# Audit and Assurance Committee - PUBLIC

## MINUTES, DECISIONS & ACTIONS TO BE TAKEN

09:30 – 12:15 | 21/01/2025 | MS Teams

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| Chair | Marian Wyn Jones |

| Present (Members) | | Title | Organisation |
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| Marian Wyn Jones (Chair) | MW-J | Independent Member, Chair | DHCW |
| Alistair Klaas Neil | AKN | Independent Member, Vice Chair of Audit and Assurance Committee | DHCW |
| Ruth Glazzard | RG | Independent Member, Vice Chair of the Board | DHCW |
| Marilyn Bryan Jones | MB-J | Independent Member | DHCW |
| Attendees | | | |
| Julie Ash | JA | Head of Corporate Services | DHCW |
| Henry Bales | HB | Lead Local Counter Fraud Specialist | Cardiff and Vale |
| David Butler | DB | Audit Manager | NWSSP Internal Audit |
| Stephen Chaney | StC | Deputy Head of Internal Audit | NWSSP Internal Audit |
| Nathan Couch | NC | Performance Audit Lead | Audit Wales |
| Mark Cox | MC | Associate Director of Finance | DHCW |
| Chris Darling | CD | Director of Corporate Affairs \| Board Secretary | DHCW |
| Paul Evans | PE | Head of Quality & Regulatory Compliance | DHCW |

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| Carwyn Lloyd Jones | CLJ | Chief Cloud Officer | DHCW |
| Chris Moreton | CM | Deputy Director of Finance and Business Assurance | DHCW |
| Samantha Morgan (for item | SM | Director of People and OD | DHCW |
| Claire Osmundsen-Little | CO-L | Executive Director of Finance | DHCW |
| Julie Robinson | JR | Corporate Governance Co-Ordinator | DHCW |
| Laura Tolley | LT | Head of Corporate Governance \| Deputy Board Secretary | DHCW |
| Mike Whiteley | MW | Audit Performance Lead | Audit Wales |

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| Observing | | | |
| Tomos Jones | | | Audit Wales |
| Apologies | | | |
| Michelle Sell | MS | Director of Programmes and Engagement | DHCW |
| Julie Francis | JF | Head of Commercial Services | DHCW |

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

| Item No | Item | Outcome | Action |
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| 1 | PRELIMINARY MATTERS | | |
| 1.1 | **Welcome and Introductions**<br>The Chair, Marian Wyn Jones, welcomed everyone to the Audit and Assurance Committee.<br>A special welcome was given to those attending for specific agenda items.<br>The meeting was held via Microsoft Teams and attendees were reminded that the meeting was being recorded and would be posted on DHCW's website following the meeting. | Noted | None to note |
| 1.2 | **Apologies for Absence**<br>• Julie Francis, Head of Commercial Services<br>• Michelle Sell, Director of Programmes and Engagement | Noted | None to note |
| 1.3 | **Declarations of Interest**<br>There were no Declarations of Interest to note. | Noted | None to note |
| 2 | CONSENT AGENDA – FOR APPROVAL | | |
| 2.1 | Unconfirmed minutes of the 15 October 2024 meeting – Public and Private Abridged.<br>The Committee **resolved** to:<br>**APPROVE** the minutes as a true record of discussion which would be made publicly available. | Approved | None to note |
| 2.2 | **NHS Wales Shared Services Partnership Committee Assurance Report**<br>The Committee **resolved** to:<br>**NOTE** the NHS Wales Shared Services Partnership Committee Assurance Report. | Noted | None to note |
| 2.3 | **Forward Work Plan** | Noted | None to note |

