




## Audit and Assurance Committee - PUBLIC

### MINUTES, DECISIONS & ACTIONS TO BE TAKEN

 09:30 – 12:20

 08/04/2025

 MS Teams


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

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

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

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

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

| Item No  | Item  | Outcome  | Action       |
|----------|---|----------|--------------|
| <b>1</b> | <b>PRELIMINARY MATTERS</b>  |          |              |
| 1.1      | <p><b>Welcome and Introductions</b></p> <p>The Chair, Marian Wyn Jones, welcomed everyone to the Audit and Assurance Committee.</p> <p>A special welcome was given to those attending for specific agenda items.</p> <p>The meeting was held via Microsoft Teams and attendees were reminded that the meeting was being recorded and would be posted on DHCW's website following the meeting.</p> | Noted    | None to note |
| 1.2      | <p><b>Apologies for Absence</b></p> <ul style="list-style-type: none"> <li>Chris Moreton, Deputy Director of Finance and Business Assurance</li> <li>Alistair Klaas Neill, Independent Member (Vice Chair)</li> </ul>   | Noted    | None to note |
| 1.3      | <p><b>Declarations of Interest</b></p> <p>There were no Declarations of Interest to note.</p>   | Noted    | None to note |
| <b>2</b> | <b>CONSENT AGENDA – FOR APPROVAL</b>  |          |              |
| 2.1      |  <p><a href="#">Unconfirmed minutes of the 21 January 2025 meeting – Public and Private Abridged.</a></p> <p>The Committee <b>resolved</b> to:</p> <p><b>APPROVE</b> the minutes as a true record of discussion which would be made publicly available.</p>  | Approved | None to note |
| 2.2      | <p><b>NHS Wales Shared Services Partnership Committee Assurance Report</b></p> <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the NHS Wales Shared Services Partnership Committee Assurance Report.</p>  | Noted    | None to note |
| 2.3      | <b>Forward Work Plan</b>  | Noted    | None to note |

|                                  |   |               |              |
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|                                  | The Committee <b>resolved</b> to:<br><b>NOTE</b> the contents of the Committee Forward Work Plan.   |               |              |
| 2.4                              | <b>Standards of Behaviour Report</b><br>The Committee were pleased to note, that at the time of writing the report, 100% rate of compliance of Declarations of Interest had been achieved for band 8a and above.<br>The Committee <b>resolved</b> to:<br><b>NOTE</b> the Standards of Behaviour Report. | Noted         | None to note |
| 2.5                              | <b>Legislative Assurance Register</b><br>The Committee <b>resolved</b> to:<br><b>NOTE</b> the Legislative Assurance Register  | Noted         | None to note |
| 2.6                              | <b>Welsh Language Report</b><br>The Committee <b>resolved</b> to:<br><b>NOTE</b> the Welsh Language Report  | Noted         | None to note |
| 2.7                              | <b>Estates, Decarbonisation and Compliance Report</b><br>The Committee <b>resolved</b> to:<br><b>NOTE</b> the Estates, Decarbonisation and Compliance Report  | Noted         | None to note |
| 2.8                              | <b>Quality and Regulatory Compliance Update Report</b><br>The Committee <b>resolved</b> to:<br><b>NOTE</b> the Quality and Regulatory Compliance Update Report.   | Noted         | None to note |
| <b>PART 3 – MEETING BUSINESS</b> |   |               |              |
| 3.1                              | <b>Action Log</b><br>The Committee noted there were four actions captured from the last meeting which were all complete and documented in the Action Log.<br>The Committee <b>resolved</b> to:<br><b>NOTE</b> the status of the Action Log.   | Noted         | None to note |
| <b>PART 4</b>                    | <b>AUDIT AND COUNTER FRAUD</b>  |               |              |
| 4.1                              | <b>Internal Audit Progress Report</b><br>Stephen Chaney, Deputy Head of Internal Audit  | For Assurance | None to note |



(StC), NHS Wales Shared Services Partnership presented the Internal Audit Progress Plan.

StC provided the highlights from the progress report and advised:-

- The work for the year 2024/25 was substantially completed with the follow-up report on Audit Recommendations in the final stages.
- There was a number of substantial assurance reports this year but it had decreased in comparison to previous years, which was to be expected as the organisation moved into 'Business as usual'. The number of assurances that were received throughout the year were outlined which included one advisory review.
- The Head of Internal Audit Opinion was in draft and was an overall positive position.

