee, within the framework set by the Welsh Government. The SHA Remuneration Committee members are Independent Members of the Board.

The Committee is chaired by the SHA Chair. The Terms of Reference for the Committee are reviewed on an annual basis. Details of the membership of the Remuneration & Terms of Service Committee are captured in [Appendix 1](#).

## SALARY AND PENSION DISCLOSURES

Salary and pension disclosure tables – single total figure of remuneration. This Remuneration Report includes a single total figure of remuneration. The amount of pension benefits for the year which contributes to the single total figure is calculated based on guidance provided by the NHS Business Services Authority Pensions Agency.

The amount included in the table for pension benefit is based on the increase in accrued pension adjusted for inflation. This will generally take into account an additional year of service together with any changes in pensionable pay. This is not an amount which has been paid to an individual by the SHA during the year; it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person’s salary, whether or not they choose to make additional contributions to the pension scheme from their pay, and other valuation factors affecting the pension scheme as a whole.

The salary and pension disclosures reflect the senior managers’ information. In 2024/25 the senior management team consists of the Chief Executive, the Executive Directors and the Independent Members (Non-Executive Directors), the Director of Primary, Community and Mental Health Digital Services, the Director of People and Organisational Development and the Board Secretary.

**TABLE 1: SALARY BENEFITS 24-25**

Name	(a) Salary (£'000) £5k bands	(b) Bonus payments (£'000) £5k bands	(c) Benefits in kind £ (to the nearest £100)	(d) Pension benefits *** (£'000 ( to the nearest £1000))	(e) Total £'000 £5k bands
<b>Executive and Senior Management</b>					
Helen Thomas	165-170	0	0	101	265-270
Claire Osmundsen-Little	135-140	0	0	39	175-180
Chris Darling (5)	120-125	0	0	82	200-205
Rhidian Hurle	170-175	0	0	82	250-255
Sarah-Jane Taylor (3)	60-65	0	0	N/A	60-65
Samantha Hall (6)	130-135	0	0	36	170-175
Sam Lloyd	130-135	0	0	35	165-170
Ifan Evans (1)	145-150	0	0	77	225-230
Samantha Morgan (4)	35-40	0	0	102	140-145

Name	(a) Salary (£'000) £5k bands	(b) Bonus payments (£'000) £5k bands	(c) Benefits in kind £ (to the nearest £100)	(d) Pension benefits *** (£'000 ( to the nearest £1000))	(e) Total £'000 £5k bands
<b>Non-Executive Directors</b>					
Simon Jones	40-45	0	0	0	40-45
Marian Jones	5-10	0	0	0	5-10
Ruth Glazzard	20-25	0	0	0	20-25
David Selway	5-10	0	0	0	5-10
Rowan Gardner (2)	5-10	0	0	0	5-10
Marilyn Bryan-Jones	5-10	0	0	0	5-10
Alistair Klaas Neill	5-10	0	0	0	5-10

(1) Ifan Evans was seconded from Welsh Government for the entire year. A salary increase of £25-30K has been included above which relates to the period 01/04/22 to 31/03/25. The salary declaration excluding the back dated element would have been 135-140K

(2) Rowan Gardner recommenced salaried employment from 1st May

(3) Sarah-Jane Taylor Left employment on 30th September – Full year salary £120-125K

(4) Samantha Morgan commenced employment on 23rd November – Full year salary £105-110K

(5) Chris Darling received a payment of 0-5K which related to the previous year, the salary declaration excluding this payment would have been 115-120K

(6) Samantha Hall received a payment of 0-5K which related to the previous year, the salary declaration excluding this payment would remain at 130-135K

TABLE 2: SALARY BENEFITS 23-24

Name	(a) Salary (£'000) £5k bands	(b) Bonus payments (£'000) £5k bands	(c) Benefits in kind £ (to the nearest £100)	(d) Pension benefits *** (£'000 ( to the nearest £1000))	(e) Total £'000 £5k bands
<b>Executive and Senior Management</b>					
Helen Thomas	160-165	0	0	0	160-165
Claire Osmundsen-Little	130-135	0	0	32	160-165
Chris Darling	105-110	0	0	4	110-115
Rhidian Hurle	160-165	0	0	50	210-215
Sarah-Jane Taylor	120-125	0	0	N/A	120-125
Samantha Hall	115-120	0	0	27	145-150
Sam Lloyd	125-130	0	0	28	150-155
Ifan Evans (1)	120-125	0	0	7	125-130

Name	(a) Salary (£'000) £5k bands	(b) Bonus payments (£'000) £5k bands	(c) Benefits in kind £ (to the nearest £100)	(d) Pension benefits *** (£'000 ( to the nearest £1000))	(e) Total £'000 £5k bands
<b>Non-Executive Directors</b>					
Simon Jones	40-45	0	0	0	40-45
Marian Jones	5-10	0	0	0	5-10
Ruth Glazzard	20-25	0	0	0	20-25
David Selway	5-10	0	0	0	5-10
Rowan Gardner (2)	5-10	0	0	0	5-10
Marilyn Bryan-Jones	5-10	0	0	0	5-10
Alistair Klaas Neill	5-10	0	0	0	5-10

(1) Ifan Evans was seconded from Welsh Government for the entire year

(2) Rowan Gardner left 31st January 2024- Full year equivalent salary is £5K-£10K

\*\*\* Pension figures were submitted prior to the very senior manager pay uplift. Although these figures have been excluded, they would not have a material impact on pension benefits

## SALARY AND PENSION DISCLOSURE CASH EQUIVALENT TRANSFER VALUES

**A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.**

A CETV is a payment made by a pension scheme or an arrangement to secure pension benefits in another pension scheme or an arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. REAL INCREASE IN CETV This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

**PENSION BENEFITS**

**TABLE 3: PENSION BENEFITS 2024-25**

Name and Title	Accrued pension at pension age as at 31/03/25 and related lump sum (bands of £5,000) £000	Real increase in pension and related lump sum at pension age (bands of £2,500) £000	Cash Equivalent Transfer Value at 31/03/2025 to the nearest £1,000 £000	Cash Equivalent Transfer Value at 31/03/24 to the nearest £1,000 £000	Real increase in Cash Equivalent Transfer Value to the nearest £1,000 £000
Mrs. Helen Thomas, Chief Executive Officer	70-75 plus lump sum of 185-190	12.5-15	1,634	1,408	132
Mrs. Claire Osmundsen-Little, Executive Director of Finance	20-25	2.5-5	313	251	45
Mr. Chris Darling, Board Secretary	30-35 plus lump sum of 80-85	10-12.5	646	528	82
Mr. Rhidian Hurle, Executive Medical Director	75-80 plus lump sum of 200-205	7.5-10	1,800	1,576	118
Mrs. Samantha Hall, Director of Primary Care and Mental Health	5-10	2.5-5	90	46	41
Mr. Sam Lloyd, Executive Director of Operations	15-20 plus lump sum of 30-35	2.5-5	304	248	40
Mrs. Samantha Morgan, Director of People	5-10	5-7.5	83	-	83
Mr. Ifan Evans, Executive Director of Strategy	45-50	2.5-5	871	768	60

TABLE 4: PENSION BENEFITS 2023-24

Name and Title	Accrued pension at pension age as at 31/03/24 and related lump sum (bands of £5,000) £000	Real increase in pension and related lump sum at pension age (bands of £2,500) £000	Cash Equivalent Transfer Value at 31/03/2024 to the nearest £1,000 £000	Cash Equivalent Transfer Value at 31/03/2023 to the nearest £1,000 £000	Real increase in Cash Equivalent Transfer Value to the nearest £1,000 £000
Mrs. Helen Thomas, Chief Executive Officer	60-65 plus lump sum of 165-170	25-27.5	1,408	1,090	209
Mrs. Claire Osmundsen-Little, Executive Director of Finance	15-20	0-2.5	251	168	66
Mr. Chris Darling, Board Secretary	25-30 plus lump sum of 70-75	25-27.5	528	344	150
Mr. Rhidian Hurle, Executive Medical Director	65-70 plus lump sum of 180-185	57.5-60	1,576	1,121	342
Mrs. Samantha Hall, Director of Primary Care and Mental Health	0-5	0-2.5	46	11	34
Mr. Sam Lloyd, Executive Director of Operations	10-15 plus lump sum of 25-30	0-2.5	248	168	63
Mr. Ifan Evans, Executive Director of Strategy	35-40	0-2.5	661	553	0

Pension figures were submitted prior to the very senior manager pay uplift. Although these figures have been excluded, they would not have a material impact on pension benefits.

## FAIR PAY DISCLOSURES

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation’s workforce.

## REMUNERATION RELATIONSHIP

TABLE 5: THE ALL STAFF RANGE INCLUDES DIRECTORS (INCLUDING THE HIGHEST PAID DIRECTOR) AND EXCLUDES PENSION BENEFITS OF ALL EMPLOYEES

	2024 -2025			2023 -2024		
	£000	£000	£000	£000	£000	£000
<b>Total pay and benefits</b>	<b>Chief Executive</b>	<b>Employee</b>	<b>Ratio</b>	<b>Chief Executive</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	167.5	37.0	4.5:1	162.5	35.9	4.5:1
Median pay	167.5	45.6	3.7:1	162.5	44.2	3.7:1
75th percentile pay ratio	167.5	54.6	3.1:1	162.5	52.0	3.1:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	167.5	37.0		162.5	35.1	
Median pay	167.5	45.6		162.5	43.3	
75th percentile pay ratio	167.5	54.6		162.5	51.7	
<b>Total pay and benefits</b>						
	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	172.5	37.0	4.7:1	162.5	35.9	4.5:1
Median pay	172.5	45.6	3.8:1	162.5	44.2	3.7:1
75th percentile pay ratio	172.5	54.6	3.2:1	162.5	52.0	3.1:1
<b>Salary component of total pay and benefits</b>						
25th percentile pay ratio	172.5	37.0		162.5	35.1	
Median pay	172.5	45.6		162.5	43.3	
75th percentile pay ratio	172.5	54.6		162.5	51.7	

The median pay ratio for the relevant financial year is consistent with the pay, reward and progression policies for the entity’s employees taken as a whole.

## STAFF REPORT

### NUMBER OF SENIOR STAFF

As of 31 March 2025, there were 15 members of the Board, of which five were Executive Directors, three Directors and six Independent Members including DHCW Chair and Vice Chair.

## STAFF NUMBERS AND COMPOSITION AS OF 31 MARCH 2025

TABLE 6: BREAKDOWN OF NUMBER OF STAFF BY GROUP (FIGURES SUPPLIED BY FINANCE AND INCLUDES CONTRACTORS)

Staff Group	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total	Financial Year
Administrative, Clerical and Board Members	1219	11	4	0	1	1235	2024-25
Administrative, Clerical and Board Members	1154	12	8	0	3	1177	2023-24

TABLE 7: GENDER BREAKDOWN OF THE BOARD AND DIRECTORS- UPDATED AS OF 31ST MARCH 2025

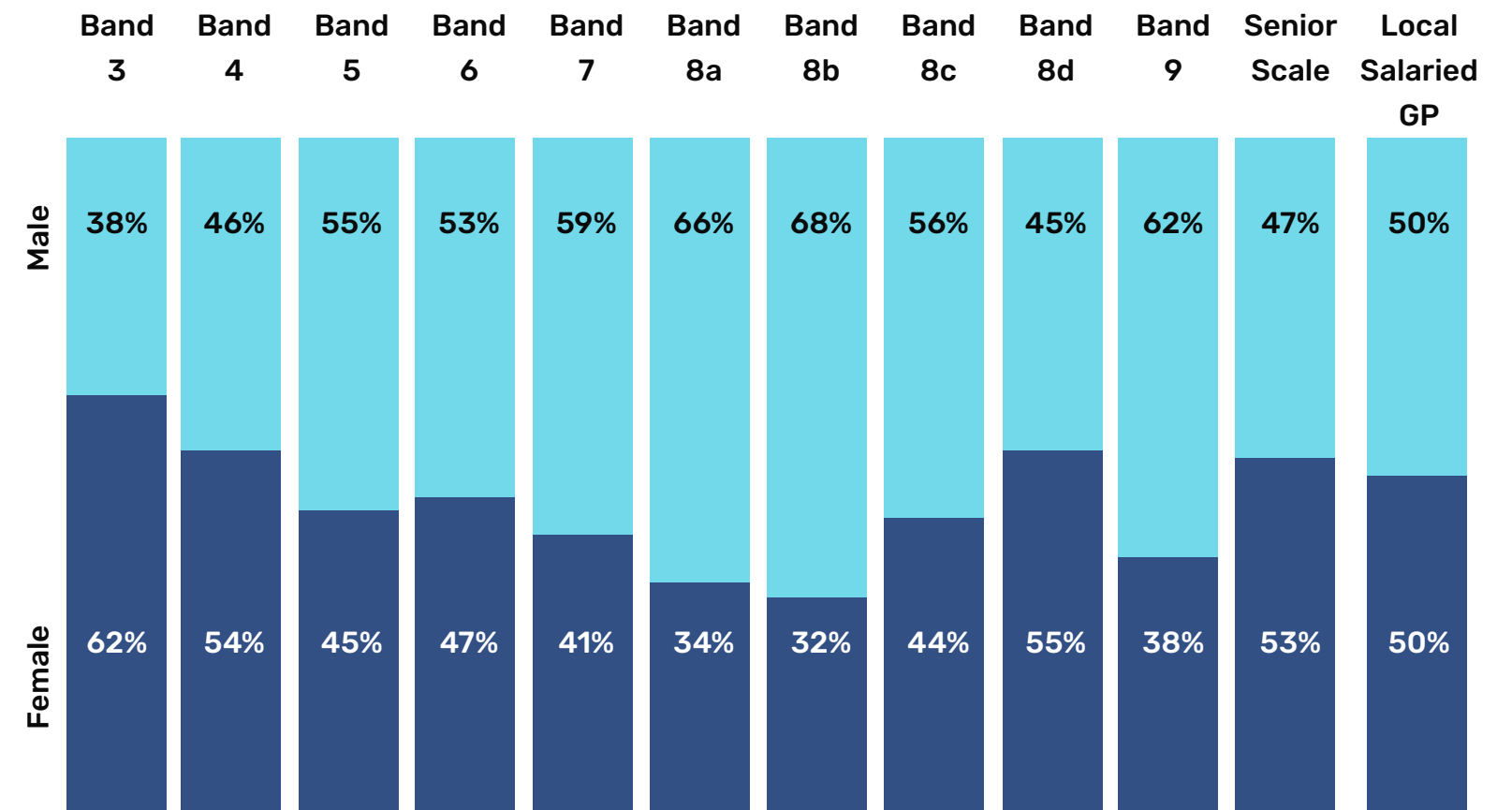
Position	Female	Male	Total
Chair		1	1
Chief Executive Officer	1		1
Executive Director of Finance & Deputy Chief Executive Officer	1		1
Executive Director of Strategy		1	1
Executive Director of Operations		1	1
Executive Medical Director		1	1
Director of People & Organisational Development	1		1
Board Secretary		1	1
Director of Primary, Community & Mental Health Digital Services	1		1
Independent Member - Vice Chair	1		1
Independent Member	3	2	5
<b>Grand Total</b>	<b>8</b>	<b>7</b>	<b>15</b>

TABLE 8: GENDER BREAKDOWN BY EXECUTIVE TEAM AND OTHER EMPLOYEES AS OF 31ST MARCH 2025

Staff Composition	Female	Male	Total
Senior Employees (Executive Team, Directors, IMs)	8	7	15
Other Employees	526	697	1223
Secondment In	7	8	15
<b>Total</b>	<b>540</b>	<b>712</b>	<b>1253</b>
<b>% All Staff</b>	<b>43%</b>	<b>57%</b>	

The figures above are based on headcount (1253) and not average whole time (1235).