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| | The Committee **resolved** to:<br>**NOTE** the contents of the Committee Forward Work Plan. | | |
| 2.4 | **Standards of Behaviour Report**<br>The Committee **resolved** to:<br>**NOTE** the Standards of Behaviour Report. | Noted | None to note |
| 2.5 | **Welsh Health Circular Report**<br>The Committee **resolved** to:<br>**NOTE** the Welsh Health Circular Report | Noted | None to note |
| 2.6 | **Audit and Assurance Committee Annual Report**<br>The Committee **resolved** to:<br>**NOTE** the Audit and Assurance Committee Annual Report. | Noted | None to note |
| 2.7 | **Audit and Assurance Committee Effectiveness Self-Assessment**<br>The Committee **resolved** to:<br>**NOTE** the Audit and Assurance Committee Effectiveness Self-Assessment | Noted | None to note |
| 2.8 | **Audit and Assurance Committee Terms of Reference**<br>The Committee **resolved** to:<br>**APPROVE** the Audit and Assurance Committee Terms of Reference | Approved | None to note |
| 2.9 | **Audit and Assurance Committee Cycle of Business**<br>The Committee **resolved** to:<br>**APPROVE** the Audit and Assurance Committee Cycle of Business | Approved | None to note |
| PART 3 – MEETING BUSINESS | | | |
| 3.1 | **Action Log**<br>The Committee noted there were three actions captured from the last meeting which were all complete and documented in the Action Log.<br>The Committee **resolved** to:<br>**NOTE** the status of the Action Log. | Noted | None to note |

| PART 4 | AUDIT AND COUNTER FRAUD | | |
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| 4.1 | Internal Audit Progress Report<br><br>Stephen Chaney, Deputy Head of Internal Audit (StC), NHS Wales Shared Services Partnership presented the Internal Audit Progress Plan.<br><br>StC provided the highlights from the progress report and advised:-<br><br>• Good progress was being made on the remaining audits for 2024/25 with several reviews in progress. The finalisation of these reviews would bring to a close the 2024/25 plan.<br><br>• The 2025/26 plan had commenced and will be shared at the next meeting.<br><br>• Three completed reviews were on the agenda for this meeting.<br><br>The Committee were informed that the audit review that was added at the last private session was largely completed and would be presented to the next meeting.<br><br>The Committee **resolved** to:<br><br>**NOTE** the Internal Audit update for **ASSURANCE**. | For Assurance | None to note |
| 4.2 | Internal Audit Review Report<br><br>StC, provided a high-level overview of the three audit reviews:<br><br>Mission One – Cloud Services<br><br>The review received a ***Substantial*** Assurance rating.<br><br>StC provided a high-level summary of the findings:<br><br>• A good clear Cloud strategy was in place.<br><br>• There was limited reporting on the strategy progress and a recommendation was raised around this.<br><br>• Risks were found which included risk management as part of the risk management process. There was confidence that these risks were being suitably managed.<br><br>• A potential gap in funding was identified for the strategy going forward and a | For Assurance | |

recommendation was raised around that, but in general there was a good approach to implementing the strategy.

- There was a skills matrix in place, with upskilling within the organisation.
- The Cloud strategy was appropriately established with security and data control arrangements in place.
- There was nothing significant to flag up and good progress was being made which was expected to continue.

The Committee discussed the increasing demands on the Cloud service and it becoming the central part of operations and whether this had been considered from a carbon footprint perspective. Carwyn Lloyd Jones, Cloud Officer (CLJ) confirmed the data centres consumed more energy but were more environmentally friendly. The Data Centre 2 was not as energy efficient so the carbon implications had been considered within the business case.

The discussion continued relating to governance and ensuring the Committee was seeing the right reporting/levels along with consideration of what was reported to the Programmes Delivery Committee (PDC) i.e. it should not take an audit review to inform what should be reviewed by the organisation. The Committee were assured that there was a scoring process for deciding what went to PDC for oversight and the decision had been made before the audit findings based on the business case that was approved by Board.

Chris Darling, Director of Corporate Affairs/Board Secretary (CD) confirmed that the PDC Terms of Reference state that consideration of what will be presented to the committee will be reviewed a minimum of once a year and it may be worth picking up this point at the next meeting when the ToRs are to be reviewed.

Mission Five – Staff Development

The review received a *Reasonable* Assurance rating.

