# DHCW SHA Board Meeting - Public

*Thu 26 March 2026, 10:00 - 14:30*

# Agenda

**10:00 - 10:00**
0 min

## 1. PRELIMINARY MATTERS

### 1.1. Welcome and Introductions

*For Noting* *Chair*

### 1.2. Apologies for Absence

*For Noting* *Chair*

### 1.3. Declaration of Interests

*For Noting* *Chair*

**10:00 - 10:05**
5 min

## 2. CONSENT AGENDA

### 2.1. Unconfirmed Minutes of 02 February 2026 Board Meeting

*For Approval* *Chair*

i. Matters Arising

2.1 DHCW SHA Board Minutes 02022026v1.pdf (15 pages)

### 2.2. Action Log (0)

*For Noting* *Chair*

### 2.3. Forward Workplan

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

2.3 SHA Board Forward Plan.pdf (5 pages)

### 2.4. SHA Board Cycle of Business

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

2.4 SHA Board Cycle of Business 2026-27.pdf (4 pages)

### 2.5. Annual Review of Standing Orders

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

2.5 Annual Review of Standing Orders.pdf (5 pages)

### 2.6. Board & Committee Self Effectiveness Reports

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

2.6 Board Committee Self-effectiveness Reports.pdf (5 pages)

### 2.7. Board Champion Annual Report

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

2.7 Board Champions Cover Report .pdf (5 pages)

### 2.8. Pay Gap Annual Report

*For Approval* *Director of People & OD*

2.8 SHA Board Cover Report Pay Gap Report - March 2026.pdf (10 pages)

### 2.9. Research & Innovation Strategy

*For Noting* *Executive Director of Strategy/Executive Medical Director*

2.9 R&I Strategy report.pdf (5 pages)

### 2.10. Climate Action Partnership Strategy Delivery Plan Return (Nov 25 - Mar 26)

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

2.10 Climate Action Partnership Strategic Delivery Plan Return (Nov 25 Mar 26).pdf (6 pages)

### 2.11. Adaptation Qualitative Reporting 2025/26

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

2.11 DHCW Adaptation Qualitative Report.pdf (5 pages)

**10:05 - 10:30**
25 min

## 3. MAIN AGENDA

### 3.1. Shared Listening and Learning Presentation - Ombudsmen Harm Review

*For Discussion*

3.1 Shared Listerning and Learning_.pdf (4 pages)

**10:30 - 10:45**
15 min

## 4. FOR REVIEW

### 4.1. Interim Chair & Vice Chair Report

*For Discussion* *Chair*

4.1 Chair and Vice Chair Report March 2026 (1).pdf (7 pages)

### 4.2. Chief Executive Officer Report

*For Discussion* *Chief Executive Officer*

4.2 CEO Report March 2026.pdf (6 pages)

**10:45 - 12:00**
75 min

## 5. STRATEGIC ITEMS

### 5.1. Integrated Medium Term Plan

*For Approval* *Director of Primary, Community and Mental Health Digital Services*

5.1 IMTP 2026-2029 Remit.pdf (6 pages)

#### 5.1.1. Comfort Break - 10 minutes

### 5.2. Primary, Community & Mental Health Update

*For Assurance* *Director of Primary, Community & Mental Health Digital Services*

5.2 Primary Care _Community_Mental Health Update SHA March 2026.pdf (11 pages)

### 5.2.1. Community & Mental Health Data & Digital Delivery Plan

*For Assurance* *Director of Primary, Community & Mental Health Digital Services*

5.2.1 Community and MH Data and Digital Delivery Plan Cover.pdf (5 pages)

### 5.2.2. Audit +

*For Assurance* *Director of Primary, Community & Mental Health Digital Services*

5.2.2 Audit + Replacement Update March_26.pdf (6 pages)

## 5.3. Artificial Intelligence Strategy

*For Approval* *Executive Director of Strategy*

5.3 - AI Strategy - March 2026.pdf (5 pages)

## 5.4. Building our Future Closure Report

*For Assurance* *Chief Executive Officer*

5.4 DHCW-Cover BOF Closure 260215 (1).pdf (10 pages)

**12:00 - 14:30**
150 min

# 6.

## 6.1. DHCW Escalation Update

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

6.1 Escalation Status Improvement Plan Update.pdf (9 pages)

### 6.1.1. Lunch Break - 30 mins

## 6.2. Finance Report

*For Discussion* *Interim Director of Finance*

6.2 Finance Report Cover March 2026 D-01.pdf (11 pages)

## 6.3. Strategic Procurement Report

*For Approval* *Interim Director of Finance*

6.3 Strategic Procurement March 2026.pdf (6 pages)

## 6.4. Corporate Risk Register

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

6.4 Corporate Risk Register.pdf (8 pages)

### 6.4.1. Comfort Break - 10 minutes

## 6.5. NHS Staff Survey Results

*For Noting* *Director of People & OD*

6.5 SHA Board March 2026 - NHS Staff Survey 2025 DHCW Results March 2026.pdf (7 pages)

## 6.6. Annual Equality Report

*For Noting* *Director of People & OD*

6.6 Annual Equality Report 2025-26 SHA Board March 2026.pdf (9 pages)

### 6.7. Performance Report

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

6.7 Board Report Cover Sheet Jan-Feb 26 final.pdf (8 pages)

### 6.8. Digital Governance & Safety Committee

*For Assurance* *Committee Chair*

- Committee Annual Report 2025/26

6.8 DG&S Highlight Report.pdf (5 pages)
6.8i DG&S Annual Report.pdf (6 pages)

### 6.9. Local Partnership Forum Highlight Report

*For Assurance* *Committee Chair*

- Forum Annual Report 2025/26

6.9 Local Partnership Forum Highlight Report 02 March 2026.pdf (5 pages)
6.9i LPF Annual Report 2025-26 v1.pdf (7 pages)

### 6.10. Programme Delivery Committee Highlight Report

*For Assurance* *Committee Chair*

6.10 PDC Highlight Report Updated.pdf (5 pages)
6.10i PDC Annual Report 2025-26.pdf (7 pages)

### 6.11. Audit & Assurance Committee Highlight Report

*For Assurance* *Committee Chair*

6.11 A&A Highlight Report.pdf (5 pages)
6.11i A&A Annual report.pdf (8 pages)

### 6.12. Remuneration & Terms of Service Committee Highlight Report

*For Assurance* *Committee Chair*

6.12 RATs Highlight Report.pdf (4 pages)
6.12i RATs Annual Report 25-26.pdf (6 pages)

**14:30 - 14:30**
0 min

## 7. CLOSING MATTERS

### 7.1. Any Other Urgent Business

*For Discussion* *Chair*

### 7.2. Date of Next Meeting: Thursday 28 May 2026

*For Noting* *Chair*

# DHCW SHA Board Meeting – Unconfirmed Public Minutes

Minutes of the meeting of Digital Health and Care Wales (DHCW) Special Health Authority Board (SHA) held on Monday 02 February 2026 as a virtual meeting broadcast live via Zoom.

10:00 – 14:30 | 02 February 2026 | ZOOM

| Members Present | Initial | Title | Organisation |
|---|---|---|---|
| Ruth Glazzard | RG | Interim Chair of the Board | DHCW |
| Ifan Evans | IE | Executive Director of Strategy | DHCW |
| Paul Evans | PE | Associate Board Member – Trade Union | DHCW |
| Rowan Gardner | RG | Independent Member | DHCW |
| Sam Hall | SH | Director of Primary, Community & Mental Health Digital Services | DHCW |
| Rhidian Hurle | RH | Executive Medical Director | DHCW |
| Marilyn Bryan Jones | MBJ | Independent Member | DHCW |
| Marian Wyn Jones | MWJ | Independent Member | DHCW |
| Sam Lloyd | SL | Executive Director of Operations | DHCW |
| Alistair Klaas Neill | AKN | Independent Member | DHCW |
| Claire Osmundsen-Little | COL | Deputy Chief Executive Officer \| Executive Director of Finance | DHCW |
| David Selway | DS | Independent Member | DHCW |
| Helen Thomas | HT | Chief Executive Officer | DHCW |

| In Attendance | Initial | Title | Organisation |
|---|---|---|---|
| Chris Darling | CD | Director of Corporate Affairs \| Board Secretary | DHCW |
| Samantha Morgan | SM | Director Of People & Organisational Development | DHCW |
| Gareth John (item 3.1 only) | GJ | Head of Information Delivery | DHCW |

| Observing | Title | Organisation |
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| Julie Robinson | Corporate Governance Coordinator (Secretariat) | DHCW |
| Laura Tolley | Head of Corporate Governance \| Deputy Board Secretary | DHCW |

| Apologies | Title | Organisation |
|---|---|---|
| Sam Hall | Director of Primary, Community and Mental Health Digital Services | DHCW |

| Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| CEO | Chief Executive Officer | FBC | Full Business Case |
| IM | Independent Member | IMTP | Integrated Medium-Term Plan |
| WG | Welsh Government | DG&S | Digital Governance & Safety Committee |
| A&A | Audit & Assurance Committee | PDC | Programmes Delivery Committee |
| NDR | National Data Resource | POD | People & Organisational Development |
| INPS | In Practice Systems | WICIS | Welsh Intensive Care Information System |
| NTA | National Target Architecture | GP | General Practitioner |
| RISP | Radiology Informatics System Programme | LIMS | Laboratory Information Management System |
| MI | Major Incident | Q1, Q2… | Quarter 1, Quarter 2…. |
| BOF | Building Our Future | CAVUHB | Cardiff & Vale University Health Board |
| SLAs | Service Level Agreements | EHR | Electronic Health Record |
| DDaT | Digital, Data and Technology | OKRs | Objectives and Key Results |
| KPIs | Key Performance Indicators | EPS | Electronic Prescription Service |
| UHB | University Health Board | AI | Artificial Intelligence |
| GDaD | Government, Digital and Data | RATS | Remuneration & Terms of Service Committee |
| LPF | Local Partnership Forum | WPOCT | Welsh Point of Care Testing |

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| MoU | Memorandum of Understanding | WIS | Welsh Immunisation System |
| RADIS | Wales Radiology Information System | | |

| Item No | Item Detail | Outcome | Action |
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| PART 1 – PRELIMINARY MATTERS | | | |
| 1.1 | **Welcome and Apologies**<br>The Interim Chair welcomed everyone bilingually to the DHCW SHA Board meeting and confirmed the meeting was being broadcast live via Zoom. In addition, the recording would be available via the DHCW website for any person unable to access the live meeting.<br>The Chair provided some housekeeping notices regarding the technical aspects of live streaming the meeting, the planned breaks, and the use of the consent agenda for items 2.1 to 2.7. | Noted | None to note |
| 1.2 | **Apologies for Absence**<br>Sam Hall, Director of Primary, Community & Mental Health Digital Services | N/A | None to note |
| 1.3 | **Declarations of Interest**<br>There were no declarations of interest. | N/A | None to note |
| PART 2 – CONSENT AGENDA | | | |
| 2.1 | **Unconfirmed Minutes of 27 November 2025 Board Meeting**<br>i. Matters Arising<br>The minutes of 27 November 2025 were approved.<br>The Board meeting can be watched in full below or by following the link in the title. | Approved | None to note |

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| | <br>The Board resolved to:<br>APPROVE the minutes of 27 November 2025 Board Meeting. | | |
| 2.2 | Action Log (1)<br>There was one public action on the log which was underway.<br>The Board resolved to:<br>NOTE the Action Log. | Noted | None to note |
| 2.3 | Forward Workplan<br>The Board resolved to:<br>NOTE the Forward Plan. | Noted | None to note |
| 2.4 | End of Year Reporting Approach<br>The Board resolved to:<br>NOTE the End of Year Reporting Approach | Noted | None to note |
| 2.5 | DHCW Adaptation Risk Assessment and Plan<br>The Board resolved to:<br>NOTE the DHCW Adaptation Risk Assessment and Plan | Noted | None to note |
| 2.6 | Biodiversity Report 2022-2025<br>The Board resolved to:<br>NOTE the Biodiversity Report 2022-2025 | Noted | None to note |
| 2.7 | Technium 2 Release Renewal<br>The Board resolved to:<br>APPROVE the Technium 2 Release Renewal | Approved | None to note |
| MAIN AGENDA | | | |

| FOR DISCUSSION | | | |
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| 3.1 | **Shared Listening and Learning Presentation**<br>• **DHCW Data Warehouse: analysis and data for research and innovation**<br>Rhidian Hurle, Executive Medical Director (RH) introduced the presentation of the DHCW Data Warehouse: analysis and data for research and innovation providing a brief background, and was accompanied by Gareth John, Head of Information Delivery who presented a set of slides.<br>• DHCW's information services span data acquisition/warehouse (national datasets and operational feeds such as diagnostics and hospital pharmacy) and analytical services (e.g. Value in Health, cancer) including a Research and Innovation (R&I) focus area.<br>• Open data and Health Maps Wales provide thousands of indicators for feasibility and geographic inequality analysis.<br>• Secure Collaborative Data Environment (SCDE): e.g. Project IDEATE (commissioned by Pfizer) explored outcome-based agreements, pseudo-anonymised data only; in-situ analysis. There is no data egress without approval.<br>• Trusted Third Party (TTP) SAIL support; DHCW processes demographic components, enabling research while preserving privacy.<br>• Study support examples: Caerphilly cohort follow-up. Early cancer detection trial outcomes flagging, COVID shielding matched controls, household-level analyses for post-COVID event transmission risk.<br>• Digital trials (Find, Recruit, Follow-up) opportunities. Interim use of SAIL GP data.<br>• NLP pilots: epilepsy information extraction from clinic letters. NDR (Google cloud platform) expected to accelerate NLP/ML with scalable compute.<br>The following areas were highlighted from the discussion.<br>• How will predictive modelling and segmentation be applied (e.g. targeting deprivation-linked health life expectancy gaps). GJ reflected on PRISM learning, but intervention, clarity and implementation were crucial. Analytics should start from defined interventions and prioritisation and not just risk ranking.<br>• The public trust risks were highlighted with further detail requested on the privacy preserving approaches and the causes of public uncertainty. The Board were assured that PII access was rare. Information Governance frameworks were followed, and ethics approvals were independent prerequisites. The Research and Information team now | Received & Discussed | None to note |

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| | streamlines decisions so analysts can focus on delivery.<br>• The work is linked to the Community by Design programme led by the Chief Medical Officer, with a prevention and population health management pillar. It was emphasised that NDR tooling now enables faster stratification and operationalisation for anticipatory care.<br>• It was further emphasised 'patient empowerment' to manage their own health via the Find, Recruit and Follow Up. This gives patients the opportunity to participate in trials. Strong evidence shows that patients that engage in trials have better outcomes.<br><br>**The Board resolved to:**<br>**RECEIVE** and **DISCUSS** the DHCW Data Warehouse: analysis and data for research and innovation. | | |
| PART 4 – FOR REVIEW | | | |
| 4.1 | **Interim Chair and Interim Vice Chair Report**<br>The interim arrangements continue for the Chair and Vice Chair. The Public Accountability meeting preparation was noted and the teams thanked for their work. No additional items were raised.<br><br>**The Board resolved to:**<br>**RECEIVE** the contents of the interim Chair and Interim Vice Chair report. | Received & Discussed | None to note |
| 4.2 | **Chief Executive's Report**<br>Helen Thomas, Chief Executive Officer (HT), presented the Chief Executive's report and the following highlights were provided:<br>• Escalation: a letter was received in January confirming the continued level 3 (enhanced monitoring) status for programme delivery.<br>• NHS Wales App: from December, new referrals were visible across organisations; new outpatient appointments with consultants were visible. Further app work was planned.<br>• Ecosia Search Engine: DHCW have recently approved the proposal to move its default search engine on all managed devices to Ecosia which is part of DHCW's ongoing commitment to sustainability and digital innovation.<br>• Digital Inclusion Action Plan: This was endorsed, DHCW will leverage national role to support inclusion, aligned with accreditation via Digital Communities Wales.<br>**The Board resolved to:**<br>**RECEIVE** the contents of the Chief Executive's report. | Received & Discussed | None to note |
| PART 5 – STRATEGIC ITEMS | | | |

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| 5.1 | **Strategy Assurance Group Report**<br><br>Ifan Evans, Executive Director of Strategy (IE), presented the report. The Strategy Assurance Group was newly established to bring better order and oversight into the organisation's numerous sub-strategies.<br><br>Five strategy updates were presented:<br><br>• **People and OD Strategy** – this was refreshed and presented for formal approval. A more detailed discussion was scheduled for later in the agenda.<br><br>• **Environmental Strategy** – drafting was underway; the group was considering whether the framework along provides sufficient assurance without a full strategy.<br><br>• **Bilingual Skills Strategy** – The approach to increase Welsh Language capability from 16% to 20% (level 1 to level 2) was explained, focusing on 'buy or build', upskilling staff and embedding Welsh language considerations in recruitment. The strategy was being refreshed ahead of the upcoming Welsh Language Standards engagement and ambition levels were under review.<br><br>• **Research & Innovation Strategy** – drafting continues with strong internal engagement; expected for approval in March.<br><br>• **Quality Strategy** – a decision was taken not to produce a full strategy, as the Quality Framework was deemed sufficient.<br><br>Two annual reports were noted:<br><br>o Communications Strategy<br><br>o Clinical Informatics & Business Change Strategy<br><br>• Long-term strategy work (20 strategic objectives and performance measures) was progressing well, with approval planned for March. The sub strategies were updated on a three-year cycles. Work was underway to reduce "strategic traffic" and improve report conciseness.<br><br>Discussions focused on the following:<br><br>Concern was raised regarding the adequacy of external engagement, particularly for the Research & Innovation Strategy. It was acknowledged the variation in engagement levels and the work on a strategy playbook to drive consistency was highlighted.<br><br>Members noted the R&I strategy was in a different position compared to three years ago and was keen to strengthen strategic direction and assurance mechanisms. Matthew Wintle chairs the relevant committee on behalf of DHCW, bringing valuable background and expertise. Work is underway to understand how best to derive value from the strategy, including identifying the appropriate organisational entry points for accessing secure data environments and supporting wider service needs. Additionally, the R&I strategy sets out significant opportunities for the NHS, particularly through increased | Noted | None to note |

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| | collaborative engagement beyond Wales. Evidence shows better outcomes for those participating in clinical trials and there was a desire to attract more clinical trials to Wales. Recent UK-wide conferences emphasised Wales' strength in providing integrated datasets to support research activities, offering a competitive advantage.<br><br>**The Board resolved to:**<br>**NOTE** the Strategy Assurance Group Report and **APPROVE** the People and OD Strategy | | |
| 5.2 | **Integrated Medium Term Plan 2026/29**<br>Ifan Evans, Executive Director of Strategy (IE) presented the IMTP 2026/29 update and highlighted the following key points:<br>• The development of the IMTP was progressing well, with significant engagement from senior leaders.<br>• Portfolios and missions were reviewed, with alignment to product-based roadmaps improving.<br>• The plan had been assessed against Welsh Government's planning framework.<br>• A development session was scheduled in three weeks; final IMTP to be presented to the Board in March.<br>• A key risk: the Remit letter had not yet been received which may necessitate late revisions.<br>Discussions centred on the following:-<br>• The Chair challenged why the letter had not yet been issued, given that no significant changes were expected.<br>• IE reported that the delay was due to internal government processes and ministerial review, though officers were advised it was expected imminently.<br>• Concerns were raised regarding the timing of Accountable Officer (AO) letters, due mid-February, as these depend on clarity within the remit and allocation letter.<br>• HT confirmed ongoing dialogue with Welsh Government colleagues, who were preparing remit letters for all national organisations concurrently.<br>• Senior leaders expressed confidence that the remit letter content aligns with the IMTP, as there had been strong joint working on priorities.<br><br>**The Board resolved to:**<br>**NOTE** the IMTP 2026/29 | Noted | None to note |
| 5.3 | **National Target Architecture Update**<br>An update was provided on the National Target Architecture (NTA), a strategic programme establishing the long-term digital architecture for NHS Wales. | Noted for Assurance | None to note |

- Four core work elements:
  1. Co-design of the future target architecture
  2. Roadmaps from current to target state
  3. Strategic investment plan
  4. Governance and professional architecture community of practice.
- There was strong engagement from all organisations across NHS Wales; with significant progress on drafting architecture and roadmaps.
- The next steps include finalising the co-designed version, completing the investment plan and preparing the 2026-27 work plan.

The Board discussed the following:

Work was supported by external consultants and extensive system engagement. The deliverables will include a high-level strategic presentation and a detail supporting document outlining constraints, sequencing requirements and investment considerations.

The Board was advised that certain programme elements (e.g. LIMS 3 replacement) are time-locked by contractual cycles.

Early investments may include device modernisation, data migration readiness and professional capability-building within the architecture discipline.

Members stressed the importance of identifying early, visible systems benefits to support confidence, despite the long-term nature of the programme

It was acknowledged that moving from high-level principles to concrete decisions, particularly where legacy systems must be retired, will require careful management of system relationships and expectations.

The Board welcomed the strong evidence base emerging from business capability mapping and national architecture modelling.

Members noted that comparative learning from other UK nations and international systems supports the current strategic direction. DS highlighted interest in the forthcoming roadmap and its associated business case, seeking clarity on expected timelines. IE confirmed that an external consultant was supporting development at a high level. A business case will be required for the next generation of LIMS, although not a formal approval document at this stage.

Significant data migration activity remains on target for completion by the end of March.

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| | It was emphasised that given the challenging investment context, simplifying the architecture will be beneficial.<br><br>**The Board resolved to:**<br>**NOTE** the National Target Architecture update for **ASSURANCE**. | | |
| 5.4 | **Programme Typology & DHCW Playbook**<br>IE presented the report which provided an update on the development of a Programme Typology and supporting DHCW Playbook which was intended to bring consistency and transparency to programme definition and governance.<br>• The typology will support evidence-based decisions on delivery approaches and commercial routes.<br>• It will provide clearer guidance on structuring programmes and initiatives, aligning governance, and shaping procurement choices.<br>• HT emphased the value of this work in strengthening delivery confidence, particularly in the context of the organisation's enhanced monitoring status.<br>• It had been widely shared with stakeholders and was well received. The next step is review through national DDaT governance.<br>Members discussed the complexity of the landscape of digital transformation across Wales and how Audit Wales' upcoming findings might support understanding of this complexity. The Audit Wales review could help explain misalignments between perceptions and the reality of digital delivery challenges.<br>**The Board resolved to:**<br>**NOTE** the Programme Typology & DHCW Playbook | Noted | None to note |
| PART 6 – GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE | | | |
| 6.1 | **DHCW Escalation Update**<br>CD presented an update on DHCW's Escalation status, and the actions taken since moving from Level 1 routine monitoring to Level 3 enhanced monitoring in March. The escalation was specifically related to the delivery of major programmes.<br>The key activities and progress:<br>• An IQPD meeting had taken place on 3rd December where Welsh Government reviewed the escalation plan. Discussions also took place on the NHS app and working with Health Board partners.<br>• Out of 40 milestones due between April and December, 39 had been delivered, with four completed later than the original target date.<br>• Integrated Care Record (OBC) deferred to the end of | Noted for Assurance | None to note |

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| | March and was flagged at the December IQPD.<br>• CaNISC was scheduled to be moved into archive mode – this is scheduled for February following the completion of the National Cancer audit activity.<br>• CD emphasised the need to build a more robust evidence base for stakeholder perceptions – moving from anecdotal feedback to quantifiable metrics – citing positive service desk metrics and successful data-focused events.<br>• A Board Development session had taken place which reflected on escalation.<br>Board members emphasised the link between the successful delivery of major programmes such as LIMS and RISP and improved public confidence. It was agreed that perception was a difficult concept to measure, but the organisation had plans on how to take this forward, additionally the recent Audit Wales review on Digital Transformation within all Health Boards across Wales would provide insight.<br>HT highlighted that 2026 would be a significant year in terms of delivery of national diagnostics and data infrastructure programmes.<br>**The Board resolved to:**<br>**NOTE** the DHCW Escalation Update for **ASSURANCE** | | |
| 6.2 | **Finance Report**<br>Claire Osmundsen-Little, Executive Director of Finance (CO-L), presented a set of slides highlighting DHCW's financial position:<br>• The organisation was forecasting a financial balance at year end, with a small revenue underspend driven by vacancies offsetting programme pressures.<br>• £3.4 of recurrent savings was expected to be delivered.<br>• Capital spending remains weighted towards the final quarter, but confidence had increased due to the receipt of invoices from health boards for programme disbursements.<br>Members noted the significant achievements in accelerating GP system migrations following the supplier liquidation.<br>Clarification was provided on the VAT position relating to Microsoft licensing:<br>o £852k relates to the first confirmed cohort<br>o £2.8m is an estimate of longer-term exposure subject to ongoing engagement with HMRC<br>The IMTP milestones were outlined, acknowledging the dependence on receiving the remit and allocation letter in time.<br>The Board were advised that the overall budget for 2026-27 remains challenging due to minimal new investment and inflationary constraints. It was expected there would be a more even spend throughout the 2026-27 financial year, with a large | Received & Discussed | None to note |