TABLE 9: STAFF BREAKDOWN BY GENDER AND BY BAND



## SICKNESS ABSENCE DATA

The People and Organisation Development Team work closely with each Directorates to support and manage the wellbeing of DHCW people and sickness absence.

Monthly performance reports are developed for Directorates and Executive colleagues to monitor sickness absence. DHCW offers and provides its people with access to an Occupational Health Service and to an Employee Assistance Programme, which family members can also access for free.

During 2024-25, most individual absences were due to cold and flu whilst the highest number of lost working days were stress and anxiety.

The table ten below shows the sickness absence levels during 2024/25. The current rate as at 31st March 2025 is 2.9% which benchmarks very favourably across NHS Wales and Table eleven shows the number of days lost due to sickness absence.

TABLE 10 PERCENTAGE SICKNESS ABSENCE 2024/25

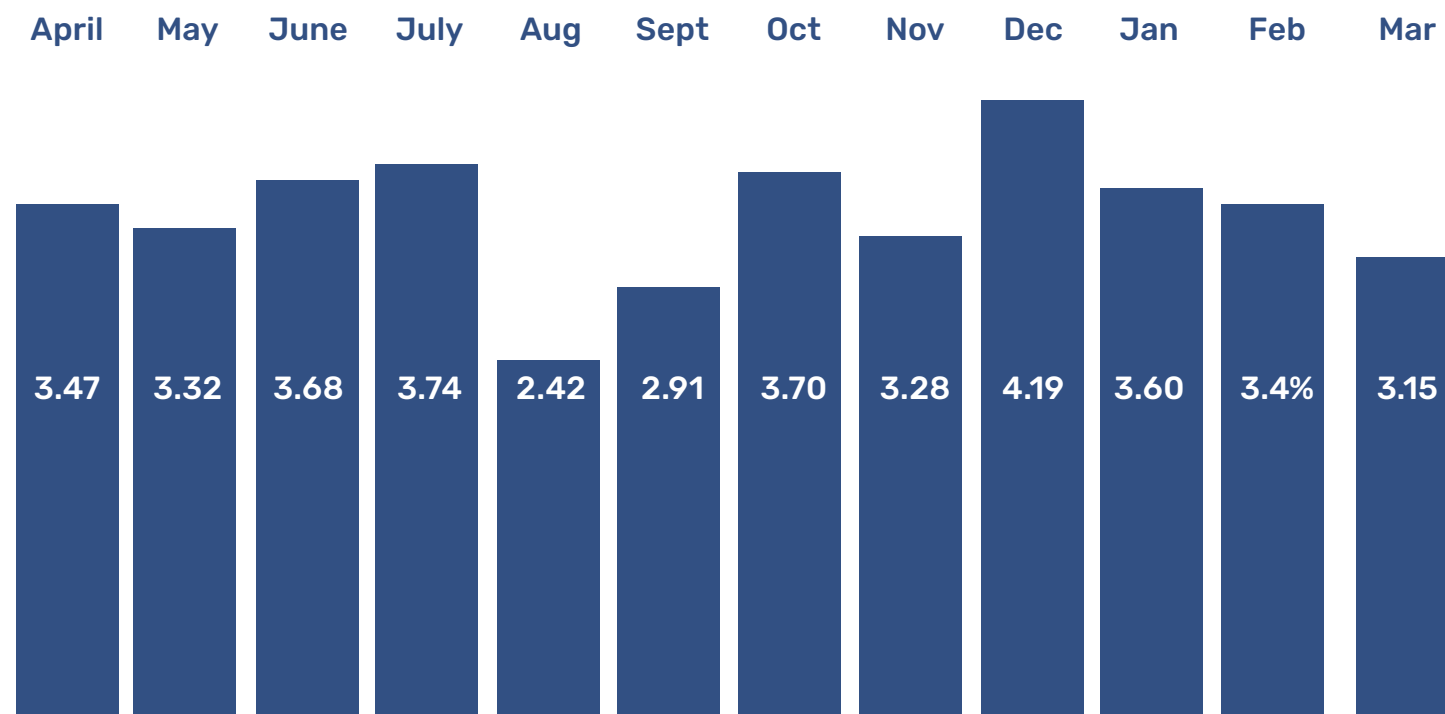


TABLE 11 NUMBER OF WORKING DAYS LOST TO SICKNESS

Number of working days lost due to sickness	
Calendar Days Lost	15846
Calendar Sickness Days Lost (Short-term)	7214
Calendar Sickness Days Lost (Long-term)	8632
% of Employees with Zero Absence	46.75%
% Employees with Absence	53.25%

## STAFF POLICIES APPLIED DURING THE FINANCIAL YEAR

All DHCW policies and procedures are equality impact assessed against the nine protected characteristics, to ensure that they do not discriminate against people who apply to work in the DHCW or are employed by the DHCW.

All policies and procedures are available to access via the [DHCW website](#).

Additional policies were adopted and implemented throughout the year; these are: All Wales Pregnancy Loss Policy and Polisi Cymorth Colli Beichiogrwydd Cymru Gyfa. In addition to these, DHCW Equality Diversity and Inclusion Policy and the Flexible Pensions Policy are pending Authorisation.

## HEALTH & WELLBEING

At DHCW, we are dedicated to creating a healthy, engaged, and resilient workforce.

Over the past year, we have taken a proactive approach to employee wellbeing by introducing various initiatives aimed at improving physical, mental, and social health. More information on this can be found in the performance report.

## EQUALITY, DIVERSITY AND INCLUSION

At DHCW, we are dedicated to fostering an inclusive and supportive workplace.

Our Strategic Equality Plan (SEP), approved in March 2023 and published in April 2023, highlights our commitment to anti-bullying and anti-racism. This plan was developed in partnership with staff representatives, employees, and key external stakeholders.

The EDI Network was established in May 2023 and meets every two months to raise awareness, lead events, and support SEP objectives. EDI Network Champions play a vital role in advocating for diversity and inclusion. In Quarter 4 (2024-25), the EDI Network will be refreshed, allowing new members to join, with the updated network announced in Quarter 1 (2025-26).



## OUR KEY COMMITMENTS AND PROGRESS

We have identified five key commitments, guided by our People and Organisational Development Strategy. Below are the actions taken to meet these commitments.

### COMMITMENT 1 - SUPPORTING OUR PEOPLE

- The DHCW EDI Network represents all nine protected characteristics under the Equality Act. Its growing membership is driving positive changes in policies and workplace culture.
- Trained Mental Health First Aiders are available to provide confidential support to employees.

### COMMITMENT 2 - EDUCATING AND HOLDING EVERYONE ACCOUNTABLE

- Equality, Diversity, and Human Rights Training – 99% of staff have completed mandatory training.
- Anti-Racism Training – 82% of staff have completed the mandatory module (as of February 2025).
- WRES (Workforce Race Equality Standard) – A Board briefing session was held to discuss progress, risks, and recommendations.
- Equality Impact Assessments (EIA) – On average, three EIAs were conducted each month to evaluate the impact of new projects, policies, and schemes on equality and inclusion.

### COMMITMENT 3 - USING DATA TO DRIVE CHANGE

- Data informs internal reports and supports compliance with Welsh Government equality standards.
- Recruitment Data Dashboards in Power BI track applicant demographics, progression, and diversity representation to ensure a fair recruitment process.

### COMMITMENT 4 - UNDERSTANDING CHALLENGES AND BARRIERS

- People and OD teams are working to better understand workforce challenges, particularly for individuals with invisible or non-physical disabilities.
- Exit Interview Analysis and the Access to Work Programme help identify ways to improve workplace support.
- Disability Confident Employer – 8% of the workforce (as of February 2025) has declared a disability on the Electronic Staff Record. DHCW provides reasonable adjustments to support employees.

### COMMITMENT 5 - LEADERSHIP AND SPONSORSHIP

- The Board and Executive Team actively support the EDI agenda.
- DHCW participates in NHS All-Wales Equality Groups, including the Workforce Race Equality Steering Group and the Equality Leadership Group.
- Cultural Events and Awareness Campaigns – The EDI Network planned and hosted events for Black History Month, South Asian Heritage Month, Diwali, and other key celebrations.

### KEY ACHIEVEMENTS IN 2024-25

- Increased participation in the DHCW Step Challenge, promoting wellbeing and inclusivity.
- Successful events, including a spotlight on hair discrimination during Black History Month and awareness sessions for key cultural celebrations.
- Interview Support Workshops launched in Quarter 3 to assist staff with promotion and career development.
- External audits confirmed continued certification for BS 76000 (Valuing People) and ISO 30415 (Diversity and Inclusion).
- Senior Leaders engaged with Welsh Government on Workforce Race Equality Standards and participated in cultural events.

DHCW remains committed to fostering an inclusive and supportive environment where all employees can thrive.

## REPORTING OF OTHER COMPENSATION SCHEMES – EXIT PACKAGES

During 2024/25 there was one exit packages paid or approved.

## EXPENDITURE ON CONSULTANCY SERVICES

During 2024/2025 the SHA spent £0.325m of its revenue funding on external consultancy services, this is a decrease of 57% from 2023/24.

For the purpose of the statutory accounts, consultancy is defined as time limited/ad-hoc assignments related to the provision of professional and strategic advice and not directly attributable to activities delivering digital products.

Examples include:

- Accountancy & Commercial fees
- Legal fees
- Design fees
- IT consultancy and advice

## EXPENDITURE ON TEMPORARY STAFF

During 2023/2024 the SHA spent £1.628m of its revenue funding on temporary staff. This includes Temporary (agency) workers, Interim managers and Specialist Contractors. There is a small increase in spend due to the use of a temporary workers in the PC refresh and migration work, the cloud and Datacentre Migration project and in Vaccine support in 2024/25.

## TAX ASSURANCE FOR OFF-PAYROLL ENGAGEMENTS

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23 May 2012, departments must publish information on their highly paid and/or senior off-payroll engagements. The information, contained in the three tables below, includes all off-payroll engagements as at 31 March 2025 for those earning more than £245 per day for the core SHA and any hosted organisations.

**TABLE 12: HIGHLY PAID OFF-PAYROLL WORKER ENGAGEMENTS AS AT 31 MARCH 2025, EARNING £245 PER DAY OR GREATER.**

Number (No.) of existing engagements as of 31 March 2025	10
<b>Of which...</b>	
existed less than 1 year	4
for between one and two years	6
for between two and three years	0
for between three and four years	0
for four or more years	0

All the off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax, and where necessary, that assurance has been sought.

**TABLE 13: ALL HIGHLY PAID OFF-PAYROLL WORKERS ENGAGED AT ANY POINT DURING THE YEAR ENDED 31 MARCH 2025, EARNING £245 PER DAY OR GREATER**

<b>Number of temporary off-payroll workers engaged during the year ended 31 March 2025</b>	<b>10</b>
<b>Of which...</b>	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	0
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: No. of engagements that saw a change to IR35 status following review	0

**TABLE 14: FOR ANY OFF-PAYROLL ENGAGEMENTS OF BOARD MEMBERS, AND/OR, SENIOR OFFICIALS WITH SIGNIFICANT FINANCIAL RESPONSIBILITY, BETWEEN 1 APRIL 2024 AND 31 MARCH 2025**

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total Number of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	15

**STATEMENT OF ASSURANCE**

I confirm that there is no relevant audit information in the Annual Report of which the Audit Wales is unaware. As Chief Executive, I have taken all the steps in order to make myself aware of any relevant information and ensure the Audit Wales is aware of that information.

Helen Thomas

Chief Executive and Accountable Officer, Digital Health and Care Wales



26 June 2025

# **SENEDD CYMRU/WELSH PARLIAMENTARY ACCOUNTABILITY & AUDIT REPORT** for the year ended 31 March 2025

## REGULARITY OF EXPENDITURE

Regularity is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting.

The Digital Health and Care Wales Board ensures the funding provided by Welsh Ministers has been expended for the purposes intended by Welsh Ministers and that the resources authorised by Welsh Ministers to be used have been used for the purposes for which the use was authorised. The Chief Executive is the Accountable Officer and ensures that the financial statements are prepared in accordance with legislative requirements and the Treasury’s Financial Reporting Manual. In preparing the financial statements, the Chief Executive is required to:

- observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of the Special Health Authority will continue in operation.

## FEES AND CHARGES

Where DHCW undertakes an activity which is not funded directly by the Welsh Government, DHCW receives income to cover its costs.

Further detail of income received is published in the annual accounts. DHCW confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

## REMOTE CONTINGENT LIABILITIES

Remote contingent liabilities are those liabilities that due to the unlikelihood of a resultant charge against DHCW are therefore not recognised as an expense nor as a contingent liability.

Detailed below are the remote contingent liabilities as at 31 March 2025.