StC confirmed that although the review had received a Reasonable assurance there was a significant gap for improvement. There was some

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| | extra testing to determine if the objectives were being embedded via other means. This was generally the case, which was the reason a Reasonable assurance had been given.<br><br>Samantha Morgan, Director of POD welcomed the audit and recognised what had been highlighted as learning with actions being taken forward. The team needed to provide assurance that they were delivering and had the resources to do so. A piece of work had been commissioned to ensure the work was done, however, resources/capacity were still an issue. An action plan had been put in place to ensure that all actions would be achieved by the timescale and the Committee were assured that the work was already in train so the commitment to the dates was reasonable.<br><br>Claire Osmundsen-Little, Executive Director of Finance (CO-L) provided some assurance that the Team in POD were being supported via funding for resources.<br><br>ACTION 20250121 – A01 To come back to the audit review on Staff Development to measure and consider the progress made against the recommendations outlined in the audit.<br><br>Estates Assurance – Energy Management<br><br>The review received a *Reasonable* Assurance rating.<br><br>David Butler, Audit Lead, NWSSP, provided a summary of key findings:<br><br>• The rise in energy costs had raised the risk profile in this area and accordingly the audit was commissioned to review the risk mitigations and management of these costs. These included the implementation of a new national energy contract which had been applied.<br><br>• The key aspects reviewed were:-<br><br>The implementation of the national contract, data verification, and monitoring and reporting.<br><br>• The move to a new contract in 2023 presented some issues, including difficulties in providing accurate energy forecasts. However, the impact of some of these national issues were not as significant | | ACTION 20250121 – A01 To come back to the audit review on Staff Development to measure and consider the progress made against the recommendations outlined in the audit. |

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| | in DHCW as seen elsewhere across Wales.<br>• Energy consumption within DHCW related primarily to the usage of the two data centres. Office energy costs had reduced to 38% from last year.<br>• DHCW were actively addressing the core issues to drive down the energy consumption.<br>• The audit testing of data centre payments was satisfactory, however, there was some discrepancy between meter reading and invoicing in respect of office charges.<br>• Management had agreed to review the reasons for the anomalies.<br>• A dedicated scrutiny forum such as the Decarbonisation Forum should be used for the reporting of energy consumption.<br>Julie Ash, Head of Corporate Services (JA) confirmed that the exercise was helpful to review some of the processes and agreed with the observation to make the reporting of energy consumption more formal. Estates continue to rationalise office occupancy and will shortly put in place a new booking application which will enable them to know who is on site, when and where.<br>The Committee were informed that with regards to the contracts, DHCW were on an All Wales contract that NWSSP are responsible for negotiating for NHS Wales. In addition, home working energy usage was taken into account using a specific formula which assumes there was likely to be someone else in the house.<br>Mark Cox, Associate Director of Finance, (MC) added that with regards the contract there were options. A discussion group had been set up to act as one voice and it had recently gone through the process to decide what contract was the best.<br>The Committee **resolved** to:<br>**RECEIVE** the three audit reviews for **ASSURANCE**. | | |
| 4.3 | **Audit Wales Committee Update**<br>Nathan Couch and Mike Whiteley from Audit Wales presented the Audit Wales update and provided the following highlights: | For Assurance | |

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| | • The report provided an update on the current and planned accounts and performance audit work. An overview of other relevant examinations and studies by the Auditor General and relevant corporate documents published by Audit Wales since the last meeting.<br>• The Accounts audit update: the planning for the audit of 2024-25 financial statements was to commence shortly and the report of Nationally Hosted IT Systems was included within the private papers.<br>• Performance audit – the 2024 Annual Audit Report was included on the meeting agenda.<br>• A review of digital transformation was due to commence in February. For DHCW the review will be split into two parts. The first focusing on its internal digital transformation arrangements and secondly on the SHA role as a system leader for the wider NHS in Wales.<br>• Field work for the local review on Stakeholder Engagement arrangements had concluded and the report was being drafted.<br>CD commented that at the last committee it was agreed to follow up around the Digital by Design: the review into local authority digital transformation and the learning from that and Audit Wales had agreed to attend the February Board Development to feedback on this.<br>Audit Wales Annual Report<br>Nathan Couch and Mike Whiteley, Audit Manager (MW) jointly presented the report and provided the highlights:-<br>• The audit of accounts went well, with the mature attitude of working between Audit Wales and DHCW.<br>• High quality financial statements were presented as drafts and were supported by comprehensive working papers which assisted in making the audit go smoothly.<br>• An unqualified opinion was issued on the | | |