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| | number of programmes coming to an end in the middle of the year.<br>**The Board resolved to:**<br>**NOTE** the Finance Report. | | |
| 6.3 | **Strategic Procurement Report**<br>CO-L presented one Contract Award paper: -<br>i. P159.07 Microsoft Server and Cloud Enrolment ("SCE") Agreement<br>The procurement consolidates Windows and SQL Server licences into a single subscription model, including Software Assurance. This approach supports future cloud migration and ensures licence compliance.<br>Members noted that Microsoft's licensing model effectively necessitates this route.<br>National coordination across NHS Wales is ongoing, including Enterprise Agreement negotiations and exploration of Shared Azure discounting.<br>**The Board resolved to:**<br>**APPROVE** the following<br>ii. P159.07 Microsoft Server and Cloud Enrolment ("SCE") Agreement | Approved | None to note |
| 6.4 | **Corporate Risk Register**<br>CD presented the Corporate Risk Register report advising that DHCW's Corporate Risk Register currently had 17 risks on the register, 15 of which were detailed within the report and two private risks which were considered at every Digital Governance and Safety Committee.<br>CD highlighted the following key points: -<br>One new risk had been added:<br>• **Risk DHCW0352**: Delivery of 2025-2026 Milestones. The risk reflects the position regarding additional requests and the pressure within the IMTP that has resulted.. IE provided further detail, a series of ministerial led initiatives and Health Board requests related to the app had been requested. The costs had been absorbed. The 100 additional milestones through this year would likely result in deprioritisation of other milestones/roll over to next year.<br>**DHCW0298** delay in the implementation of WLIMs 2. The timescales remain tight but the Board were well sighted on implementation scale.<br>**DHCW0320 / DHCW0263** HT and RH provided an update on the positive senior level meeting regarding information governance and data sharing challenges, with cross-system leadership now aligned on the need for safe and | Received & Discussed | None to note |

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| | ethical data-sharing.<br><br>DHCW0333 intensive care implementation – updated on recent correspondence from Welsh Government set out steps required to secure confirmation of the longer-term approach.<br><br>There were no risks removed or downgraded during since the last meeting.<br><br>**The Board resolved to:**<br><br>**RECEIVE** the Corporate Risk Register | | |
| 6.5 | **People & Culture Report**<br><br>Samantha Morgan, Director of People and OD (SM) presented the People and Culture Report which included the People and OD Strategy which had been previously discussed under item 5.1.<br><br>SM provided the following highlights:<br><br>• The strategy was built on six pillars: Attraction/retention; future skills, collaboration and engagement, health and inclusive culture; high performance through leadership/management; workforce modelling.<br><br>• The strategy places emphasis on system leadership and development of a Wales-wide digital profession, supported by the newly formed Workforce Capability Board.<br><br>• The importance of strengthening cross-system collaboration and strategic workforce planning was emphasised which will address weakness within the system.<br><br>The Board commended the team on the strategy, for the clarity, ambition and measurable outcomes (SMART). Having clear, measurable objectives was an area in which Audit Wales have previously fed back following reviews.<br><br>People and Culture Report – the report outlined the current delivery activities, including the new Culture Framework, improved values-based behaviours and positive external assurance findings.<br><br>**The Board resolved to:**<br><br>**NOTE** the People & Culture Report and **APPROVE** the refreshed People & OD Strategy | Approved and Noted | None to note |
| 6.6 | **Performance Report**<br><br>CO-L presented the Performance Report, highlighting the following items.<br><br>**Major Programmes:**<br><br>○ **WLIMS2** will move into quarter 1 of the next financial year due to delivery pressures.<br><br>○ **RISP** continues to progress well, with recent successful go-lives. | Received & Discussed | None to note |

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| | ○ **NHS Wales App** milestones have been achieved as scheduled.<br><br>**Freedom of Information (FOI)** compliance has improved significantly, reaching 100% in December.<br><br>**Service operations:**<br>○ Call abandonment rates increased temporarily due to seasonal leave and sickness.<br>○ First-line fix rates and appraisal compliance remain below target but are being addressed.<br><br>**IMTP delivery confidence** stands at 78% with more than 350 milestones expected to be completed – exceeding the original submission.<br><br>**The Board resolved to:**<br><br>**RECEIVE** the Performance Report. | | |
| 6.7 | Digital Governance & Safety Committee<br><br>Rowan Gardner, Chair of Digital Governance & Safety Committee (RG) provided an update from the meeting held on 20 November 2025.<br>• There were no issues to escalate.<br>• The Information Governance Team were commended for 20 years of WASPI with the team winning Privacy Team of the Year.<br>• The ICO Code of Practice submission was lodged – strategically enabling ethical data sharing.<br><br>For further information on DHCW's Digital Governance & Safety Committee follow the link in the title or alternatively scan the following QR code.<br><br>**The Board resolved to:**<br><br>**RECEIVE** the Digital Governance & Safety Highlight Report for **ASSURANCE** | Received for Assurance | None to note |
| 6.8 | Local Partnership Forum Highlight Report<br><br>Paul Evans , Joint Chair of the Local Partnership Forum (PE) provided an update from the meeting held on 4 December 2025.<br>• There were no escalations.<br>• Workforce performance demonstrated an improved sickness absence record.<br>• Updates on Digital Learning Platform and Social Partnership were received.<br>• An update on estates (Technium 2) was received.<br>• The pay award for 2026-27 was discussed. | Noted for Assurance | None to Note |

| | | | |
|---|---|---|---|
| | For further information on DHCW's Local Partnership Forum following the link in the title or alternatively scan the following QR code.<br><br>**The Board resolved to:**<br>**RECEIVE** the Local Partnership Forum Highlight Report for **ASSURANCE** | | |
| 6.9 | **Remuneration & Terms of Service Committee Highlight Report**<br>Ruth Glazzard, Chair of the Remuneration & Terms of Service Committee<br>**The Board resolved to:**<br>**RECEIVE** the Remuneration & Terms of Service Committee Highlight Report for **ASSURANCE** | Noted for assurance | None to note |
| PART 7 – CLOSING MATTERS | | | |
| 7.1 | **Any Other Urgent Business**<br>There were no further items to discuss. | Discussed | None to note |
| 7.2 | **Date of Next Meetings**:<br>Thursday 26 March 2026<br>The meeting closed at 14:05 | Noted | None to note |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# FORWARD WORKPLAN REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.3 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

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

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the report | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Laura Tolley, Head of Corporate Governance / Deputy Board Secretary | March 2026 | Reviewed |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Board has a Cycle of Board Business that is reviewed on an annual basis. Additionally, there is a forward workplan which is used to identify any additional timely items for

inclusion to ensure the Board are reviewing and receiving all relevant matters in a timely fashion.

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

4.1 The following items have been added to the Forward Workplan 2025-26 and are due to be presented at the meeting on 26 March 2026:

| tem | Executive Lead |
|---|---|
| 2025/26 Q3 & Q4 DCR Return | Director of Corporate Affairs/Board Secretary |
| Action log | Director of Corporate Affairs/Board Secretary |
| Adaptation Qualitative Reporting 2025/26 | Director of Corporate Affairs/Board Secretary |
| Annual Equality Report | Director of People & OD |
| Annual Review of Standing Orders | Director of Corporate Affairs/Board Secretary |
| Audit + | Director of Primary, Community and Mental Health Digital Services |
| Audit Wales Structured Assessment and Audit Letter | Director of Corporate Affairs/Board Secretary |
| Board & Committee Self-Effectiveness | Director of Corporate Affairs/Board Secretary |
| Board Champion Annual Report | Director of Corporate Affairs/Board Secretary |
| Chair & Vice Chair Report | Director of Corporate Affairs/Board Secretary |
| Chief Executive Report | Chief Executive Officer |
| Committee & Advisory Group Highlight Reports | Director of Corporate Affairs/Board Secretary |
| Committee & Advisory Groups Annual Reports | Director of Corporate Affairs/Board Secretary |
| Community & Mental Health Data & Digital Delivery Plan | Director of Primary, Community and Mental Health Digital Services |
| Corporate Risk Register Report | Director of Corporate Affairs/Board Secretary |
| Decarbonisation Action Plan 2025/2028 | Director of Corporate Affairs/Board Secretary |
| Declarations of interest | Chair |
| Estates Plan 2025/2028 | Director of Corporate Affairs/Board Secretary |
| Finance Report | Executive Director of Finance |
| Forward Work Plan | Director of Corporate Affairs/Board Secretary |
| Gender Pay Gap Annual Report | Director of People & OD |
| MTP Development Updates | Executive Director of Strategy |
| MCSSP Letter to Public Bodies - Social Partnership Duty Reports | Director of People & OD |
| Minutes | Director of Corporate Affairs/Board Secretary |
| National Target Architecture (alt main agenda & CEO report) | Executive Director of Strategy |
| NHS Staff Survey Results | Director of People & OD |
| Perfomance Report | Executive Director of Finance |
| Primary, Community & Mental Health Update | Director of Primary, Community and Mental Health Digital Services |
| Qualitative Return NHS Wales Decarbonisation Strategic Delivery Plan | Director of Corporate Affairs/Board Secretary |
| Research and Innovation Strategy (refresh) as above | Executive Medical Director |
| SHA Board Cycle of Business | Director of Corporate Affairs/Board Secretary |
| Shared Listening and Learning | Executive Medical Director |

4.2 In addition, the following items have been added to the Forward Workplan 2026-27 and are scheduled to be presented to the 28 May 2026 meeting:

| Item | Executive Lead |
|---|---|
| 2024/25 Q3 & Q4 DCR Return | Director of Corporate Affairs/Board Secretary |
| Action log | Director of Corporate Affairs/Board Secretary |
| Annual Review of Risk Appetite and Risk Tolerance | |
| Annual Review of Risk Appetite and Risk Tolerance | Director of Corporate Affairs/Board Secretary |
| Bilingual Skills refresh | Director of Corporate Affairs/Board Secretary |
| Board Assurance Framework Report | Director of Corporate Affairs/Board Secretary |
| Building Our Future Programme Update | Executive Director of Finance |
| Chair & Vice Chair Report | Director of Corporate Affairs/Board Secretary |
| Chief Executive Report | Chief Executive Officer |
| Committee & Advisory Group Highlight Reports | Director of Corporate Affairs/Board Secretary |
| Corporate Risk Register Report | Director of Corporate Affairs/Board Secretary |
| Declarations of interest | Chair |
| Emergency Planning Annual Report | Executive Director of Strategy |
| Finance Report | Executive Director of Finance |
| Forward Work Plan | Director of Corporate Affairs/Board Secretary |
| Minutes | Director of Corporate Affairs/Board Secretary |
| National Target Architecture (alt main agenda & CEO report) | Executive Director of Strategy |
| Perfomance Report | Executive Director of Finance |
| Shared Listening and Learning | Executive Medical Director |
| Stakeholder Engagement Plan Update | Executive Director of Strategy |
| Strategic Procurement Report | Executive Director of Finance |
| Welcome and Introductions | Chair |
| Welsh Language Scheme Annual Report | Director of Corporate Affairs/Board Secretary |

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

5.1 Several activities are underway to address the requirement to horizon scan both internally and across the healthcare system in Wales to inform the forward workplan for Board.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **NOTE** the report. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# SHA BOARD CYCLE OF BUSINESS 2026-27

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.4 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Bethan Walters, Corporate Governance and Risk Manager |
| Cyflwynwyd gan:<br>Presented By: | Chris Darling, Director of Corporate Affairs/ Board Secretary |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Approval |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| APPROVE the Board Cycle of Business 2026-27. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report. |
| | The Annual Cycle of Business sets out the work programme for the Management Board and ensures good governance contributing towards high quality, safe services. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report. |
| | The Annual Cycle of Business ensures that statutory reporting timescales are adhered to. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| | |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | No, there is no direct impact on resources as a result of the activity outlined in this report. |
| | |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report. |
| | |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |
| | |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Laura Tolley, Deputy Board Secretary \| Head of Corporate Governance | March 2026 | Reviewed |
| Chris Darling, Director of Corporate Affairs \| Board Secretary | March 2026 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Each year the SHA Board will receive a Cycle of Business, populated with business-as-usual items that are regularly presented for consideration, as identified by DHCW's operational requirements.

3.2 The annual cycle of business, once approved, informs the basis of the Forward Workplan for the new financial year, 2026-27, and along with the terms of reference, is a key component in ensuring that Board is effectively carrying out its role.

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

4.1 The Cycle of Business covers the period from 1 April 2026 to 31 March 2027.

4.2 The Cycle of Business has been developed to help plan the management of business-as-usual reporting and organisational workflows.

4.3 The Cycle of Business facilitates the management of agendas and organisational business in line with DHCW's reporting requirements, offering a governance route of assurance through Management Board into DHCW's public and private Board sessions.

4.4 Joint work has taken place with colleagues across DHCW Directorates in order to align DHCW's internal reporting and ensure that all items have been captured and provide adequate reporting through the governance process.

4.5 Consideration has been taken when populating the Board Cycle of Business of each component that feeds or aligns with Board to ensure that all reporting is captured across the governance function without creating duplication.

4.6 Once approved the Cycle of Business will be used to inform the Board Forward Workplan for 2026-27, which is presented at each Board meeting, and subject to change throughout the year as a working document for management of all organisational workflow reporting, not inclusive to business-as-usual items.

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

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

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **APPROVE** the SHA Board Cycle of Business 2026-27. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# STANDING ORDERS ANNUAL REVIEW

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.5 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

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

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Approval |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| APPROVE the Standing Orders 2026-27<br>NOTE DHCW's compliance with Standing Orders for 2025-26<br>NOTE DHCW's self-assessment against the UK Corporate Governance Code 2024 | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | Yes, please see detail below<br>The SOs are a key foundation of DHCW's governance and accountability framework. A robust governance and accountability framework is more likely to impact favourably on the safety and experience of patients and staff. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | Yes, please see detail below<br>The SOs are designed to translate the statutory requirements for DHCW set out in legislation into day-to-day operating practice. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report<br> |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | No, there is no direct impact on resources as a result of the activity outlined in this report.<br> |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report.<br> |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report.<br> |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Chris Darling, Director of Corporate Affairs \| Board Secretary | March 2026 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| SO | Standing Orders | SFI | Standing Financial Instructions |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Standing Orders are designed to translate the statutory requirements set out in legislation into day-to-day operating practice. The Standing Orders include the Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others; and Standing Financial Instructions. The SOs provide the regulatory framework for the business conduct of DHCW.

3.2 Whilst Whilst DHCW has the authority to amend the Model Standing Orders any amendment or variation must not contravene directions issued by Welsh Ministers or statutory requirements. The following provisions cannot be varied without the consent of Welsh Ministers:

- Section A – Introduction – The role of the Board Secretary
- Non-officer Members – Paragraph 1.1.4
- Associate Members – May include the Chief Digital Officer for NHS Wales – Paragraph 1.1.7
- Tenure of Board Members – Paragraph 1.3
- Committees Established by DHCW – Paragraph 3.4.1
- Advisory Groups – as a minimum to include the Local Partnership Forum (LPF)
- Arrangements relating to meetings, with particular emphasis on timescales and the quorum
- Matters reserved for the Board where the full Board is required to retain responsibility or is in accordance with statutory requirements.
- Removal of requirements of the Committee model terms of reference, although these can be added to.

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

4.1 The SHA Board are asked to note the following changes to the Standing Orders via tracked changes. Below summarises the changes:

- Front Cover – Dates Updated
- Page 56 - Scheme of Delegation to Executive Directors, Other Directors & Officers
- Page 68 – Updated links to Committee & Advisory Group Terms of Reference for 2025/26 (once approved by the SHA Board)
- Throughout the document, 'Programmes Delivery Committee' changed to 'Portfolio Delivery Committee' as per revised endorsed Committee Terms of Reference.

4.2 An update on DHCW's compliance with Standing Orders for 2025-26 is also included for information.

4.3 The revised UK Corporate Governance Code 2024 applies to the financial years after 1

January 2025. The revised code only includes a limited number of changes and is separated into five sections (listed below) and operates on a 'comply and explain' basis:

- Board Leadership and Organisation Purpose
- Division of Responsibilities
- Composition, Success and Evaluation
- Audit, Risk and Internal Control
- Remuneration

DHCW have completed a self-assessment of the UK Corporate Governance Code 2025-26, and this is included for information.

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

5.1 At the time of writing, DHCW is operating with vacancies in Board membership and with interim Chair and Vice Chair arrangements in place. While these arrangements provide continuity, the reduced Board capacity and reliance on interim leadership may impact the Board's resilience, continuity of leadership, and long-term strategic oversight if not resolved in a timely manner.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE the Standing Orders 2026-27<br>NOTE DHCW's compliance with Standing Orders for 2025-26<br>NOTE DHCW's self-assessment against the UK Corporate Governance Code 2024 | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ANNUAL SHA BOARD AND COMMITTEE EFFECTIVENESS SELF ASSESSMENT

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|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.6 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Bethan Walters, Corporate Governance and Risk Manager |
| Cyflwynwyd gan:<br>Presented By: | Chris Darling, Director of Corporate Affairs/ Board Secretary |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the content of the report. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Executive Directors | Dec 2025-Jan 2026 | Reviewed |
| Laura Tolley, Deputy Board Secretary \| Head of Corporate Governance | March 2026 | Reviewed |
| Chris Darling, Director of Corporate Affairs \| Board Secretary | March 2026 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| SO's | Standing Orders | | |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Chair of the SHA Board and each Committee and Advisory Group are required to undertake an annual effectiveness self-assessment questionnaire.

3.2 Members of the SHA Board, Audit & Assurance Committee, Digital Governance & Safety Committee, Programmes Delivery Committee, Remuneration & Terms of Service Committee and the Local Partnership Forum received the relevant self-effectiveness survey which was broken down into three sections:

- Positive Assurance
- Areas that have not arisen, but the Board, Committees and Advisory Group were aware of their responsibilities
- Areas for further assurance.

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

4.1 Overall, the survey findings were generally positive with some potential areas for improvement or action identified. A number of themes from the survey feedback included in all SHA Board, Committees and Advisory Group reports included:

- SHA Board, Committees and Advisory Group felt they had been provided with sufficient authority.
- SHA Board, Committees and Advisory Group felt that meetings take place with open and productive debate and behaviour is courteous and professional.
- Positive feedback on improvement of culture within the organisation following the appointment of the new Director of People and Organisational Development
- The Committees and Advisory Groups had matured over the past 12 months.
- The move to Interim chair/vice chair has not affected stability of the board

Some potential areas for improvement were identified which included

- Opportunities for Board members to meet more frequently on an informal basis for relationship building
- Opportunities for earlier engagement of Independent Members in issues and strategic developments to enable a more meaningful contribution in this area
- Opportunities to further strengthen report writing and reduce length of Board papers

4.2 All reports can be found in full via the links below:

- Audit & Assurance Committee Self-Effectiveness Report 2025-26
- Digital Governance & Safety Committee Self-Effectiveness Report 2025-26
- Programmes Delivery Committee Self-Effectiveness Report 2025-26

- Local Partnership Forum Self-Effectiveness Report 2025-26

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

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

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE the content of the report. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# BOARD CHAMPION ANNUAL REPORT 2025-26

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|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.7 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

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

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the Board Champion Annual Report 2025-26 and APPROVE the change in Board Champion roles outlined in section 4.2. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Chris Darling, Director of Corporate Affairs \| Board Secretary | March 2026 | Approved |
| | | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| NE | Non-Executive | WG | Welsh Government |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with Standing Order 1.4.12 the Chair will ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by Digital Health and Care Wales, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board Member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board Members for that particular aspect of Board business.

3.2 Board champion posts have been introduced to Local Health Boards and NHS Trusts since 2003 and are a mix of statutory and non-statutory roles, to be held at non-executive (Independent Member), executive director level or both.

3.3 Welsh Health Circular WHC/2021/002 sets out a reduced number of Board Champion roles Welsh Government have identified as continuing to need to be fulfilled.

3.4 A Board Champion provides Board leadership to the important areas highlighted for NHS Wales Board's, acting as an advocate and the conscience of the Board on the area of interest.

3.5 The SHA Board agreed that a report would be presented to the SHA Board annually on the Board Champion work that has been undertaken.

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

4.1 It is recognised that not all the Board Champion roles align to DHCW as directly as they do for Health Boards and NHS Trusts, however, DHCW have Board Champion leads for each area identified by Welsh Government.

4.2 Board Champion roles have been updated to ensure even allocation between Independent Members. The changes are outlined in the table below and the Board are asked to **APPROVE** the change in the allocation of Board Champion roles.

| Champion Role | DHCW Board Champion – Executive 2025-26 | DHCW Board Champion – Executive 2026-27 |
|---|---|---|
| Mental Health | Rhidian Hurle | Sam Hall |

4.3 The Board Champion 2025-26 update outlines National Activity, DHCW activity in addition to Forward Work Planned for each Board Champion role.

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

5.1 Several activities are underway to address the requirement to horizon scan both internally and across the healthcare system in Wales to inform the forward workplan for Board.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **NOTE** the Board Champion Annual Report 2025-26 and **APPROVE** the change in Board Champion roles outlined in section 4.2. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# PAY GAP REPORT
# 1 APRIL 2024 – 31 MARCH 2025

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.8 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Samantha Morgan, Director of People and Organisational Development |
| Paratowyd gan:<br>Prepared By: | Lenisha Wright, Equality, Diversity, Inclusion and Wellbeing Lead & Sarah Brooks, Head of Culture & People Strategy |
| Cyflwynwyd gan:<br>Presented By: | Samantha Morgan, Director of People and Organisational Development |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Approval |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| APPROVE the Pay Gap Report. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | Not applicable |
| ASESIAD O'R EFFAITH AR ANSAWDD<br>(cyf, os yw'n briodol)<br>QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) | Not applicable |

| | |
|---|---|
| DEDDF LLESIANT CENEDLAETHAU'R DYFODOL<br>WELL-BEING OF FUTURE GENERATIONS ACT | A More Equal Wales |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>• A Resilient Wales<br>• A Wales of cohesive Communities<br>• A Healthier Wales | |

| | |
|---|---|
| SAFONAU ANSAWDD IGDC<br>DHCW QUALITY STANDARDS | BS 76000 - Valuing People Standard |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>ISO 30415:2021 | |

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

| | |
|---|---|
| DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno: Ddim yn berthnasol<br>Date of submission: N/A |
| No, (detail included below as to reasoning) | Outcome: N/A |
| Datganiad:<br>Statement: As this is not a policy, scheme or project, an Equality Impact Assessment is not required. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | Yes, please see detail below<br>Equality Act 2010 requirement to report Gender Pay Gap. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | Yes, please see detail below<br>Potential financial implications with addressing disparities, for example approval of applications for NHS Incremental Credit Application Policy, and additional training to improve progression opportunities. |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below<br>Pay Gap reporting increases transparency and equality, addressing disparities in pay. Improves morale and could positively impact retention. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | Yes, please detail below<br>Closing pay gaps has a positive impact on the workforce and the wider community. Systemic barriers can be identified, which inform relevant policies and practices. Equitable career progression for our workforce, improves opportunities for those who come from disadvantaged or low-income groups. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | Yes, please see detail below<br>We continue to benchmark, review and implement best practice to improve Pay Gap. |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Sarah Brooks, Head of Culture and People Strategy | 9 February 2026<br>9 March 2026 | Slight amends and approved |
| Samantha Morgan, Director of People and Organisational Development | 9 March 2026 | Approved |
| Weekly Executive Directors | 11 March 2026 | Approved |
| Management Board | 12/03/2026 | Approved |
| SHA Board | 26/03/2026 | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| UK | United Kingdom | ESR | Electronic Staff Record |
| SEP | Strategic Equality Plan | EIA | Equality Impact assessment |
| NHS | National Health Service | GPG | Gender Pay Gap |
| POD | People and Organisational Development | WRES | Workforce Race Equality Standard |
| HWB | Health & Wellbeing | EDI | Equality, Diversity & Inclusion |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 As a Special Health Authority within NHS Wales, Digital Health and Care Wales (DHCW) is legally required to comply with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, which mandate the annual publication of gender pay gap data for organisations with more than 250 employees.

3.2 The purpose of this report is to provide assurance of compliance with statutory requirements and to reinforce the organisation's ongoing commitment to fair pay, transparency and equality. In addition, this year's report includes analysis of disability and ethnicity pay gaps.

3.3 This report should be read alongside the wider equality and human rights frameworks that inform and support DHCW's approach to fair pay and workforce equality. Appendix 1 sets out the national and organisational action plans relevant to this report, including the Workforce Race Equality Standard, the Strategic Equality Plan and Welsh Government equality action plans. These frameworks provide the strategic context for the actions outlined in response to the pay gap findings and support continued compliance, transparency and progress towards equitable outcomes.

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

4.1 This section summarises the key findings from the Pay Gap Report, highlighting areas of progress, areas where gaps have widened, and the factors influencing year-on-year movements across gender, ethnicity and disability pay gaps. It provides the context required to understand these changes and identifies priority areas for continued focus.

### Areas of progress

DHCW continues to make positive progress in workforce representation, particularly for women at Board, Executive and senior leadership levels. This has contributed to a sustained narrowing of the mean gender pay gap over the past three years and reflects the impact of inclusive recruitment practices, flexible working arrangements and

sustained leadership commitment to equality.

Where gaps have widened

In the most recent reporting year, the median gender pay gap, alongside both the median and mean ethnicity pay gaps, and the mean disability pay gap, have widened. These movements require continued monitoring to ensure that short-term trends do not translate into longer-term structural inequality. The data below shows a broadly stable workforce of 1,252 employees as of 31 March 2025, with full-time equivalent staffing remaining consistent year on year, while pay gap patterns vary by characteristic.