2024 - 2025	
Guarantees	Nil
Indemnities	Nil

# AUDIT CERTIFICATE AND THE AUDIT GENERAL FOR WALES REPORT

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# REPORT OF THE AUDITOR GENERAL TO THE SENEDD

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# FINANCIAL STATEMENTS AND NOTES

2024/25

## FOREWORD

These accounts have been prepared by Digital Health and Care Wales, a Welsh Special Health Authority under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed. These accounts cover the period 1 April 2024 to 31 March 2025.

## STATUTORY BACKGROUND

DHCW was established by establishment order 2020 No 1451 (W313) under section 22 of the National Health Service (Wales) Act 2006 (“the Act”), which was made on 7th December 2020 and came into force on the 30th December 2020.

DHCW operated in a shadow form until 1 April 2021 with all establishment and set up costs being borne by the Welsh Government, and Public Health Wales NHS Trust. The predecessor body NHS Wales Informatics Services (NWIS) hosted by Velindre University NHS Trust delivered operational activity to 31st March 2021.

On 1st April 2021 staff were transferred into DHCW and the organisation became fully operational.

DHCW is the second Special Health Authority within Wales created to take forward the digital transformation needed for better health and care in Wales, making services more accessible and sustainable while supporting personal health and well-being.

## PERFORMANCE MANAGEMENT AND FINANCIAL RESULTS

### FINANCIAL ACCOUNTABILITY REPORT

DHCW has completed its fourth year of operation since transitioning from being a hosted body within Velindre NHS Trust to its own statutory Special Health Authority and consequently is required to prepare accounts for the financial period April 1st 2024 to 31 March 2025 and subsequent financial years.

During this time, DHCW has embedded the financial systems, controls, governance and reporting required to meet both statutory requirements and business need. within the challenging context of the COVID-19 pandemic.

DHCW also leads the delivery of a number of digital initiatives supported by the Welsh Governments Digital Priority Investment Fund. For 2024/25 the DHCW invested (with support by Welsh Government & NHS Organisations) £32.0m in revenue funding and £12.6m in capital covering (LIMS 2.0, RISP, DSPP and WICIS solution investment). The future focus will remain on providing first class digital information and solutions to support effective patient care and citizen services, some will require shifts in technology (such as transition to cloud first services) which will require additional revenue funding for the organisation to meet its financial targets.

## FINANCIAL TARGETS

DHCW was established as a Special Health Authority. The statutory financial duties of Special Health Authorities are set out in section 172 of the National Health Service (Wales) Act 2006.

### STATUTORY FINANCIAL DUTIES – FIRST FINANCIAL DUTY

Section 172(1) sets out what is referred to as the 'First Financial Duty' -a duty to secure that DHCW expenditure does not exceed the aggregate of the funding allotted to it for a financial year. Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations. DHCW was in shadow form for the period 30 December 2020 to 1 April 2021, no resource allocations were made to DHCW for this period. The entity was dormant for the purposes of accounting, with expenditure incurred by predecessor entities for service provision to the date of transfer, or by Welsh Government for establishment costs.

### ADMINISTRATIVE FINANCIAL DUTIES – SECOND FINANCIAL DUTY

The 'Second Financial Duty' for NHS bodies in Wales is the duty to prepare a plan and for that plan to be submitted to and approved by the Welsh Ministers.

## FINANCIAL PERFORMANCE

DHCW is reporting the achievement all financial targets set

- Breakeven duty - DHCW has an annual requirement to achieve a balanced year end position against the Resource and Capital limits set for the year. The DHCW reported a revenue surplus of £0.251m (0.1% of total allocation) and capital underspend of £0.045m (0.1% of total allocation) for the financial year therefore achieving its statutory financial duty to achieve financial breakeven.
- DHCW has submitted an Integrated Medium Term Plan for the period 2024-27 in accordance with NHS Wales Planning Framework 2024-27. However, as this was not a statutory requirement for SHAs under the NHS Finance (Wales) Act 2014 the plan did not require Ministerial approval.
- Creditor payments - DHCW is required to pay 95% of the number of non- NHS bills within 30 days of the receipt of goods or a valid invoice (whichever is the later). The DHCW has met this target, paying 97% of invoices within the required timeframe.

## STATEMENT OF COMPREHENSIVE NET EXPENDITURE FOR THE PERIOD ENDED 31 MARCH 2025

[See note 2](#) on page 149 for details of performance against Revenue and Capital allocations.

[The notes on pages 139 to 197 form part of these accounts.](#)

	Note	2024-25 £000	2023-24 £000
General Medical Services	3.1	19,730	17,300
Other Operating Expenditure	3.2	157,981	148,158
		177,711	165,458
Less: Miscellaneous Income	4	(59,371)	(55,064)
<b>Net operating costs before interest and other gains and losses</b>		<b>118,340</b>	<b>110,394</b>
Investment Revenue	5	0	0
Other (Gains) / Losses	6	0	0
Finance costs	7	92	103
<b>Net operating costs for the financial period</b>		<b>118,432</b>	<b>110,497</b>

## OTHER COMPREHENSIVE NET EXPENDITURE

	2024-25 £000	2023-24 £000
Net (gain) / loss on revaluation of property, plant and equipment	(7)	(28)
Net (gain) / loss on revaluation of right of use assets	0	0
Net (gain) / loss on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net (gain) / loss on revaluation of available for sale financial assets	0	0
Impairment and reversals	0	0
Other comprehensive net expenditure for the period	(7)	(28)
<b>Total comprehensive net expenditure for the period</b>	<b>118,425</b>	<b>110,469</b>

[The notes on pages 139 to 197 form part of these accounts.](#)

## STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2025

The **financial statements on pages 139 to 197** were approved by the Board on 26th June 2025



Helen Thomas - Chief Executive and Accountable Officer, Digital Health and Care Wales - 26th June 2025

**The notes on pages 139 to 197 form part of these accounts.**

	Note	31 March 2025 £000	31 March 2024 £000
<b>Non-current assets</b>			
Property, plant and equipment	11	9,443	9,608
Right of Use Assets	11.3	4,698	3,215
Intangible assets	12	39,782	32,893
Trade and other receivables	15	321	1,297
Other financial assets	16	0	0
<b>Total non-current assets</b>		<b>54,244</b>	<b>47,013</b>
<b>Current assets</b>			
Inventories	14	51	62
Trade and other receivables	15	19,623	23,984
Other financial assets	16	0	0
Cash and cash equivalents	17	2,745	2,093
		<b>22,419</b>	<b>26,139</b>
Non-current assets classified as "Held for Sale"	11.2	0	0
<b>Total current assets</b>		<b>22,419</b>	<b>26,139</b>
<b>Total assets</b>		<b>76,663</b>	<b>73,152</b>
<b>Current liabilities</b>			
Trade and other payables	18	(19,233)	(19,276)
Other financial liabilities	19	0	0
Provisions	20	(22,648)	(15,387)
<b>Total current liabilities</b>		<b>(41,881)</b>	<b>(34,663)</b>
<b>Net current assets/ (liabilities)</b>		<b>(19,462)</b>	<b>(8,524)</b>
<b>Non-current liabilities</b>			
Trade and other payables	18	(3,893)	(1,958)
Other financial liabilities	19	0	0
Provisions	20	(5)	0
<b>Total non-current liabilities</b>		<b>(3,898)</b>	<b>(1,958)</b>
<b>Total assets employed</b>		<b>30,884</b>	<b>36,531</b>
<b>Financed by :</b>			
Taxpayers' equity			
General Fund		30,788	36,442
Revaluation reserve		96	89
<b>Total taxpayers' equity</b>		<b>30,884</b>	<b>36,531</b>

## STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

### FOR THE PERIOD ENDED 31 MARCH 2025

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

#### Notional Welsh Government funding split:

Notional 9.4% staff employer pension  
£4.942m

Pensions Annual Allowance Charge  
Compensation Scheme (PAACCS) £0

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Changes in taxpayers' equity</b>			
Balance b/f as at 31 March 2024	36,442	89	36,531
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	0	0	0
Impact of IFRS 16 on PPP/PFI Liability	0	0	0
<b>Balance at 1 April 2024</b>	<b>36,442</b>	<b>89</b>	<b>36,531</b>
Net operating cost for the period	(118,432)		(118,432)
Net gain/(loss) on revaluation of property, plant and equipment	0	7	7
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	0	0	0
<b>Total recognised income and expense for period</b>	<b>(118,432)</b>	<b>7</b>	<b>(118,432)</b>
Net Welsh Government funding	107,836		107,836
Welsh Government notional funding	4,942		4,942
<b>Balance at 31 March 2025</b>	<b>30,788</b>	<b>96</b>	<b>30,884</b>

The notes on pages 139 to 197 form part of these accounts.

## STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

### FOR THE PERIOD ENDED 31 MARCH 2024

Notional Welsh Government funding line includes the 6.3% staff employer pension paid centrally by Welsh Government.

#### Notional Welsh Government funding split;

Notional 6.3% staff employer pension £2.961m

[The notes on pages 139 to 197 form part of these accounts.](#)

Changes in taxpayers' equity	General Fund £000	Revaluation Reserve £000	Total Reserves £000
<b>Balance b/f as at 31 March</b>	29,478	61	29,539
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment	0	0	0
Impact of IFRS 16 on PPP/PFI Liability	0	0	0
<b>Balance at 1 April 2023</b>	29,478	61	<b>29,539</b>
Net operating cost for the period	(110,497)		(110,497)
Net gain/(loss) on revaluation of property, plant and equipment	0	28	28
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	0	0	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	0	0	0
<b>Total recognised income and expense for period</b>	(110,497)	28	(110,469)
Net Welsh Government funding	114,500		114,500
Welsh Government notional funding	2,961		2,961
<b>Balance at 31 March 2024</b>	36,442	89	<b>36,531</b>

## STATEMENT OF CASH FLOWS FOR PERIOD ENDED 31 MARCH 2025

The notes on pages 139 to 197 form part  
of these accounts.

	Note	2024-25 £000	2023-24 £000
<b>Cash Flows from operating activities</b>			
Net operating cost for the financial period		(118,432)	(110,497)
Movements in Working Capital	27	2,439	(4,428)
Other cash flow adjustments	28	22,344	18,565
Provisions utilised	20	0	0
<b>Net cash outflow from operating activities</b>		<b>(93,649)</b>	<b>(96,359)</b>
<b>Cash Flows from investing activities</b>			
Purchase of property, plant and equipment		(3,130)	(2,634)
Proceeds from disposal of property, plant and equipment		38	0
Purchase of intangible assets		(9,262)	(12,790)
Proceeds from disposal of intangible assets		0	0
Payment for other financial assets		0	0
Proceeds from disposal of other financial assets		0	0
Payment for other assets		0	0
Proceeds from disposal of other assets		0	0
<b>Net cash inflow/(outflow) from investing activities</b>		<b>(12,354)</b>	<b>(15,424)</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>(106,003)</b>	<b>(111,783)</b>
<b>Cash Flows from financing activities</b>			
Welsh Government funding (including capital)		107,836	114,500
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP		0	0
Capital element of payments in respect of on-SoFP PFI		0	0
Capital element of payments in respect of Right of Use Assets		(1,181)	(1,753)
Cash transferred (to)/ from other NHS bodies		0	0
<b>Net financing</b>		<b>106,655</b>	<b>112,747</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<b>652</b>	<b>964</b>
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2024</b>		<b>2,093</b>	<b>1,130</b>
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2025</b>		<b>2,745</b>	<b>2,094</b>

# NOTES TO THE ACCOUNTS

## 1. ACCOUNTING POLICIES

The Minister for Health and Social Services has directed that the financial statements of Special Health Authorities (SHAs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2024-25 Manual for Accounts. The accounting policies contained in that manual follow the 2024-25 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the SHA for the purpose of giving a true and fair view has been selected. The particular policies adopted by the SHA are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1. ACCOUNTING CONVENTION

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

### 1.2. ACQUISITIONS AND DISCONTINUED OPERATIONS

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

### 1.3. INCOME AND FUNDING

The main source of funding for the SHA are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the SHA. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred.

Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the SHA and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the SHA for the Welsh Government. Income received from LHBs transacting with the SHA is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

### 1.4. EMPLOYEE BENEFITS

#### 1.4.1. SHORT-TERM EMPLOYEE BENEFITS

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

#### 1.4.2. RETIREMENT BENEFIT COSTS

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales.

The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, the SHAs' are required to account for their staff employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the SHA commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the SHA's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

### 1.4.3. NEST PENSION SCHEME

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

## 1.5. OTHER EXPENSES

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

## 1.6. PROPERTY, PLANT AND EQUIPMENT

### 1.6.1. RECOGNITION

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the SHA;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
- The item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

## 1.6.2. VALUATION

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

At the Statement of Financial Position date the building asset held by the SHA relates solely to expenditure on leasehold improvements, which is carried at depreciated cost.

Future asset purchases that are not leasehold improvements will be carried on the following basis:

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

### 1.6.3. SUBSEQUENT EXPENDITURE

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being “replaced” can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

## 1.7. INTANGIBLE ASSETS

### 1.7.1. RECOGNITION

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the SHA; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use
- The intention to complete the intangible asset and use it
- The ability to use the intangible asset
- How the intangible asset will generate probable future economic benefits
- The availability of adequate technical, financial and other resources to complete the intangible asset and use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### 1.8. DEPRECIATION, AMORTISATION AND IMPAIRMENTS

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets.

The estimated useful life of an asset is the period over which the SHA expects to obtain economic benefits or service potential from the asset. This is specific to the SHA and may be shorter than the physical life of the asset itself.

Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss.

If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

## 1.9. RESEARCH AND DEVELOPMENT

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

### 1.10 NON-CURRENT ASSETS HELD FOR SALE

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

### 1.11 LEASES

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: DHCW has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application DHCW has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by DHCW in applying IFRS 16.

These include:

- The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

DHCW will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.7 instead.

List any other expedients employed by DHCW (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

DHCW is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. There are currently no such arrangements in place.

DHCW is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value. There are currently no such arrangements in place.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

### 1.11.1 DHCW AS LESSEE

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. DHCW employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset DHCW applies a revised rate to the remaining lease liability.

Where existing leases are modified DHCW must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by DHCW.

### 1.11.2 DHCW AS LESSOR

DHCW does not lease out any of its assets and is therefore not a lessor.

## 1.12. INVENTORIES

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or “first-in first-out” cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

## 1.13. CASH AND CASH EQUIVALENTS

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

## 1.14. PROVISIONS

Provisions are recognised when the SHA has a present legal or constructive obligation as a result of a past event, it is probable that the SHA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision.