StC confirmed that the decrease in the number of substantial reports was to be expected and when compared to other Health Boards and Trusts more widely, DHCW was still in a more positive position with regard to audit output.

Ruth Glazzard, Independent Member (RG) questioned how the reasonable assurance for Programme Management (received in item 4.2) aligned with DHCW being escalated from Level 1 'Routine Monitoring' to Level 3 'Enhanced Monitoring' for the performance domain relating to major programmes.

The Committee were informed that there were external factors which were out of DHCW's control which led to the escalation of programmes i.e. DHCW had been impacted by the financial environment and difficulties with delivery with other stakeholders and Health Boards. The review had raised points around risks that should be actioned but recognised that it was not within DHCW's remit to eliminate the risks completely. There were similar recommendations across NHS Wales, particularly where regional working and partnership took place.

The volume of reviews were again condensed towards the end of the financial year and the plan would be looked at whilst it was still in the draft stage to create a more even balance of reviews for

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|     | <p>both the audit and DHCW teams for 2025/26.</p> <p>The Committee thanked StC and his team for the work undertaken over the last year.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the Internal Audit update for <b>ASSURANCE</b>.</p>  |               |              |
| 4.2 | <p><b>Internal Audit Review Report</b></p> <p>StC, provided a high-level overview of the four audit reviews:</p> <p><b>Programme Management</b></p> <p>The review received a <i>Reasonable</i> Assurance rating.</p> <p>StC provided a high-level summary of the findings:</p> <ul style="list-style-type: none"> <li>• The audit looked at the processes used and overall these were positive, with good methodology in place.</li> <li>• A number of recommendations were raised, particularly regarding the change process, timeframes and reporting, to make these streamlined and more efficient for all.</li> </ul> <p>Ifan Evans, Executive Director of Strategy (IE) responded that he had been keen to have this review in the audit plan for the year as the governance arrangements for programme management were new. The report had provided DHCW with recommendations to reflect on and improve on over the next 12 months.</p> <p>The Committee discussed how the Programmes Delivery Committee was used in terms of learning and wider partnership working and decision making i.e. as we move forward what can be done differently to deal with difficult issues. A Programmes Delivery development session was scheduled for May 2025 and the Committee requested this to be considered at that session.</p> <p><b>Performance Framework</b></p> <p>The review received a <i>Reasonable</i> Assurance rating.</p> <p>An audit was undertaken last year on data quality and the review of the Performance Framework tied in with that review. Overall the review was very positive, evidence was available and the only exception was the Operational Performance</p> | For Assurance | None to note |

Service Desk where there was some difficulty in validating some of the values within the slide tables and charts.

CO-L responded on the findings that it was a very positive audit with more work being done on performance reporting i.e. it has moved to a monthly report. In terms of the Service Enterprise area, they were working alongside the Operations Directorate to implement a new service performance tool which should result in a much sharper dashboard being implemented.

### **National Data Resource Review**

The review received a *Reasonable* Assurance rating.

StC provided the highlights of the review:-

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

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

The NDR Programme was the flagship for DHCW and Wales, with the most advanced development of architecture in NHS Wales. Phase 4 commenced a week ago, with the funding for this on a three- or six-month rolling agreement. DHCW would have preferred it to be longer but understood the



pressures and so were working hard to ensure stability. DHCW continue to work with Welsh Government, Directors of Digital and the Information Commissioners Office to see what can be done to stabilise data/information and to unlock the potential.

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

### **Service Management**

The review received a *Reasonable* Assurance rating.

Martyn Lewis, Audit Lead NWSSP (ML) presented the report and provided the following highlights:-

- There were good structures in place to monitor delivery of the services.
- One of the key points was how DHCW manages its Service Level Agreements (SLAs) with customers
- The review recognised that work is ongoing by DHCW to build more quality metrics within the SLAs.

Sam Lloyd, Executive Director of Operations (SL) confirmed the review looked at internal and external SLAs i.e. SLAs where DHCW are the recipients and where it contracts from commercial third parties and the SLAs where DHCW provide to customers and stakeholders across NHS Wales. Most of the findings related to the latter element of the SLAs. DHCW were not strictly operating in a commercial or competitive environment but were increasingly seeing elements of that coming in. There were strategic decisions to be made as part of the transition to future architectures and Health Boards were considering their own strategies around services such as the Electronic Health Record and the provisions of those services. The funding environment was constrained so there was a requirement for DHCW to demonstrate value for money for the services it provided.