*Table 1 Headcount*

| Headcount | 31 March 2023 | 31 March 2024 | 31 March 2025 |
|---|---|---|---|
| Total | 1,133 | 1,263 | 1,252 |
| Full-Time Equivalent | 1,090 | 1,209.83 | 1,206.63 |

The mean gender pay gap has continued to narrow slightly to 5.56%, reflecting progress in senior female representation, although the median gender pay gap widened to 14.54%, indicating continued concentration of women in lower pay bands.

*Table 2 Median and Mean Gender Pay gaps*

| | **Female** | **Male** | **Pay gap (%)** |
|---|---|---|---|
| **Median 31st March 2023** | £18.24 | £20.81 | 13.16% |
| **Mean 31st March 2023** | £20.62 | £21.83 | 5.70% |
| **Median 31st March 2024** | £19.44 | £22.18 | 12.36% ⬇ |
| **Mean 31st March 2024** | £21.79 | £23.09 | 5.63% ⬇ |
| **Median 31st March 2025** | £20.51 | £24.00 | 14.54% ⬆ |
| **Mean 31st March 2025** | £23.46 | £24.84 | 5.56% ⬇ |

Disability data shows little change in overall headcount, but both the median (18.29%) and mean (17.43%) disability pay gaps remain significant and have widened slightly, driven by differences in progression and seniority

*Table 3 Headcount based on Disability*

| | Disabled | Not Disabled | Not Stated | Prefer not to say | Total |
|---|---|---|---|---|---|
| 31 March 2024 | 108 | 1075 | 63 | 17 | 1263 |
| 31 March 2025 | 109 | 1064 | 63 | 16 | 1252 |

*Table 4 Median and Mean Disability Pay Gaps*

| | Disabled | Not Disability | Not stated | Prefer not to say | Pay Gap (%) |
|---|---|---|---|---|---|
| **Median 31 March 2024** | £19.44 | £22.18 | £18.42 | £22.18 | 18.53% |
| **Mean 31 March 2024** | £20.28 | £22.74 | £23.50 | £23.09 | 14.73% |
| **Median 31 March 2025** | £20.51 | £23.40 | £23.40 | £24.64 | 18.29% ↓ |
| **Mean 31 March 2025** | £22.10 | £24.31 | £26.32 | £26.17 | 17.43% ↑ |

Ethnicity data shows increasing representation of Black, Asian and minority ethnic colleagues, rising to 165 staff in 2025, alongside widening median (15.76%) and mean (20.43%) ethnicity pay gaps, reflecting concentration in lower pay bands and slower progression into senior roles.

*Table 5 Headcount based on Ethnicity*

| | Black, Asian and minority ethnic people | White | Blank / Not declared | Total |
|---|---|---|---|---|
| 31 March 2024 | 150 | 1046 | 67 | 1263 |
| 31 March 2025 | 165 | 1021 | 66 | 1252 |

*Table 6 Median and Mean Ethnicity Gaps (March 2024)*

| | Median | Mean |
|---|---|---|
| Black, Asian and minority ethnic people | 19.44 | 20.78 |
| White | 22.18 | 22.72 |
| Blank / Not declared | 22.18 | 24.17 |
| Pay Gap (%) | 13.17% | 15.07% |

*Table 7 Median and Mean Ethnicity Pay Gaps (March 2025)*

| | Median | Mean |
|---|---|---|
| Black, Asian and minority ethnic people | 20.51 | 21.82 |
| White | 23.40 | 24.47 |
| Blank / Not declared | 24.02 | 26.79 |
| Pay Gap (%) | 15.76% ↑ | 20.43% ↑ |

Overall, the tables demonstrate positive progress in workforce diversity and attraction, alongside persistent and, in some cases widening, pay gaps that highlight the need for sustained focus on progression, development and retention to achieve long-term pay

equity
The data set used for analysis includes 1,252 individuals as of 31 March 2025.

### Factors influencing change

The observed movements are largely driven by successful recruitment of women, disabled colleagues and colleagues from ethnic minority backgrounds into entry-level roles, combined with the pay progression profile of longer-serving staff in higher pay bands. While this reflects positive progress in attraction and workforce diversity, it has had a short-term widening effect on certain pay gap measures where progression into senior roles takes time.

### Actions to support continued progress

The organisation will now place increased emphasis on progression, development and retention, prioritising targeted career pathways, development opportunities and progression initiatives for women, disabled colleagues and colleagues from ethnic minority backgrounds. Pay distribution and progression trends will continue to be monitored to support sustained improvement in equitable pay outcomes.

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

5.1 This section highlights the areas requiring specific focus arising from the Pay Gap analysis that require executive awareness and ongoing oversight. While progress has been made, several challenges remain that could impact sustained improvement if not actively addressed.

5.2 The most significant area requiring focus relates to the ethnicity pay gap, where both median and mean gaps have widened and representation of Black, Asian and minority ethnic colleagues remains disproportionately concentrated in lower pay bands, with limited progression into senior roles. This presents a challenge to long-term pay equity outcomes if progression pathways are not effectively strengthened.

5.3 In addition, while female representation at senior levels has increased, analysis indicates that progression into the highest pay bands remains uneven. This reinforces the need for continued focus on equitable progression at the most senior levels of the organisation.

5.4 Short-term widening of median pay gaps has also been observed because of successful recruitment into entry-level roles. While this reflects positive progress in attraction and diversity, it highlights the importance of maintaining momentum on progression, development and retention to achieve long-term equity.

5.5 These challenges will be addressed through targeted pipeline development, progression initiatives and continued delivery of actions aligned to the Workforce Race Equality Standard, the Strategic Equality Plan and wider equality frameworks.

5.6 Progress will continue to be monitored through established governance arrangements, with updates provided through relevant boards and committees.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **APPROVE** the Pay Gap Report | |

APPENDIX 1
Action Plans alongside the Equality Act (2010)

| Government Action Plans | Description | Next Reporting |
|---|---|---|
| LGBTQ+ Action Plan for Wales (Published February 2023) | A plan which sets out actions the Welsh Government and partners should take to improve the inclusion and experiences of LGBTQ+ people across Wales | SEP reporting April 2026 |
| Workforce Race Equality Standard (Published July 2024) | A framework that requires organisations to measure and address race inequalities in the workplace. | WRES data submission April 2026 |
| Anti-racist Wales Action Plan (2024) | A national strategy outlining commitments to dismantle systemic racism in Wales by embedding anti-racist practice across public services, policy-making, and organisational culture. | SEP reporting April 2026 |
| Accessible Communication and Information Standard (Published Sept 2025) | A standard which sets the expectation of how organisations can support individuals who have a disability, impairment, or sensory loss to access information about NHS services and receive the support required to access those services. | Action Plan implemented quarter 3 (2025-26) with ongoing work. SEP reporting April 2026 |
| Disabled People's Rights Plan - 2025-2035 (Published December 2025) | A plan focused on ensuring disabled people can participate fully in life by removing barriers and discrimination and advancing independence. | Following recent publication in quarter 3, awaiting feedback from Welsh Government on Reporting |
| Strategic Equality and Human Rights Plan (2025-2029) | A framework on how human rights and equality commitments should be embedded across all public services. | SEP reporting April 2026 |

| | | |
|---|---|---|
| The Public Sector Equality Duty | A requirement of public authorities to reduce unlawful conduct against, advance equality for, and promote strong relationships with those protected under the Equality Act (2010). | SEP reporting April 2026 |
| Workforce Equality Standard (Wales) | A newsletter was released by the Welsh Government in quarter 4, that the WRES will expand to include a wider remit for data collection and analysis. | Awaiting further feedback from Welsh Government |

## APPENDIX 2

| | Initiatives to address the gender pay gap | Ongoing Progress |
|---|---|---|
| 1 | We will collate and review equality data extracted from ESR to identify where gaps exist and ensure target driven interventions to increase participation in underrepresented groups. | ESR diversity related data is tracked and monitored and the WRES, SEP and audit reports received by Management Board. |
| 2 | We will ensure continuous improvement through the delivery of response to actions and observations identified in audits. | Progress of the actions and observations for the BS 76000 and ISO 30415 audit completed November 2025, monitored on IPassport. The EDI network continues to be consulted on relevant policies, frameworks and strategic documents for feedback and input, and continual improvement. |
| 3 | We are committed to reviewing our recruitment equality data and across pay bands for diverse groups. | Recruitment data is monitored via the diversity dashboard, DHCW is evolving to include a dynamic operational tool through user-centred design. This will ensure equality is deeply embedded into leadership decision-making, with a culture of innovation and equitable progression. |
| 5 | We will improve our Talent Pipeline with the launch of our Talent Cohort which aims to develop and accelerate career pathways for our people. | Females represent 43% of those people in the Talent Pipeline, this reflects good representation as 43% of our workforce are females. Since its launch in 2023, 15 participants have been promoted. Ongoing progress will include alignment through strategic workforce planning and integration with the launch of the new Digital Learning Portal which will enable timely reporting of development activities by various group of users and help to identify gaps. |
| 6 | We will continue to raise awareness | DHCW continues to raise awareness and |

| | | |
|---|---|---|
| | through campaigns, workshops and networks to showcase and celebrate the impact of women in the workplace as well as signposting resources and learning opportunities. | celebrate its diverse workforce. We are transitioning to introduce an Annual EDI Plan and an Annual HWB Plan, which is being developed alongside a form inviting staff to nominate the events, activities and initiatives that matter the most to them. |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# RESEARCH & INNOVATION STRATEGY REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.9 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Rhidian Hurle, Executive Medical Director |
| Paratowyd gan:<br>Prepared By: | Louisa Dean, Research and Innovation Support Manager |
| Cyflwynwyd gan:<br>Presented By: | Rhidian Hurle, Executive Medical Director |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Approval |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| APPROVE the Strategy for publication and dissemination. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Drive better value and outcomes through innovation |

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

| | |
|---|---|
| DEDDF LLESIANT CENEDLAETHAU'R DYFODOL<br>WELL-BEING OF FUTURE GENERATIONS ACT | A Healthier Wales |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>A Prosperous Wales, A Resilient Wales, A Healthier Wales, A Wales of Cohesive Communities, A Globally Responsive Wales | |

| | |
|---|---|
| SAFONAU ANSAWDD IGDC<br>DHCW QUALITY STANDARDS | More than one applies |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>Safe Care, Effective Care, Governance, Leadership and Accountability | |

| | |
|---|---|
| GALLUOGWR Y DDYLETSWYDD ANSAWDD<br>DUTY OF QUALITY ENABLER | N/A |
| PARTH ANSAWDD<br>DOMAIN OF QUALITY | More than one applies |
| Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod:<br>If more than one enabler / domain applies, please list below:<br>ISO 27001, ISO20000, ISO90001, ISO 14001, ISO13845, BS10008 | |

| | |
|---|---|
| DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno: Ddim yn berthnasol<br>Date of submission: N/A |
| Choose an item. | Outcome: N/A |
| Datganiad:<br>Statement:<br>Our commitment to equality, diversity, and inclusion underpins every element of the Research and Innovation Strategy, ensuring our digital health solutions are equitable and accessible for all Welsh patients. Equality impacts are considered from the outset to reduce diversity and support the needs of diverse patient and staff groups. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | Yes, please see detail below<br>A key strategic objective is to improve the quality and impact of our research and innovation activities and to positively embed evidence-based practices across all of DHCW's business activities. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report.<br> |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | Yes, please see detail below<br>Committing to an R&I approach will require investment (core roles to be consumed within CD budget) and an understanding of funding opportunities and appropriate charging models for ongoing activities. |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below<br>As part of ongoing planning, the team will be assessing resource implications associated with new work (i.e. costing proposals and identifying required resource). |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | Yes, please detail below<br>There are significant socio economic benefits linked to increased R&I activity. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | Yes, please see detail below<br>The R&I function is committed to driving the strategic mission, 'Drive better outcomes and value through innovation'. |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| SA Group | 05/02/26 | Minor changes/Approved |
| Management Board | 12/02/26 | Approved |
| DG&S Committee | 05/03/26 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| IIR | Information, Intelligence & Research | IMTP | Integrated Medium Term Plan |
| R&I | Research and Innovation | AI | Artificial Intelligence |
| O&E | Operational and Engagement | IG | Information Governance |
| DG&S | Digital Governance & Safety Committee | SAG | Strategy Assurance Group |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Since the launch of the DHCW Research and Innovation Strategy in 2022, Digital Health and Care Wales has matured its approach to supporting and leading Research and Innovation, with a firm focus on how data and digital can be leveraged. Over the past three years, we have advanced our digital infrastructure, strengthened our academic and industry partnerships, and established ourselves as a trusted collaborative partner and provider of data-driven insight and innovation. These achievements have laid a solid foundation for a refreshed strategy, which reaffirms our core commitments while responding to the growing demand for intelligent, responsive and equitable health services.

3.2 This refreshed strategy builds on what has worked well and introduces a renewed focus on delivering quality and measuring impact, where knowledge is transferred and utilised to support system transformation and improved outcomes for the people of Wales.

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

### Research & Innovation Strategy Report

4.1 The refreshed Research & Innovation Strategy 2026–2029 sets a clear and ambitious direction for strengthening Wales's research and innovation infrastructure, deepening collaboration, and embedding a culture of learning and impact. It will serve as the strategic direction for delivering high quality and impactful, data and digital enabled research and innovation across NHS Wales.

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

5.1 There are no specific risks or matters for escalation.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **APPROVE** the Strategy for publication and dissemination. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# CLIMATE ACTION PARTNERSHIP STRATEGIC DELIVERY PLAN RETURN (NOV 25 – MAR 26)

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.10 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

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

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the Climate Action Partnership Strategic Delivery Plan Return (Nov 25 – Mar 26) | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

| | |
|---|---|
| DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Date of submission: |
| No, (detail included below as to reasoning) | Outcome: |
| Statement: Not required for this report. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | Yes, please see detail below |
| | Environmental benefits |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | Yes, please see detail below |
| | Compliance with legislation and Climate Change Targets |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| | |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below |
| | Staff involvement in environmental initiatives |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | Yes, please detail below |
| | Wider social impact of environmental improvements |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |
| | |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Chris Darling | 3 March 2026 | Approved |
| Management Board | 12 March 2026 | Approved |
| Board | 26 March 2026 | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| NWSSP | NHS Wales Shared Services Partnership | CAP | Climate Action Partnership |
| HSCCE | Health and Social Care Climate Emergency | EFPMS | Estates and Facilities Performance Management System |
| SDP | Strategic Delivery Plan | | |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The spring Strategic Delivery Plan (SDP) Progress Reports collect a qualitative review of a set of initiatives endorsed by Project Board Chairs and reported to the Health and Social Care Climate Emergency (HSCCE) Programme Board. The returns are intended to provide an in-depth view of delivery, compliance, challenges, and opportunities for improvement against the actions within each selected initiative. Responses will be collated into concise progress summaries for consideration by the relevant Project Boards and the Programme Board.

3.2 All NHS Wales organisations were written to by the Climate Action Partnership (CAP), formerly known as the Decarbonisation Co-ordination Reporting (DCR) team, on 2nd February 2026 requesting completion of the Strategic Delivery Plan (SDP) Template for submission to the CAP Team by 3rd April 2026. The report, which was approved by Management Board on 12 March 2026, is attached for noting. It covers the period November 2025 to March 2026.

3.3 The HSCCE Programme Board has endorsed a reporting option, which splits SDP reporting into two cycles each year:

- Progress reports (this return): a focused, qualitative narrative covering selected initiatives and actions; KPIs are not included in this round.
- Full report (late 2026): quantitative and qualitative coverage across all 25 initiatives and 44 KPIs, drawing primarily on national datasets (e.g., EFPMS) and other approved sources, with deeper dives where beneficial.

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

4.1 Progress updates against the following initiatives have been requested:

| | |
|---|---|
| 5 - Building energy and utilities consumption will be actively managed and minimised | 5a - Establish and embed a process to actively monitor each building's (or site's) energy consumption to identify and address excess consumption and inform development of energy saving projects. |
| | 5b - Conduct seasonal reviews of building controls (i.e. BMS, heating timers, thermostats) to optimise efficiency and ensure standard operating procedures (SOPs) are being followed. |

| | |
|---|---|
| | 5d - Embed energy management practices in day-to-day healthcare practice through energy reduction campaigns (e.g. posters, labels, intranet campaigns, etc.) |
| 13 - NHS organisations will actively manage and monitor travel activities within their organisation to identify and implement opportunities to maximise fleet efficiency. | 13a - Provide efficient or eco driving training to staff who are required to drive regularly (i.e. more than once per week) as part of their job role (including work travel in an employee-owned vehicle). |
| | 13b - All new owned or leased NHS vehicles will have a telematics system installed at the point of sale or lease. |
| 23 - Integrate environmental sustainability into the development and monitoring of clinical guidelines | 23d - Incorporate key performance indicators (KPIs) where possible to support monitoring of the implementation of desired clinical behaviours outlined in the guidelines – for example, through national prescribing indicators, dashboards, or similar tools. |

4.2 Initiative 23 is not applicable to DHCW.

4.3 DHCW performance against each action is assessed as follows:

| | |
|---|---|
| 5a - Establish and embed a process to actively monitor each building's (or site's) energy consumption to identify and address excess consumption and inform development of energy saving projects. | |
| 5b - Conduct seasonal reviews of building controls (i.e. BMS, heating timers, thermostats) to optimise efficiency and ensure standard operating procedures (SOPs) are being followed. | |
| 5d - Embed energy management practices in day-to-day healthcare practice through energy reduction campaigns (e.g. posters, labels, intranet campaigns, etc.) | |
| 13a - Provide efficient or eco driving training to staff who are required to drive regularly (i.e. more than once per week) as part of their job role (including work travel in an employee-owned vehicle). | |
| 13b - All new owned or leased NHS vehicles will have a telematics system installed at the point of sale or lease. | |

| | |
|---|---|
| 23d - Incorporate key performance indicators (KPIs) where possible to support monitoring of the implementation of desired clinical behaviours outlined in the guidelines – for example, through national prescribing indicators, dashboards, or similar tools. | Not applicable to DHCW |

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

4.4 All actions are on target or complete except for the provision of driver training which is amber as not yet delivered. The feasibility of All Wales training is being considered.

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

5.1 Progress against actions in the NHS Wales Decarbonisation Strategic Delivery Plan will be monitored by the Decarbonisation and Energy Working Group.

## 6 ARGYMHELLIAD / RECOMMENDATION

| | |
|---|---|
| Argymhelliad: Recommendation: | SHA Board is being asked to |
| NOTE the Climate Action Partnership Strategic Delivery Plan Return (Nov 25 – Mar 26) | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ADAPTATION QUALITATIVE REPORT 2025-26

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.11 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

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

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the DHCW Adaptation Qualitative Report 2025-26 | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

| | |
|---|---|
| DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Date of submission: |
| No, (detail included below as to reasoning) | Outcome: |
| Statement: Not required for this report. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | Yes, please see detail below |
| | Environmental benefits |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | Yes, please see detail below |
| | Compliance with legislation and Climate Change Targets |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| | |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below |
| | Staff involvement in environmental initiatives |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | Yes, please detail below |
| | Wider social impact of environmental improvements |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |
| | |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Chris Darling | 3 March 2026 | Approved |
| Management Board | 12 March 2026 | Approved |
| Board | 26 March 2026 | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| NWSSP | NHS Wales Shared Services Partnership | CAP | Climate Action Partnership |
| HSC | Health and Social Care | | |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 All organisations in NHS Wales were contacted by Welsh Government on 9th February 2026 with a request to complete and submit the *Adaptation Qualitative Reporting Template* to HSC.ClimateChangeAndEPH@gov.wales by 30 April 2026. The reporting period is 1st April 2025 to 31 March 2026.

3.2 The information we provide will be assessed and reported to the Health & Social Care (HSC) Climate Emergency Programme Board, National Adaptation Board and shared with the Cabinet Secretary for Health and Social Care as required.

3.3 The approach for adaptation reporting for future years is not yet finalised, but one option to explore will be to combine with the Climate Action Partnership (CAP) Decarbonisation reporting. Welsh Government will continue to update on this.

3.4 For decarbonisation, all reporting will be led by CAP team, following the approach endorsed by the Health and Social Care Climate Emergency National Programme Board.

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

4.1 The Adaptation Qualitative Report Template requires each organisation to provide:

- An Executive Summary of progress to date
- An update on our Adaptation Work Programme, including a risk assessment
- Adaptation Planning update

4.2 The DHCW Adaptation Qualitative Report for 2025/26, which was approved by Management Board on 21 March 2026, notes the following:

- An Adaptation Risk Assessment together with an accompanying Action Plan has been produced, approved and published. These documents set out the measures that DHCW will take regarding climate change adaptation.
- The delivery of this plan will be overseen by the Decarbonisation and Energy Working Group (DEWG). This group contains key members from across the organisation and has already successfully delivered actions that feature within our Decarbonisation Action Plan (DAP).
- Actions within the documents have been scored according to likelihood and consequence in accordance with our Risk Management Policy.
- The desired outcome for each identified risk/action is to implement measures that effectively minimize both the likelihood of occurrence and the potential severity of its impact. These risks are to be reviewed annually with any changes recorded in the Adaptation Risk Action Plan.

4.3 All risks are rated Green with the exception of the identification, development and delivery of activity combining decarbonisation/adaptation activity which is amber. Against this, we state:

Adaptation and Decarbonisation (mitigation) each have separate action plans; however, we do acknowledge within our Environmental Strategy the important role of both mitigation and adaptation. There will need to be a refresh of our own Decarbonisation Action Plan that incorporates the refreshed NHS Wales Strategic Delivery Plan and our Adaptation Action Plan. This work will be undertaken in the early part of 2026-27.

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

5.1 Progress against actions in the DHCW Adaptation Plan will be monitored by the Decarbonisation and Energy Working Group.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE the DHCW Adaptation Qualitative Report 2025/26 | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# SHARED LISTENING AND LEARNING PRESENTATION – LEARNING WITH THE OMBUDSMEN FOR WALES HARM REVIEWS

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 3.1 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Rhidian Hurle, Executive Medical Director |
| Paratowyd gan:<br>Prepared By: | Michelle Morris, Public Services Ombudsman for Wales |
| Cyflwynwyd gan:<br>Presented By: | Michelle Morris, Public Services Ombudsman for Wales |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | To Receive/Discuss |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| RECEIVE and DISCUSS the Shared Listening and Learning Presentation. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | N/A |
| ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol)<br>QUALITY IMPACT ASSESSMENT (ref if appropriate) | This Shared Listening and Learning presentation supports organisational learning arising from Ombudsmen harm reviews and reinforces a culture of openness, reflection, and continuous improvement. |

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

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

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

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

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | Yes, please see detail below<br><br>The presentation supports improved quality and safety by sharing learning from Ombudsmen harm reviews, promoting reflection, and reinforcing actions that reduce the likelihood of recurrence. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | No, there is no direct impact on resources as a result of the activity outlined in this report. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| SHA Board | 26 March 2026 | For Noting |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Michelle Morris is the Public Services Ombudsman for Wales Public Services Ombudsman Wales and is attending the SHA Board meeting on 26 March 2026 for the Shared Listening & Learning item.

The Public Services Ombudsman Wales vision is to have a positive impact on people and public services in Wales with the ambitions that:-

- People of Wales feel that public services treat them fairly and respond when things go wrong.
- Welsh public services listen to individuals and use their complaints to learn and improve.
- Welsh local government is trusted to deliver the highest standards of conduct.
- The Public Services Ombudsman for Wales continues to be an influential and respected voice in public service improvement.

With the above in mind, this listening and learning presentation will draw out a conversation on the impacts of digital systems and the sharing of patient data for care.

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

4.1 The SHA Board is invited to:

- Consider the themes and learning identified from Ombudsmen harm reviews
- Reflect on how learning is shared and embedded across the organisation
- Note the actions taken and assurances in place to reduce the risk of recurrence
- Support continued focus on openness, learning, and quality improvement

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

5.1 No key risks or matters for escalation to the SHA Board have been identified.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **RECEIVE and DISCUSS** the Shared Listening and Learning Presentation. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# INTERIM CHAIR AND INTERIM VICE CHAIR REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 4.1 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Cyflwynwyd gan:<br>Presented By: | Ruth Glazzard, Interim Chair and David Selway, Interim Vice Chair |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | To Receive/Discuss |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| RECEIVE and DISCUSS the Interim Chair and Interim Vice Chair Report. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Ruth Glazzard | March 2026 | Reviewed |
| David Selway | March 2026 | Reviewed |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| UHB | University Health Board | IM | Independent Member |
| EDI | Equality, Diversity and Inclusion | SRO | Senior Responsible Officer |
| DDaT | Digital, Data and Technology | | |

# 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 At each Public Board meeting, the Chair, and Vice Chair, present a report on key issues to be brought to the attention of the Board. This report provides an update on key areas and activities since the last Public Board meeting

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

Interim Chair:

## 4.1 Board Interim Arrangements

At the time of writing this report the interim arrangements for the Chair and Vice Chair at DHCW remain in place. We are liaising with Welsh Government colleagues to understand next steps and plans to appoint a substantive Chair.

## 4.2 DHCW Independent Member

Following discussions with the DHCW Independent Member, Rowan Gardner, it has been agreed that Rowan will stand down from her DHCW role as an Independent Member on the 31 March 2026, having served on the Board for five years. I am very grateful to Rowan, who joined DHCW at its inception, and has been instrumental in championing the digital health agenda and Chairing the Digital Governance and Safety Committee for the past four years. On behalf of the Board, I would like to sincerely thank Rowan for the time she has given to this important role and wish her all the very best for the future.