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| | financial statements and did not identify any material weaknesses in internal controls.<br>• An unqualified irregularity opinion was also issued.<br>• A summary of issues were covered in the ISA 260 report, whilst there were numerous amendments to the financial statements, there was only one which impacted on the financial position which was the reduction of expenditure of £14,000 relating to General Medical Services, Systems & Services Contracts.<br>NC provided the highlights on the performance audit:-<br>• The findings for the Structured Assessment found good Corporate arrangements, support and governance. In addition, it found an efficient, effective and economical use of resources. However, it now needed to use its long-term strategy.<br>• To demonstrate its value and consolidate its position as a digital system leader enabler in the NHS. The cost saving review found that DHCW generally had sound arrangements for identifying, delivering and monitoring cost improvement opportunities. However, it needed to rapidly progress work on building its Future Transformation programme to reduce its reliance on non-current savings.<br>MC informed the Committee that focus had been applied to achieving recurrent savings this year and the finding more value element was also being taken forward.<br>The Committee discussed the fees for the next year and agreed that after consideration the increase was a fair reflection of the pressures that had been seen as a result of audit requirements. Audit Wales were requested to provide the previous year's fee in order for a comparison to be made.<br>NC confirmed that all reports had previously been received by the Committee therefore, the report would be presented to the SHA Board at the end of | | |

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| | the month for noting.<br><br>The Committee gave their thanks to Audit Wales for the complimentary comments made about DHCW and were pleased to note the excellent working relationship between the two organisations.<br><br>ACTION 20250121-A02 Audit Wales to include the previous year's fee within the report for clarity.<br><br>The Committee **resolved** to:<br><br>RECEIVE the Audit Wales Update for **ASSURANCE** and **NOTE** the Audit Wales Annual Report. | | ACTION 20250121-A02 Audit Wales to include the previous year's fee within the report for clarity. |
| 4.4 | **Audit Action Tracker**<br><br>Laura Tolley, (LT) Head of Corporate Governance presented the Audit Action Tracker.<br><br>The Audit Action Log contained a total of 25 actions following the receipt of three reviews at the last Committee meeting. It was noted 13 of these were considered complete, 11 were on target for completion, none were not on target for completion and one had passed the implementation date. Five of these actions were private actions and a report paper outlining the position would be discussed in the private meeting.<br><br>There was one action that was overdue and required a response from the Executive Lead. This action was from the Structured Assessment 2023 and was for the Finance and Business Assurance. Since publication of the papers the work had been undertaken on this action and an update was provided by the Executive Director of Finance.<br><br>The Committee discussed that it felt as if there was no end date to the action and that most things to do with funding should probably be red as it was out of DHCW's control. Rather it should be about how DHCW articulate its value proposition which was an ongoing piece of work.<br><br>The Committee discussed how the Committee and organisation could track progress against this | Noted | |

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| | challenging action, given that so much was out of its control. It was confirmed that in the short term it could be closed by balancing the books as this would demonstrate the value and the benefits proposition. Additionally, a detailed governance review will define the role of DHCW and place greater clarity on the role and functions of DHCW. Discussions are ongoing as part of the IMTP as to what are core activities within DHCW and reflected as such and not an annual allocation.<br><br>As part of the actions taken to try and close this action CD confirmed that financial sustainability had been included on the Committee agenda as a standard item which was one of the actions from the Board Assurance Framework. In addition, it was suggested that once the remit letter had been received it would be helpful to have a deep dive on it to understand the implications.<br><br>ACTION: 20250121-A03 Once the Remit letter had been received the Committee to have a deep dive into the implications of the letter. This to be added to the forward plan.<br><br>The Committee resolved to:<br><br>NOTE the status of the Audit Action Tracker. | | ACTION: 20250121-A03 Once the Remit letter had been received the Committee to have a deep dive into the implications of the letter. This to be added to the forward plan. |
| 4.5 | Local Counter Fraud Update Report<br><br>The Committee received the Local Counter Fraud Update Report for quarter 3.<br><br>Henry Bales, Head of Counter Fraud, highlighted the work undertaken during the period:<br><br>• Continued maintenance and development of a comprehensive local activity database and of Counter Fraud digital platform. Members were encouraged to visit the site. | Noted | None to note |