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|     | <p>The Committee <b>resolved</b> to:</p> <p><b>RECEIVE</b> the four audit reviews for <b>ASSURANCE</b>.</p>   |               |                            |
| 4.3 | <p><b>Internal Audit Plan 2025/26</b></p> <p>StC presented the Internal Audit Plan. It was confirmed that this was the draft plan and the final version would be presented for approval at the July Committee.</p> <p>StC confirmed that when developing the plan audit took into account the number of high-risk areas and one of the exercises undertaken was a review of what was found across other NHS organisations.</p> <p>The plan was not set in stone and there would be opportunities to refine and review the plan as things develop. Work on the 2025/26 plan was due to commence in the next few weeks.</p> <p>The Committee were informed that DHCW had worked with NWSSP Audit Services in preparing the plan, however, given the focus on delivery rather than process on some points raised in the escalation, these points could be incorporated in the plan, additionally the recent remit letter could be incorporated into audit activity for next year.</p> <p>The Committee noted that the number of limited assurances rose across the system during the last financial year and will likely rise again due to the workforce, financial and operational pressures.</p> <p><b>ACTION 20250408-A01</b> to review the plan in light of the discussion regarding DHCW's escalation status and remit letter.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the Internal Audit Plan 2025/26 and the Themes and Trends identified from the last financial year.</p> | For Noting    | <b>ACTION 20250408-A01</b> |
| 4.4 | <p><b>Audit Wales Committee Update</b></p> <p>Nathan Couch, Mike Whiteley and David Tomalin from Audit Wales presented the Audit Wales update and provided the following highlights:</p> <ul style="list-style-type: none"> <li>• Planning for the 2024/25 financial statements was underway with detailed testing of the draft financial statements to commence in May 2025.</li> <li>• Performance Audit update – the draft report</li> </ul>   | For Assurance | None to note               |



arising from the review of Stakeholder Engagement arrangements was issued during the meeting.

- Part one of the review of Digital Transformation was due to commence imminently.
- Part two of the Digital Transformation review which focused on DHCW System Leadership role will follow later in the year with an indicative time scale of October.
- The core Structured Assessment work and deep dive on Estates will commence in the summer.

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

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

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

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

An Inquiry was held to understand the issues and the first evidence session was held in March with the second one to be held on 1<sup>st</sup> May with Welsh

Government and NHS Executive and could be viewed live.

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

- Recommendation 2 on National Leadership – to have greater clarity on national/local challenges. With the NHS Executive having been recently established, this was another organisation to be considered.
- Recommendation 8 on Data Standards – there was some ambiguity on this recommendation as only Welsh Government can mandate data standards. There were real issues with compliance of Welsh Government data standards by the Health Boards which affected the cancer registry and quality of data available. The recommendation outlined that Welsh Government clarified who was responsible for holding Health Boards to account re data standards.

#### **Annual Audit Plan**

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

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

#### **Audit Enquiries Letter**

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

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|     | <ul style="list-style-type: none"> <li>• The Audit Opinion had previously covered whether the accounts were free from material misstatement caused by fraud or other error.</li> <li>• The Management letter was to ensure this has been considered by both Management and the Committee as those charged with the governance of the statements.</li> </ul> <p>The Committee thanked Audit Wales and the team for the continued positive relationship.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>RECEIVE</b> the Audit Wales Update for <b>ASSURANCE</b>,<br/> <b>NOTE</b> the Audit Wales Annual Plan,<br/> <b>NOTE</b> Auditor General Report on Cancer Services, including Welsh Government Management Response; and<br/> <b>NOTE</b> the Audit Enquiries Letter</p>  |       |              |
| 4.5 | <p><b>Audit Action Tracker</b></p> <p>Laura Tolley, (LT) Head of Corporate Governance presented the Audit Action Tracker.</p> <p>The Audit Action Log contained a total of 35 actions following the receipt of four reviews at the last Committee meeting. It was noted 13 of these were considered complete, 22 were on target for completion, none were not on target for completion and none had passed the implementation date. Seven of these actions were private actions and a report paper outlining the position would be discussed in the private meeting.</p> <p>LT outlined the Annual Audit Themes 2024/25 and the themes which had been identified.</p> <ul style="list-style-type: none"> <li>• The need for the robust testing of disaster recovery and business continuity plans</li> <li>• A focus on staff resourcing and constraints, to ensure the effective delivery of DHCW plans</li> <li>• The need to enhance performance reporting, ensuring consistency and accuracy</li> <li>• The need to enhance management responses to audit actions and recommendations, ensuring that these are</li> </ul> | Noted | None to note |