Work is ongoing with the Public Bodies Unit to consider options and next steps for a replacement Independent Member.

## 4.3 DHCW Independent Member Appraisals

I am currently in the process of reviewing DHCW Independent Member appraisals and setting objectives for the coming twelve months. I am very grateful to all Independent Members for their reflections, engagement and input to this process.

## 4.4 DHCW Public Accountability Meeting Feedback

It was good to receive the letter from the Cabinet Secretary following the DHCW Public Accountability Meeting. The letter highlights reflections from the meeting as well as specific issues for DHCW to work on , to include:

- The NHS Wales App
- National programme delivery
- Identifying risk

- Improved metrics
- Cyber resilience
- Artificial Intelligence
- National Data Resource/Architecture

### 4.5 Introductory meeting with the Minister for Mental Health and Wellbeing, 3 February and 2 March 2026

I met with the Minster for Mental Health and Wellbeing, who is also the lead minister for digital health on the 3 February and again on the 3 March. The discussion focused on the three digital health priority areas – the NHS Wales App, Connecting Care and Digital Maternity services. We also discussed the digital health governance arrangements.

### 4.6 Board Briefing – Procurement Act and Procurement Training, 5 February 2026

A helpful Board Briefing session took place on 5 February to update Board members on the implications of the Procurement Act 2023 and the Procurement (Wales) Regulations 2024, as well as a discussion on the commercial services trends, opportunities and challenges.

### 4.7 Meeting with the NHS Wales Chief Executive / Director General for Health, Social Care and Early Years Group, 19 February 2026

I met with Jaqueline Totterdell, NHS Wales CEO to discuss DHCW Board arrangements as well as digital health system considerations. It was helpful to get Jaqueline's reflections and thoughts early on in her role.

### 4.8 Meeting with Welsh Government Director of Primary Care, 23 February 2026

It was helpful to meet with the Director of Primary Care Services and lead director for digital health in Welsh Government's health, social care and early years group, to discuss the Public Accountability meeting, next steps and priority areas as a result of the discussion.

### 4.9 Chair Peer Group Meeting, 24 February and 24 March 2026

The Chairs Peer Group met on the 24 February and had an additional Chair and CEO discussion on the 12 March.

### 4.10 SHA Board Development, 26 February 2026

David Selway, the interim Vice Chair chaired the last Board Development session held on 26 February, in my absence. The session covered on DHCW's Long Term Strategy, and the inductors used to track progress, the draft DHCW IMTP 2026/27 – 28/29 as well as DHCW's draft Artificial Intelligence Strategy.

### 4.11 Cabinet Secretary DHCW Chair End of Year Review, 2 March 2026

It was good to have the opportunity to reflect on the past five months as interim Chair of DHCW, and the objectives set for the DHCW Chair. The discussion included a useful look back as well as discuss priority areas for the future. I am grateful to all DHCW Board members who contributed to the Board 360 Chair feedback which formed part of the end of year review.

### 4.12 Meeting with Cardiff and Vale UHB Chair 11 March 2026

I met with the Chair of Cardiff and Vale UHB on 11 March, we discussed a number of areas including: shared challenges, opportunities, and approaches, data challenges and how DHCW maybe able to support, major programmes and ongoing opportunities to work together.

### 4.13 Meeting with NHS Wales Deputy Chief Executive 18 March 2026

On the 18 March I met with the Deputy Chief Executive of NHS Wales to discuss digital health issues impacting the system and the role DHCW can play to support the system.

### 4.14 Cabinet Secretary Meeting with Chairs to Review Chair Objectives 23 March 2026

At the time of writing, a meeting is planned with the Cabinet Secretary on 23 March to review the approach to Chair objectives.

## Interim Vice Chair:

### 4.15 Vice Chair Peer Group Meeting 11 February 2026

On the 11 February the Vice Chair Peer Group met, and considered the following areas: strengthening mental health through lived experience and an update on the community by design program.

### 4.16 Meeting with Cardiff and Vale UHB Vice Chair 10 February 2026

An engagement meeting took place on the 10 February with the Cardiff and Vale UHB Vice Chair, which included helpful discussions in a number of areas, including the NDR program and the challenges associated with productionising pilots in a fragmented digital landscape.

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

5.1 Interim arrangements have been put in place until a substantive DHCW Chair has been appointed by the Cabinet Secretary. In addition, the DHCW Board will be losing one Independent Member from the 31 March 2026.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **RECEIVE** and **DISCUSS** the Interim Chair and Interim Vice Chair Report. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# CHIEF EXECUTIVE OFFICER REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 4.2 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Helen Thomas, Chief Executive Officer |
| Paratowyd gan:<br>Prepared By: | Laura Tolley, Deputy Board Secretary \| Head of Corporate Governance |
| Cyflwynwyd gan:<br>Presented By: | Helen Thomas, Chief Executive Officer |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | To Receive/Discuss |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| RECEIVE and DISCUSS the Chief Executive Officer Report. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

| | |
|---|---|
| SAFONAU ANSAWDD IGDC<br>DHCW QUALITY STANDARDS | BS 10008 - Evidential Weight & Legally Admissible Information Management System |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below: ISO 27001 | |

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP | DYDDIAD DATE | CANLYNIAD OUTCOME |
| Chris Darling. Director of Corporate Affairs \| Board Secretary | March 2026 | Reviewed |
| Helen Thomas, Chief Executive Officer | March 2026 | Approved |

| Acronymau Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| CEO | Chief Executive Officer | IMTP | Integrated Medium-Term Plan |
| LIMS | Laboratory Information Management System | RISP | Radiology Information Systems Procurement |
| DDaT | Digital, Data and Technology | | |

# 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The purpose of this report is to keep Board Members up to date with key issues affecting the organisation since the last meeting.

3.2 The report has been informed by updates provided by members of the Executive team and highlights a number of areas of focus for the Chief Executive Officer.

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

## 4.1 Executive Director of Finance

Board members will be aware that on 6 March 2026, Claire Osmundsen-Little, Executive Director of Finance & Business Assurance took up a secondment position as Executive Director of Finance in Swansea Bay University Health Board. Given the operational and statutory requirements of the role, it was agreed the Chris Moreton, Deputy Director of Finance would act up into the Interim Executive Director of Finance role, whilst a time limited secondment opportunity is progressed.

It was also agreed that the Finance & Business Assurance Directorate would be reconfigured, with Quality & Regulatory and Organisational Performance removed from the portfolio. As a result of this, the Directorate will be renamed 'Finance Directorate'. Leadership, Oversight & Assurance for Quality & Regulatory and Benefits has moved to the Strategy Directorate, and Organisational Performance moved to the Corporate Governance Directorate.

## 4.2 Staff Engagement Sessions

Since the last Board meeting, Sam Morgan, Director of People & OD and I, attended several in-person Staff Engagement Sessions across all DHCW sites, providing an opportunity to engage directly with colleagues across the organisation. These sessions focused on listening to staff feedback, discussing organisational priorities, and reinforcing our shared values, culture and commitment to collaboration. Feedback from these sessions continues to inform executive discussions on leadership visibility, communication and organisational development. My thanks to all staff who attended and engaged at all sessions.

## 4.3 Women's Health Network Oversight Board

I have attended two Women's Health Network Oversight Board meetings where key areas of focus included Health Board Delivery Updates and progress against the Women's Health Plan. Meetings during this period also supported preparations for the launch of the programme outputs aligned with International Women's Day and ongoing engagement with Welsh Government and system partners.

## 4.4 Connecting Care Programme Board

On 13 February, I chaired the Connecting Care Programme Board where we discussed with updates considered through Programme Board and related governance forums.

This included oversight of progress on procurement, interoperability standards, and alignment with mental health and community services, as well as dependencies linked to funding, planning and Health Board readiness.

### 4.5 Digital, Data & Technology (DDaT) Leadership Board

There has been one meeting of the DDaT Leadership Board since the last SHA Board meeting, where discussions included progress on digital opportunities and risk, governance arrangements, and digital priorities for NHS Wales.

### 4.6 Community by Design Transformation Programme Board

On 5 March, I attended the Community by Design Transformation Programme Board, where we discussions focused on programme delivery across the three transformation pillars, digital and data enablement, reducing health inequalities, and alignment with existing national programmes. The Board also considered delivery risks, readiness, and next steps ahead of the next in-person programme board.

### 4.8 Chief Executive Management Team Meetings

The NHS Wales Chief Executive Management Team meetings were held on 3 February and 3 March2026. We discussed a variety of topics including digital inflation and the Microsoft Enterprise Agreement, workforce and education planning, Community by Design, Continuing NHS Healthcare (CHC), and national digital programmes. These meetings continue to provide an important forum for collective leadership, system alignment and risk management.

### 4.9 International Women's Day

On 10 March, DHCW supported and participated in activities aligned with International Women's Day, including spotlight sessions focused on women's health and wellbeing at work. These sessions reinforced DHCW's commitment to inclusion, equity and the continued development of women's health services and leadership across Wales.

### 4.10 4+ Nations Engagement

On 12 and 13 March, Rhidian Hurle, Executive Medical Director, Ifan Evans, Executive Director of Strategy and I attended the 4+ Nations Engagement event in Dublin. The events support knowledge sharing, collaboration and learning on digital, data and service transformation issues relevant to DHCW and NHS Wales more broadly.

These conversations help to inform our strategic approach and ensure Wales remains aligned with, and able to influence, wider UK developments.

### 4.11 Welsh Government Digital Policy Team & DHCW Orientation Day

On 20 March 2026, members of the DHCW Executive team plan to meet in-person with the Welsh Government Digital Policy Team in Ty Glan Yr Afon, Cardiff. The aim of the meeting is to provide an opportunity to strengthen shared understanding of DHCW's role, priorities and delivery model, and to reinforce alignment between policy intent and operational delivery.

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

5.1 DHCW is in Enhanced Monitoring (Level 3) under the escalation and intervention framework for NHS Wales, in relation to delivery of major programmes. An escalation update is included in the papers to ensure the Board is able to closely monitor improvement in the areas that have been escalated.

5.2 DHCW are currently operating with Interim arrangements for the Executive Director of Finance position whilst a time limited secondment opportunity is progressed.

5.3 The DDaT governance sub-structure will have important considerations and implications for DHCW's reporting arrangements as part of this national digital governance framework.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **RECEIVE** and **DISCUSS** the Chief Executive Officer Report | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# INTEGRATED MEDIUM TERM PLAN 2026-29

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 5.1 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Ifan Evans, Executive Director of Strategy |
| Paratowyd gan:<br>Prepared By: | Meghann Morris, Assistant Director of Planning |
| Cyflwynwyd gan:<br>Presented By: | Ifan Evans, Executive Director of Strategy |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Approval |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| APPROVE DHCW's IMTP for submission to Welsh Government in line with the Welsh Government Remit Letter and latest available funding information received on 16 March 2026. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

| | |
|---|---|
| DEDDF LLESIANT CENEDLAETHAU'R DYFODOL<br>WELL-BEING OF FUTURE GENERATIONS ACT | All Well-Being goals apply |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>All well-being goals apply to our IMTP | |

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

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

| | |
|---|---|
| DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno: Ddim yn berthnasol<br>Date of submission: N/A |
| Choose an item. | Outcome: N/A |
| Datganiad:<br>Statement: N/A. Individual initiatives may require impact assessments. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | Yes, please see detail below<br>The IMTP lists any planned relevant deliverables in this area – impacts of initiatives will be considered as part of separate assurance processes. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report.<br> |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | Yes, please see detail below<br>Finances are covered in the IMTP. |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below<br>Workforce implications are covered in the IMTP minimum data set. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | Yes, please detail below<br>Covered in IMTP content. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | Yes, please see detail below<br>The IMTP lists any planned relevant deliverables in this area – impacts of initiatives will be considered as part of separate assurance processes. |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Michelle Sell, Director of Programmes & Engagement | 05/03/26 | Reviewed |
| Ifan Evans, Executive Director of Strategy | 06/03/26 | Approved |
| DHCW Management Board | 12/03/26 | Endorsed with caveats |
| Ifan Evans, Executive Director of Strategy | 13/03/26 | Approved |
| SHA Board | 26/03/26 | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| IMTP | Integrated Medium Term Plan | | |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 **Purpose**. The Integrated Medium-Term Plan (IMTP) 2026–2029 is submitted as an attachment for approval by the SHA Board, ahead of statutory submission to Welsh Government by 31 March 2026.

3.2 **Planning Framework**. The NHS Wales Planning Framework 2026–29 was issued on 19 December 2025, accompanied by Annex 1 Delivery Expectations, Annex 2 Enabling Actions and Ministerial Template requirements.
As set out in the Framework the IMTP has been developed in accordance with:

- The six Cabinet Secretary strategic priorities
- 2026–27 Delivery Expectations
- Enabling Actions
- Technical Guidance

Organisations are required to plan over a three-year period, complying with their break-even duty against a set of national health priorities.

3.2 **Finance**. The IMTP has been updated following receipt of the Welsh Government Remit Letter on 16 March 2026, incorporating the latest available information on funding allocations and delivery expectations.

The financial position within the Plan reflects:

- confirmed baseline allocations where available
- updated assumptions aligned to the Remit Letter
- identified cost pressures and programme requirement

Where programme or initiative funding remains uncertain, the relevant activities and milestones are included within the IMTP as unfunded deliverables, recognising that they may be subject to refinement once Welsh Government funding decisions are confirmed.

This approach ensures that:

- The organisation meets the statutory requirement to submit an IMTP by 31 March 2026,
- Financial assumptions and risks are explicit and transparent
- The organisation retains the ability to manage in-year funding decisions responsibly through established governance and change control arrangements.

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

## IMTP Development

4.1 Planning workshops commenced in October with Portfolio Leads informing the planning process through the development of Strategic Roadmaps, while Heads of Product reflected Product Roadmaps to provide greater clarity on product-led delivery. In addition, DHCW objective owners and resource owners described known areas of work from operational service commitments and programmes/projects agreed scope. This approach strengthened the alignment between strategic priorities, portfolio delivery and product development within the IMTP.

4.2 Anticipated new requirements from regular stakeholder engagement have also been identified. The approach and key objectives have been workshopped with the Executive Directors in November 2025 and February 2026.

Independent Board Members have contributed through development sessions held in October and February.

Day-to-day oversight has been provided by the Planning and Performance Management Group (PPMG), who have also reviewed and agreed the plan, led by the Portfolio Owners.

The IMTP is underpinned by:

- An annual business plan
- Resource and capacity assessment
- Cross-organisational prioritisation workshops have taken place to understand requirements and allocate resource.

Where residual constraints remain, these will be actively managed through the year by PPMG and escalated where necessary.

All Portfolios have:

- Mapped objectives to organisational strategic objectives
- Been assessed against the six national priorities
- Refined milestones to ensure they are specific and deliverable
- Completed the required Ministerial Templates proportionate to role and function

There are 220 IMTP milestones which will be reported at the DHCW Management Board.

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

5.1 **Remit Letter.** The Welsh Government Remit Letter was received on 16 March 2026, following Management Board endorsement of the draft IMTP and during the final stages of Board approval. The letter sets out specific expectations for DHCW. There remains a need to fully consider the implications for resource and financial assumptions, with any resulting adjustments managed through established governance processes to ensure changes are implemented in a controlled and proportionate way.

5.2 **Programmes Funding**. DHCW are awaiting confirmed programme/project funding allocation. This is a significant challenge in drafting a plan which is deliverable. Programme and project milestones are included in the IMTP, reflecting the funding requested and/or indicated by Welsh Government, and based on current project plans, but these roadmaps are shown in the IMTP as 'not funded.'

5.3 **Capacity**. There is a risk that capacity does not match known demand. This will be constantly monitored and resource potentially re-allocated to meet priorities. Capacity is becoming an issue for items on the pipeline when DHCW are being asked to assist with discovery work but with no confirmed scope, schedule or in some cases funding.

5.4 **Mitigation**. When the remit letter and programme funding allocations are confirmed, we will review requirements and resources against what is in the IMTP. Where changes are required, we will follow the method we used in Q1 and Q3 of the current year (2025-26) to assess impact, reallocate resources, and reprofile milestones, through a managed change control process. These changes will be reported through regular monitoring and reporting arrangements, to the SHA Board and to Welsh Government.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **APPROVE** DHCW's IMTP for submission to Welsh Government in line with the Welsh Government Remit Letter and latest available funding information received on 16 March 2026. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# PRIMARY, COMMUNITY AND MENTAL HEALTH UPDATE

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|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 5.2 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Sam Hall, Director of Primary, Community and Mental Health Digital Services |
| Paratowyd gan:<br>Prepared By: | Marged Cother, Deputy Director, Primary Care<br>Lee Mullin, Deputy Director, Community and Mental Health |
| Cyflwynwyd gan:<br>Presented By: | Sam Hall, Director of Primary, Community and Mental Health Digital Services |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | To Receive/Discuss |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| RECEIVE & DISCUSS the contents of the Primary, Community and Mental Health Update. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Deliver high quality digital products and services |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Sam Hall | 11/03/2026 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| PCMH | Primary Care, Community and Mental Health | ICR | Integrated Care Record |

# 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Primary, Community and Mental Health Directorate delivers a broad range of digital healthcare products and services to primary care contractor, community and mental health practitioners. This report provides an overview of key activities.

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

## 4.1 GP Migrations and INPS Administration Update

PCMH manages the national provision of GP systems. Following the announcement of INPS' exit from the Welsh GP market, we initiated the programme to migrate all 196 INPS practices to a single supplier, Optum.

In December 2024 INPS placed themselves in voluntary administration, risking the availability of service for the 154 GP practices still to migrate. During the administration period, DHCW successfully negotiated continued service provision and a managed transition, protecting continuity of general practice service delivery – working closely with NHS partners in Scotland and Northern Ireland.

This engagement secured a favourable arrangement for Wales and enabled the GP System migration programme to remain on track, while moving to an accelerated delivery plan. The team involved won two awards for their successful navigation of this difficult period.

Following detailed planning and assurance to maintain migration integrity and manage clinical risk, we doubled the migration cadence from October 2025. The transition to a single supplier remains on track for completion by the end of May 2026.

As of 12 March:

- 163 migrations completed (85%), 30 remaining
- 144 completed migrations have reached stable operations, with 19 in progress
- High levels of customer satisfaction: 95% of GP practices report feeling fully supported by DHCW during their migration process

In parallel, PCMH continues to rollout the Electronic Prescription Service (EPS) across Wales, in partnership with the EPS Programme team. The increased GP migration cadence enables faster EPS deployment, with completion planned by end of November 2026; 168 practices are now live (46%), with cadence increasing after GP migrations complete.

## 4.2 GP Discovery

In Q3 2025, DHCW commenced a GP discovery project. In line with Welsh Government Digital Standards, we are undertaking user research to understand the needs of clinical users and their staff in general practice. This will allow us to consolidate their pain

points and explore opportunities to improve practice efficiency, enhance staff and patient experience and use this as a base for reimagining services. This research will allow us to understand where to bring most value to our users – which aligns with our Primary Care strategy. The report is due to be finalised this quarter, and will be used t co-design a roadmap for the future, aligned with policy intent.

### 4.3 Dental Access Portal (DAP)

The Dental Access Portal (DAP) provides a digital platform for members of the public in Wales to express their interest in receiving routine dental treatment through NHS Dental services. By registering via the DAP, individuals can indicate their need for routine dental care, which assists in the effective management and allocation of available dental services across Wales.

The product initially went live in January 2025. The team has recently begun an integration, to improve the user experience for both patients and health boards, based on feedback. A work package commenced on 15th December 2025 to implement enhancements by 31st March 2026 in agreement with Health Boards and Welsh Government. This has been led by PCMH, supported by the DHCW Microsoft 365 Centre of Excellence team, using additional contractor resource funded by additional budget provided by Welsh Government.

Delivery remains on track for completion by the 31st March 2026, noting that no further funding is yet available for 2026/27.

### 4.4 Choose Pharmacy

DHCW is rebuilding the Choose Pharmacy product from the ground up, aligning the needs of patients, clinicians with policy direction. This work supports the ambitions set out in Presgripsiwn Newydd — A New Prescription, which describes the future direction of community pharmacy in Wales.

The new platform will be modern, secure, and easier to use, supporting both patients and pharmacy teams while meeting national healthcare and data standards. The rebuild focuses on:

- Making the service simpler and more intuitive for patients and pharmacy staff
- Supporting safe, high-quality clinical care through better digital workflows
- Improving how the system connects with other NHS services
- Strengthening security, reliability, and compliance with national standards
- Allowing improvements to be released more quickly and safely
- Reducing paperwork through better use of digital data and automation

The long-term aim is for Choose Pharmacy to be a leading digital platform for community pharmacy in Wales, giving pharmacy professionals the tools they need to deliver patient-centred care efficiently and with confidence.

Most of the research, planning, and early development work was completed during 2025–26. The remaining build is in progress, with the new service expected to go live in 2026–27.

- Several feature areas are 100% complete (environments, master pages, location page, reusable components).
- Key platform enablers (API, authentication, search) are close to full delivery, showing strong momentum.
- Larger, more complex items (e.g., Add Patient Record (Unmatched) and Dashboard & Notifications) show active progress but still require continued development.
- Only one area (Database Configuration) has not started or not yet progressed.

Choose Pharmacy is a significant part of a growing Community Pharmacy service, with multi-disciplinary working growing in strength, including Product, Delivery, Development working closely with Policy and Clinical in alignment. This aligns with the ambitions of the Primary Care strategy.

### 4.5 Eyecare E-Referral System

In June 2025, Welsh Government asked DHCW to procure a tactical solution for Optometry e-referrals, for which funds of £237.5k have been allocated for an 18-month supplier contract, running from October 2025 to March 2027. Funds have not been provided for project and implementation costs.

The requirement is for a cloud-hosted digital referral solution to enable eye care referrals between Optometrists within primary care settings and for Optometry referrals to Hospital Eyecare Services.

In July 2025, a rapid procurement was initiated by DHCW Commercial Services and Primary Care. The procurement concluded in October 2025, with the Contract Award being made to Referral Management Services Ltd (RMSL).

The implementation of the system is being led by Primary Care. An Oversight Delivery Group has been established, which includes senior representatives from Health Boards, to ensure the work is prioritised and any potential blockers are removed. Implementation will be led by the supplier but will be heavily dependent on the engagement and proactivity of the Health Board delivery teams.

Delivery has had to adapt in order to meet the challenging March 2026 timeline. The scope has pivoted to an MVP to allow rollout of the e-referral system to Primary Care providers in Betsi Cadwaladr by end of March 2026, with full rollout across Primary Care and mobilisation across Secondary Care to complete by end June 2026. This position has been agreed with Health Boards and Welsh Government.

## 4.6 Ambient Voice Technology

Primary Care published a Request for Information (RFI) to Ambient Voice Technology (AVT) suppliers in August 2025 to understand the current market and available capabilities. Building on this, we are progressing work to establish a national open framework of assured AVT products. The framework will enable general practices in Wales to procure from a nationally agreed list of suppliers that meet defined clinical, technical, information governance (IG), and cyber-security standards. This approach is intended to provide confidence and consistency, while supporting the safe and timely adoption of AVT across General Practice.

The Invitation to Tender (ITT) is planned for publication in Q1 2026–27, with the aim of establishing the framework and enabling the call-off process by Q3 2026–27. Once live, the framework will allow practices to make informed local procurement decisions, with assurance that national requirements and due diligence have already been addressed.

## 4.7 NHS App

As the DSPP programme closes, ownership of the NHS Wales App is transferring into PCMH from April 2026, and the transition is now near complete. New product-centric ways of working have been established, and delivery for the last quarter has been the sole responsibility of PCMH. This enables the App to be developed ongoing using standard product models, focusing delivery on the highest-value outcomes informed by user needs and prioritised against the feasibility of change across a complex national system.

## 4.8 Connecting Care

The Connecting Care Programme, which succeeded the WCCIS Programme, is a national IT programme, that manages the delivery of the CareDirector product. This platform enables timely and efficient sharing of person-centred health and social care information, improving quality, safety and overall care experience for people in Wales.

Initially designed as a single integrated health and social care record for social services (adults and children) and community health services - including mental health, allied health professionals (AHPs) and community nursing – the system aimed to ensure care and support are better planned, co-ordinated and delivered.

Connecting Care has a number of workstreams. A brief summary of the aims and objectives of each work stream, a summary of activities from the past 12 months follows and a look ahead to 26/27 is as follows:

## 4.9 Community (CH) and Mental Health (MH) Applications

Purpose: To provide a digital record across community and mental health services, where critical information is recorded securely and accurately helping to keep people safe and enable staff to deliver high quality care.

25/26 summary:

- Final OBC submitted to WG in Q1. Funding agreed and awarded in Q3.
- Procurement strategy and approach agreed by all Health Boards in Q3.
- Core set of national requirements agreed by all Health Boards to be used across all procurements
- Five Health Boards are either in or have concluded procurement:
  - ABUHB – awarded contract for MH to Rio.
  - BCUHB – concluded MH procurement, awaiting WG approval to award.
  - CTMUHB – concluded MH procurement, awaiting WG approval to award.
  - PTHB - concluded MH and CH procurement, awaiting WG approval to award.
  - SBUHB – awarded contact for MH to Rio. Implementation under way.
- CH Procurement is being led by HDDUHB and anticipated to commence in Q1 26/27. Potential partnership opportunity for other Health Boards seeking a CH system – currently BCUHB and CTMUHB.