An onerous contract is considered to exist where the SHA has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the SHA has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of DHCW.

### 1.14.1. CLINICAL NEGLIGENCE AND PERSONAL INJURY COSTS

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2023-24, although no costs were apportioned to the SHA during the year. The WRP is hosted by Velindre NHS Trust.

## 1.15 DISCOUNT RATES

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

## 1.16. FINANCIAL INSTRUMENTS

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

## 1.17. FINANCIAL ASSETS

Financial assets are recognised on the SoFP when the SHA becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

### 1.17.1. FINANCIAL ASSETS ARE INITIALLY RECOGNISED AT FAIR VALUE

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

### 1.17.2. FINANCIAL ASSETS AT FAIR VALUE THROUGH SOCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

### 1.17.3 HELD TO MATURITY INVESTMENTS

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

### 1.17.4. AVAILABLE FOR SALE FINANCIAL ASSETS

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

### 1.17.5. LOANS AND RECEIVABLES

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the SHA assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate.

The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

## 1.18. FINANCIAL LIABILITIES

Financial liabilities are recognised on the SOFP when the NHS Wales organisation becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

### 1.18.1. FINANCIAL LIABILITIES ARE INITIALLY RECOGNISED AT FAIR VALUE

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

### 1.18.2. FINANCIAL LIABILITIES AT FAIR VALUE THROUGH THE SOCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

### 1.18.3. OTHER FINANCIAL LIABILITIES

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

## 1.19. VALUE ADDED TAX (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.20. FOREIGN CURRENCIES

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE.

At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

## 1.21. THIRD PARTY ASSETS

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

## 1.22. LOSSES AND SPECIAL PAYMENTS

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the SHA not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The SHA accounts for all losses and special payments gross (including assistance from the WRP). The SHA accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

### 1.23. POOLED BUDGET

In accordance with section 33 of the NHS (Wales) Act 2006, NHS Wales organisations are able to operate pooled budgets with Local Authorities for specific activities defined in the Pooled budget Note.

SHA **has not** entered into any pooled budget arrangements.

### 1.24. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

### 1.25. KEY SOURCES OF ESTIMATION UNCERTAINTY

The outcome of HMRC's response to the existing VAT recovery provision remains uncertain and could potentially result in a material adjustment to the liability.

Other than stated above, there are no estimation uncertainties at the SoFP date that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year

### 1.26 PRIVATE FINANCE INITIATIVE (PFI) TRANSACTIONS

The DHCW has no PFI arrangements.

### 1.27. CONTINGENCIES

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation, or a present obligation that is not

recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Wales organisation. A contingent asset is disclosed where an inflow of economic benefits is probable. Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

### 1.28. ABSORPTION ACCOUNTING

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where there is a transfer of function the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

### 1.29. ACCOUNTING STANDARDS THAT HAVE BEEN ISSUED BUT NOT YET BEEN ADOPTED

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2023, Standard is UK endorsed and adopted by the FReM. The date of initial application is the beginning of the annual reporting period in which IFRS 17 is first applied. In central government the date of initial application is 1 April 2025.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

### 1.30. ACCOUNTING STANDARDS ISSUED THAT HAVE BEEN ADOPTED EARLY

During 2024-25 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

### 1.31. CHARITIES

The SHA has no NHS Charitable Fund.

## 2. FINANCIAL DUTIES PERFORMANCE

The statutory financial duties of Special Health Authorities are set out in section 172 of the National Health Service (Wales) Act 2006.

Section 172(1) sets out what is referred to as the 'First Financial Duty' - a duty to secure that SHA expenditure does not exceed the aggregate of the funding allotted to it for a financial year. Under the powers of direction in the National Health Service (Wales) Act section 172(6) WHC/2019/004 clarified that the annual statutory financial duty is set separately for revenue and capital resource allocations.

### 2.1 REVENUE RESOURCE PERFORMANCE

Financial performance 2024-25	
	£000
<b>Net operating costs for the period</b>	<b>118,432</b>
Less general ophthalmic services expenditure and other non-cash limited expenditure	0
Less revenue consequences of bringing PFI schemes onto SoFP	0
Less any non funded revenue consequences of IFRS 16	0
Total operating expenses	118,432
Revenue Resource Allocation	118,683
<b>Under /(over) spend against Allocation</b>	<b>251</b>

**DHCW has met its financial duty to break-even against its Revenue Resource Limit over the period.**

### 2.2 CAPITAL RESOURCE PERFORMANCE

	2024-25
	£000
<b>Gross capital expenditure</b>	<b>18,494</b>
Add: Losses on disposal of donated assets	0
Less NBV on disposal of property, plant and equipment, right of use and intangible assets	(121)
Adjustment for transfers (to)/from NHS Trusts	0
Less: capital grants received	0
Less: donations received	0
Less IFRS16 Peppercorn income	0
Less <b>initial recognition</b> of RoU Asset Dilapidations	0
Add: recognition of RoU Assets Dilapidations <b>on crystallisation</b>	0
Charge against Capital Resource Allocation	18,373
Capital Resource Allocation	18,420
<b>(Over) / Underspend against Capital Resource Allocation</b>	<b>47</b>

**DHCW has met its financial duty to break-even against its Capital Resource Limit over the period.**

### 2.3 INTEGRATED MEDIUM TERM PLAN

The SHA has submitted an Integrated Medium Term Plan for the period 2024-27 in accordance with NHS Wales Planning Framework 2024-27. However, as this was not a statutory requirement for SHAs under the NHS Finance (Wales) Act 2014 the plan did not require Ministerial approval.

### 2.4 CREDITOR PAYMENT

The SHA is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The SHA has achieved the following results:

	2024-25	2023-24
Total number of non-NHS bills paid	4,483	4,532
Total number of non-NHS bills paid within target	4,365	4,409
Percentage of non-NHS bills paid within target	97.4%	97.3%

**DHCW has met the target.**

## 3. ANALYSIS OF GROSS OPERATING COSTS

### 3.1 GENERAL MEDICAL SERVICES

	2024-25 £'000	2023-24 £'000
IT Support and Refresh	4,756	5,059
Public Sector Broadband Aggregation	609	576
Systems & Services Contract	6,419	4,942
Licences	3,845	3,376
Data Quality System Audit	518	521
Primary Care Services	3,123	2,527
Other Expenditure	460	299
<b>Total</b>	<b>19,730</b>	<b>17,300</b>

### 3.2 OTHER OPERATING EXPENDITURE

	2024-25 £000	2023-24 £000
Local Health Boards	5,952	6,223
Welsh NHS Trusts	2,195	2,567
Welsh Special Health Authorities	110	67
Goods and services from other NHS bodies	24	0
NHS Wales Joint Commissioning Committee (NWJCC) / Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Local Authorities	1,028	1,012
Purchase of healthcare from non-NHS bodies	0	0
Welsh Government	0	0
Other NHS Trusts	0	0
Directors' costs	1,676	1,485
Operational Staff costs	69,130	60,733
Supplies and services - clinical	0	0
Supplies and services - general	5,346	5,837
Consultancy Services	325	757
Establishment	1,637	1,807
Transport	39	29
Premises	2,053	2,152
Computer software licences and maintenance contracts (DHCW only)	48,231	45,326
External Contractors	9,783	9,934
Depreciation	3,347	3,277
Depreciation RoU Asset)	1,237	1,621
Amortisation	5,507	5,021
Fixed asset impairments and reversals (Property, plant & equipment)	44	1
Fixed asset impairments and reversals (RoU Assets)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0

Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	201	193
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	6	(17)
Research and Development	0	0
Expense related to short-term leases	108	97
Expense related to low-value asset leases (excluding short-term leases)	0	0
Other operating costs	2	36
<b>Total</b>	<b>157,981</b>	<b>148,158</b>

### 3.4 LOSSES, SPECIAL PAYMENTS AND IRRECOVERABLE DEBTS:

Charges to operating expenses

Increase/(decrease) in provision for future payments:	2024-25 £000	2023-24 £000
Clinical negligence;		
Secondary care	0	0
Primary care	0	0
Redress Secondary care	0	0
Redress Primary care	0	0
Personal injury	0	0
All other losses and special payments	0	0
Defence legal fees and other administrative costs	0	0
Gross increase/(decrease) in provision for future payments	0	0
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	6	(17)
<b>Less: income received/due from Welsh Risk Pool</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>6</b>	<b>(17)</b>

	2024-25 £	2023-24 £
Permanent injury included within personal injury £:	0	0

## 4. MISCELLANEOUS INCOME

	2024-25 £000	2023-24 £000
Local Health Boards	49,270	45,461
NWJCC / WHSSC / EASC	155	244
NHS trusts	7,636	7,411
Welsh Special Health Authorities	822	800
Foundation Trusts	0	0
Other NHS England bodies	0	0
Other NHS Bodies	325	115
Local authorities	56	60
Welsh Government	200	165
Welsh Government Hosted Bodies	63	60
Non NHS:		
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	0	0
Other income from activities	844	748
Patient transport services	0	0
Education, training and research	0	0
Charitable and other contributions to expenditure	0	0
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of donated assets	0	0
Receipt of Government granted assets	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care income generation schemes	0	0
NWSSP	0	0
Deferred income released to revenue	0	0
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases		0
Rental income from operating leases	0	0

<b>Other income</b>	<b>0</b>	
Provision of laundry, pathology, payroll services	0	0
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	0	0
Business units	0	0
Scheme Pays Reimbursement Notional	0	0
Other	0	0
<b>Total</b>	<b>59,371</b>	<b>55,064</b>

Injury Cost Recovery (ICR) Scheme income is subject to a provision for impairment re personal injury claims

	2024-25	2023-24
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	0.00	0.00

## 5. INVESTMENT REVENUE

	2024-25 £000	2023-24 £000
<b>Rental revenue:</b>		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
<b>Interest revenue:</b>		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 6. OTHER GAINS AND LOSSES

	2024-25 £000	2023 -24 £000
Gain/(loss) on disposal of property, plant and equipment	0	0
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 7. FINANCE COSTS

	2024-25 £000	2023-24 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	0
Interest on obligations under Right of Use Leases	92	103
Interest on obligations under PFI contracts		
main finance cost	0	0
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
<b>Total interest expense</b>	<b>92</b>	<b>103</b>
Provisions unwinding of discount	0	0
Other finance costs	0	0
<b>Total</b>	<b>92</b>	<b>103</b>

## 8. FUTURE CHARGES TO STATEMENT OF COMPREHENSIVE NET EXPENDITURE (SoCNE)

### SHA as lessee

As at 31st March 2025 DHCW had 11 lease agreements in respect of equipment and 17 in respect of vehicles, 3 equipment leases expired during the year and 3 vehicles leases expired in year.

Payments recognised as an expense	Low Value & Short Term	Other	Total	
	2024-25 £000	2024-25 £000	2024-25 £000	2023-24 £000
Minimum lease payments	108	0	108	97
Contingent rents	0	0	0	0
Sub-lease payments	0	0	0	0
<b>Total</b>	<b>108</b>	<b>0</b>	<b>108</b>	<b>97</b>

Total future minimum lease payments	Low Value & Short Term	Other	Total	
Payable	2024-25 £000	2024-25 £000	2024-25 £000	2023-24 £000
Not later than one year	88	0	88	89
Between one and five years	8	0	8	19
After 5 years	0	0	0	0
<b>Total</b>	<b>96</b>	<b>0</b>	<b>96</b>	<b>108</b>

As a result of the implementation of IFRS 16 the current year operating lease figures relate to low value and short term leases only.

### SHA as lessor

Rental revenue	2024-25 £000	2023-24 £000
Rent	0	0
Contingent rents	0	0
<b>Total revenue rental</b>	<b>0</b>	<b>0</b>

Total future minimum lease payments Receivable	2024-25 £000	2023-24 £000
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
<b>Total revenue rental</b>	<b>0</b>	<b>0</b>

## 9. EMPLOYEE BENEFITS AND STAFF NUMBERS

### 9.1 EMPLOYEE COSTS

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total 2024-25	Total 2022-23
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	57,484	1,131	265	0	51	58,930	52,771
Social security costs	6,172	0	0	0	0	6,172	5,530
Employer contributions to NHS Pension Scheme	12,356	0	0	0	0	12,356	9,594
Other pension costs	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0
<b>Total Employee costs</b>	<b>76,012</b>	<b>1,131</b>	<b>265</b>	<b>0</b>	<b>51</b>	<b>77,459</b>	<b>67,895</b>
Charged to capital						1,479	1,475
Charged to revenue						75,980	66,420
						77,459	67,895

Net movement in accrued employee benefits (untaken staff leave)	159	(48)
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### 9.2 AVERAGE NUMBER OF EMPLOYEES

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	Total 2024-25	Total 2023-24
	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	1,219	11	4	0	1	1,235	1,176
Medical and dental	0	0	0	0	0	0	1
Nursing, midwifery registered	0	0	0	0	0	0	0
Professional, Scientific, and technical staff	0	0	0	0	0	0	0
Additional Clinical Services	0	0	0	0	0	0	0
Allied Health Professions	0	0	0	0	0	0	0
Healthcare Scientists	0	0	0	0	0	0	0
Estates and Ancillary	0	0	0	0	0	0	0
Students	0	0	0	0	0	0	0
<b>Total</b>	<b>1,219</b>	<b>11</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>1,235</b>	<b>1,177</b>

### 9.3. RETIREMENTS DUE TO ILL-HEALTH

	2024-25	2023-24
Number	0	1
Estimated additional pension costs £	0	150,653

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

## 9.4 EMPLOYEE BENEFITS

DHCW operates four salary sacrifice schemes (childcare vouchers, cycle to work, home electronics and lease cars) for the financial benefit of its employees. It also provides a purchase of annual leave scheme. In addition, staff have access to a non contributory Employee Assistance Programme which provides financial wellbeing support, and a financial wellbeing scheme to provide staff with access to simple financial education, salary deducted loans, and a range of savings and investment products.