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|            | <p>completed in appropriate timescales</p> <ul style="list-style-type: none"> <li>• The importance of an investment strategy as it relates to the environmental and decarbonisation agenda</li> <li>• The need for a sustainable funding model.</li> </ul> <p>RG thanked LT for pulling the audit themes together and was supportive of the work that was being done in relation to Audit recommendation tracking.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the status of the Audit Action Tracker and the Annual Audit Themes for 2024/25.</p>  |              |                     |
| <p>4.6</p> | <p><b>Local Counter Fraud Update Report</b></p> <p>The Committee received the Local Counter Fraud Update Report for quarter 4.</p> <p>Henry Bales, Head of Counter Fraud, highlighted the work undertaken during the period:</p> <ul style="list-style-type: none"> <li>• Four referrals had been received within the period, Three of these related to the Intelligence Bulletins and the remaining one to a concern regarding potential secondary employment. This had been investigated and closed without promotion to a formal investigation.</li> <li>• One investigation into potential fraud remains open and ongoing.</li> <li>• The new All Wales Salary Overpayments Policy required the Counter Fraud team to review all significant salary overpayments prior to the employee being informed of the issue.</li> </ul> <p><b>Counter Fraud Annual Plan 2025/26</b></p> <p>HB presented the Counter Fraud Annual Plan for 2025/26 which set out how it will meet the Local Government requirements.</p> <p>There were 85 planned days, which included a review of Digital Fraud. Counter Fraud had worked with DHCW on the plan to exploit the digital expertise and look at Counter Fraud through a digital lens.</p> <p>HB confirmed that Counter Fraud had the necessary resources to deliver the plan as it stood.</p> | <p>Noted</p> | <p>None to note</p> |

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|               | <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the Counter Fraud Progress Report and <b>APPROVE</b> the Counter Fraud Annual Plan 2025/26</p>  |            |              |
| <b>PART 5</b> | <b>GOVERNANCE REPORTS</b>   |            |              |
| 5.1           | <p><b>Financial Sustainability – Building Our Future (BOF) and Finding Value Workstream</b></p> <p>Claire Osmundsen-Little, Executive Director of Finance presented the highlights of the Financial Sustainability – Building Our Future and Finding Value Workstream and advised the following: Building the future programme was structured around five strategic principles.</p> <p>In addition, the programme was looking at:</p> <ul style="list-style-type: none"> <li>• artificial intelligence and how to embed it into the plans and processes within DHCW.</li> <li>• Social value and what DHCW’s role in the Well-being of Future Generations Act would be.</li> <li>• financial stability sustainability aspect and creating an organisational operating model so that it is affordable with limited investment.</li> <li>• recurrent savings and efficiencies and a clear approach in the event that it became necessary to disinvest or decommission services.</li> </ul> <p>The Committee discussed the ambitious target of £48m savings over five years.</p> <p>COL responded it was a team effort to achieve this, which required a level of buy in by staff in terms of the deliverables. There was a process of change and staff were adapting. A series of workshops were taking place to articulate the processes in a non-technical way.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the Financial Sustainability – Building Our Future (BOF) and Finding Value Workstream</p> | For Noting | None to note |
| 5.2           | <p><b>Corporate Risk Register</b></p> <p>Chris Darling, Director of Corporate Affairs/Board Secretary provided an update on</p>   | Discussed  | None to note |



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|     | <p>the Corporate Risk Register:</p> <p>The Corporate Risk Register has 16 risks on the register, three risks were assigned to the Committee:-</p> <ul style="list-style-type: none"> <li>• <b>DHCW0331</b> – Fixed Term Resource Funding – related to two things, where there are staff members working on short term projects with permanent funding and those on short term projects with short term funding. MC provided a further update from the Risk Management Group. The remit letter had been received and had mitigated the immediate risk, however the long-term risk still remained.</li> <li>• <b>DHCW0337</b> – Sustainable Digital Services and Development Funding Model – risk that captured the future funding model required and where it was being taken forward to a more sustainable footing.</li> <li>• <b>DHCW0343</b> – Remit Letter 2025/2026 – the letter had been received and a response had gone back to Welsh Government. There was an item on the agenda that provided further context on the remit letter and what was contained within. There were a number of issues that required clarification from Welsh Government before the letter was presented to Board.</li> </ul> <p>The Committee noted it was the first time a Remit Letter had been received and it was hoped it would be received earlier next year.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>DISCUSS</b> the Corporate Risk Register.</p> |            |              |
| 5.3 | <p><b>IMTP Funding Allocation 2025/26</b></p> <p>Claire Osmundsen-Little, Executive Director of Finance introduced the item and confirmed it was good to have received certainty on the Service Level Agreements (SLAs) position early in the year.</p> <p>Mark Cox, Associate Director of Finance (MC) presented a set of slides regarding the Remit Letter and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Remit Letter was received 14<sup>th</sup> March 2025– which was quite late in terms of IMTP submission. There were 170 plus</li> </ul>   | For Noting | None to note |