Look ahead to 26/27:

- Commencement of Community Health Procurement activity (Q1).
- Implementation support for Health Boards (where required).

### 4.10 Integrated Care Record (ICR)

Purpose: A person-centred, Wales-wide record that securely connects health and social care, so information follows the individual—enabling safer decisions, seamless journeys, and better outcomes.

25/26 summary:

- Collated all previous discovery work for the OBC
- Market Engagement to assess Shared Care Record marketplace for the OBC
- Stakeholder engagement workshops, with attendees from multiple professions and teams, including AHPs, mental health, community nursing, digital, WAST, SCW and Social Care, to identify opportunities, constraints, and considerations that should inform the design and delivery of the ICR consisting of 7 face-to-face workshops across Wales, 3 online workshops and over 2000 post it notes capturing attendee thoughts with 2,357 individual insights captured online
- Draft OBC milestone will be attained by 31/03/2026. The resulting document will be shared for approval discussions for approval before submission to WG for funding.

Look ahead to 26/27:

- Socialise OBC across Wales
- Finalise OBC for submission to WG
- Implementation planning following OBC approval

## 4.11 CareDirector Exit and BAU

Purpose: Lead CareDirector BAU operations, service management and information governance, working in partnership with Health Boards and WLGA to support the safe exit, migration of data and decommission of CareDirector.

### 25/26 summary:

- It was agreed that WLGA (Welsh Local Government Association) would lead on the Exit from CareDirector with support from DHCW. A clear and concise list of roles and responsibilities was agreed:

| Workstream | WLGA | DHCW |
|---|---|---|
| Contract Management – Social Care | Lead | Consult |
| Contract Exit – Social Care | Lead | Consult |
| Contract Exit – Health | Lead | Consult |
| Contract Exit – Supplier Negotiation | Lead | Consult |
| Data Extraction – Social Care | Lead | Consult |
| Data Extraction – Health | Lead | Consult |
| Communications – Social Care | Lead | Consult |
| Contract Management – Health | Consult | Lead |
| Product Delivery | Consult | Lead |
| Ongoing CareDirector Service Management* | Consult | Lead |
| Additional DHCW Services | Consult | Lead |
| Hosting of CareDirector | Consult | Lead |
| Communications – Health | Consult | Lead |
| Decommissioning/End of Life | Consult | Lead |

- Data migration strategy proposed and agreed. Data migration staging environment developed and accessible by all organisations. This is being hosted by WLGA.
- Information Governance arrangements agreed by all organisations.
- Exit plan provided by supplier (OneAdvanced).
- Support for Health Boards in contract and exit negotiations, led by WLGA, with OneAdvanced.
- Settlement agreement provided and signed (by WLGA on behalf of all organisations) in March 26. Key points to highlight:
    - Includes 20-day 'cooling off' period to ensure all participating organisations agree to the terms.
    - Co-terminus end date of 30/09/27 has been agreed as part of the settlement.
    - All participating organisations will pay expected system costs until 31/03/27. Any costs incurred after this date will be paid for by WLGA's Social Care Connecting Care Programme.

### Look ahead to 26/27:

- Continued support for Health Boards in CareDirector BAU, Exit and data migration arrangements and activities.

## 4.12 Digital and Data Designs (Mental Health)

Purpose: Supporting the Strategic Programme for Mental Health (SPMH) in the development of the Mental Health Data and Digital delivery plan.

Key DHCW deliverables include:

- Developing a road map for Digital Tools.
- Supporting the Implementation of an Electronic Patient Record system.
- Develop and mandate the National Mental Health Dataset.
- Develop a secure, stable, and sustainable foundation for seamless sharing of data.

25/26 summary:

Developing a road map for Digital Tools

- Discovery underway in relation to implementing a digital tool to underpin the Mental Health Act (MHA). Final report is to be signed off by 31st March 2026.
- Work underway to design a proof-of-concept (PoC) framework for validating and presenting mental health applications via the NHS App, to people and staff to support timely access to care at the time of need.
- Supporting the Implementation of an Electronic Patient Record system (Details have been provided in the Community and Mental Health applications update)

Develop and mandate the National Mental Health Dataset

- Development of the National Mental Health Dataset is ongoing. Agreement from the Welsh government mental health policy lead, to develop data standards for the following sub-specialities within mental health: Learning Disabilities (LD), Memory Assessment Services (MAS) and Neurodevelopment Assessment Services (NAS). Work is also underway to develop standards for the Additional Learning Needs (ALN) service.

Good Progress has been made to date in these areas.

- LD has been approved by WISB and is awaiting final sign off for publication.
- MAS is progressing and an Impact Assessment has been shared with Health Boards.
- NAS is progressing through the early stages of the WISB assurance process.

Develop a secure, stable, and sustainable foundation for seamless sharing of data. (Details have been provided in the Integrated Care Record update)

Look ahead to 26/27:

Mental Health Data and Digital delivery plan to be signed off by the Strategic Programme for Mental Health (SPMH) and progress with the DHCW deliverables.

Programme risks and issues

- Governance and engagement around ICR
- Programme funding beyond March 2026

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

5.1 There are no key risks or escalations.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| RECEIVE & DISCUSS the contents of the Primary, Community and Mental Health Update | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# COMMUNITY AND MENTAL HEALTH DATA AND DIGITAL DELIVERY PLAN

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 5.2.1 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 Mar 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Sam Hall, Director of Primary, Community and Mental Health Digital Services |
| Paratowyd gan:<br>Prepared By: | Lee Mullin, Programme Director, Primary, Community and Mental Health Digital Services |
| Cyflwynwyd gan:<br>Presented By: | Sam Hall, Director of Primary, Community and Mental Health Digital Services |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the report and the attached paper. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Deliver high quality digital products and services |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Management Board | 12/03/26 | Noted |
| | | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Community and mental health services are central to Wales' shift toward preventative, place-based care.
Digital and data are critical enablers but currently:

- Systems are fragmented
- Data quality is inconsistent
- Information does not flow effectively

3.2 National Mental Health discovery and Connecting Care work confirm shared challenges across mental health and community services. The attached Community and Mental Health Digital and Data delivery plan responds by setting a single, national DDaT delivery framework.

3.3 The paper is formed from the Digital and Data Delivery plan produced by DHCW to support the Strategic Programme for Mental Health which is currently out for review with Health Boards. The strategic aims of that paper have been broadly reviewed and agreed by the stakeholders, and now they are finalising commitments to the timelines in the detailed plan rather than the high level plan detailed here in the roadmap. This paper extends the findings to include consideration of community health systems and services and the challenges faced there.

3.4 The paper will require full review by stakeholder groups within Community which will take place when the draft has passed internal review within DHCW.

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

4.1 The Community & Mental Health Data & Digital Delivery Plan is brought to the SHA Board for noting in its draft format.

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

5.1 Currently the Connecting Care programme has not received any funding commitment from WG for 2026/27 and beyond, and neither SPMH or Communities by Design have allocated funding to these activities in 2026/27

5.2 There is a corporate risk which is being monitored regarding this:

IF inadequate funding allocation is not received by DHCW and HBs for Community and Mental Health plans in 2026/27 THEN progress on the activities within this roadmap will

be slowed RESULTING to delays in releasing the benefits and achieving the strategic objectives set out in the paper.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE the report and the attached paper | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# AUDIT+ UPDATE

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 5.2.2 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Sam Hall, Director of Primary, Community and Mental Health Digital Services |
| Paratowyd gan:<br>Prepared By: | Claire Chalmers, Principal Project Manager |
| Cyflwynwyd gan:<br>Presented By: | Sam Hall, Director of Primary, Community and Mental Health Services |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the report. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Drive better value and outcomes through innovation |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Sam Hall | 12/03/26 | Approved |
| | | |

| Acronymau / Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| PDES | Patient Data Extract Services (currently provided by 3rd party supplier Optum) | TDAG | Technical Design Assurance Group |
| PCMH | Primary, Community & Mental Health | GCP | Google Cloud Platform |
| CCN | Contract Change Notification | IM1.2 | Interface Mechanism (delivery by 3rd party supplier Optum) for DHCW Use |

| | | | |
|---|---|---|---|
| | | | only |
| DPIA | Data Privacy Impact Assessment | ICO | Information Commissioner's Office |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Audit+ Replacement Project was established in July 2025 in the Primary, Community and Mental Health (PCMH) directorate, working closely with other colleagues across the organisation to replace the Audit+ solution. The project currently has 4 workstreams:

- 3rd Party Contracts/Suppliers
- Information Governance
- Technical (GMS Data Platform)
- Data Analytics & Reporting

A potential fifth workstream, focused on Lot 3: Secure Anonymised Information Linkage (SAIL), is also being considered.

3.2 The purpose of the project is to develop a replacement product, to include current Audit+ data flows in an agreed priority order while at the same time managing service continuity and reputational risk.

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

### 4.1 3rd party (Audit+ Retirement)

Both parties have now signed the CCN for the 12-month Audit+ extension to 30 April 2027.

### 4.2 3rd party (IM1.2 Delivery & Cloud Platform Integration)

Delivery of IM1.2 capability remains on track for June 2026.

### 4.3 Information Governance

The GMS Data Platform DPIA has identified one high risk area regarding proportionality and necessity.

Planning is underway to identify any potential further mitigating actions and to progress any next steps.

### 4.4 Technical (GMS Data Platform)

GMS Data Platform preferred technical design approved at TDAG

Detailed overview of design and associated controls to GPC Wales colleagues held 5th March 2026.

Alternative Technical design options have been reviewed, discounted, and compiled into an SBAR report and will shortly be distributed to relevant stakeholders.

4.5 Data Analytics & Reporting

Ongoing analysis and validation work continues in the restricted test environment

Technical proof of concept development work will progress once Live data access is available.

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

5.1 Personal data must be processed in accordance with the data protection principles (see Article 5 of the UK GDPR). Article 5(1)(c)

There remains a risk that practices may not engage with the Audit+ Replacement service if the proposed bulk extract approach is viewed as disproportionate under UK GDPR Article 5(1)(c). The risk is currently being managed at Directorate level. GPC Wales received a GMS Data Platform technical design overview on 5 March 2026, and their view was that a referral to the ICO is required. The GMS Data Platform DPIA will now be shared with GPC Wales colleagues for review and consideration over the next two weeks before progressing next steps.

5.2 The ICO formal process may take up to 14 weeks or around 10 working days if no formal escalation is required. There could therefore be a delay to Audit+ Replacement delivery as the proof-of-concept phase has a reliance on a switch to Live data to enable development activities in the Reporting & Analytics workstream to progress.

5.3 Audit+ replacement and continuity risk

The risk associated with replacing the Audit+ system reduced following agreement to extend the current contract until 30 April 2027. The extension provides additional time to deliver a replacement safely and avoids immediate service disruption. However, delivery of the in-house replacement still depends on timely funding decisions and effective coordination with third-party suppliers. These dependencies remain under active review, and the risk rating will be reassessed once further budget planning and delivery milestones are confirmed.

5.4 Audit+ contract withdrawal risk

The risk of Audit+ withdrawing from contract before an alternative solution is in place has been significantly reduced. The contract extension to 30 April 2027 provides stability and continuity of service for stakeholders, lowering the likelihood of disruption. This risk has therefore been downgraded, with regular reviews scheduled to confirm that mitigation plans remain sufficient as replacement arrangements progress.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE the report. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# DHCW AI STRATEGY 2026-2029

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 5.3 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Ifan Evans, Executive Director of Strategy |
| Paratowyd gan:<br>Prepared By: | Vickie Saunders, Head of Strategy |
| Cyflwynwyd gan:<br>Presented By: | Ifan Evans, Executive Director of Strategy |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Approval |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| **APPROVE** DHCW AI Strategy 2026-2029. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Drive better value and outcomes through innovation |

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

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

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

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

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

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below<br>To implement the AI strategy safely, consistently and at the required pace, DHCW requires two dedicated functional areas providing coordination, assurance and system engagement, as detailed in the strategy. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | Yes, please see detail below<br>The strategy sets out a high-level approach to how DHCW will approach use of AI tools and systems |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Management Board | 12/03/2026 | Approved |
| Strategy Assurance Group | 05/03/2026 | Approved |
| SHA Board Development Day | 26/02/2026 | Discussed |
| AI Steering Group | 20/01/2026 | Discussed |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| AI | Artificial Intelligence | ML | Machine learning |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The attached *DHCW Artificial Intelligence Strategy 2026-2029* sets out DHCW's approach to enabling the safe, ethical and effective use of AI.

3.2 Publication of an AI strategy is a milestone for 2025/26 under DHCW Strategic Mission 4: Drive better value and outcomes through innovation. An AI strategy is required now because AI technologies are proliferating rapidly across health and care. These technologies present significant opportunities for improved clinical outcomes, system efficiency and workforce productivity, but also carry material risks relating to safety, data protection, bias, transparency and interoperability. Without a clear organisational strategy, AI adoption risks becoming fragmented, inconsistent and ungoverned, creating duplicated effort, unmanaged risks and misalignment with national architecture and data standards.

3.3 The strategy has been developed through using a Strategy Choice Cascade approach, and has been assured through group and one-on-one sessions, including directorate meetings, the AI Steering Group, Strategy Assurance Group, and a DHCW SHA Board Development Day. It reflects relevant UK and Welsh frameworks and standards and incorporates work already underway across DHCW to ensure that AI deployment is safe, proportionate and transparent.

3.4 Implementation of the strategy will be structured over three phases over 2026 to 2029:

- Phase 1 – Establish foundations: Put in place the core governance mechanisms, stand up an AI Register, build baseline maturity, and ensure early pilots align with national architecture and data standards.
- Phase 2 – Scale capability: Strengthen technical foundations, embed assurance processes, mature organisational readiness, and increase the number of safe AI use cases.
- Phase 3 – Optimise AI deployment: Embed continuous improvement, strengthen monitoring and audit, and ensure AI becomes a safe, repeatable and high-quality part of business-as-usual.

3.5 The AI Steering Group, operating under refreshed terms of reference and strengthened membership, will oversee the practical implementation of the strategy's governance model. It will own the AI Register, provide proportionate governance assurance for all AI activity, and advise Management Board on risks, compliance and readiness as the organisation moves through the three phases of implementation. This approach ensures a single, coherent oversight mechanism for AI across DHCW.

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

4.1 The SHA Board discussed a draft of the AI Strategy at the Board Development Day in February. From those discussions, we have refined the strategy's aspiration and have made some small changes to streamline the flow and presentation of the strategy. No other substantive changes have been made.

4.2 The Board is now asked to consider the revised *DHCW Artificial Intelligence Strategy 2026–2029* (attached at Annex A), which sets out DHCW's strategic intent and scope, organisational choices, and the proposed governance and delivery model.

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

5.1 There are no key risks or matters for escalation.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| **APPROVE** DHCW AI Strategy 2026-2029. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# BUILDING OUR FUTURE-CLOSURE REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 5.4 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Claire Osmundsen-Little, Executive Director of Finance |
| Paratowyd gan:<br>Prepared By: | Alyson Smith, Head of Programme Transformation (Building Our Future) |
| Cyflwynwyd gan:<br>Presented By: | Helen Thomas, Chief Executive Officer |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Assurance |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the report for ASSURANCE. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

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

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Claire Osmundsen-Little | 05 February 2026 | Approved |
| Management Board | 11 February 2026 | Review and discussed |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| | | | |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Building our Future Programme was established to improve alignment across all directorates, through shared goals and collaborative working, to ensure a more coordinated approach to optimising the DHCW Target Operating Model and new ways of working.

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

4.1 The closure reports (Appendix A and Appendix B) are included for information.

4.2 Whilst there are residual activities that will need to be undertaken in Business as Usual (BAU), the following key deliverables on the critical path have been achieved:

### DELIVERABLE WORKSTREAMS

The Deliverable workstreams were carried out from within the core programme:

- Developed a new Target Operating Model and launched at the 2025 Staff Conference.
- Majority of directorate-level redesigns are on track to complete by the end of November.
- Conducted cross-cutting ways of working workshops to bring together senior people from across DHCW to support development of the Target Operating Model, establish Heads of Profession, Communities of Practice, explore the Product & Service model, and establish ways of working for User Centred Design.
- Established the GDaD framework. To date 137 job descriptions (83%) have been completed in line with organisational needs and the progression of the directorate-level redesigns.
- Completed the Digital Learning Portal procurement. A supplier has been appointed, and the product is now in transition to live running, scheduled for Q4 2025/26.
- Acted as a catalyst and drove forward the Agile Coaching procurement. A supplier has been appointed and a plan for roll-out of the Agile methodology across teams is underway, for deployment Q4 2025/26.
- Successfully launched the Quality Improvement Framework, 5-Minute Improvement training (delivered to 227 DHCW colleagues) and the Improvement Fundamentals (delivered to 70 DHCW colleagues).

### REPORTING WORKSTREAMS

The Reporting workstreams were brought together under the Building Our Future programme to ensure oversight and guidance at the right level, and to swiftly deploy supporting resources where required:

- Our Enterprise Tooling Strategy is emerging via a dynamic decentralised ownership model, with accountable owners in place to manage ongoing and future tooling initiatives.
- A Value-based Benefits Model is in place to translate the intended value and benefits that the new target operating model will create.
- An Artificial Intelligence (AI) roadmap and use cases is in place, and our Principles for Responsible AI have been approved. AI standards and guidance have been rolled out across NHC Wales, and AI Foundation training has been developed and is being rolled-out across DHCW.
- DHCW's Well-being Statement and Goals have been re-developed in line with our new Social Value ambitions. We have run a pilot with 100 participants using the Ecosia search engine and to date have planted over 269 trees.
- We have completed over 70% of DHCW-owned actions to improve relationships with our stakeholders, as well as 61% of the system-wide actions.
- We are undertaking a service improvement pilot within Cancer Services, working with our supplier and stakeholders to help improve service quality.

## RESIDUAL WORKLOAD

The follow-on activity below includes:

- The actions recorded in the actions log which were not completed prior to programme closure
- The follow-on activity that the programme board agreed was necessary to complete each workstream.

This section has been provided to each named individual via email with an explanation that they are required to complete the workstream as agreed.

## PUTTING PEOPLE FIRST

| WORKSTREAM: | Target Operating Model | OWNER: | Rhian Hamer |
|---|---|---|---|
| ANTICIPATED FUTURE STATE | | | |
| A modernised Target Operating Model that acts as a blueprint outlining what the organisation needs to do to achieve its goals and how to reach its full potential. | | | |

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. TOM visual to transition to the Cultural Framework in BAU to ensure that it remains relevant. | Shikala Mansfield |
| 2. Staff Voices group to transition under the POD Cultural Framework so that it can continue to be nurtured to provide a voice for DHCW people to be heard. | Sarah Brooks |
| 3. The Head of Profession to produce a plan to actively manage the Agile Coaching consultancy and longer-term needs, to ensure that a sustainable Agile approach, with one playbook across DHCW is achieved. | Chris Collis |
| 4. *FROM PROGRAMEM BOARD ACTIONS LOG* PB 250901-A06*: Chris Collis & Shikala Mansfield to develop communications around expectations of Agile coaching, including how it fits with other organisational development opportunities.* | Chris Collis /Shikala Mansfield |

| WORKSTREAM: | Cross-cutting Ways of Working | OWNER: | Rhian Hamer |
|---|---|---|---|

**ANTICIPATED FUTURE STATE**

n/a

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. Head of Profession to be established for the Clinical profession. It is important that Clinical are able to attend the HoP Community of Practice to influence and educate HoPs on the importance of the clinical voice across the DHCW system. | Rhidian Hurle |
| 2. Heads of Profession to lead Communities of Practice in their professional areas where appropriate. | Shikala Mansfield |
| 3. Identify where additional Wales-wide CoPs may need to be stood up by DHCW. | Nadine Payne |
| 4. *FROM PROGRAMEM BOARD ACTIONS LOG* PB251103-A01*: Nadine and Shikala to review the approved paper from September Programme Board and to set out the question and proposed solution around gaps in DHCW's HoP/CoP model.* | Nadine Payne /Shikala Mansfield |

| WORKSTREAM: | Organisational Redesigns | OWNER: | Shikala Mansfield |
|---|---|---|---|

**ANTICIPATED FUTURE STATE**

- Directorate-level re-designs aligned to DHCW target operating model and new ways of Agile working.
- Each directorate will lead their individual organisational change plan to transition into new structures, aligned to specific services / products.
- The organisational change will be supported by P&OD; benefits/value of the transition to the model will be supported by Finance.

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. *FROM PROGRAMEM BOARD ACTIONS LOG* PB251103-A02: *SL to deliver an updated plan which describes the complete resourcing allocation which will enable accurate financial forecasting.* | Sam Lloyd |
| 2. The FBA organogram needs to be published, and any associated change enacted, followed by a Show & Tell session. | Claire Osmundsen-Little |
| 3. Following publication of organisational redesigns, work needs to be undertaken between Finance and each directorate to ensure that their structures are affordable in 2025-26 and sustainable for future years. | Mark Cox<br>Shikala Mansfield |
| 4. A retrospective exercise is required to ensure organisational alignment of roles. | |

| WORKSTREAM: | GDaD Framework | OWNER: | Shikala Mansfield |
|---|---|---|---|

**ANTICIPATED FUTURE STATE**

Clear job descriptions using GDaD professions, GDaD Plus professions which are universally used across NHS Wales

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. POD to continue to create and sign-off the remaining JDs aligned to GDaD, including the GDaD*Plus* requirements. | Shikala Mansfield |
| 2. POD to work with directorates to ensure that all GDaD JDs are rolled out in line with organisational redesigns. | |

| WORKSTREAM: | Digital Learning Portal | OWNER: | Shikala Mansfield |
|---|---|---|---|

**ANTICIPATED FUTURE STATE**

A single, integrated e-learning platform is in place, fully utilised and accessible across the organisation.
Digital tools enable robust and efficient skills gap analysis at individual, team, and organisational levels.
Skills insights seamlessly inform personalised development plans and directly link to relevant learning solutions.
Enhanced management reporting provides clear oversight of learning engagement, impact, and workforce capability.
Staff feel valued and supported through targeted investment in their development.
Learning is consistently transferred into practice, driving improved performance and service delivery.