## 9.5 REPORTING OF OTHER COMPENSATION SCHEMES - EXIT PACKAGES

### 9.5.1 EXIT PACKAGES COSTS AND NUMBERS

Exit packages cost band (including any special payment element)	2024-2025				2023-2024
	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	1	1	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

Exit packages cost band (including any special payment element)	2024-2025			2023-2024
	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Total cost of exit packages
	£	£	£	£
less than £10,000	0	0	0	0
£10,000 to £25,000	0	14,000	14,000	0
£25,000 to £50,000	0	0	0	0
£50,000 to £100,000	0	0	0	0
£100,000 to £150,000	0	0	0	0
£150,000 to £200,000	0	0	0	0
more than £200,000	0	0	0	0
<b>Total</b>	<b>0</b>	<b>14,000</b>	<b>14,000</b>	<b>0</b>

Exit costs paid in year of departure	Total paid in year 2024-25 £	Total paid in year 2023-24 £
Exit costs paid in year	14,000	0
<b>Total</b>	<b>14,000</b>	<b>0</b>

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the SHA has agreed early retirements, the additional costs are met by the SHA and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

## 9.5 REPORTING OF OTHER COMPENSATION SCHEMES - EXIT PACKAGES CONTINUED

### 9.5.2 ANALYSIS OF OTHER DEPARTURES

Type of other departures	2024-25 Agreement numbers	2024-25 Total Value of agreements £
Voluntary redundancies including early retirement contractual costs	1	14,000
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval**	0	0
Other please specify	0	0
Other please specify	0	0
<b>Total</b>	<b>1</b>	<b>14,000</b>

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in [Note 9.5.1](#) which will be the number of individuals.

## 9.6 FAIR PAY DISCLOSURES

### 9.6.1 REMUNERATION RELATIONSHIP

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2024-2025	2024-2025	2024-2025
	£000	£000	£000
<b>Total pay and benefits</b>	<b>Chief Executive</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	167.5	37.0	4.5:1
Median pay	167.5	45.6	3.7:1
75th percentile pay ratio	167.5	54.6	3.1:1
<b>Salary component of total pay and benefits</b>			
25th percentile pay ratio	167.5	37.0	
Median pay	167.5	45.6	
75th percentile pay ratio	167.5	54.6	
<b>Total pay and benefits</b>	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	172.5	37.0	4.7:1
Median pay	172.5	45.6	3.8:1
75th percentile pay ratio	172.5	54.6	3.2:1
<b>Salary component of total pay and benefits</b>			
25th percentile pay ratio	172.5	37.0	
Median pay	172.5	45.6	
75th percentile pay ratio	172.5	54.6	

	2023-2024	2023-2024	2023-2024
	£000	£000	£000
<b>Total pay and benefits</b>	<b>Chief Executive</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	162.5	35.9	4.5:1
Median pay	162.5	44.2	3.7:1
75th percentile pay ratio	162.5	52.0	3.1:1
<b>Salary component of total pay and benefits</b>			
25th percentile pay ratio	162.5	35.1	
Median pay	162.5	43.3	
75th percentile pay ratio	162.5	51.7	
<b>Total pay and benefits</b>	<b>Highest Paid Director</b>	<b>Employee</b>	<b>Ratio</b>
25th percentile pay ratio	162.5	35.9	4.5:1
Median pay	162.5	44.2	3.7:1
75th percentile pay ratio	162.5	52.0	3.1:1
<b>Salary component of total pay and benefits</b>			
25th percentile pay ratio	162.5	35.1	
Median pay	162.5	43.3	
75th percentile pay ratio	162.5	51.7	

In 2024-25, 0 (2023-24, 0) employees received remuneration in excess of the highest paid director.

Remuneration for all staff ranged from £24,300 to £172,231 (2023-24, £20,790 to £164,029).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

### Financial year summary

Between 2023/24 and 2024/25 the median ratio of the workforce and the Chief Executive remained at 3.7:1 and the ratio of the highest paid director increased from 3.7:1 to 3.8:1

The median for the salary component of total pay and benefits is £45,637 and also £45,637 for total pay and benefits (In 2023/24 these figures were £43,257 and 44,178 respectively) which for both years is the top of a band 6 on the agenda for change pay scales.

There were 3 less wte in year, the net movement consists of a 4 wte increase above the median and a 7 wte decrease at the median and below; this will cause the value of the median to increase but as it is still within the same band, remains constant. Pay rates for all employees of DHCW are set nationally, predominately through the Executive and Senior Pay Terms and conditions of service, the Agenda for Change agreement or the Medical & Dental Terms and Conditions of Service. Different awards applied to Medical and Agenda for Change payscales, and also between bands within each sets of terms and conditions, has had an impact on the change in the median pay for staff.

### 9.6.2 PERCENTAGE CHANGES

	2023-24 to 2024-25 %	2022-23 to 2023-24 %
% Change from previous financial year in respect of Chief Executive		
Salary and allowances	3.1	6.6
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	6.2	3.2
Performance pay and bonuses	0	0

### 9.7 PENSION COST

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and

financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates. The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

#### c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation.

It’s a non-departmental public body (NDPB) that operates at arm’s length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP).

This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder’s qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2024-25 tax year (2023-24 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

## 10. PUBLIC SECTOR PAYMENT POLICY - MEASURE OF COMPLIANCE

### 10.1 PROMPT PAYMENT CODE - MEASURE OF COMPLIANCE

The Welsh Government requires that the SHA pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the SHA financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2024-25 Number	2024-25 £000	2023-24 Number	2023-24 £000
<b>NHS</b>				
Total bills paid	1,080	13,156	940	12,509
Total bills paid within target	1,044	12,651	894	11,983
Percentage of bills paid within target	96.7%	96.2%	95.1%	95.8%
<b>Non-NHS</b>				
Total bills paid	4,483	119,059	4,532	120,700
Total bills paid within target	4,365	116,009	4,409	117,646
Percentage of bills paid within target	97.4%	97.4%	97.3%	97.5%
<b>Total</b>				
Total bills paid	5,563	132,215	5,472	133,209
Total bills paid within target	5,409	128,660	5,303	129,629
Percentage of bills paid within target	97.2%	97.3%	96.9%	97.3%

### 10.2 THE LATE PAYMENT OF COMMERCIAL DEBTS (INTEREST) ACT 1998

	2024-25 £	2023-24 £
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 11. PROPERTY, PLANT AND EQUIPMENT

2024-25	Land £000	Building excluding dwellings £000	Dwelling £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	0	1,714	0	1,459	196	0	23,014	137	26,520
Revaluation/Indexation	0	28	0	0	0	0	0	0	28
Additions									
- purchased	0	1	0	2,642	0	0	614	0	3,257
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	(1,429)	0	0	1,429	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	(222)	0	(222)
Disposals	0	0	0	0	0	0	(2,601)	0	(2,601)
<b>At 31 March 2025</b>	<b>0</b>	<b>1,743</b>	<b>0</b>	<b>2,672</b>	<b>196</b>	<b>0</b>	<b>22,234</b>	<b>137</b>	<b>26,982</b>
Cost or valuation at 1 April 2024	0	1,313	0	0	148	0	15,431	20	16,912
Revaluation/Indexation	0	21	0	0	0	0	0	0	21
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	44	0	44
Reclassified as held for sale	0	0	0	0	0	0	(184)	0	(184)
Disposals	0	0	0	0	0	0	(2,601)	0	(2,601)
Provided during the period	0	174	0	0	39	0	3,106	28	3,347
<b>At 31 March 2025</b>	<b>0</b>	<b>1,508</b>	<b>0</b>	<b>0</b>	<b>187</b>	<b>0</b>	<b>(15,796)</b>	<b>48</b>	<b>17,539</b>
<b>Net book value at 1 April 2024</b>	<b>0</b>	<b>401</b>	<b>0</b>	<b>1,459</b>	<b>48</b>	<b>0</b>	<b>7,583</b>	<b>117</b>	<b>9,608</b>
<b>Net book value at 31 March 2025</b>	<b>0</b>	<b>235</b>	<b>0</b>	<b>2,672</b>	<b>9</b>	<b>0</b>	<b>6,438</b>	<b>89</b>	<b>9,443</b>

Net book value at 31 March 2025 comprises :	Land £000	Building excluding dwellings £000	Dwelling £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Purchased	0	235	0	2,672	9	0	6,438	89	9,443
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2025</b>	<b>0</b>	<b>235</b>	<b>0</b>	<b>2,672</b>	<b>9</b>	<b>0</b>	<b>6,438</b>	<b>89</b>	<b>9,443</b>
<b>Asset financing:</b>									
Owned	0	235	0	2,672	9	0	6,438	89	9,443
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2025</b>	<b>0</b>	<b>235</b>	<b>0</b>	<b>2,672</b>	<b>9</b>	<b>0</b>	<b>6,438</b>	<b>89</b>	<b>9,443</b>

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	0
Long Leasehold	0
Short Leasehold	235
	<b>235</b>

## 11.1 PROPERTY, PLANT AND EQUIPMENT

2023-24	Land £000	Building excluding dwellings £000	Dwelling £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	0	1,597	0	1,288	196	0	21,784	0	24,865
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2023	0	1,597	0	1,288	196	0	21,784	0	24,865
Revaluation/Indexation	0	85	0	0	0	0	0	0	85
Additions									
- purchased	0	32	0	1,431	0	0	1,019	29	2,511
- donated	0	0	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	(1,260)	0	0	1,143	108	(9)
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	(932)	0	(932)
<b>At 31 March 2024</b>	<b>0</b>	<b>1,714</b>	<b>0</b>	<b>1,459</b>	<b>196</b>	<b>0</b>	<b>23,014</b>	<b>137</b>	<b>26,520</b>

2023-24	Land £000	Building excluding dwellings £000	Dwelling £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Depreciation at 31 March bf	0	1,068	0	0	109	0	13,332	0	14,509
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0	0	0
Depreciation at 1 April 2023	0	1,068	0	0	109	0	13,332	0	14,509
Revaluation/Indexation	0	57	0	0	0	0	0	0	57
Transfer from/into other organisations	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	1	0	1
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	(932)	0	(932)
Provided during the period	0	188	0	0	39	0	3,030	20	3,277
<b>At 31 March 2024</b>	0	1,313	0	0	148	0	15,431	20	16,912
Net book value at 1 April 2023	0	529	0	1,288	87	0	8,452	0	10,356
Net book value at 31 March 2024	0	401	0	1,459	48	0	7,583	117	9,608

<b>Net book value at 31 March 2024 comprises :</b>	Land £000	Building excluding dwellings £000	Dwelling £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Purchased	0	401	0	1,459	48	0	7,583	117	9,608
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
<b>At 31 March 2024</b>	<b>0</b>	<b>401</b>	<b>0</b>	<b>1,459</b>	<b>48</b>	<b>0</b>	<b>7,583</b>	<b>117</b>	<b>9,608</b>
<b>Asset financing</b>									
Owned	0	401	0	1,459	48	0	7,583	117	9,608
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
<b>At 31 March 2024</b>	<b>0</b>	<b>401</b>	<b>0</b>	<b>1,459</b>	<b>48</b>	<b>0</b>	<b>7,583</b>	<b>117</b>	<b>9,608</b>

The net book value of land, buildings and dwellings at 31 March 2024 comprises :

	£000
Freehold	0
Long Leasehold	0
Short Leasehold	401
	401

## Additional disclosures re Property, Plant and Equipment

### Disclosures:

#### i) Donated Assets

SHA has not received donated assets during the year.

#### ii) Valuations

The SHA is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation. No revaluations have taken place in year on assets held by the SHA.

#### iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

#### iv) Compensation

No compensation has been received from third parties for assets impaired, lost or given up, that is included in the income statement.

#### v) Write Downs

There have not been write downs.

**vi) The SHA does not hold any property where the value is materially different from its open market value.**

#### vii) Assets Held for Sale or sold in the period.

There are no assets held for sale as at 31st March 2025. During the year Property, plant and equipment was sold for £38k (2024: £nil).

## 11.2 NON-CURRENT ASSETS HELD FOR SALE

	Land £000	Buildings, including dwelling £000	Other property, plant and equipment £000	Intangible assets £000	Other assets £000	Total £000
<b>Balance at 1 April 2024</b>	0	0	0	0	0	0
Plus assets classified as held for sale in the period	0	0	38	0	0	38
Revaluation	0	0	0	0	0	0
Less assets sold in the period	0	0	(38)	0	0	(38)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2025</b>	0	0	0	0	0	0
<b>Balance brought forward 1 April 2023</b>	0	0	0	0	0	0
Plus assets classified as held for sale in the period	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the period	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
<b>Balance carried forward 31 March 2024</b>	0	0	0	0	0	0

**Assets sold in the period** - A group of IT assets were sold in the period for £38k.

**Assets classified as held for sale during the period** - A group of IT assets was classified as held for sale during 2024-25. The assets were reclassified from Property, Plant and Equipment, and subsequently sold within the same financial year.

### 11.3 RIGHT OF USE ASSETS

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, two are significant in their own right: with a net book value at 31 March 2025 of £500k or more:

Land and Buildings - One Lease for SHA Headquarters with a NBV of £2,841k

Equipment - One lease for Data Centre Rack Rental with a NBV of £0,903k

2024-25	Land £000	Land and buildings £000	Buildings £000	Dwelling £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 1 April</b>	0	2,236	0	0	0	0	4,263	0	6,499
Additions	0	2,841	0	0	0	0	0	0	2,841
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	(121)	0	(121)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	(129)	0	0	0	0	(1,698)	0	(1,827)
<b>At 31 March</b>	<b>0</b>	<b>4,948</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,444</b>	<b>0</b>	<b>7,392</b>

<b>Depreciation at 1 April</b>	0	958	0	0	0	0	2,326	0	3,284
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	(129)	0	0	0	0	(1,698)	0	(1,827)
Provided during the year	0	512	0	0	0	0	725	0	1,237
<b>At 31 March</b>	<b>0</b>	<b>1,341</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,353</b>	<b>0</b>	<b>2,694</b>
<b>Net book value at 1 April</b>	<b>0</b>	<b>1,278</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,937</b>	<b>0</b>	<b>3,215</b>
<b>Net book value at 31 March</b>	<b>0</b>	<b>3,607</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,091</b>	<b>0</b>	<b>4,698</b>

2024 - 25	Land £000	Land and buildings £000	Buildings £000	Dwelling £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>RoU Asset Total Value Split by Lessor</b>									
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	242	0	0	0	0	0	0	242
Other Public Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	0
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	3,365	0	0	0	0	1,091	0	4,456
<b>Total</b>	<b>0</b>	<b>3,607</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,091</b>	<b>0</b>	<b>4,698</b>

The organisation's right of use asset leases are disclosed across the relevant headings below. All are individually insignificant.