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|     | <p>deliverables and milestones in the Remit Letter.</p> <ul style="list-style-type: none"> <li>• A reconciliation had been completed in terms of the IMTP and Remit Letter to ensure there were no gaps in resources.</li> <li>• Financial planning assumptions – there was no major variation.</li> <li>• DPIF Programme allocation – multiple programmes across the deliverables.</li> <li>• Capital investment – received total £12.250m.</li> <li>• No major issues in IMTP deliverables and Remit Letter deliverables. .</li> </ul> <p>The Committee noted the high level of requirements in the Remit Letter alongside the IMTP milestones and agreed that it was not normal for an organisation to have so many deliverables articulated in this way. However, it was pleasing to note that there were no surprises in the Remit Letter and it was credit to the finance team and the Strategy Directorate in managing to align the Remit with the IMTP.</p> <p>The Committee <b>resolved</b> to:<br/><b>NOTE</b> the IMTP Funding Allocation 2025/26</p> |       |              |
| 5.4 | <p><b>High Value Purchase Order and Cumulative Report</b></p> <p>Mark Cox, Associate Director of Finance presented the High Value Purchase Order and Cumulative Report for the period 1 January to 17 March 2025 and provided the following highlights:</p> <ul style="list-style-type: none"> <li>• There were no high-value orders of more than £0.75m raised that were detailed in the report.</li> <li>• There was one supplier that reached the cumulative order threshold of over £0.750m</li> </ul> <p>The Committee <b>resolved</b> to:<br/><b>NOTE</b> the High Value Purchase Order and Cumulative Report Update.</p>  | Noted | None to note |
| 5.5 | <p><b>Losses and Special Payments – verbal update</b></p> <p>MC provided a verbal update on the Losses and</p>   | Noted | None to note |

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|     | <p>Special Payments and confirmed that there was nothing to bring to the Committee's attention, however, a formal report will be presented at the next meeting.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the Losses and Special Payments verbal update.</p>   |           |              |
| 5.6 | <p><b>Procurement and Scheme of Delegation Compliance Report to include an update on the Public Procurement Act</b></p> <p>Julie Francis, Head of Commercial Services (JF) presented the report on Procurement and Scheme of Delegation Compliance. It was confirmed that there were no Single Tender Actions or Change Controls activity in this reporting period.</p> <p>CO-L provided an update on the Public Procurement Act and JF provided a set of slides to further inform the Committee:-</p> <ul style="list-style-type: none"> <li>• Procurement Act 2023: to provide a simpler, more flexible and transparent regime for Public Contracting Authorities and reduce barriers.</li> <li>• The Social Partnership and Public Procurement (Wales) Act 2024 went live in May 2023.</li> <li>• There were implications for DHCW: Greater transparency, Sustainable Procurement, New Procurement processes.</li> <li>• A plan had been put in place to enable DHCW to be ready for the act to become live.</li> <li>• The next steps were outlined, including implementing a Contract Management Tool to enable more efficient, robust and transparent reporting.</li> </ul> <p>The Committee thanked JF for the detailed update.</p> <p>The Committee <b>resolved</b> to:</p> <p><b>NOTE</b> the Procurement and Scheme of Delegation Compliance Report and the Public Procurement Act Update.</p> | Discussed | None to note |



| PART 6 |  | CLOSING MATTERS |              |
|--------|--|-----------------|--------------|
| 6.1    | <b>Committee Highlight Report to Board</b><br>Due to time constraints this was discussed outside of the Committee. | Discussed       | None to note |
| 6.2    | <b>Any other Urgent Business</b><br>There was no other urgent business to note.                                    | Noted           | None to note |
| 6.3    | <b>Date and Time of Next Meeting:</b> <ul style="list-style-type: none"><li>08 July 2025</li></ul>                 | Noted           | None to note |