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. Develop a transition and training plan, along with appropriate comms and a cross-section user group of early-adopter DHCW staff with GDaD JDs.<br>2. Carry out the transition, training and hand-over to live running.<br>3. Following completion of the GDaD implementation into the Digital Learning Portal, all other JDs will need to be updated to identify competencies and skills, so that they can be uploaded, enabling all staff to benefit from the Portal. | Shikala Mansfield /Alyson Smith (itSM transition) |

| WORKSTREAM: | User Centred Design Enablement | OWNER: | Rachel Meese |
|---|---|---|---|

| ANTICIPATED FUTURE STATE |
|---|
| A hybrid approach will be taken - we will make use of mobile usability testing kit to test both in the users' environment and/or onsite in the Digital Futures Lounge space. Facilitating in-person testing to enable greater engagement with DHCW products and services. In some circumstances third-party usability labs may also be utilised. |

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. Following completion of a UCD demand discovery exercise, the Head of UCD will work with Finance to develop a cost model for sign-off at Management Board. | Rachel Meese |

## SIMPLIFY EVERYTHING WE DO

| WORKSTREAM: | Enterprise Tooling Strategy | OWNER: | Chris Collis |
|---|---|---|---|

| ANTICIPATED FUTURE STATE |
|---|
| A tooling strategy and adoption process which will deliver an agreed set of enterprise tools based on areas of biggest impact across DHCW.<br>Ensure that a dynamic landscape view is adopted so that more efficient and effective tools are evaluated and benchmarked consistently as they become available, with a best of breed ethos. |

| ANTICIPATED OUTCOME /BENEFIT |
|---|
| an agreed set of enterprise tools for streamlined working<br>future proofing and ensuring effectiveness and efficiency through horizon scanning<br>maintaining a best of breed ethos |

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| There is an Enterprise Tooling chat group to manage day-to-day discussions.<br>1. *FROM PROGRAMEM BOARD ACTIONS LOG* PB251103-A03*: Chris Collis to ensure that each directorate senior lead has reviewed the Tooling spreadsheet to identify what is needed and what is missing, to ensure that the right tools are in the right place.*<br>2. It remains a strong recommendation that DHCW establishes a formal Enterprise Architecture function in the long term. Such a function is crucial for aligning technology with business capabilities and strategy. Without it, the organisation risks a continued lack of consistency, a resurgence of shadow IT, and fragmented ways of working. This will enable delivery of the anticipated benefit of a best of breed ethos. | Chris Collis |

## DESIGN FOR MORE DATA, MORE DIGITAL

| WORKSTREAM: | Financial Sustainability | OWNER: | Mark Cox |
|---|---|---|---|

| ANTICIPATED FUTURE STATE |
|---|
| A financial model that will translate the intended value and benefits that the new target operating model will create.<br>The model will categorise according to cost reduction (divestment, elimination, renegotiate and rationalise), efficiency (improved efficiency, productivity and spend shifts) and value creation (outcome driven including social and economic). |

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|

| | |
|---|---|
| 1. Finance to deliver a documented process for directorate managers to follow in order to complete the Value Based Benefits model; alongside this, a handover will take place.<br>2. Directorate managers take responsibility for completing the Value Based Benefits model for their transitions to their new organisational redesigns.<br>3. The Finance/Benefits team to establish a method for consolidating all directorate-level spreadsheets so that a DHCW-wide view of the Value Based Benefits can be articulated /achieved.<br>4. The Finance team to continue discussions with Welsh Government on developing and agreeing a sustainable funding model for new DHCW programmes. | Mark Cox<br><br>Directorate Managers<br>Mark Cox<br><br>Mark Cox |

| WORKSTREAM: | Artificial Intelligence | OWNER: | Ifan Evans |
|---|---|---|---|

| ANTICIPATED FUTURE STATE |
|---|
| Establishing DHCW as the "System Leader" and partner of choice on local/national digital projects that use AI-enabled features and benefits. |

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. *FROM PROGRAMEM BOARD ACTIONS LOG* PB251103-A03*:*<br>Following difficulties to complete some of the wider work associated with DHCW's AI plan and overarching recommendations, the project was re-baselined and re-scoped. The AI Steering Group has agreed to focus on DHCW's capability development work, while continuing to push forward on a priority basis, safely and responsibly, AI features into our products and services as part of our IMTP process for 2026-27.<br><br>2. There are no transitional arrangements; the AI Project will continue after the programme has closed, addressing the following areas which will be overseen by Management Board:<br>a) Continue with Year 1 (2025-26) AI capability development work.<br>b) Implement plan to build DHCW's Year 2 (2026-27) AI capability development plan aligned to ISO42001 and compliant with the Cyber Security Code of Practice and deliver the year 2 (2026-27) AI capability development roadmap. This means we continue to mature of AI capability through a combination of effective processes, structures, frameworks, data, tools, skills, knowledge and experience aligned with our principles for responsible AI, integrated into our operating model reliably and at scale, giving DHCW the capability to "source, design, develop, train, test, integrate, assure, implement, manage and support" AI-powered products and services for the good of patients and service users across NHS Wales.<br>c) Deliver AI opportunities as part of the IMTP 2026-29 process and following on with targeted AI-powered product development in 2026-27.<br>d) Implement operational AI Governance.<br>e) Bring our principles for responsible AI to life for our internal & external stakeholders, including all the policy, process, ways of working and culture to support our system leadership ambition for AI.<br>f) Complete and implement AI policy. | Ifan Evans |

## FIND MORE VALUE

| WORKSTREAM: | Quality Improvements | OWNER: | Paul Evans |
|---|---|---|---|

| ANTICIPATED FUTURE STATE |
|---|
| A bottom-up approach to engendering a culture of improvement through delivery of training, a change mandate and guiderails for all DHCW people to identify and develop improvements both within their areas of work and/or across the organisation. |

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| 1. To continue with the Quality leadership ambitions. Board Development Session is required to ensure that all DHCW Board members understand the cultural change and potential of these activities, as well as their leadership role in supporting the quality agenda.<br>2. The Quality Improvement initiatives need to be embedded into BAU so that they can be part of the cultural change as noted above, particularly 5-Minute Improvements, WMTY and Kaizen Brown Paper Mapping. | Paul Evans |

| WORKSTREAM: | Social & Environmental Value | OWNER: | Chris Moreton |
|---|---|---|---|

**ANTICIPATED FUTURE STATE**

Digital innovation will support a more sustainable and equitable future for all in Wales

Social and Environmental value is embedded and integrated within DHCW practices across the organisation to deliver on the Wellbeing Objectives set by DHCW under the WFGA. We will:

- Achieve net zero emissions across all of our operations and supply chain by 2035 and apply circular economy principles to minimise electronic waste.
- Provide digital and data services that deliver economic, social, environmental and cultural value to meet population needs now and in the future.
- Leverage clinical data, in combination with a diversity of data sources, to identify actionable insights which support prevention, population health, equity and well-being.
- Enable the safe, effective and ethical deployment of Artificial Intelligence and digital innovation more broadly across Wales.
- Put people first as a diverse, equitable and inclusive employer by offering meaningful work, paying the real Living Wage and developing digital skills

**ANTICIPATED OUTCOME /BENEFIT**

DHCW's ambition is that Social and Environmental value will be embedded and integrated within practices to deliver on the Well-being Objectives set by the organisation under the Well-being of Future Generations At (WFGA).

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| The following will be overseen by DHCW's Management Board:<br>1. Explore options for Futures training and Prevention Budget analysis with Future Generations Commissioners Office.<br>2. Complete Social Value approach and start implementation.<br>3. Draft the Social Value requirements within Microsoft Enterprise Agreement renewal negotiations, with alignment on Wellbeing objectives.<br>4. Social Value TenTalk and webinar series.<br>5. Feedback from Ecosia pilot and assessment of default web browser options.<br>6. Develop proposal and plan to become a Real Living Wage accredited employer.<br>7. Follow up assessment of development requirements for Carbon App and potential funding from Welsh Government<br>8. Proposal and plan for Real Living Wage employer. | Chris Moreton |

| WORKSTREAM: | Stakeholder Relationships | OWNER: | Nadine Payne |
|---|---|---|---|

**ANTICIPATED FUTURE STATE**

Clear understanding of the role and impact of DHCW amongst stakeholders, with upper quartile stakeholder satisfaction.

The routes into DHCW are clearly defined and understood and how requests are managed and prioritised is transparent.

Product roadmaps are visible, and easily accessible for stakeholders.

| FOLLOW-ON ACTIVITY | OWNERSHIP |
|---|---|
| Continue to focus on delivery of the remaining actions, working with stakeholders to support wider system change. Implement progress tracking and collaborate with the Stakeholder Advisory Group and other forums to plan our next phase, strengthen stakeholder relationships, and demonstrate our value.<br><br>The Stakeholder Engagement work will be monitored by DHCW's Management Board:<br>1. Complete remaining actions and share progress and outcomes with stakeholders.<br>2. Embed measures to monitor impact and change over time.<br>3. Undertake workshop with Stakeholder Advisory Group to support system change<br>4. Use feedback and insights to design next phase of work to support continuous improvement. | Nadine Payne |

## LEARN FROM THE PAST TO EMBRACE THE FUTURE

| WORKSTREAM: | Service Improvement | OWNER: | Sam Lloyd |
|---|---|---|---|
| ANTICIPATED FUTURE STATE | | | |
| A deeper insight into cancer services through connecting DHCW people with its users of digital products and services.<br>A systemic approach to strategic and operational improvement. | | | |
| FOLLOW-ON ACTIVITY | | | OWNERSHIP |
| Pilot to be completed by end December 2025. Any required follow-on activity will be at the discretion of DHCW's CEO and will be outside the programme. | | | Helen Thomas /Sam Lloyd |
| | | | |

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

5.1 There are no key risks/matters for escalation

# 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE the report for ASSURANCE | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ESCALATION STATUS UPDATE

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.1 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Helen Thomas, Chief Executive Officer |
| Paratowyd gan:<br>Prepared By: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Cyflwynwyd gan:<br>Presented By: | Chris Darling, Director of Corporate Affairs / Board Secretary |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Assurance |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE for ASSURANCE the Escalation Plan Phase 1 status and work to develop a phase 2 plan.<br>NOTE the escalation activity since the last Board meeting. | |

## 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

| | |
|---|---|
| SAFONAU ANSAWDD IGDC<br>DHCW QUALITY STANDARDS | ISO 27001 - Information Security Management Systems |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below: N/A | |

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Helen Thomas, CEO | Oct 2025 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| DDaT | Digital, data, and technology | SRO | Senior Responsible Owner |
| LIMS | Laboratory Information Management System | RISP | Radiology Information System Procurement |
| DSPP | Digital Services for Patients and the Public | PDC | DHCW Programmes Delivery Committee |
| JDCA | Joint Data Controller Agreement | PMO | Programme Management Office |

# 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 On 11 March 2025, DHCW's escalation status changed from Level 1 – Routine Monitoring, to Level 3 – Enhanced Monitoring.

3.2 The increased escalation relates specifically to the delivery of major programmes, under the 'performance and outcomes' domain of the NHS Oversight, Assurance, Escalation and Intervention Framework.

3.3 DHCW have worked closely with Welsh Government to confirm the arrangements for escalation via an agreed Escalation Framework and associated Enhanced Monitoring Improvement Plan to be monitored to inform the future escalation status.

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

## 4.1 DHCW Escalation Activity

Since the last Board meeting members of DHCW attended the Welsh Government Integrated Quality, Performance and Delivery (IQPD) meeting held on 16 March 2026 to consider DHCW's progress in relation to addressing escalation concerns, as well as risks and issues.

In addition, DHCW have held a Programmes Delivery Committee (PDC) Development session took place on 3 March 2026 to review and shape the phase 2 escalation plan. This was further discussed at the PDC Committee meeting held on the 16 March 2026.

Updates on a number of DHCW major programmes have been provided at the DDaT Delivery Board on 11 February 2026 and 11 March 2026. In addition, the DDaT Leadership Board met on 27 February and plans to meet on 19 March 2026.

## 4.2 Escalation Status – December 2025 and Feedback January 2026

On the 16 December 2025, the Cabinet Secretary confirmed that the escalation status for DHCW following the tri-partite discussions in November 2025 had not changed DHCW's escalation status and it remained at Level 3, Enhanced Monitoring for Major Programme delivery.

On the 6 January 2026, the Director General for Health and Social Care / NHS Wales CEO wrote to DHCW to provide feedback on the continuity of its escalations status for major programmes, feedback included:

- Progress made against the escalation milestones – not translating into the level of change, improvement and transparency that WG expected
- Escalation framework is too transactional

- Focus needs to be on system leadership, engagement, stakeholder perceptions, programme planning/reporting
- There is a perception that risks and failure to deliver milestones are not being reported and escalation to WG in a timely and transparent manner
- DHCW must focus efforts to change stakeholder perceptions, and this will be aided by delivering on your core priorities
- Needs to be greater scrutiny and objective assurance in relation to programme delivery, risk and engagement
- As system leaders, you need to look beyond your own organisations and guide the health and care system across Wales in adopting appropriate digital solutions, including system oversight on those programs that you are not leading upon.

## 4.3 Enhanced Monitoring Improvement Plan

The SHA Board has assigned the Programmes Delivery Committee to oversee delivery of the Enhanced Monitoring Improvement Plan, which sets out DHCW's response to the areas of concern/escalation and the proposed milestones and actions against the de-escalation criteria to demonstrate the required improvement. A shared information repository has been developed between DHCW and Welsh Government, to allow a transparent approach to tracking milestone delivery, with each milestone broken down by month. The repository also allows evidence to be uploaded, to show the evidence/outputs/outcomes that demonstrate the milestone has been completed. This plan set out milestones between May 2025 to March 2026.

At the time of writing to the report, the status of milestone delivery is set out below:

1

### DHCW Escalation Enhanced MIP – February 2026 - Progress

| Performance Intervention Area | De-Escalation ID | Specific Deliverable / Milestone | Output | Target Date | Actual Date | Status |
|---|---|---|---|---|---|---|
| National current and future target enterprise architecture development and design | DE011 | 1.1 Supplier contract awarded | Contract in place | 30/06/2025 | 30/06/2025 | Complete |
| | DE012 | 1.2 Project Board established | Governance Structure | 30/06/2025 | 30/06/2025 | Complete |
| | DE013 | 1.3 Project plan and timetable agreed with supplier and stakeholders and/or directed by WG | Project Plan | 31/07/2025 | 31/07/2025 | Complete |
| | DE014 | 1.4 'Once for Wales' Target Architecture Vision Statement agreed and/or directed by WG | Vision statement documented | 31/07/2025 | 31/07/2025 | Complete |
| | DE015 | 1.5 Clear architectural maps and description of current architecture with risks, deficiencies and strengths mapped. | Architecture Maps and Assessment | 30/09/2025 | 30/09/2025 31/10/2025 | Complete |
| Digital Services for Patients and the Public Programme (DSPP) with a focus on delivering NHS Wales App that supports system recovery and improved patient outcomes. | DE021 | 2.1 Public launch of NHS Wales App (subject to WG approval of timeframe) | NHS Wales App Public Comms Campaign | 30/09/2025 | 31/05/2025 | Complete |
| | DE022 | 2.2 Q1 and Q2 Features delivered as per 'silver' roadmap approved by Minister. | NHS Wales App new features available | 30/09/2025 | 30/09/2025 31/10/2025 | Complete |
| Connecting Care to the agreed scope and business case, once agreed | DE031 | 3.1 Connecting Care Community Health and Mental Health OBC submitted to Welsh Government with Programme Board approval (including commercial case) | Business Case | 31/05/2025 | 31/05/2025 | Complete |
| | DE032 | 3.2 Community Care specification and commercial strategy agreed | Approved specification and commercial strategy | 30/09/2025 | 30/09/2025 | Complete |
| | DE033 | 3.3 Submit Integrated Care Record OBC to Welsh Government with Programme Board approval | Business Case | 31/01/2026 31/03/2026 | | On Track |

Source: DHCW Evidence Log and Teams Channel

# DHCW Escalation Enhanced MIP – February 2026 - Progress

| Performance Intervention Area | De-Escalation ID | Specific Deliverable / Milestone | Output | Target Date | Actual Date | Status |
|---|---|---|---|---|---|---|
| Data Architecture including the National Data Resource and Data Standards. | DE041 | 4.1 Other NHS organisations enter into WASPI Joint Data Controller Agreement allowing data to flow to national CDR | WASPI Joint DCA signed (may require WG to mandate, as per DHCW Remit Letter) | 31/07/2025 | 31/09/2025 | Complete |
| | DE042 | 4.2 Data migration plan and timetable agreed with stakeholders through NDR Programme Board and/or directed by WG | Data migration plan (may require WG to mandate) | 30/09/2025 | 30/09/2025 | Complete |
| | DE043 | 4.3 Data Standards refresh approved by new National Architecture and Standards Board (under DDAT Leadership Board) | Data standards governance and roadmap | 31/10/2025 | 31/10/2025 | Complete |
| Diagnostics programmes, specifically RISP and LIMS and health board deployment | DE051 | 5.1 Summary report on RISP Programme governance and implementation roadmap, through Programme Board | Review documents via DDaT governance structure to confirm the implementation road map | 31/10/2025 | 31/10/2025 | Complete |
| | DE052 | 5.2 Summary report of LIMS2 Programme governance and implementation roadmap, through Programme Board | Review documents via DDaT governance structure to confirm the implementation road map | 31/10/2025 | 31/10/2025 | Complete |
| | DE053 | 5.3 All organisations in the LIMS Programme migrated to LIMS | LIMS go live / Product deployment | 31/12/2025 | | Off Track |
| | DE054 | 5.4 RISP live in one Health Board and one Trust | RISP go live / product deployment | 30/09/2025 | 30/09/2025 | Complete |
| | DE055 | 5.5 All Health Boards and relevant Trusts implement new RISP | RISP go live / product deployment | 31/03/2026 | | Off Track |
| Primary care services; including the and ongoing migration to EMIS from INPS (Cegedim) VISION, and support to national primary care programme | DE061 | 6.1 Migration roadmap (GP practices from INPS to EMIS) regularly reported to WG | Number of practices migrated by month/quarter: Q1 25/26: 16 | 30/06/2025 | 30/06/2025 | Complete |
| | DE061 | 6.1 Migration roadmap (GP practices from INPS to EMIS) regularly reported to WG | Number of practices migrated by month/quarter: Q2 25/26: 24 | 30/09/2025 | 30/09/2025 | Complete |
| | DE061 | 6.1 Migration roadmap (GP practices from INPS to EMIS) regularly reported to WG | Number of practices migrated by month/quarter: Q3 25/26: 17 | 31/12/2025 | 31/12/2025 | Complete |
| | DE061 | 6.1 Migration roadmap (GP practices from INPS to EMIS) regularly reported to WG | Number of practices migrated by month/quarter: Q4 25/26: 18 | 31/03/2026 | | On track |

Source: DHCW Evidence Log and Teams Channel

IGDC • DHCW

# DHCW Escalation Enhanced MIP – February 2026 - Progress

| Performance Intervention Area | De-Escalation ID | Specific Deliverable / Milestone | Output | Target Date | Actual Date | Status |
|---|---|---|---|---|---|---|
| Digital Medicines and prescribing including EPS roll out and development of shared medicines record. | DE071 | 7.1 Establish a robust governance structure that is agreed by WG for EPMA | Governance structure | 30/06/2025 | 30/06/2025 | Complete |
| | DE072 | 7.2 Delivery against EPMA stakeholder engagement plan to ensure continuous improvement, to include patients, health care providers and technology providers. | Stakeholder engagement delivery plan | 30/09/2025 | 30/09/2025 | Complete |
| | DE073 | 7.3 Submit EPMA progress report to WG highlighting achievements, challenges, next steps | EPMA detailed progress report incl. lessons learnt | 31/12/2025 | 31/12/2025 | Complete |
| | DE074 | 7.4 Continued rollout of EPS to programme timetable – 105 GP practices live with EPS by September 2025 | Number of practices with EPS rolled out (105 Sept 2025) | 30/09/2025 | 30/09/2025 | Complete |
| | DE075 | 7.5 60% of pharmacies across Wales are to be live with EPS by March 2026 | Roll out plan | 31/03/2026 | 28/02/2026 | Complete |
| | DE076 | 7.6 CDR shared medicines record and FHIR APIs live | SMR Live | 30/06/2025 | 30/06/2025 | Complete |
| Intensive Care – undertake an assessment on the next steps for this programme, and how it should be resourced and led. | DE081 | 8.1 Governance of the programme to be re-set | Revised programme governance document | 31/05/2025 | 31/05/2025 | Complete |
| | DE082 | 8.2 Clinical design workshops to take place | Workshops with clinical input | 30/06/2025 | 30/06/2025 | Complete |
| | DE083 | 8.3 Revised WICIS Plan submitted to WG to include:<br>• Summary of system re-design work<br>• Resource requirements<br>• Timescale to complete with indicative deployment dates | Programme Plan | 30/09/2025 | 30/09/2025 | Complete |

Source: DHCW Evidence Log and Teams Channel

IGDC • DHCW

# DHCW Escalation Enhanced MIP – February 2026 - Progress

| Performance Intervention Area | De-Escalation ID | Specific Deliverable / Milestone | Output | Target Date | Actual Date | Status |
|---|---|---|---|---|---|---|
| Agreement of core milestones Cancer Informatics Programme – CANISC replacement. | DE091 | 9.1 Colposcopy live and CANISC system stepped back to 'administration' mode* | Colposcopy features live | 30/06/2025 | 30/06/2025 | Complete |
| | DE092 | 9.2 CANISC system stepped back to 'archive' mode** | CANISC system decommissioned | 31/01/2026 | 20/02/2026 | Complete |
| | DE093 | 9.3 Support the development and delivery of a data development roadmap for cancer services to address all the data shortcomings that hinder system management and oversight. | Road Map | 30/09/2025 | 30/09/2025 | Complete |
| | DE094 | 9.4 Produce an options appraisal for the production of a linked dataset containing cancer anddiagnostics waiting times data | Options appraisal | 31/03/2026 | | On Track |
| Major programmes - revised approaches and procedures for planning, performance, risk and programme management agreed and implemented. | DE101 | 10.1 Summary report on Major Programmes governance and implementation roadmap, through DHCW Programmes Delivery Committee | Review submitted to and approved by WG | 30/09/2025 | 30/09/2025 | Complete |
| | DE102 | 10.2 Audit of DHCW PMO arrangements | Internal Audit Report on PMO arrangements | 31/05/2025 | 31/05/2025 | Complete |
| | DE103 | 10.3 Definition agreed for categories of 'major programmes' – endorsed by the DHCW Programmes Delivery Committee and presented to WG/partners | Major national digital programme definitions | 30/09/2025 | 30/09/2025 | Complete |
| | DE104 | 10.4 Framework for commercial options for 'major digital programmes' to be endorsed by the DHCW Programmes Delivery Committee and presented to WG/papers | Commercial framework for major programmes | 30/09/2025 | 30/09/2025 | Complete |
| | DE105 | 10.5 Opportunities, challenges and system learning from DHCW escalation to be captured and presented to WG/partners relating to delivery of major programmes. | Escalation learning report – major programme delivery | 31/10/2025 | 31/10/2025 | Complete |

Source: DHCW Evidence Log and Teams Channel

IGDC • DHCW

# DHCW Escalation Enhanced MIP – February 2026 - Progress

| Performance Intervention Area | De-Escalation ID | Specific Deliverable / Milestone | Output | Target Date | Actual Date | Status |
|---|---|---|---|---|---|---|
| Good progress against milestones in the action plan related to the recommendations from stakeholder survey. | DE111 | 11.1 Stakeholder review action plan developed | Stakeholder survey action plan | 30/04/2025 | 30/04/2025 | Complete |
| | DE112 | 11.2 Stakeholder review governance arrangements established | Governance document | 31/05/2025 | 31/05/2025 | Complete |
| | DE113 | 11.3 Establish External Stakeholder Advisory Group | Group established | 31/07/2025 | 30/06/2025 | Complete |
| | DE114 | 11.4 Stakeholder review action plan delivery tracking (across the six themes assigned to DCHW):<br>• 20% DHCW actions completed by May 2025 | Delivery tracker (30%) | 31/05/2025 | 31/05/2025 | Complete |
| | DE114 | 11.4 Stakeholder review action plan delivery tracking (across the six themes assigned to DCHW):<br>• 40% DHCW actions completed by September 2025 | Delivery tracker (70%) | 30/09/2025 | 30/09/2025 | Complete |
| | DE114 | 11.4 Stakeholder review action plan delivery tracking (across the six themes assigned to DCHW):<br>• 90% DHCW actions completed by March 2026 | Delivery tracker | 31/03/2026 | | On Track |
| | DE115 | 11.5 Update on system actions delivery from stakeholder review | | 30/09/2025 | 30/09/2025 | Complete |

Source: DHCW Evidence Log and Teams Channel

IGDC • DHCW

### 4.4 Enhanced Monitoring Improvement Plan – Phase 2

The feedback from Welsh Government in January 2026, confirmed that DHCW remain in level 3, Enhanced Monitoring for escalation. Therefore, DHCW have worked on a Phase 2 Enhanced Monitoring Improvement Plan focused on:

- Fewer milestones for major programmes in escalation i.e. one per programme
- More emphasis on programme/system delivery of major programmes and what needs to change to make this effective
- More work on stakeholder engagement/perceptions – particularly measuring feedback
- Factor in Public Accountability Meeting formal feedback and draft Remit Letter priorities

The draft Phase 2 plan has been shared and informed by the work of the Programmes Delivery Committee as well as discussions with Welsh Government colleagues.

### 4.5 Board Oversight and Next Steps

One agreed and finalised the phase 2 Enhanced Monitoring plan will be overseen by the Programmes Delivery Committee, with routine reporting to the SHA Board to continue with Board Development sessions built in to ensure time spent learning from escalation continues.

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

5.1 DHCW has been put into Level 3 - Enhanced Monitoring for escalation in relation to delivery of major programmes. For the majority of major programmes included within DHCW's Escalation Framework, working in partnership with other Health Bodies and wider partners is essential for successful delivery, and as such the Enhanced Monitoring Improvement Plan has a 'dependencies' column to ensure if action is required by a partner to achieve a milestone this is documented and tracked as part of the improvement plan.

5.2 The DHCW Board must ensure they continue to provide sufficient oversight and scrutiny of all areas of DHCW business. Major programmes account for circa 20% of DHCW's investment annually and therefore ensuring continued assurance of digital product and service delivery will be vital whilst also ensuring enhanced scrutiny on major programme delivery.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE for ASSURANCE the Escalation Plan Phase 1 status and work to develop a phase 2 plan.<br>NOTE the escalation activity since the last Board meeting. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# FINANCIAL REPORT FOR THE PERIOD END 28 FEBRUARY 2026

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.2 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Moreton, Acting Director of Finance |
| Paratowyd gan:<br>Prepared By: | Sian Williams, Head of Financial Services and Reporting |
| Cyflwynwyd gan:<br>Presented By: | Chris Moreton, Acting Director of Finance |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | To Receive/Discuss |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| RECEIVE and DISCUSS the contents of the financial report for February 28th, the forecast achievement of financial targets and to NOTE the Financial plan 2026/27 including key assumptions and approach. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Management Board | 12/03/2026 | APPROVED |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| SLA | Service Level Agreement | PSPP | Public Sector Payment Policy |
| DSPP | Digital Services for Patients & Public | NDR | National Data Resource |
| VAT | Value Added Tax | HMRC | His Majesty's Revenue & Customs |
| IM&T | Information Management & Technology | LIMS | Laboratory Information Management Solution |
| CRL | Capital Resource Limit | WCCIS | Welsh Community Care Information |

| | | | |
|---|---|---|---|
| | | | System |
| IMTP | Integrated Medium Term Plan | BAU | Business as Usual |
| LHB | Local Health Board | WHC | Welsh Health Circular |
| WICIS | Welsh Intensive Care Information System | DIPF | Digital Investment Portfolio Fund |

# 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

## 3.1 Financial Performance

The purpose of this report and presentation is to present DHCWs financial performance against annual plans and issues to February 28th 2026. It also assesses the key financial projections, risks and opportunities.

DHCW receives funding to support the below main activities:

1. Ongoing provision of core services via Welsh Government & NHS organisation's (which is delegated to directorate budgets).
1. Welsh Government National Priorities Fund (previously DPIF) allocations to support discrete development and implementation programmes & projects.