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| | • Promotion and Awareness and Education Activity<br><br>Corporate inductions – only one took place during this period.<br><br>E-learning – counter fraud training was 96.4% compliance by DHCW.<br><br>International Fraud Awareness week took place in November and was publicised on SharePoint.<br><br>• Prevention<br><br>Local Proactive Exercise /Risk Work – during the test checks no issues were found.<br><br>National Fraud Initiative – only 12 matches come through the system, other reports were awaited and updates would be provided.<br><br>• Referrals and Investigations<br><br>Four referrals had been received in this period, two related to the intelligence bulletins and the remaining two had been promoted to formal investigations.<br><br>• Significant Salary Overpayments – there have been no reported overpayments.<br><br>The Committee discussed fraud that was related to non-attendance at work and it was confirmed that the procedures often run side by side i.e. some of the investigative work was done by the CFU while the POD teams ensure the staff's well-being during the investigation period.<br><br>The Committee were pleased to see the high rate of compliance on Counter Fraud training by DHCW which was over 96%.<br><br>The Committee **resolved** to:<br><br>**NOTE** the Counter Fraud Progress Report. | | |
| PART 5 | GOVERNANCE REPORTS | | |
| 5.1 | **High Value Purchase Order and Cumulative Report**<br><br>Mark Cox, Associate Director of Finance presented the High Value Purchase Order and Cumulative Report for the period 1 October to 31 | Noted | None to note |

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| | December 2024 and provided the following highlights:<br>• There were nine high-value orders of more than £0.75m raised that were detailed in the report.<br>• There were seven suppliers that reached the cumulative order threshold of over £0.750m<br>The Committee were informed of the key issue arising in terms of the support of deliverables for the organisation:-<br>• The NHS was acting as a corporate body to negotiate with suppliers and drive down costs for the next financial year.<br>• The two orders of Citrix and VMWare Renewal had been pushed through and straddle finance years into October 2027.<br>• There was a significant order to support the GP migration.<br>The Committee **resolved** to:<br>**NOTE** the High Value Purchase Order and Cumulative Report Update. | | |
| 5.2 | **Losses and Special Payments – verbal update**<br>MC provided a verbal update on the Losses and Special Payments, confirming that there will be a report to the private session on the decommissioning of services.<br>The Committee **resolved** to:<br>**NOTE** the Losses and Special Payments verbal update. | Noted | None to note |
| 5.3 | **DHCW Financial Sustainability**<br>**2025-26 Budget**<br>MC presented to the Committee the report on DHCW's Financial Sustainability which included the Budget plans for 2025-26 and highlighted the following:<br>• The aim was to put together a broader, longer-term five-year cost profile and sustainability profile.<br>• There was an additional 1.5 billion in resource and capital in comparison to the | Noted | |

previous budget assumptions.

- A minimum of 2% savings required to be made across the total baseline expenditure.
- The recurrent impact of the 24/25 pay award was baseline funded so will not create any cost pressures going into next year.
- A 1.77% uplift had been agreed unequivocally for healthcare agreements between commissioners and providers. A meeting was held with the Directors of Finance where the assumptions were set out. There was a requirement to confirm in writing to Judith Paget by 28th February 2025 that agreements are in place with Health Bodies for 2025-26. Last year there was a challenge around the signing of the SLAs but it was confirmed this year there was a framework and a directive from Welsh Government which should ensure the Health Boards do not delay. Invested time in relationships to demonstrate the transparency of cost pressures, the position and value that is created for them in the system.
- There was £115m increase in routine capital, and £60m for IFRS 16.
- The next steps:- the statutory duty to break even. Ensure the plan is triangulated between, Finance, Workforce and operational delivery.