2023 - 24	Land £000	Land and buildings £000	Buildings £000	Dwelling £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Cost or valuation at 31 March</b>	<b>0</b>	<b>1,853</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>2,149</b>	<b>0</b>	<b>4,002</b>
Lease prepayments in relation to RoU Assets	0	0		0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	0		0	0	0	0	0	0
Operating Leases Transitioning	0	0		0	0	0	0	0	0
<b>Cost or valuation at 1 April</b>	<b>0</b>	<b>1,853</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>2,149</b>	<b>0</b>	<b>4,002</b>
Additions	0	485		0	0	0	2,114	0	2,599
Transfer from/into other NHS bodies	0	0		0	0	0	0	0	0
Disposals other than by sale	0	0		0	0	0	0	0	0
Reclassifications	0	0		0	0	0	0	0	0
Revaluations	0	0		0	0	0	0	0	0
Reversal of impairments	0	0		0	0	0	0	0	0
Impairments	0	0		0	0	0	0	0	0
De-recognition	0	(102)		0	0	0	0	0	(102)
<b>At 31 March</b>	<b>0</b>	<b>2,236</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>4,263</b>	<b>0</b>	<b>6,499</b>

2023 - 24	Land £000	Land and buildings £000	Buildings £000	Dwelling £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>Depreciation at 31 March</b>	<b>0</b>	<b>541</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,224</b>	<b>0</b>	<b>1,765</b>
Transfer of Finance Leases from PPE Note	0	0	0	0	0	0	0	0	0
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
<b>Depreciation at 1 April</b>	<b>0</b>	<b>541</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,224</b>	<b>0</b>	<b>1,765</b>
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	(102)	0	0	0	0	0	0	(102)
Provided during the year	0	519	0	0	0	0	1,102	0	1,621
<b>At 31 March</b>	<b>0</b>	<b>958</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,326</b>	<b>0</b>	<b>3,284</b>
<b>Net book value at 1 April</b>	<b>0</b>	<b>1,312</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>925</b>	<b>0</b>	<b>2,237</b>
<b>Net book value at 31 March</b>	<b>0</b>	<b>1,278</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,937</b>	<b>0</b>	<b>3,215</b>

2023 - 24	Land £000	Land and buildings £000	Buildings £000	Dwelling £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
<b>RoU Asset Total Value Split by Lessor</b>									
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	287	0	0	0	0	0	0	287
Other Public Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Market Value Leases	0	0	0	0	0	0	0	0	0
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	991	0	0	0	0	1,937	0	2,928
<b>Total</b>	<b>0</b>	<b>1,278</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,937</b>	<b>0</b>	<b>3,215</b>

## Quantitative disclosures

	2024-25	2024-25	2024-25	2024-25	2023-24
Maturity analysis	LAND	BUILDINGS	OTHER	TOTAL	TOTAL
<b>Contractual undiscounted cash flows relating to lease liabilities</b>					
Less than 1 year	0	508	500	1,008	1,302
2-5 years	0	1,924	572	2,496	1,860
> 5 years	0	2,119	0	2,119	235
Less finance charges allocated to future periods	0	(864)	(42)	(906)	(220)
<b>Total</b>	<b>0</b>	<b>3,687</b>	<b>1,030</b>	<b>4,717</b>	<b>3,177</b>

Lease Liabilities (net of irrecoverable VAT)	2024-25	2023-24
Current	824	1,219
Non-Current	3,893	1,958
<b>Total</b>	<b>4,717</b>	<b>3,177</b>

Amounts Recognised in Statement of Comprehensive Net Expenditure	2024-25	2023-24
Depreciation	1,237	1,621
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	92	103
Sub-leasing income	0	0
Expense related to short-term leases	108	97
Expense related to low-value asset leases (excluding short-term leases)	0	0

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT )	2024-25	2023-24
Interest expense	(92)	(103)
Repayments of principal on leases	(1,181)	(1,753)
<b>Total</b>	<b>(1,273)</b>	<b>(1,856)</b>

## 12. INTANGIBLE NON-CURRENT ASSETS

2024-25	Software (purchased) £000	Software (internally generated) £000	Licences and trademarks £000	Patents £000	Development expenditure- internally generated £000	Assets under Construction £000	Total £000
<b>Cost or valuation at 1 April 2024</b>	<b>22,344</b>	<b>13,313</b>	<b>3,648</b>	<b>0</b>	<b>0</b>	<b>21,077</b>	<b>60,382</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	1,595	0	0	0	(1,595)	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	2,603	0	0	0	0	0	2,603
Additions- internally generated	0	2,004	0	0	0	7,789	9,793
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(2,493)	(895)	(99)	0	0	0	(3,487)
<b>Gross cost at 31 March 2025</b>	<b>22,454</b>	<b>16,017</b>	<b>3,549</b>	<b>0</b>	<b>0</b>	<b>21,271</b>	<b>69,291</b>
<b>Amortisation at 1 April 2024</b>	<b>18,991</b>	<b>5,589</b>	<b>2,909</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27,489</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Provided during the period	2,520	2,697	290	0	0	0	5,507
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(2,493)	(895)	(99)	0	0	0	(3,487)
<b>Amortisation at 31 March 2025</b>	<b>19,018</b>	<b>7,391</b>	<b>3,100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29,509</b>
<b>Net book value at 1 April 2024</b>	<b>3,353</b>	<b>7,724</b>	<b>739</b>	<b>0</b>	<b>0</b>	<b>21,077</b>	<b>32,893</b>
<b>Net book value at 31 March 2025</b>	<b>3,436</b>	<b>8,626</b>	<b>449</b>	<b>0</b>	<b>0</b>	<b>27,271</b>	<b>39,782</b>
<b>At 31 March 2025</b>							
Purchased	3,436	0	449	0	0	0	3,885
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	8,626	0	0	0	27,271	35,897
<b>Total at 31 March 2025</b>	<b>3,436</b>	<b>8,626</b>	<b>449</b>	<b>0</b>	<b>0</b>	<b>27,271</b>	<b>39,782</b>

## 12.1 INTANGIBLE NON-CURRENT ASSETS

2023-24	Software (purchased) £000	Software (internally generated) £000	Licences and trademarks £000	Patents £000	Development expenditure- internally generated £000	Assets under Construction £000	Total £000
Cost or valuation at 1 April 2023	23,671	7,838	3,040	0	0	12,190	46,739
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	5,327	252	0	0	(5,570)	9
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	0	0	693	0	0	0	693
Additions- internally generated	0	148	0	0	0	14,457	14,605
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(1,327)	0	(337)	0	0	0	(1,664)
<b>Gross cost at 31 March 2024</b>	<b>22,344</b>	<b>13,313</b>	<b>3,648</b>	<b>0</b>	<b>0</b>	<b>21,077</b>	<b>60,382</b>
<b>Amortisation at 1 April 2023</b>	<b>17,725</b>	<b>3,367</b>	<b>3,040</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24,132</b>
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Provided during the period	2,593	2,222	206	0	0	0	5,021
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(1,327)	0	(337)	0	0	0	(1,664)
<b>Amortisation at 31 March 2024</b>	<b>18,991</b>	<b>5,589</b>	<b>2,909</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27,489</b>
<b>Net book value at 1 April 2023</b>	<b>5,946</b>	<b>4,471</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12,190</b>	<b>22,607</b>
<b>Net book value at 31 March 2024</b>	<b>3,353</b>	<b>7,724</b>	<b>739</b>	<b>0</b>	<b>0</b>	<b>21,077</b>	<b>32,893</b>
<b>At 31 March 2024</b>							
Purchased	3,353	0	739	0	0	0	4,092
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	7,724	0	0	0	21,077	28,801
<b>Total at 31 March 2024</b>	<b>3,353</b>	<b>7,724</b>	<b>739</b>	<b>0</b>	<b>0</b>	<b>21,077</b>	<b>32,893</b>

### 13 . IMPAIRMENTS

2024-25	Property, plant & equipment £000	Rights of Use Assets £000	Intangible assets £000	Held for sale assets £000	Financial Assets £000	Total Asset Impairment £000
Impairments arising from						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	44	0	0	0	0	44
Changes in market price	0	0	0	0	0	0
Others (specify)	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0
<b>Total of all impairments</b>	<b>44</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>

#### Analysis of impairments charged to reserves in period :

Impairments charged to the Statement of Comprehensive Net Expenditure	44	0	0	0	0	44
Impairments as a result of revaluation/indexation Charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
	<b>44</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>

2023-24	Property, plant & equipment £000	Rights of Use Assets £000	Intangible assets £000	Held for sale assets £000	Financial Assets £000	Total Asset Impairment £000
Impairments arising from	0	0	0	0	0	0
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	1	0	0	0	0	1
Reversal of impairments	0	0	0	0	0	0
<b>Total of all impairments</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

**Analysis of impairments charged to reserves in period :**

Impairments charged to the Statement of Comprehensive Net Expenditure	1	0	0	0	0	1
Impairments as a result of revaluation/indexation Charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

## 14.1 INVENTORIES

	31 March 2025 £000	31 March 2024 £000
Drugs	0	0
Consumables	51	62
Energy	0	0
Work in progress	0	0
Other	0	0
<b>Total</b>	<b>51</b>	<b>62</b>
Of which held at realisable value	0	0

## 14.2 INVENTORIES RECOGNISED IN EXPENSES

	31 March 2025 £000	31 March 2024 £000
Inventories recognised as an expense in the period	11	47
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
<b>Total</b>	<b>11</b>	<b>47</b>

## 15. TRADE AND OTHER RECEIVABLES

Current	31 March 2025 £000	31 March 2024 £000
Welsh Government	0	0
NWJCC / WHSSC / EASC	78	0
Welsh Health Boards	1,450	5,029
Welsh NHS Trusts	(56)	369
Welsh Special Health Authorities	5	0
Non - Welsh Trusts	631	526
Other NHS	180	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	5	153
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	1
Other debtors	996	2,256
Provision for irrecoverable debts	(23)	(2)
Pension Prepayments NHS Pensions	0	0
Other prepayments	16,357	15,524
Other accrued income	0	128
<b>Sub total</b>	<b>19,623</b>	<b>23,984</b>

Non-current	31 March 2025 £000	31 March 2024 £000
Welsh Government	0	0
NWJCC / WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim Reimbursement;		
NHS Wales Secondary Health Sector	0	0
NHS Wales Primary Sector FLS Reimbursement	0	0
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangibles	0	0
Capital debtors - Intangibles	0	0
Other debtors	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Other prepayments	321	1,297
Other accrued income	0	0
<b>Sub total</b>	<b>321</b>	<b>1,297</b>
<b>Total</b>	<b>19,944</b>	<b>25,281</b>

Receivables past their due date but not impaired	31 March 2025 £000	31 March 2024 £000
By up to three months	1,651	555
By three to six months	3	70
By more than six months	28	27
	1,682	652

Expected Credit Losses (ECL) previously Allowance for bad and doubtful debts		
Balance at 1 April	(2)	(96)
Transfer to other NHS Wales body	0	0
Amount written off during the period	0	0
Amount recovered during the period	0	0
(Increase) / decrease in receivables impaired	(22)	94
ECL/Bad debts recovered during period	1	0
Balance at 31 March	(23)	(2)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT		
Trade receivables	857	2
Other	0	0
Total	857	2

## 16. OTHER FINANCIAL ASSETS

	Current		Non-current	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	0	0	0	0
Derivatives	0	0	0	0
Other (Specify)				
Right of Use Asset Finance Sublease	0	0	0	0
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure

	2024-25	2023-24
RoU Sub-leasing income	0	0

## 17. CASH AND CASH EQUIVALENTS

	31 March 2025 £000	31 March 2024 £000
Opening Balance	2,093	1,130
Net change in cash and cash equivalent balances	652	963
<b>Balance at 31 March</b>	<b>2,745</b>	<b>2,093</b>
Made up of:		
Cash held at Government Banking Service (GBS)	2,745	2,093
Commercial banks	0	0
Cash in hand	0	0
<b>Cash and cash equivalents as in Statement of Financial Position</b>	<b>2,745</b>	<b>2,093</b>
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
<b>Cash and cash equivalents as in Statement of Cash Flows</b>	<b>2,745</b>	<b>2,093</b>

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising from financing activities are:

### Lease Liabilities (ROUA) £1.273m

### Lease Liabilities (short-term and low value leases) £0m

The movement relates to cash, no comparative information is required by IAS 7 in 2024-25.

## 18. TRADE AND OTHER PAYABLES

Current	31 March 2025 £000	31 March 2024 £000
Welsh Government	100	8
NHS Wales Joint Commissioning Committee (NWJCC) / Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	425	925
Welsh NHS Trusts	335	730
Welsh Special Health Authorities	93	8
Other NHS	0	20
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	2	0
NI contributions payable to HMRC	2	0
Non-NHS trade payables - revenue	3,504	2,029
Local Authorities	(1)	(7)
Capital payables-Tangible	518	391
Capital payables- Intangible	6,886	3,753
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	824	1,219
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	2	2
Non NHS Accruals	1,557	1,804
Deferred Income:		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	4,986	8,394
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub total	19,233	19,276

Non-current	31 March 2025 £000	31 March 2024 £000
Welsh Government	0	0
NHS Wales Joint Commissioning Committee (NWJCC) / Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS trade payables - revenue	0	0
Local Authorities	0	0
Capital payables-Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	3,893	1,958
Obligations under finance leases, HP contracts		
Imputed finance lease element of on SoFP PFI contracts	0	0
Impact of IFRS 16 on SoFP PFI contracts	0	0
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income:		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
<b>Sub total</b>	<b>3,893</b>	<b>1,958</b>
<b>Total</b>	<b>23,126</b>	<b>21,234</b>

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

## 18 TRADE AND OTHER PAYABLES (CONTINUED)

Amounts falling due more than one year are expected to be settled as follows:

	2024-2025 £000	2023-2024 £000
Between one and two years	605	706
Between two and five years	1,384	1,030
In five years or more	1,904	222
Sub-total	3,893	1,958

## 19. OTHER FINANCIAL LIABILITIES

	Current		Non-current	
	31 March 2025 £000	31 March 2024 £000	31 March 2025 £000	31 March 2024 £000
Financial liabilities				
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SOCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other				
At amortised cost	0	0	0	0
At fair value through SOCNE	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 20. PROVISIONS

2024-25	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2025
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	3	0	0	0	3
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	15,387		0	0	7,258	0	0		22,645
<b>Total</b>	<b>15,387</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,261</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,648</b>

2024-25	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2025
Non-Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	5	0	0	0	5
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

2024-25	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2025
TOTAL	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	8	0	0	0	8
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	15,387		0	0	7,258	0	0		22,645
<b>Total</b>	<b>15,387</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7,266</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,653</b>

Expected timing of cash flows:	In year to 31 March 2026	Between 1 April 2026 31 March 2030	Thereafter	Total
	£000	£000	£000	£000
Clinical negligence:-				
Secondary care	0	0	0	0
Primary care	0	0	0	0
Redress Secondary care	0	0	0	0
Redress Primary care	0	0	0	0
Personal injury	0	0	0	0
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	0	0	0	0
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	3	5	0	8
2019-20 Scheme Pays - Reimbursement	0	0	0	0
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	0	0	0	0
Other	22,645	0	0	22,645
<b>Total</b>	<b>22,648</b>	<b>5</b>	<b>0</b>	<b>22,653</b>

As at 31 March 2024, a provision of £15,171k is recognised on the balance sheet in relation to the recovery of VAT, which has yet to be concluded. This provision has increased by £6,654k during the year, bringing the total provision to £21,825k as at 31 March 2025. Additionally, a provision of £216k, held on the balance sheet as at 31 March 2024, relates to ongoing contract price negotiations for software services delivered. A further provision of £604k has been recognised during the year in relation to potential implementation related costs.