DHCW is required by statutory provision not to breach its financial duty (to secure that its expenditure does not exceed the aggregate of its resource allocations and income received). This duty applies to both capital and revenue resource allocations. In terms of key Organisational financial performance indicators, they can be brigaded as follows:

The two key statutory financial duties are:

- To remain within its Revenue Resource Limit
- To remain within its Capital Resource Limit

Additional financial targets are:

- **Public Sector Payment Policy (PSPP):** The objective for the organisation All NHS Wales bodies are required to pay their non-NHS creditors in accordance with HM Treasury's public sector payment compliance target. This target is to pay 95% of non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

- **Cash**: Manage residual year end balances to a maximum of £2m.

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

## 4.1 2025/26 Financial Performance Overview

4.1.1 **Overview**: DHCW is forecasting a balanced position at year end subject to successful achievement of savings plans and risk mitigations.

4.1.2 **Revenue**: A small revenue underspend of £0.183m is being recorded for the period to date.

4.1.3 **PSPP**: The Public Sector Payment Policy (PSPP) target has been exceeded with 98% of non NHS invoices being paid within 30 days.

4.1.4 **Cash:** DHCW has a cash balance of £24.225m at the 28th February, in readiness to pay Microsoft Office 365 VAT.

4.1.5 **National Priorities Fund**: DHCW has recorded £26.096m cumulative revenue spend to date. The Annual National Priorities (formally DPIF) budget includes £29.885m from Welsh Government funded less £0.810m NHS Wales app swap to capital and £1.379m NHS Wales funded.

4.1.6 **Capital**: Spend to February totals £8.908m for the period against a capital limit of £12.871m.

4.1.7 **Underlying Position:** The "underlying deficit" describes the gap between the recurrent funding DHCW receives and the recurrent cost of delivering its services, after accounting for non-recurrent funding boosts or one-off savings. With the focus very much being on identifying and delivering recurrent savings and efficiencies we have been able to reduce the underlying deficit from £2.7m to £0.9m with a projected year end position of £0.4m.

4.1.8 **Savings:** The IMTP presented a gross savings requirement of £4.9m. As per WHC 2025 013, the savings updates will only reflect schemes where management action is required to deliver cash releasing savings - with £1.5m recurrent schemes already being identified during 2024/25 and realised in 2025/26 by applying to allocated budgets a net target of £3.4m remains. As at the reporting date the forecast savings for the year amounts to £3.6m (an overachievement of £0.2m) of savings target identified of which £3.4m is recurrent.

Further savings opportunities have been identified to be included within the 2026/27 financial plan and IMTP as follows:

- Data Integration hub development resulting in a reduced 3rd party requirement.
- Implementation of the Single Record product road map providing efficiency gains through product simplification.
- Cloud migration.

- Organisational transformation and shift to a product centric & agile delivery operating model.

## 4.2 Developments Since January board

**4.2.1 Cost Pressures**: DHCW is currently providing "bridging" funding to support activity for 2025/26 requirements, including:

- GP Migrations - £2.4m DHCW has been able to support more than initially anticipated due to the reduction in requirement and slippage in vacancies.
- VAT interest on the protective assessment letters received from HMRC of £0.852m and interest on the Final assessment letter for £1.16m

**4.2.3 Financial Sustainability:** DHCW's approach to defining financial sustainability is brigaded into three main areas:

1. **Efficiency & Value:**
   The organisation is currently looking to baseline a number of its activities in order to appropriately measure the benefits of the shift to its new target operating model and agile/product approach. The exercise also seeks to explore the benefits of our service offerings in order to inform further value assessment.

2. **Appropriate Charging for Services**
   As part of the Service Level Agreement (SLA) charging review, DHCW continues to engage with organisations regarding reviewing SLA charging processes to ensure they are not only up to date and reflective of modern service provision but also future proofed for material developments (such as the product and cloud transitions). Sessions continue with multiple organisations as part of engagement to inform the approach if the exercise and ensure stakeholder requirements are satisfied. As part of DHCW's financial planning assumptions, we have assumed that any changes would be enacted in 2027/28 following consultation and agreement in 2026/27.

3. **Programmatic Funding of National Priorities**
   We continue to raise via our Monthly Monitoring Return sessions with Welsh Government Digital Team and NHS Executive, the issues inherent in only having annual funding surety for programmatic spend. The Strategic Resourcing Group continues to build on its initial findings to finalise a view on future capacity requirements to meet pipeline projects and review the potential financial impact of fixed term funded positions.

4. **Grip and Control**
   Further to these areas, DHCW will undertake the Grip and Control self-assessment shared by the Financial Planning and Delivery Unit at NHS Wales Performance and Improvement. This will help to analyse strengths and areas for improvement in

DHCW's control measures and support financial stability.

4.2.4 **Microsoft VAT Recovery:** DHCW has received a protective assessment from HMRC dated 31 July 2025, covering the July 2021-December 2021 accounting period. This assessment totals £4.023m in VAT, with £0.852m in default interest.

In Month, DHCW have received a response from HMRC on 27.2.26 HMRC rejecting DHCW's Non-Statutory Clearance Request (NSCR), stating O365 is not a bespoke IT system tailored to DHCW and that O365 licences are not integral to a qualifying IT system supplied under COS. HMRC has raised a VAT assessment of £23.937m covering VAT periods 03/22 to 08/25, representing VAT previously recovered by DHCW under COSD Heading 14. Default interest of £1.162m has been charged, bringing the total liability to £25.099m. There is a risk that further interest may be charged by HMRC in relation to the outstanding VAT.

Whilst DHCW has held a provision for the VAT assessment value, it does not hold a provision for the interest liability given that the cash was transferred to WG in line with requirements.

4.2.6 **Microsoft Renewal:** Digital Health and Care Wales owns the All-Wales Microsoft Enterprise Agreement on behalf of all organisations in NHS Wales. The contract commenced in July 2022 for a period of three years with option to extend for up to two years. A decision was made in January 2025 to extend for 12 months following consultation with Directors of Digital and commercial options appraisal. A formal programme board with membership from all NHS Wales organisations was established to support the renewal of the Microsoft 365 Enterprise Agreement (EA), to commence from 1st July 2026. The business case has now been finalized and shared with the programme board. The decision to proceed with the deal was made on 2nd March 2026 and all organisations have been sent an Agreement to Participate paper to take through their governance processes for approval in March 2026. DHCW will present the business case and deal to SHA Board in April 2026 in order to sign the contract ahead of the start date of 1st July 2026.

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

### 5.1 Key Issues & Risks

5.1.1 **2025/26 Forecast:** DHCW is forecasting a balanced position at year end subject to successful achievement of savings plans and actions to mitigate the identified risks. DHCW have written to all organisations to confirm final disbursement figures and on confirmation will return any slippage to Welsh Government. DHCW have reviewed the GP migration spend profile and have now forecast a reduction in funding requirement following lower than anticipated reimbursements and supplier contingencies not now

required, this has been reflected as a reduction in anticipated income and we have liaised with the WG finance team to advise.

5.1.2 Fixed Term Funded Resource – Exit Management: There are a number of staff working within non-core programmatic areas such as National Priority (DPIF) schemes, which have time-limited funding arrangements. Should DPIF funding for 2026/27 not be confirmed to progress schemes (or it reaches its end), DHCW will be required to either manage the reassignment or exit of staff leading to a possible financial pressure. To address this, DHCW has set up a Task and Finish Group to focus on the review of fixed term staff within DHCW. We will also look to discuss with Welsh Government a more effective mechanism for funding requirements of this type with a view on the needs of the future digital pipeline.

5.1.3 WICIS: DHCW has received a letter from WG confirming the Ministerial decision to proceed with the WICIS programme. No additional funding requirements for 2025/26 have been submitted to WG as revenue has already been allocated and utilised through DPIF funding and any capital spend will be absorbed by other National Priority slippage in DHCW. We note that confirmation of future funding for WICIS (2026/27 and beyond) is subject to the delivery of the milestones outlined in the letter. Technical discussions have taken place to propose a plan for Phase 1 stage of the programme - clinical leads to feedback to respective Health Boards.

5.1.4 LIMS 2.0: The programme is behind schedule and will not complete all implementations by March 2026. Tranches 1 (Technical Go Live) and Tranche 2 (Cell Path / Andrology) are now live. Tranche 3 (Microbiology) faces critical defects, Tranche 4 (Blood Sciences) must finalise aliquot functionality, and Tranche 5 (Blood Transfusion) has significant data migration challenges. Delays into FY26-27 have significant additional costs, making timely resolution of technical dependencies and resource issues critical to minimising financial impact and achieving programme objectives. A financial impact paper for delaying into 2026/27 has been submitted to CEOs, DoFs and DoDs of All Wales organisations to consider funding options and the financial requirement has also been shared with WG to review.

5.1.5 2026/27 IMTP: DHCW has received the planning framework but awaits the final remit letter and allocation. The current financial forecast for 26/27 is subject to clarification of funding assumptions which are to be communicated by WG Digital Policy Leads.

In terms of current risks and issues we would highlight digital inflationary pressures and the clarification on the overall funding position including multiyear programmes.

DHCW have met with all organisations to discuss the proposed 2026/27 SLA and have received 16 signed SLAs as at 13/03/2026 with only one organisation outstanding. DHCW have formally responded to the outstanding organisation in order to reach agreement.

DHCW received the NHS Wales Planning Framework on December 19th 2025. The key messages are that plans must be delivered within existing resources, excluding discretionary investments, with a focus on savings and maintaining recurrent mitigations. For DHCW, there will be no funding uplift outside of pay, with separate consideration of allocations alongside delivery expectations. A 1.11% uplift has been allocated to Health Boards for core cost inflation and unavoidable demand pressures including healthcare agreements between bodies in NHS Wales. DHCW will therefore apply the 1.11% uplift to SLA arrangements for 2026/27 as a mitigation for some of the unavoidable core cost inflation in relation to digital inflation.

The expectations set out in the Planning Framework should be achieved within existing resources. Plans are expected to be free from discretionary investment with funding used to support inescapable demand and unavoidable inflation. As in previous years, funding for NHS pay awards in 2026-27 will be held centrally and allocated to employers once awards are agreed. There will be a focus on savings with an expectation that savings and mitigations delivered in 2025/26 are maintained in full on a recurrent basis. There will be an increase in discretionary capital allocations, which is a 12% uplift on the baseline allocation, to support local plans and resilience.

The Principles for Financial Plans are as follows:

- Statutory Duty – Plans should set out how organisations will secure compliance with their break-even duty over a rolling three-year accounting period, while improving population health and healthcare delivery. Plans will be subject to scrutiny on the following:-

- Ambition – Whether the plan is ambitious enough in the scope of its savings and efficiencies; improving productivity while driving out harm, waste and variation.

- Route to financial balance- There is a clear, credible path to financial recovery and financial balance.

- Robust and Deliverable - Plans should be supported by evidence-based assumptions and forecasts. They must have Board approval and full senior leadership ownership.

- Triangulated - Plans must show that resource prioritisation aligns with national priorities and objectives and ensure they triangulate fully across operational delivery, workforce and finance.

- Value & Sustainability - Saving plans should be appropriately assured and opportunity driven – incorporating both local and national opportunities and enablers. The plans should clearly demonstrate the organisation's approach to maximise resource utilisation through improved productivity and efficiency. The plans should further explain the route to embed Value Based Health Care principles and culture across the organisation.

- **Risk Management** – Plans should clearly explain any material risks and opportunities, and how these will be managed.

- **Capital** – Capital investment must be prioritised to deliver national and local objectives effectively.

The key deadlines from Welsh Government are as follows:

- **By 13 February 2026** – DHCW is required to submit an Accountable Officer letter if it is unable to produce a balanced IMTP. *Note: This has now been extended to the 5 days after receipt of the Remit Letter and Funding Allocation.*

- **By 27 February 2026** – confirmation of ability to agree SLAs / LTAs and plans for commissioned and provider services.

- **By 31 March 2026** – Final Board approved Plan, Ministerial templates and MDS submission, including the financial templates.

At the time of writing the report, DHCW has not yet received a funding allocation letter. However, it is expected that there will be no funding uplift outside of pay awards in line with wider Trust / SHA Funding assumptions issued by NHS Wales Performance and Improvement. It is expected that the funding allocation letter will be issued alongside the mandate and remit letter.

**Key risks:** At the time of writing, formal funding confirmation from Welsh Government is outstanding for national programmes, primary care GP funding, and BAU funding. Non-recurrent programme funding is also unconfirmed. DHCW faces a significant savings requirement and must manage a brought-forward deficit of £0.4 million from 2025/26.

**Digital Inflation**: As a result of recent events in the global economy, DHCW Finance and Commercial teams are working with service leads and external organisations to quantify potential internal and pan NHS Wales financial exposure to exchange rate fluctuations, tariffs and other economic factors in addition to the implementation of National Insurance increases and potential impact on suppliers' costs. Progress is being reported via Directors of Digital and other appropriate stakeholder forums. DHCW has worked with the Financial Planning and Delivery Unit to agree an estimate of digital inflation (c. 11%) that can be used for planning purposes nationally across NHS Wales.

## 6 ARGYMHELLIAD / RECOMMENDATION

| | |
|---|---|
| Argymhelliad: Recommendation: | SHA Board is being asked to |

RECEIVE and DISCUSS the contents of the financial report for February 28th, the forecast achievement of financial targets and to NOTE the Financial plan 2026/27 including key assumptions and approach.

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# STRATEGIC PROCUREMENT REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.3 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Moreton, Acting Director of Finance |
| Paratowyd gan:<br>Prepared By: | Laura Panes, Strategic Commercial Manager |
| Cyflwynwyd gan:<br>Presented By: | Chris Moreton, Acting Director of Finance |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Approval |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| To **APPROVE** the two (2) Contract Award Papers, as set out below:<br>i. APPROVE P985.02 IT Service Management Toolset Replacement<br>ii. APPROVE P969.01 Cloud Migration Support | |

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Chris Moreton, Acting Director of Finance | 04/03/2026 | APPROVED |
| DHCW Management Board | 12/03/2026 | APPROVED |
| | | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| CCS | Crown Commercial Services | DHCW | Digital Health and Care Wales |
| CTP | Cloud Transition Programme | COTS | Commercial Off the Shelf |
| ITSM | IT Service Management | MOU | Memorandum of Understanding |
| SHA | Special Health Authority | ITIL | Information Technology Infrastructure Library |
| CCN | Change Control Note | SFIs | Standing Financial Instructions |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Commercial Services Team, within the Finance and Business Assurance Directorate, in Digital Health and Care Wales ("DHCW") manages a range of contracts supporting both National services and the internal requirements of the organisation itself. The procurement of these contracts is also led by the Team, which includes several specialist procurement staff from the NHS Wales Shared Services Procurement Service.

3.2 In accordance with the scheme of delegation in DHCW's Standing Financial Instructions ("SFI's"), Contracts to be awarded with a total contract value which exceeds £750,000 (excl. VAT) will be presented for the Board's approval. In addition, the Board will also be required to approve any contracts which are to be extended either outside their initial term and/or in excess of the executed contract value.

3.3 For special Agreements such as Memorandum of Understanding ("MOU"), and other inter Authority Agreements, these are Approved by the Management Board and presented to the SHA Board for Noting. In the event of these Agreements over £750,000 excl. VAT, these will also require SHA Board Approval.

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

### 4.1 Contract Awards

Appendix 1 sets out two (2) Contract Award APPROVALS required by the Board, both of which have been approved by Management Board on 12/03/2026. An overview of the contractual activity is provided below:

i. P985.02 IT Service Management Toolset Replacement

| | |
|---|---|
| **Contractor:** | Softcat PLC |
| **Term:** | 1st April 2026. DHCW anticipates a nine (9) month implementation period, which will then be followed by three (3) years of operational service, i.e., 1st January 2027 to 31st December 2029. |
| **Value:** | Total Contract Value including Core & Optional Requirements is £1,590,800.00 excl. VAT. A breakdown is provided below:<br>**Implementation - £95,000.00 excl. VAT (One-off costs)**<br>**Year 1 - £336,000.00 excl. VAT**<br>**Year 2 - £336,000.00 excl. VAT**<br>**Year 3 - £336,000.00 excl. VAT** |
| **Funding:** | The ITSM Toolset will be funded via existing budgets<br>The one-off Implementation Costs will be paid in accordance with the Milestone Payments, i.e., between April to December 2026. With the annual operational Charges commencing from January 2027. |
| **Approval Requested:** | Contract Award |

4.2 Context/Background:

The DHCW Service Desks (DHCW Local Service Desk and National Service Desk) are responsible for responding to IT incidents and service requests in a timely manner, supporting critical digital services for DHCW, primary, secondary, social, and other care organisations.

The current toolset to manage IT support calls is an in-house developed solution which was introduced over twenty (20) years ago, known as ServicePoint. Whilst it provides reasonable levels of functionality, it lacks the tools required to support a modern, successful and agile technology estate, and limits the ability to improve end user experience, reduce incident and service request resolution times, develop workflow and automation, and meet its support performance obligations.

The scope of this agreement is for the provision of a Commercial Off the Shelf ("COTS") cloud-based IT Service Management ("ITSM") Toolset Replacement solution, that provides out of the box functionality aligned to the Information Technology Infrastructure Library ("ITIL") best practice framework, as well as Artificial Intelligence ("AI") capabilities and self-service.

The agreement includes the configuration, implementation and ongoing maintenance and support of the solution, along with appropriate training, and integration with existing 3rd party solutions used across DHCW and the NHS Wales estate. The agreement also provides flexibility for DHCW to procure additional user licences and professional services should funding become available.

DHCW anticipates an implementation phase of approximately nine (9) months, followed by a three (3) year operational service period. Please note that during the discovery exercise phase, implementation timelines will be reviewed and adjusted as necessary. This could result in operational service commencing before 1st January 2027.

A business case for this procurement of the ITSM Toolset went to the Capital and Non-Pay Group ("**CNPG**") on 26th June 2025, and following the recommendation of the CNPG, was approved by the SHA Board on 29th September 2025 to proceed with the procurement.

ii. P969.01 Cloud Migration Support

| | |
|---|---|
| **Contractor:** | KPMG LLP |
| **Term:** | 6th April 2026 to 5th April 2028, with the option to extend for a further two (2) years, in annual increments. Maximum extension up to 5th April 2030. |
| **Value:** | Total Contract Value of **£4,000,000.00 excl. VAT**. DHCW is not obligated to spend the total contract value. |
| **Funding:** | Each Work Package will be scoped and agreed between DHCW and the successful supplier, with funding approval also being sought prior to being executed. |
| **Approval Requested:** | Contract Award |

### 4.3 Context/Background:

DHCW (and its predecessor body NHS Wales Informatics Service ("NWIS") has had a presence in Public Cloud since the late 2010s; this has primarily been used for the following:

- public-facing services (Health Board and other NHS Wales public websites, the NHS Wales App, etc.), mainly hosted in Microsoft Azure;
- hosting application test and development environments used by internal teams, also in Microsoft Azure;
- hosting the National Data Resource (NDR) - an ambitious cross-NHS-Wales programme to join up health and social care data services from across Wales and provide a central hub for care data, as well as a linked analytics platform and other research and analytics capabilities. This is hosted in Google Cloud; and
- a national API Management Platform and associated Developer Portal, also hosted in Google Cloud.

DHCW is now embarking on an ambitious and challenging Cloud Transition Programme ("CTP") and is seeking to appoint a highly experienced partner organisation to provide specialist resources and expert support for the migration and modernisation of the applications and services within the scope of the Programme.

The approach to delivering this contract is via work packages. Each work package will be scoped out by DHCW and the successful supplier, as and when required and will be subject to the UK Day rates included in the tender response. Each work package will be subject to funding approval.

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

5.1 There are no key risks / matters for escalation.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| To **APPROVE** the two (2) Contract Award Papers, as set out below:<br><br>i. P985.02 IT Service Management Toolset Replacement<br>ii. P969.01 Cloud Migration Support | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# CORPORATE RISK REGISTER

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.4 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

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

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | To Receive/Discuss |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the Risk and Board Assurance Framework Workplan.<br>RECEIVE and DISCUSS the status of the Corporate Risk Register including changes since the last meeting. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Deliver high quality digital products and services |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | All are relevant to the report |
| ASESIAD O'R EFFAITH AR ANSAWDD<br>(cyf, os yw'n briodol)<br>QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) | N/A |

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

| | |
|---|---|
| SAFONAU ANSAWDD IGDC<br>DHCW QUALITY STANDARDS | ISO 9001 - Quality Management System |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>ISO 14001<br>ISO 20000<br>ISO 27001<br>BS 10008 | |

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

| | |
|---|---|
| DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno: Ddim yn berthnasol<br>Date of submission: N/A |
| No, (detail included below as to reasoning) | Outcome: N/A |
| Datganiad:<br>Statement: Risk Management and Assurance activities equally affect all. An EQIA is not applicable. | |

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Management Board | 12/03/2026 | Discussed and verified |
| Laura Tolley, Deputy Board Secretary \| Head of Corporate Governance | March 2026 | Reviewed |
| Chris Darling, Director of Corporate Affairs \| Board Secretary | March 2026 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

| | | | |
|---|---|---|---|
| BAF | Board Assurance Framework | WG | Welsh Government |
| NI | National Insurance | DPIF | Digital Priorities Investment Fund |
| DSPP | Digital Services for Patients and the Public | WICIS | Welsh Intensive Care Information Service |
| WASPI | Wales Accord on the Sharing of Personal Information | NDR | National Data Resource |
| SLA | Service Level Agreement | IMTP | Integrated Medium Term Plan |
| IRAT | Integration and Reference Team | ICU | Intensive Care Unit |
| ISD | Information Services Directorate | HBs | Health Boards |
| WG | Welsh Government | FDU | Finance Delivery Unit |
| SAIL | Secure Anonymised Information Linkage | CAPEX | Capital Expenditures |
| OPEX | Operating Expenditures | DU | Delivery Unit |
| WEDs | Weekly Executive Directors | OCP | Organisational Change Policy |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The DHCW Risk Management and Board Assurance Framework (BAF) outlines the approach the organisation will take to managing risk and Board assurance.

3.2 The Risk and BAF workplan for 2025-26 includes progress of activity tracked on the forward workplan.

3.3 Risk should be considered from the perspective of opportunities and threats, managing risks effectively can often lead to realizing opportunities. With health services under more pressure than ever there is a huge opportunity to use digital products and services to drive efficiencies and improve patient outcomes. DHCW intends to be at the forefront of this, trends and opportunities include:

- The growing importance of data
- Digital services driving service transformation
- Moving to Cloud services
- International technical and data standards
- Tackling a shortage of technology talent
- A shift from capital funding to a recurrent revenue-based model
- Organisations shifting from programme to 'product' based delivery models
- Continuous agility in delivering digital services, modular components and mix and match
- Automation and Artificial Intelligence
- Open architecture where data exchange is facilitated between public and private sector providers
- The increasing need to ensure robust, secure and solid digital foundations to enable successful digital delivery

- Patient empowerment Apps
- NHS Wales Digital Blueprint work
- NHS Wales Information Governance policy position
- DHCW Escalation Status

3.4 The below are key areas from the World Economic Forum Term Global Risks Landscape (2025) for context and consideration by the Board:

- Cyber insecurity
- Misinformation and disinformation
- Adverse outcomes of AI technologies

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

4.1 DHCW's Corporate Risk Register currently has 14 risks on the Register, 12 of which are detailed at item 6.4i Appendix A. There are 2 Private risks which are considered at every Digital Governance and Safety Committee.

4.2 Board members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) for the period 1 February 2026 to 28 February 2026:

NEW RISKS (1) 1 Private 0 Public

There was one new risk entered onto the register during the period.

| RISK TITLE | RISK DESCRIPTION | EXECUTIVE OWNER | COMMITTEE ASSIGNMENT |
|---|---|---|---|
| DHCW0353 Programme Funding - Connecting Care | IF no funding is confirmed for next year THEN the HBs are unable to fully commit to recruiting resources to support deliverables expected this year to prepare or initiate procurement RESULTING IN them not making as much progress as is necessary to meet ongoing timelines | Executive Director of Strategy | Programmes Delivery Committee |

RISK REMOVED (4) 4 Public - 0 Private

There were four risks removed during the period.

| RISK TITLE | RISK DESCRIPTION | EXECUTIVE OWNER | STATEMENT | COMMITTEE ASSIGNMENT |
|---|---|---|---|---|
| DHCW0353 Programme Funding - Connecting Care | IF no funding is confirmed for next year THEN the HBs are unable to fully commit to recruiting resources to support deliverables expected this year to prepare or initiate procurement RESULTING IN them not making as much | Executive Director of Strategy | Although some delays have been experienced HBs and DHCW have progressed work across the | Programmes Delivery Committee |

| | | | | |
|---|---|---|---|---|
| | progress as is necessary to meet ongoing timelines | | programme mitigating issues around long-term commitments to resourcing by utilising internal capabilities or contingent support, so impact of this risk can be further reduced and risk can be downgraded to Directorate level | |
| DHCW0346 DDaT Governance Review Implementation | IF the DDaT Governance Review does not address ambiguity of roles, responsibilities and collective decision making across the NHS Wales system, THEN DHCW will not be able to operate effectively with clarity of purpose and buy in from partner organisations, and unable to take forward national digital priorities effectively RESULTING IN fragmented approaches to digital, lack of understanding of what is national, regional and local. | Director of Corporate Affairs/ Board Secretary | DDaT Governance Delivery Board in place and meeting monthly - score reduced downgraded for management at Directorate level | Audit & Assurance |
| DHCW0336 Audit + Withdrawal of contracts | IF Audit + withdraw from contract prior to a solution being put in place THEN there will be a significant risk to service delivery RESULTING IN no acceptable solution for stakeholders. | Executive Director of Primary, Community & Mental Health Digital Services | Contract extension signed downgraded to Directorate level for management | Digital Governance & Safety Committee |
| DHCW0352 Delivery of 2025-2026 Milestones | IF delivery of 2025-26 milestones (agreed with Welsh Government through the IMTP and Remit Letter, or added as additional priority requirements during the year) is significantly behind the planned milestone completion profile<br>THEN available resources may not be sufficient to recover delayed milestones within the year<br>RESULTING IN agreed milestones or additional priority requirements not being delivered in year, leading to | Executive Director of Strategy | Risk now being managed as an issue with through IMTP delivery narrative, quarterly PPMG oversight and reporting. | Programmes Delivery Committee |

| | | | | |
|---|---|---|---|---|
| | potential reputational impact, escalations to executive directors and reduced confidence in DHCW's ability to deliver. | | | |

RISKS WITH A CHANGE IN SCORE (0)
There were no changes in score during the period.