The Committee discussed the information from the detailed slides. In summary DHCW will look at value through a number of lenses and take the following actions:

- Take the cost out which will improve efficiency
- Create value through collective working and co-production.
- Simplify the architecture and remove the dependencies on licenses around some of the key contracts.
- Moving to a product based delivery model

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| | and creating the skills within DHCW to reduce dependencies on third parties.<br>• Data centres and moving to a Cloud-based operating model will drive the efficiency on data.<br>• Moving from capital funding requirements to a revenue funding requirement.<br>The Committee received further assurance that regarding funding it was expected that DHCW would receive increased funding to £74m. There would be a transfer from separate budgets into the core funding and over £5.9m would be transferred into the core.<br>ACTION 20250121-A04 To revisit the action that is taking place to address the unwarranted variation in the uptake of DHCW's services.<br>The Committee **resolved** to:<br>**NOTE** the update on DHCW Financial Sustainability and Budget plan for 2025-26. | | ACTION 20250121-A04 To revisit the action that is taking place to address the unwarranted variation in the uptake of DHCW's services. |
| 5.4 | **Corporate Risk Register**<br>Chris Darling, Director of Corporate Affairs/Board Secretary provided an update on the Corporate Risk Register:<br>• 13 risks, three of which are assigned to this Committee. (Take what CD said about deep dive sustainable risk model)<br>• Noted the changes in the organisation's risk profile during the reporting period, as a result of one new risk being added and six being removed from the Corporate Risk Register.<br>• An update on the three risks assigned to this Committee were received:-<br>**DHCW0313** Digital Cost Pressure – Service Model Changes. The Business case will be reviewed again and further discussions | Noted | None to note |

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| | on the score will be had which may result in a downgrading of the score.<br><br>DHCW 0331 Fixed Term Resource Funding. The mitigating actions were being reviewed that would not be funded by Welsh Government. The risk scorings would be reviewed and the financial risk element could be mitigated. There was an element of flexibility on how the funding could be directed.<br><br>DHCW0337 Sustainable Digital Services and Development Funding Model. Linked to sustainable funding model.<br><br>Six risks had been removed since the last meeting and one new risk added:-<br><br>DHCW0340 GP Systems and Services system which was provided by a third party and was to be withdrawn (DG&S Committee). Board members are aware of the current position. It was quite an unexpected position and further information should be known by next week.<br><br>The Committee **resolved** to:<br><br>**DISCUSS** the Corporate Risk Register. | | |
| 5.5 | **Procurement and Scheme of Delegation Compliance Report**<br><br>Chris Moreton, Deputy Director of Finance (CM) presented the report on Procurement and Scheme of Delegation Compliance. The following was highlighted from the report:-<br><br>• Two x Single Tender Actions in this period at a value of £163,349.82 related to software contracts.<br><br>• One x Change Control outside the terms of their contractual agreements at a value of £175,000. This was to extend the cover for commercial advisory services for strategic and complex procurement.<br><br>The Committee **resolved** to:<br><br>**NOTE** the Procurement and Scheme of Delegation Compliance Report | Discussed | None to note |

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| 5.6 | **Quality and Regulatory Compliance Update Report**<br>Paul Evans, Head of Quality and Regulatory presented the Quality and Regulatory Compliance Update Report and provided the following highlights:<br>**Audit**<br>• There were three external audits conducted in the last period.<br>• The Service Desk Institute (SDI) audit was still pending.<br>• Within the audits there was one minor non-conformity, 13 Opportunities for Improvement (OIP)/observations, additionally, 20 outstanding findings were successfully closed out from the previous audits.<br>• Internal Audit – the risk-based audit programme continued to achieve 100% completion against its targeted goal of conducting two audits per month.<br>• The current Document Management Strategy (DMS) & iPassport. The organisation continued to manage documentation successfully on iPassport. The document position on iPassport was 94%.<br>• There had been no further changes from the MHRA in relation to medical devices legislation which had been promised before the Christmas break.<br>**Duty of Quality Update**<br>• A series of workshops took place across the Directorate SLT and the summary of those workshops would be included in the next Always On report.<br>• Continue to participate in the national Duty Quality Group and the group was currently working on a self-assessment tool for organisations to assess themselves against the Duty of Quality.<br>• The Duty of Quality framework that was being developed was presented to colleagues before Christmas. There had | Noted | None to note |