## 20. PROVISIONS (CONT)

2023-24	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2024
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	9,702		0	0	6,105	0	(420)		15,387
<b>Total</b>	<b>9,702</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,105</b>	<b>0</b>	<b>(420)</b>	<b>0</b>	<b>15,387</b>

2023-24	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2024
Non-Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-		0	0	0	0	0	0	0	0
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	0		0	0	0	0	0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

2023-24	At 1 April 2023	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the period	Utilised during the period	Reversed unused	Unwinding of discount	At 31 March 2024
TOTAL	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	0	0	0	0	0	0	0	0	0
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	0	0	0	0	0
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	0	0		0
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	0			0	0	0	0	0	0
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	9,702		0	0	6,105	0	(420)		15,387
<b>Total</b>	<b>9,702</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,105</b>	<b>0</b>	<b>(420)</b>	<b>0</b>	<b>15,387</b>

The provision of £9,565k on the balance sheet as of 31st March 2023 reflects treatment of recovery of VAT, which has yet to be concluded. This provision has increased by £5,606k during the year, bringing the total to £15,171k as of 31st March 2024. Additionally, a provision of £137k on the balance sheet as of 31st March 2023 relates to ongoing contract price negotiations for software services delivered. This provision has increased by £79k during the year, bringing the total to £216k as of 31st March 2024.

## 21. CONTINGENCIES

### 21.1 CONTINGENT LIABILITIES

Provisions have not been made in these accounts for the following amounts :	31 March 2025 £000	31 March 2024 £000
Legal claims for alleged medical or employer negligence		
Secondary Care	0	0
Primary Care	0	0
Secondary Care Redress	0	0
Primary Care Redress	0	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	0	0
Continuing Health Care costs	0	0
Other	17,317	12,030
<b>Total value of disputed claims</b>	<b>17,317</b>	<b>12,030</b>
Amounts recovered in the event of claims being successful	0	0
<b>Net contingent liability</b>	<b>17,317</b>	<b>12,030</b>

As at 31st March 2025 DHCW have identified a potential contingent liability that may arise in the future. The potential liability of DHCW includes recovery of VAT of an estimated £17.317m to be returned to Welsh NHS organisations in the event that DHCW VAT recovery claim to HMRC is successful.

### 21.2 REMOTE CONTINGENT LIABILITIES

Please disclose the values of the following categories of remote contingent liabilities :	31 March 2025 £000	31 March 2024 £000
Guarantees	0	0
Indemnities	0	0
Letters of Comfort	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

### 21.3 CONTINGENT ASSETS

	31 March 2025 £000	31 March 2024 £000
	0	0
	0	0
	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

DHCW does not hold any contingent assets at the balance sheet date.

## 22. CAPITAL COMMITMENTS

### Contracted capital commitments

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	60	635
Right of Use Assets	0	0
Intangible assets	743	8,520
<b>Total</b>	<b>803</b>	<b>9,155</b>

## 23. LOSSES AND SPECIAL PAYMENTS

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note are prepared on a cash basis.

### Gross loss to the Exchequer

#### 23.1 NUMBER OF CASES AND ASSOCIATED AMOUNTS PAID OUT DURING THE FINANCIAL YEAR

	Amounts paid out during period to 31 March 2025	
	Number of cases	£
Clinical negligence	0	0
Personal injury	0	0
All other losses and special payments	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

#### 23.2 ANALYSIS OF NUMBER OF CASES AND ASSOCIATED AMOUNTS PAID OUT DURING THE FINANCIAL YEAR

L&R Case reference number	Case Type	In year claims in excess of £300,000		Cumulative amount
		Number of cases	£	£
Cases in excess of £300,000:		0	0	0
<b>Sub-total</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>All other cases paid in year</b>		<b>0</b>	<b>0</b>	<b>0</b>
<b>Total cases paid in year</b>		<b>0</b>	<b>0</b>	<b>0</b>

#### 23.3 ANALYSIS OF NUMBER OF CASES AND ASSOCIATED AMOUNTS WHERE NO PAYMENTS WERE MADE IN FINANCIAL YEAR

	Number of cases	£
Cumulative amount up to £300k	0	0
Cumulative amount greater than £300k	0	0
<b>Total</b>	<b>0</b>	<b>0</b>

## 24. RIGHT OF USE / LEASES OBLIGATIONS

### 24.1 OBLIGATIONS (AS LESSEE)

Amounts payable under right of use asset / finance leases:

2024-25	LAND - 31 March 2025	BUILDINGS - 31 March 2025	OTHER - 31 March 2025	TOTAL - 31 March 2025
Minimum lease payments	£000	£000	£000	£000
Within one year	0	508	500	1,008
Between one and five years	0	1,924	572	2,496
After five years	0	2,119	0	2,119
Less finance charges allocated to future periods	0	(864)	(42)	(906)
Minimum lease payments	0	3,687	1,030	4,717
Included in:				
Current borrowings	0	348	476	824
Non-current borrowings	0	3,339	554	3,893
	0	3,687	1,030	4,717
<b>Present value of minimum lease payments</b>				
Within one year	0	348	476	824
Between one and five years	0	1,435	554	1,989
After five years	0	1,904	0	1,904
<b>Present value of minimum lease payments</b>	0	3,687	1,030	4,717
Included in:				
Current borrowings	0	348	476	824
Non-current borrowings	0	3,339	554	3,893
	0	3,687	1,030	4,717

2023-24	LAND - 31 March 2024	BUILDINGS - 31 March 2024	OTHER - 31 March 2024	TOTAL - 31 March 2024
Minimum lease payments	£000	£000	£000	£000
Within one year	0	574	728	1,302
Between one and five years	0	689	1,171	1,860
After five years	0	235	0	235
Less finance charges allocated to future periods	0	(133)	(87)	(220)
Minimum lease payments	0	1,365	1,812	3,177
Included in:				
Current borrowings	0	532	687	1,219
Non-current borrowings	0	833	1,125	1,958
	<b>0</b>	<b>1,365</b>	<b>1,812</b>	<b>3,177</b>
<b>Present value of minimum lease payments</b>				
Within one year	0	532	687	1,219
Between one and five years	0	611	1,125	1,736
After five years	0	222	0	222
<b>Present value of minimum lease payments</b>	<b>0</b>	<b>1,365</b>	<b>1,812</b>	<b>3,177</b>
Included in:				
Current borrowings	0	532	687	1,219
Non-current borrowings	0	833	1,125	1,958
	<b>0</b>	<b>1,365</b>	<b>1,812</b>	<b>3,177</b>

## 24.2 RIGHT OF USE ASSETS LEASE RECEIVABLES (AS LESSOR)

The SHA has no RoU leases receivable as a lessor.

### Amounts receivable under right of use assets leases:

	31 March 2025	31 March 2024
<b>Gross Investment in leases</b>	<b>£000</b>	<b>£000</b>
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current financial assets	0	0
Non-current financial assets	0	0
	<b>0</b>	<b>0</b>

	£000	£000
<b>Present value of minimum lease payments</b>	<b>£000</b>	<b>£000</b>
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Present value of minimum lease payments	0	0
Included in:		
Current financial assets	0	0
Non-current financial assets	0	0
	<b>0</b>	<b>0</b>

## 25. PRIVATE FINANCE INITIATIVE CONTRACTS

### 25.1 PFI SCHEMES OFF-STATEMENT OF FINANCIAL POSITION

The SHA has no PFI schemes which are deemed to be on or off the statement of financial position.

## 26. FINANCIAL RISK MANAGEMENT

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The SHA is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The SHA has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the SHA in undertaking its activities.

### Currency risk

The SHA is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The SHA has no overseas operations and therefore has low exposure to currency rate fluctuations.

### Interest rate risk

The SHA is not permitted to borrow. The SHA therefore has low exposure to interest rate fluctuations

### Credit risk

Because the majority of the SHA funding derives from funds voted by the Welsh Government the SHA has low exposure to credit risk.

### Liquidity risk

The SHA is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The SHA is not, therefore, exposed to significant liquidity risks.

## 27. MOVEMENTS IN WORKING CAPITAL

	2024-25 £000	2023-24 £000
(Increase)/decrease in inventories	11	47
(Increase)/decrease in trade and other receivables - non-current	976	(892)
(Increase)/decrease in trade and other receivables - current	4,361	(2,711)
Increase/(decrease) in trade and other payables - non-current	1,935	619
Increase/(decrease) in trade and other payables - current	(43)	1,739
<b>Total</b>	<b>7,240</b>	<b>(1,198)</b>
Adjustment for accrual movements in fixed assets - creditors	(3,260)	(2,385)
Adjustment for accrual movements in fixed assets - debtors	(1)	1
Adjustment for accrual movements in right of use assets - creditors	(1,540)	(846)
Adjustment for accrual movements in right of use assets - debtors	0	0
Other adjustments	0	0
	<b>2,439</b>	<b>(4,428)</b>

## 28. OTHER CASH FLOW ADJUSTMENTS

	2024-25 £000	2023-24 £000
Depreciation	4,584	4,898
Amortisation	5,507	5,021
(Gains)/Loss on Disposal	0	0
Impairments and reversals	44	1
Release of PFI deferred credits	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non-cash	0	0
Non-cash movements in right of use assets	0	0
Non-cash movements in provisions	7,266	5,685
Other movements	4,943	2,961
<b>Total</b>	<b>22,344</b>	<b>18,565</b>

Other movements are Notional funding received for the

- SHA notional 9.4% Staff Employer Pension Contributions

funded directly to the NHSBA Pensions Division by Welsh Government.

## 29. EVENTS AFTER THE REPORTING PERIOD

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 26th June 2025; post the date the financial statements were certified by the Auditor General for Wales.

## 30. RELATED PARTY TRANSACTIONS

The Welsh Government is regarded as a related party. During the accounting period SHA has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body. These are set out on the table below along with details of the transactions with other organisations in which senior members of the organisation have an interest.

Related Party	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	261	107,393	100	0
Welsh LHBS	7,021	49,235	463	1,450
Welsh NHS Trusts	2,744	7,636	367	(56)
Local Authorities	1,312	56	(1)	0
JCC	0	155	0	78
Welsh Special Health Authorities	110	822	93	5
NHS Wales Charities	0	0	0	0
Cardiff University	7	25	0	25
Bangor University	6	0	5	0
	<b>11,461</b>	<b>165,322</b>	<b>1,027</b>	<b>1,502</b>

David Selway is a Cardiff University Lay Member. Marian Wyn Jones, Independent member is the Chair of Council at Bangor University.

## 31. THIRD PARTY ASSETS

The SHA does not hold cash on behalf of third parties.

## 32. POOLED BUDGETS

The SHA does not does not operate any pooled budgets.

## 33. OPERATING SEGMENTS

IFRS 8 requires bodies to report information about each of its operating segments.

The SHA is deemed to operate as one segment.

## 34. OTHER INFORMATION

### 34.1. 9.4% STAFF EMPLOYER PENSION CONTRIBUTIONS - NOTIONAL ELEMENT

The notional transactions are based on estimated costs for the twelve month period, calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions as at month eleven and the actual employer staff payments for month 12.

Transactions include notional expenditure in relation to the 9.4% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

Statement of Comprehensive Net Expenditure for the period ended 31 March 2025	2024-25 £000	2023-24 £000
3.1 General Medical Services	0	0
3.3 Other Operating Expenditure	4,942	2,961

Statement of Changes in Taxpayers' Equity for the period ended 31 March 2025	2024-25 £000	2023-24 £000
Net operating cost for the year	(4,942)	(2,961)
Notional Welsh Government Funding	4,942	2,961

Statement of Cash Flows for period ended 31 March 2024	31 March 2025	31 March 2024
Net operating cost for the financial year	(118,432)	(110,497)
Other cash flow adjustments	4,942	2,961

2.1 Revenue Resource Performance	2024-25 £000	2023-24 £000
Revenue Resource Allocation	4,942	2,961
<b>3. Analysis of gross operating costs</b>	<b>2024-25 £000</b>	<b>2023-24 £000</b>
<b>3.1 General Medical Services</b>	<b>£000</b>	<b>£000</b>
General Medical Services	0	0

3.2 Other Operating Expenditure		
Directors' costs	84	50
Staff costs	4,858	2,911
<b>9.1 Employee costs</b>	<b>2024-25 £000</b>	<b>2023-24 £000</b>
<b>Permanent Staff</b>		
Employer contributions to NHS Pension Scheme	4,942	2,961
Charged to capital	0	0
Charged to revenue	4,942	2,961
<b>18. Trade and other payables</b>	<b>2024-25 £000</b>	<b>2023-24 £000</b>
<b>Current</b>		
Pensions: staff	0	0
<b>28. Other cash flow adjustments</b>	<b>2024-25 £000</b>	<b>2023-24 £000</b>
Other movements	4,942	2,961

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

## OTHER

### 34.2 IFRS 17 - INSURANCE CONTRACT DISCLOSURES

The outcome of the contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

## THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH PARAGRAPH 3(1) OF SCHEDULE 9 TO THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

### DIGITAL HEALTH AND CARE WALES

1. Digital Health and Care Wales (DHCW), a special health authority, shall prepare accounts for the financial period 30th December 2020 to 31st March 2022 and subsequent financial years in the form specified in paragraphs 2 to 4 below.