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| | been some changes made following this presentation. The work was currently under review and following this, wider engagement will take place.<br>• Quality Improvement Framework – continue to deliver five-minute quality improvement training.<br>• 110 colleagues attending a TensTalk in December.<br>• A session was booked at a future Board Development meeting.<br>The Committee commended the team on the work done on the internal quality matrix over the last year. The Committee were informed that engagement with the Directorates Quality Business Partners had enabled the work to bring down the non-compliance around document management.<br>The Committee resolved to:<br>NOTE the Quality and Regulatory Compliance Update Report and the Duty of Quality Update. | | |
| 5.7 | Estates, De-carbonisation and Compliance Report<br>Julie Ash, Head of Corporate Services presented the Estates, De-carbonisation and Compliance Report to the Committee for information.<br>• All reporting into Welsh Government was up to date.<br>• DHCW annually submit emissions and a narrative return.<br>• A contract had been awarded for works to convert the space for conferencing, user centred design and digital inclusion at the Ty Glan-yr-Afon (TGYA) Offices in Cardiff. A project manager was in place to oversee these works.<br>• Bocam Park was being utilised more and some new EV parking facilities had been installed.<br>• Castle Bridge 2 – the lease would not be renewed in March.<br>• A new lease proposal had been received for TGA to run from 1st April 2025. The office | Noted | None to note |

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| | space was being shared with NHS Confed and Health Technology Wales.<br>• There was a reduction in carbon footprint from the 2019/20 baseline and this was 57% which included the supply chain.<br>• Overall compliance of plant systems and equipment was now 99% well ahead of the 90% target.<br>• The Internal PPM remains at 100% which was well ahead of the 90% target.<br>The Committee **resolved** to:<br>**NOTE** the Estates, De-carbonisation and Compliance Report for **ASSURANCE.** | | |
| 5.8 | **Welsh Language Report**<br>LT presented the Welsh Language Report which provided an update on the work undertaken since the last meeting:-<br>In terms of current Welsh Language Skills, DHCW now had 50.7% of staff with level 1-5 skills. Members were aware that DHCW offer free Welsh language learning through the centre of learning Welsh, in addition 1:1 tutoring was offered with Coleg Cambia and a Mentoring scheme had been launched to build staff confidence. A new course was due to be launched by Welsh Government, however this will not be mandatory for completion on ESR, which presents some challenges in terms of monitoring the completion of the course.<br>DHCW have been working with WIDI to develop a new NHS Wales website to share Welsh language best practice across health and social care and are now working collaboratively with Welsh Government to launch and promote this.<br>In terms of risks, two areas were highlighted to the Committee, one being the NHS App Login, Welsh Language Interface. The Committee noted in the report that NHS England had advised that this work had been delayed to Summer 2025. Engagement had taken place with the Welsh Language Commissioner on this. The risks, complaints and concerns on this will continue to be monitored.<br>The second risk was not included in the report due to timing but related to compliance with Operational Standards, specifically around the | Noted | |

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| | Service Desk. DHCW currently only have two fluent Welsh Service Desk Analysts, both of whom are on fixed term funding until the end of March 2025, and due to unconfirmed funding, DHCW were likely to lose both analysts if this was not addressed. Work was ongoing with the Operations Directorate to mitigate this risk, There was a need to ensure that there was appropriate succession planning, and strategic workforce planning in this area too, especially as we prepare to formally come under the Welsh Language Standards at the end of this calendar year.<br>The Committee **resolved** to:<br>**NOTE** the Welsh Language Report. | | |
| PART 6 | CLOSING MATTERS | | |
| 6.1 | **Committee Highlight Report to Board**<br>• Welsh Language risk – Losing two fluent Welsh Language Analyst due to funding<br>• Internal audit reviews<br>• Audit Wales annual review<br>• Financial Report<br>• Quality and Regulatory compliance report<br>• Decarbonisation and compliance<br>• Audit Wales Annual Audit Report and the positive feedback received. | Discussed | None to note |
| 6.2 | **Any other Urgent Business**<br>There was no other urgent business to note. | Noted | None to note |
| 6.3 | **Date and Time of Next Meeting:**<br>• 08 April 2025 | Noted | None to note |