### BASIS OF PREPARATION

2. The accounts of DHCW shall comply with:

(a) the accounting principles and disclosure requirements of the Government Financial Reporting Manual ('the FReM') issued by HM Treasury which is in force for that financial year, as detailed in the NHS Wales Manual for Accounts; and

(b) any other specific guidance or disclosures required by the Welsh Government.

3. The accounts shall be prepared so as to:

(a) give a true and fair view of the state of affairs as at the year-end and of the net expenditure, financial position, cash flows and changes in taxpayers' equity for the financial year then ended; and

(b) provide disclosure of any material expenditure or income that has not been applied to the purposes intended by the Senedd Cymru - Welsh Parliament or material transactions that have not conformed to the authorities which govern them.

4. Compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts will, in all but exceptional circumstances, be necessary for the accounts to give a true and fair view. If, in these exceptional circumstances, compliance with the requirements of the FReM as detailed in the NHS Wales Manual for Accounts is inconsistent with the requirement to give a true and fair view, the requirements of the FReM as detailed in the NHS Wales Manual for Accounts should be departed from only to the extent necessary to give a true and fair view. In such cases, informed and unbiased judgment should be used to devise an appropriate alternative treatment which should be consistent both with the economic characteristics of the circumstances concerned and the spirit of the FReM. Any material departure from the FReM should be discussed in the first instance with the Welsh Government.

Signed by the authority of the Welsh Ministers

Signed:

Dated: 18th Jan 2022

Steve Elliot, Interim Director of Finance HSS

## APPENDIX 1

# BOARD AND COMMITTEE MEMBERSHIP AND ATTENDANCE

## 1 APRIL 2024 TO 31 MARCH 2025

Name	Position	Area of expertise/Representation Role	Board/Committee membership	Meeting attendance	Champion roles
Simon Jones	Chair	Board cohesion and oversight Partnership working across the system	Board RATS Committee (Chair)	8/8 3/3	N/A
Ruth Glazzard	Vice-Chair	Stakeholder engagement strategy with focus on patient and citizen experience Champion primary, community and mental health digital services National strategic primary care programme Advice and advocacy to the decarbonisation and quality and regulatory agendas	Board RATS Committee (Vice Chair) Audit and Assurance Committee Programmes Delivery Committee	8/8 2/3 5/5 4/4	Mental health Children and Young People Older Persons
Rowan Gardner	Independent Member	Research and Innovation strategy Population health and Value-Based healthcare agenda Cyber Security	Board RATS Committee Digital Governance and Safety Committee (Chair)	6/8 1/3 4/4	Infection prevention and control Research Armed forces and veterans
David Selway	Independent Member	National Data Resource programme Stakeholder engagement strategy with focus on patient and citizen experience DHCW product approach	Board RATS Committee Digital Governance and Safety Committee (Vice Chair) Programmes Delivery Committee (Chair)	8/8 3/3 4/4 4/4	Putting Things Right
Marian Wyn Jones	Independent Member	DHCW Communications function review DHCW Communications and public relations approach	Board RATS Committee Audit and Assurance Committee (Chair) Programmes Delivery Committee	8/8 3/3 5/5 4/4	Raising concerns (staff) Welsh Language
Alistair Klaas Neill*	Independent Member		Board RATS Committee Audit and Assurance Committee Digital Governance and Safety Committee – appointed to the Committee October 2023	7/8 2/3 5/5 4/4	N/A

Name	Position	Area of expertise/Representation Role	Board/Committee membership	Meeting attendance	Champion roles
Marilyn Bryan Jones*	Independent Member		Board RATS Committee Audit and Assurance Committee Digital Governance and Safety Committee	7/8 3/3 5/5 3/4	Equality
Helen Thomas	Chief Executive	N/A	Board	8/8	N/A
Claire Osmundsen-Little	Deputy Chief Executive/ Executive Director of Finance	N/A	Board Audit & Assurance Committee	8/8 5/5	Fire Safety Infection Prevention and Control
Rhidian Hurle	Executive Medical Director	N/A	Board Digital Governance and Safety Committee	7/8 4/4	Caldicott Mental Health Children and Young People Putting Things Right Older Persons Research
Chris Darling	Board Secretary	N/A	Board	8/8	Raising Concerns (Staff)
Ifan Evans	Executive Director of Strategy	N/A	Board Programmes Delivery Committee	8/8 4/4	Emergency Planning Welsh Language
Sarah-Jane Taylor*	Director of People and Organisational Development	N/A	Board	4/8	Violence and Aggression Armed Forces and Veterans Equality
Sam Morgan	Director of People and Organisational Development	N/A	Board	4/8	
Sam Hall	Director of Primary, Community and Mental Health Digital Services	N/A	Board Programmes Delivery Committee	7/8 3/4	N/A
Sam Lloyd	Executive Director of Operations	N/A	Board	8/8	N/A

(\*) Denotes a member who left or joined part way through the year, attendance reflects the number of Board and Committee meetings before the exit or after the start date.

Sarah-Jane Taylor left DHCW 30 September 2024.

# APPENDIX 2

## LEAD OFFICERS

Committee	Officer
Audit and Assurance Committee	Executive Director of Finance
Remuneration and Terms of Service	Chief Executive Officer supported by the Director of People and OD
Digital Governance and Safety Committee	Executive Medical Director
Programmes Delivery Committee	Executive Director of Strategy / Director of Primary, Community & Mental Health Digital Services

# APPENDIX 3

## SCHEDULE OF BOARD, COMMITTEE AND ADVISORY GROUP MEETINGS 2024/25

Board/Committee	April	May	June	July	August	September	October	November	December	January	February	March
DHCW SHA Board		30-May-24		E0 - 09-Jul-24 25-Jul-24		26-Sep-24		28-Nov-24		30-Jan-25		E0 - 06-Mar-25 27-Mar-25
Audit and Assurance Committee	16-Apr-24	09-May-24 - Draft Accounts		09-Jul-24			15-Oct-24			21-Jan-25		
Remuneration and Terms of Service				18-Jul-24			08-Oct-24					13-Mar-25
Digital Governance and Safety Committee		02-May-24			15-Aug-24			21-Nov-24			27-Feb-25	
Programmes Delivery Committee		14-May-24			01-Aug-24			07-Nov-24			06-Feb-25	06-Mar-25
Local Partnership Forum			06-Jun-24			05-Sep-24			05-Dec-24			

## APPENDIX 4

## MINISTERIAL DIRECTIONS

2024-2027 Health Circulars | GOV.WALES



Name	Date Issued	Applicable/ Not Applicable	Date of Adoption if relevant	Action to demonstrate implementation/response
<b>WHC/2024/006</b> National Clinical Guideline for Stroke, for the UK and Ireland	21/03/2024	Not applicable		Not applicable
<b>WHC/2024/007</b> Guidelines for managing patients on the suspected cancer pathway	10/04/2024	Applicable		The implications for DHCW have been addressed by the Clinical Directorate
<b>WHC/2024/014</b> The Office of National Statistics (ONS) Register of Geographic Codes (RGCs) as a foundational standard for use across NHS Wales Bodies	30/04/2024	Applicable		These implications were taken forward jointly by the Clinical and Operations Directorate.
<b>WHC/2024/016</b> Healthy Child Wales Programme for school aged children	11/04/2024	Not applicable		Not applicable
<b>WHC/2024/017</b> Implementation of the non-pay elements of the 2022-24 Collective Agreement	28/03/2024	Applicable		Discussions on the implications were held and the content of the Non-pay elements of the Collective Agreement were signed off.
<b>WHC/2024/019</b> Interim amendments to the Model Standing Orders for Local Health Boards and the NHS Trusts in Wales	17/04/2024	Not Applicable		Not applicable
<b>WHC/2024/020</b> Exemptions for local health boards and NHS Trusts to the requirement to implement recommendations made by the National Institute for Health and Care Excellence or the All Wales Medicines Strategy Group within the usual period, in specified circumstances.	01/05/2024	Not applicable		Not applicable
Welcome to Wales: Policy Guidance Framework	25/11/2024	Not Applicable		Not applicable
<b>WHC/2024/022</b> Dispute Arbitration Process – Guidance for Disputed Debts Within NHS Wales	25/04/2024	Not Applicable		Not applicable
<b>WHC/2024/024</b> Implementation the agreed approach to preventing Violence and Aggression towards NHS Staff in Wales	17/05/2024	Applicable		The WHC reinforces the position but there was nothing specific for DHCW as it was aimed mainly at frontline staff, but it would remain on the organisation's radar.

Name	Date Issued	Applicable/ Not Applicable	Date of Adoption if relevant	Action to demonstrate implementation/response
<b>WHC/2024/025</b> NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2024/25	10/01/2025	Applicable		There were implications for DHCW. Awaiting an update
<b>WHC/2024/026</b> 2024/25 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance	22/05/2024	Applicable		Taken forward by Finance & Business Assurance
<b>WHC/2024/027</b> All Wales Critical Care Escalation Guidance for the Management of all large unplanned increases in demand.	25/04/2024	Not Applicable		Not applicable
<b>WHC/2024/028</b> The National Influenza Immunisation Programme 2024-25	12/06/2024	Applicable		The implications were taken forward by the Primary, Community & Mental Health Digital Services team.
<b>WHC/2024/029</b> Guidelines for managing patients on the suspected cancer pathway	20/07/2023	Applicable		The WHC was reviewed by the relevant team and the guidelines were accepted.
WHC/2023/026 NHS Framework for Research and Development – Research Matters – What excellence looks like in NHS Wales	28/07/2023	Applicable		The WHC was reviewed by the relevant team and the guidelines were accepted.
<b>WHC/2023/028</b> Withdrawal of WHC 2019/042 re Annual Quality Statements	01/08/2023	Applicable		N/A
<b>WHC/2023/029</b> Winter Respiratory Vaccination Programme: Autumn and Winter 2023 to 2024	17/08/2023	Applicable		Cohort Identification work underway/
<b>WHC/2023/030</b> New 2023 National Safety Standards for Invasive Procedures (NatSSIPS2) by the Centre for Perioperative Care (CPOC) and Patient Safety Notice PSN 034	17/08/2023	Not Applicable		Not applicable
<b>WHC/2023/031</b> AMR & HCAI Improvement Goals for 2024-25	22/08/2023	Not applicable		Not applicable
<b>WHC/2023/032</b> Amendments to Model Standing Orders and Model Standing Financial Instructions – NHS Wales	09/10/2023	Applicable		The WHC was taken forward by Finance and Business Assurance
<b>WHC/2023/033</b> Vaccine products to be used in the Autumn 2023 Covid 19 vaccination programme	01/09/2023	Applicable		The Executives agreed the vaccine codes needed to be reviewed and this would be taken forward.

Name	Date Issued	Applicable/ Not Applicable	Date of Adoption if relevant	Action to demonstrate implementation/response
<b>WHC/2023/034</b> The NHS Welsh Sustainability Conference and Awards	25/09/2023	Applicable		The WHC was taken forward for action by the Corporate Services team.
<b>WHC/2023/035</b> Update of Guidance on Clearance and Management of Healthcare Workers living with a bloodborne virus (BBV) and a reminder of health clearance for tuberculosis	31/10/2023	Not applicable		Not applicable
<b>WHC/2023/036</b> Speaking up Safely Framework – NHS Wales	20/09/2023	Applicable		All actions that need to be undertaken by DHCW were actioned.
<b>WHC/2023/037</b> Patient Testing Framework for Autumn / Winter 2023	26/09/2023	Not applicable		Not applicable
<b>WHC/2023/038</b> Healthy Start eLearning Course	09/11/2023	Not applicable		Not applicable
<b>WHC/2023/039</b> Independent Authorisation of Blood Component Transfusion (IABT)	23/11/2023	Not applicable		Not applicable
<b>WHC/2023/040</b> The NHs Wales: Newborn and Infant Physical Examination Cymru (NIPEC)	09/11/2023	Not applicable		Not applicable
<b>WHC/2023/043</b> Vaccination of Healthcare Staff to Protect against Measles	14/12/2023	Applicable		Communications was published to advise on the importance of vaccine and the consequences of not having it.
<b>WHC/2023/044</b> Influenza Vaccination Programme deployment 'mop up' 2024-25	11/12/2023	Applicable		The WHC was cascaded to the relevant team.
<b>WHC/2023/046</b> All Wales Control Framework for Flexible Workforce Capacity	13/12/2023	Applicable		The WHC was cascaded to the relevant team.
<b>WHC/2023/047</b> Influenza vaccines and eligible cohorts for 24/25 season	21/12/2023	Applicable		The WHC was cascaded to the relevant team.
<b>WHC/2023/048</b> 2024-25 Health Board Revenue Allocation	21/12/2023	Applicable		The WHC was taken forward by the Executive Director of Finance
<b>WHC/2024/001</b> Changes to the way individuals who are at highest risk from Covid 19 access lateral flow tests	10/01/2024	Not applicable		Not applicable

Name	Date Issued	Applicable/ Not Applicable	Date of Adoption if relevant	Action to demonstrate implementation/response
<b>WHC/2024/002</b> Standards for Competency Assurance of Non Medical Prescribers	05/03/2024	Not applicable		Not applicable
<b>WHC/2024/004</b> Assurance of Aseptic preparation of medicines in NHS Wales	21/02/2024	Not applicable		Not applicable
<b>WHC/2024/005</b> Private Obesity surgery and the Welsh NHS	01/02/2024	Not applicable		Not applicable
<b>WHC/2024/008</b> Vaccination against measles	02/02/2024	Not applicable		Not applicable
<b>WHC/2024/009</b> COVID-19 Spring Booster vaccination programme	08/02/2024	Applicable		This was cascaded to all relevant teams.
<b>WHC/2024/010</b> Sustainability Awards	27/02/2024	Applicable		Update to the deadline for submission
<b>WHC/2024/011</b> Changes to dietary advice on feeding young children aged 1-5 years.	06/03/2024	Not applicable		Not applicable
<b>WHC/2024/012</b> Nursing Preceptorship & Restorative Clinical Supervision – A National Position Statement	19/03/2024	Not applicable		Not applicable