4.3 The Board is asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

| CONSEQUENCES | LIKELIHOOD: RARE (1) | UNLIKELY (2) | POSSIBLE (3) | LIKELY (4) | ALMOST CERTAIN (5) |
|---|---|---|---|---|---|
| CATASTROPHIC (5) | | | | | DHCW0298 – **Delay in WLIMS implementation 2.0** ⟷ |
| MAJOR (4) | | | DHCW0349 – **RADIS Team Scaling Back 25/26** ⟷ | DHCW0337 **Sustainable Digital Services and Development Funding Model** ⟷<br>**DHCW0341 ⟷<br>**DHCW0342 ⟷<br>DHCW0348 **Transition to new data Architecture** ⟷ | DHCW0331 - **Fixed term funding resource** ⟷<br>DHCW0333 - **WICIS Implementation Delay** ⟷<br>DHCW0263: **DHCW Functions** ⟷<br>DHCW0320 – **Citizen and stakeholder trust in use of HSC data** ⟷ |
| MODERATE (3) | | DHCW0300 – **Canisc (Screening and Palliative Care)** ⟷ | | DHCW0347 **National Target Architecture Roadmap** ⟷<br>DHCW0237 – **New Requirements impact on resources and plan** ⟷ | DHCW0351 - **Changes in political landscape in Wales** ⟷ |
| MINOR (2) | | | | | |
| NEGLIGIBLE (1) | | | | | |

★ New Risk
⟷ Non-Mover
↓ Reduced
↑ Increased

4.4 All the risks on the Corporate Risk log are assigned to a committee as outlined in the Risk Management and Board Assurance Framework to provide the SHA Board with the necessary oversight and scrutiny. As previously stated, the private (commercially sensitive, cyber and security related) risks are reviewed in detail by the Committee's in a private session.

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

5.1 The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of one risk and removal of four risks during the period.

## 6 ARGYMHELLIAD / RECOMMENDATION

| | |
|---|---|
| Argymhelliad: Recommendation: | SHA Board is being asked to |

NOTE the Risk and Board Assurance Framework Workplan.
RECEIVE and DISCUSS the status of the Corporate Risk Register including changes since the last meeting.

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
## NHS WALES STAFF SURVEY 2025
## HIGH LEVEL RESULTS

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.5 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Samantha Morgan, Director of People and Organisational Development |
| Paratowyd gan:<br>Prepared By: | Bernadette Sesay, People & OD Project Manager and Sarah Brooks, Head of Culture & People Strategy |
| Cyflwynwyd gan:<br>Presented By: | Samantha Morgan, Director of People and Organisational Development |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the high-level results of the annual NHS Wales Staff Survey 2025 | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

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

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

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

| | |
|---|---|
| SAFONAU ANSAWDD IGDC<br>DHCW QUALITY STANDARDS | BS 76000 - Valuing People Standard |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>ISO 30415 | |

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

| | |
|---|---|
| DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno: Ddim yn berthnasol<br>Date of submission: N/A |
| Choose an item. | Outcome: N/A |
| Datganiad: EQIA is not required<br>Statement: | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below<br>Staff surveys help us understand key workforce issues, identify solutions, and drive improvements. Acting on feedback strengthens engagement, supports staff wellbeing, and contributes to better patient care. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | Yes, please detail below<br>Improved staff experience supports retention, local employment, and fair access to development, contributing to economic stability and reducing inequality across our communities. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | Yes, please see detail below<br>A more engaged and supported workforce creates stronger conditions for innovation, enabling staff to contribute ideas, participate in improvement work, and drive forward research that enhances digital health and care delivery. |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Sarah Brooks | 11/03/26 | Approved |
| Samantha Morgan | 11/03/26 | Approved |
| Weekly Execs | 11/03/26 | Approved |
| | | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| HEIW | Health Education and Improvement Wales | POD | People & Organisational Development |
| NWSSP | NHS Wales Shared Services Partnership | | |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This report provides the SHA Board with a high-level summary of Digital Health and Care Wales (DHCW) 2025 NHS Wales Staff Survey results, highlighting key trends, strengths and priority areas for action.

3.2 The staff survey is a critical feedback mechanism that enables us to hear directly from our people, supports our organisational commitment to the principle of 'People First' and directly informs our ambition to create an inclusive and high-performing digital organisation.

3.3 The 2025 NHS Wales Staff Survey was launched for a 2-month period from 6 October to 1 December 2025. Results are presented across core People themes designed with questions based on 10 key themes and 22 sub themes: -

- Morale
- Patient Safety
- Staff Engagement
- Compassionate and Inclusive
- Recognise everyone's contribution
- Able to speak up
- Stronger together
- Champion Flexible Working
- Nurture healthy working environments
- Continuously learning and improving

3.4 The NHS Wales overall response rate for 2025 increased to 30% (21.9% in 2024), however the Engagement score Index declined to 70.8% (71.6% in 2024).

3.5 A total of 855 (68.5%) people in DHCW responded to the 2025 survey and we achieved the third highest response rate across NHS Wales. We saw an increase of 6.2% from 2024 (63 more respondents).

3.6 While the response rate reflects strong staff engagement with the survey process, the overall engagement score index declined slightly from 75.5% in 2024 to 74% in 2025. This mirrors a broader NHS Wales trend, with 11 of 14 organisations also experiencing a decline.

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

4.1 DHCW had the 3rd highest response rate in NHS Wales. Health Education and Improvement Wales (HEIW) had the highest Engagement score index, followed by Performance and Improvement and NHS Wales Shared Services Partnership (NWSSP). See Table 1.

**Table 1:** The response rate for the top four NHS Wales organisation's.

| Organisation | HEIW - AaGIC | NHS Wales P&I - P&I GIG Cymru | DHCW - IGDC | PHW - ICC | NHS Wales Total |
|---|---|---|---|---|---|
| Total Responses | 480 | 371 | 855 | 2193 | 34, 645 |
| Response Rate | 92.90% | 81.00% | 68.50% | 50.90% | 30% |
| Engagement Score index | 78% | 69.90% | 74% | 74.10% | 70.80% |

4.2 People & OD had the highest completion rate at 97.1%, followed by Corporate Governance at 89.4%.

Corporate Governance maintained the highest staff Engagement Score Index, followed by People & OD, consistent with 2024. See Table 2.

**Table 2**: The number of responses by Directorate and Engagement Score index.

| Directorate | Completions | Response Rate | Engagement Score index |
|---|---|---|---|
| **Clinical** | **101** | **77.1%** | **77.7%** |
| **Corporate Governance** | **42** | **89.4%** | **85.3%** |
| **Executive** | Data Suppressed <10 | | |
| **Finance and Business Assurance** | **55** | **82.1%** | **72.1%** |
| **Operations** | **346** | **58.2%** | **70.2%** |
| **People and OD** | **33** | **97.1%** | **82.1%** |
| **PCMH** | **120** | **83.9%** | **74.1%** |
| **Strategy and Engagement** | **152** | **67.9%** | **75%** |

## 4.3 Summary results by the NHS Staff Survey themes

DHCW continues to perform above the NHS Wales benchmark across all themes. The results also show a gradual downward trend since 2023 in several areas.

### Key Findings - Highest-scoring themes

- Flexible working
  - Highest-scoring theme in 2025 and the largest positive variance vs benchmark.
  - Also records one of the lowest negativity scores relative to peers. This remains a clear organisational strength and a differentiator for DHCW.
- Teamwork and collective culture
  - "We are stronger together" continues to score well above benchmark.
  - Supporting sub-themes (team working and line management) remain positive, reinforcing the strength of local leadership and team relationships.
- Recognition
  - Theme show positive variance against benchmark, indicating that staff feel supported and recognised relative to peers.
- Patient safety
  - Significant improvement from 2023 to 2024 has been sustained in 2025.

### Lowest scoring themes

DHCW shows lower negativity than benchmark across the following themes: -

- We champion flexible working
- Patient safety
- We nurture healthy working environments

## 4.4 Next Steps

The qualitative data will be released in March 2026. Following release, further analysis will be completed and Directorate-level packs produced. Directorate Senior Leadership Teams, supported by their People & OD Business Partners, will cascade results through SLT meetings, town halls and team-level discussions.

Findings will also be shared with key groups (Health & Wellbeing Group, EDI Network, Trade Unions and the Incident Reporting Learning Group), supported by targeted engagement sessions to gather feedback and shape next steps.

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

Opportunities highlighted by the data to strengthen performance:-

- Use the multi-year trend data to focus improvement activity on a small number of priority themes (notably morale and engagement), while sustaining performance above benchmark.
- Strengthen retention by targeting support and actions on the "Thinking about leaving" sub-theme, which is below benchmark.
- Increase confidence in organisational follow-through by improving the visibility and impact of actions taken in response to feedback; this will be explored further through analysis of the qualitative data when released.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| NOTE the high-level results of the annual NHS Wales Staff Survey 2025 | |

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

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.6 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Samantha Morgan, Director of People and Organisational Development |
| Paratowyd gan:<br>Prepared By: | Lenisha Wright, Equality, Diversity, Inclusion and Wellbeing Lead |
| Cyflwynwyd gan:<br>Presented By: | Samantha Morgan, Director of People and Organisational Development |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Noting |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| NOTE the Annual Equality report | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | Not applicable |
| ASESIAD O'R EFFAITH AR ANSAWDD<br>(cyf, os yw'n briodol)<br>QUALITY IMPACT ASSESSMENT<br>(ref if appropriate) | Not applicable |

| | |
|---|---|
| DEDDF LLESIANT CENEDLAETHAU'R DYFODOL<br>WELL-BEING OF FUTURE GENERATIONS ACT | A More Equal Wales |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>• A Resilient Wales<br>• A Wales of cohesive Communities<br>• A Healthier Wales | |

| | |
|---|---|
| SAFONAU ANSAWDD IGDC<br>DHCW QUALITY STANDARDS | BS 76000 - Valuing People Standard |
| Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod:<br>If more than one standard applies, please list below:<br>ISO 30415:2021 | |

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

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

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | Yes, please see detail below<br>Compliance with the Equality Act 2010 |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | Yes, please see detail below<br>There may be financial impact in order to deliver the increasing strategic and operational goals and targets. |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below<br>The activities and work undertaken around equality, diversity and inclusion is intended to have positive implications for people in DHCW. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | Yes, please detail below<br>• The activities and work undertaken around equality, diversity and inclusion impacts the diverse communities within which DHCW operates.<br>• Completion of EIAs supports diversity and inclusion in the work undertaken by DHCW within its communities.<br>• Continuing to support the Digital Inclusion Charter. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | Yes, please see detail below<br>Ongoing benchmarking and research to implement new initiatives and best practice. |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Sarah Brooks, Head of Culture and People Strategy | 16/02/26 | Slight amends and approved |
| Samantha Morgan, Director of People and Organisational Development | 16/02/26 | Approved |
| Local Partnership Forum | 02/03/2026 | Approved |
| Weekly Executive Directors | 11/03/2026 | Approved |
| Management Board | 12/03/2026 | Approved |
| SHA Board | 26/03/20226 | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| UK | United Kingdom | ESR | Electronic Staff Record |
| SEP | Strategic Equality Plan | EIA | Equality Impact assessment |
| NHS | National Health Service | GPG | Gender Pay Gap |
| POD | People and Organisational Development | WRES | Workforce Race Equality Standard |
| DHCW | Digital Health and Care Wales | PADR | Personal Appraisal and Development Review |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Annual Equality Report for the year ending 31 March 2026, provides an update on the progress made against the objectives outlined in DHCW's Strategic Equality Plan (SEP) 2023-2027, demonstrating our ongoing commitment to equality, diversity, and inclusion. It outlines actions undertaken between 1 April 2025 - 31 March 2026 to support the legal framework established in the Equality Act 2010, alongside the delivery of key action plans, outlined in Table 1 below.

*Table 1 Action Plans and Next Reporting Cycle*

| Government Action Plans | Next Reporting |
|---|---|
| LGBTQ+ Action Plan for Wales (Published February 2023) | SEP reporting April 2026 |
| Workforce Race Equality Standard (Published July 2024) | WRES data submissions April 2026 |
| Anti-racist Wales Action Plan (2024) | SEP reporting April 2026 |
| Accessible Communication and Information Standard (Published Sept 2025) | Action Plan implemented quarter 3 (2025-26) with ongoing work. SEP reporting April 2026 |
| Disabled People's Rights Plan - 2025-2035 (Published December 2025) | Following recent publication in quarter 3, awaiting feedback from Welsh Government on Reporting |
| Strategic Equality and Human Rights Plan (2025-2029) | SEP reporting April 2026 |
| The Public Sector Equality Duty | SEP reporting April 2026 |
| Workforce Equality Standard (Wales) | Awaiting further feedback from Welsh Government |

The report highlights achievements as well as areas for ongoing improvements, against the five key commitments in the SEP, ensuring transparency and accountability in our efforts to eliminate discrimination and protect individuals as outlined in the Equality Act. The SEP,

implemented in April 2023, aims to meet the General Duty under the Equality Act 2010, covering nine protected characteristics age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, marriage and civil partnership, sex, and sexual orientation.

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

## 4.1 Commitment 1: Supporting our People

Our approach has transitioned from general awareness raising to active listening, supported by policy, and feedback from audits and surveys. During this reporting period, DHCW focused on continuing to build psychological safety within an inclusive environment, recognising the impact of external challenges on our people and their wellbeing. A summary is included below, of key initiatives and activities that demonstrate our ongoing commitment to supporting our people, fostering a sense of wellbeing, inclusion, and team spirit across the organisation.

In response to legislative developments and sensitive matters published in the media, DHCW implemented proactive "Safe Space" meetings in June 2025 to listen, learn and support affected staff. These sessions were facilitated by individuals with topics; Supreme Court ruling on the Equality Act, the immigration reform White Paper, and the Disability Green Paper. These meetings provided a vital platform for employees to share concerns and challenges, directly informing organisational actions such as the implementation of gender-neutral signage on facilities at all sites. To further embed this supportive culture, "Listening and Learning" sessions were held for managers to share themes from these meetings and navigate these challenges collaboratively.

Advancing the LGBTQ+ Action Plan remained a priority, marked by significant participation in the Cardiff Pride Parade on 21 June. This event was particularly meaningful given the challenging year for members of the community, and it was supported by a Spotlight Session facilitated by a member of the Board on the history of Pride and the significance of the Pride Cymru flag. Digital inclusion was also strengthened through dedicated online Viva Engage groups, providing secure spaces for staff to connect and support one another. These efforts ensure that LGBTQ+ colleagues feel represented and valued, with senior leaders demonstrating visible allyship through both attendance at events and the promotion of inclusive communication.

DHCW continues to celebrate the rich religious and cultural diversity of its workforce in line with the Strategic Equality Plan. Notable events included a South Asian Heritage and Black History month lunch get-togethers and educational sessions on the significance of Eid ul-Adha. In preparation for religious observances such as Ramadan, the organisation proactively provided education on fasting practices ensuring there were spaces available for prayer across all sites, while also supporting wellbeing during this time. By emphasising the distinct differences between race, culture, and religion, DHCW moves beyond assumptions to foster an environment of genuine mutual respect and bias reduction.

## 4.2 Commitment 2: Ensuring everyone is educated and held accountable

DHCW maintains a strong emphasis on educating all staff and promoting accountability to equality, diversity, and inclusion (EDI). The organisation integrates its values and behaviours into every opportunity, including Induction training, Leadership and Talent development, TENTalks and Spotlight Sessions, in-house training sessions such as conflict and organisational change management, Apprenticeship programmes, Staff Briefings, and Staff Conferences. A range of diverse topics were covered during the year including Windrush, carer experiences and Black History month topics on the theme "Standing Firm in Power and Pride". Our approach to education extends beyond foundational race equality and has expanded to embrace a broader model of cultural inclusion, such as the celebration of Irish Heritage combined with a Health and Wellbeing Mocktail and zero Guiness event, which was welcomed by all.

In addition to awareness raising, a suite of comprehensive training is offered as part of strategic talent management, designed to empower our diverse workforce. Training offered covers a range of topics including change management, senior leadership training, and courage conversations, as part of empowering people and supporting a psychologically safe environment. These skills workshops remove barriers to inclusion and ensure everyone feels heard and respected.

Training data is monitored not only for mandatory training, but non-mandatory training. Data monitoring highlights the uptake of different types of training offered, as well as highlighting any potential barriers to attendance.

To maintain the highest standards of accountability, DHCW undergoes regular rigorous scrutiny through internal and external audits. In 2025, this included participation in the BS 76000 (Valuing People) and the ISO 30415 (Diversity and Inclusion) audits as well as a comprehensive Staff Culture and Wellbeing Audit. As part of ongoing learning and continuous improvement, observations and actions are recorded and monitored to assess progress. This ensures that recommendations, such as the development of an overarching annual wellbeing plan and annual equality, diversity and inclusion plan, are effectively implemented.

## 4.3 Commitment 3 – Utilise data and tracking to understand our starting point and supportive commitments

To effectively measure progress and ensure accountability, DHCW is committed to robust data collection and analysis across key equality indicators. Data monitoring supports monitoring the delivery of our commitments and measure ongoing progress against key objectives. A summary is given below of the key aspects of data monitoring.

Workforce data shows that 13% of DHCW employees identify as Minority Ethnic, reflecting a 1% increase from the previous reporting period. Additionally, monitoring gender representation continues to inform and strengthen our Women in Tech initiatives. Our data shows that women represent 43% of our workforce, a figure that has remained stable which indicates good retention. DHCW continues to advance its work under the Workforce Race Equality Standard, with recent feedback from Welsh Government noting

improvements in several areas, including staff reporting that they experience fair and equal opportunities for progression, as reflected in our NHS Wales Staff Survey results.

A plan to improve our recruitment processes included the introduction of the Digital, Data and Technology (DDaT) professional framework and standardisation of job descriptions, a revised Recruitment policy, and the rollout of mandatory Hiring Manager training for all involved in recruitment or hiring. Training attendance is monitored and tracked to ensure completion by the end of quarter 4, with plans in place for refresher training and to support new staff joining the organisation.

Generic equality, diversity and inclusion performance objectives were developed for the Board in quarter 1 (2025) and during quarter 4, this will be extended to include organisation wide objectives for roll out in 2026-27. This initiative aligns with the recommendations from the WRES, the Anti-Racist Wales Audit and feedback received from Welsh Government on the Strategic Equality plan.

### 4.4 Commitment 4 – Analyse to better understand these opportunities and barriers

DHCW uses data and feedback from a wide range of sources including events, initiatives, audits and Welsh Government guidance such as the Workforce Race Equality Standard (WRES), to identify both opportunities and barriers relating to equality, diversity, and inclusion. Robust analysis remains essential to driving meaningful improvement and ensuring our actions are evidence-based. Over the reporting period, we have strengthened our analytical approach to better understand these opportunities and challenges.

- Our pay gap analysis has extended beyond the legal requirement for gender to include disability and ethnicity pay gap analysis.
- We have used flexible working as an equality enabler and a tool to support inclusion, supported by data analysis that highlights emerging trends. Feedback from our pulse survey shows that most staff are satisfied with hybrid and flexible arrangements.
- Monitoring training data provides valuable information on our talent pipeline in support of progression for all, including Women in Tech, an initiative championed at the highest level, by our Chief Executive Officer.
- Our Anti-racism training maintains a high compliance rate of 94.5%, alongside an excellent 98.72% compliance for Welsh Language Awareness, reflecting good engagement.

### 4.5 Commitment 5 – Visible and active sponsorship through our partners

DHCW's Board and Executive continue to demonstrate visible and active sponsorship of both the refreshed People Strategy and the Strategic Equality Plan, recognising the critical role of leadership in progressing equality, diversity and inclusion across the organisation. This commitment is reflected through a range of engagement activities.

- The Director of People and Organisational Development led an online engagement session on the NHS Wales 2024 Staff Survey on 22 May 2025. As the survey

launched, Board members and Senior Leaders demonstrated the importance of participation by completing it themselves and encouraging colleagues to do the same.

- In support of neurodivergent colleagues and in response to requests for training to support our colleagues, workshops entitled "Leading Neuroinclusion – Empowering Neurodivergent Employees in Digital Health and Care Wales" were implemented with the first session delivered at the Senior Leadership Day on 14 October 2025.
- Throughout the year, executives "walk the talk" attending diversity related events, facilitating TENTalks and Spotlight sessions, and leading in safe space conversations on topics that matter to staff.
- At the Board Development Session held 23 October 2025, five representatives from the EDI Network were invited by the Board to share their lived experiences and insights on EDI. Their reflections highlighted a growing culture of respect, compassion, belonging and inclusion across DHCW.

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

5.1 Continued progress has been made in delivering our SEP objectives throughout the reporting period, and the organisation remains firmly committed to fostering an environment where everyone feels safe, valued and respected. Appendix 1 provides a summary of progress against these objectives. As the EDI agenda evolves and new legislation emerges, we remain ready to adapt in partnership with Welsh Government and the wider NHS Wales system. The shifting landscape brings increasing operational demands but also presents opportunities to strengthen our commitment to equality, diversity and inclusion.

A summary of EDI-related risks recorded in Datix, along with their mitigations (See Table 3), will be regularly monitored and updated as new risks arise.

| Risks | Mitigations |
|---|---|
| Risks of not delivering WRES outcomes | Ongoing training on EDI related matters including TENTalks, self-inspections, and regular policy reviews. Monitoring data for key drivers for example, tracking attendance of hiring manager training. |
| Reputational risks from perceived failure to make progress | Benchmarking, setting realistic goals, clear accountability, bi-annual reporting to the Board, ad-hoc briefings, and regular feedback and discussions with partners including Welsh Government. |
| Risks of non-compliance with evolving regulations and standards | Continual improvement through monitoring changes in regulations and compliance with BS 76000 and ISO 30415 Standards and compliance audits. |

| | |
|---|---|
| Risks of insufficient engagement or ownership of EDI initiatives | Board Briefings and SLT training on EDI related goals. Generic objectives to be included in PADRs for all staff. |

## 6 ARGYMHELLIAD / RECOMMENDATION

| | |
|---|---|
| Argymhelliad: Recommendation: | SHA Board is being asked to |
| NOTE the Annual Equality report | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# SHA PERFORMANCE REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.7 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Sarah Smith, Organisational Performance Specialist |
| Cyflwynwyd gan:<br>Presented By: | Chris Darling, Director of Corporate Affairs / Board Secretary |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | To Receive/Discuss |
| Argymhelliad:<br>Recommendation: | SHA Board is being asked to |
| RECEIVE and DISCUSS the performance detailed in the SHA Performance Report. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | Yes, please see detail below<br>Additional scrutiny and development of transparent organisational performance reporting has a positive impact on quality. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | Yes, please see detail below<br>There is a duty to monitor, report on, and improve performance. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | Yes, please see detail below<br>Should effective performance management not take place, there could be financial implications. |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | Yes, please see detail below<br>Key organisational decision makers and leaders should be aware of an act upon the elements of performance for which they hold responsibility or accountability. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report.<br> |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report.<br> |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Chris Darling | /03/26 | Reviewed |
| | | |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| KPI | Key Performance Indicator | SLA | Service-Level Agreement |
| MI | Major Incident | IMTP | Integrated Medium-Term Plan |

# 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The SHA Performance Report provides evidence of performance against key indicators across Digital Health and Care Wales and is linked to the Strategic Missions defined within our Integrated Medium-Term Plan (IMTP).

Performance is monitored and managed at various levels throughout the DHCW governance structure, with final oversight through Management Board and then the Special Health Authority (SHA) Board.

The Executive Summary is structured as follows:

- Current priorities
- Stakeholder performance
- Organisational Capacity performance
- Internal Processes
- Financial Stewardship
- Mission achievements

Information, and training, on Statistical Process Control Charts can be found here, acronyms here and the dashboard version of this report here.

## 3.1 Changes to Key Performance Indicators:

No changes to note. There have been discrepancies with the recruitment data, in terms of reporting in month as opposed to one month in arrears. This does not impact on the overall recruitment performance, however, it will be investigated and resolved by the next report.

## 3.2 Accountability Conditions

DHCW have made progress throughout the year in delivering against the **Accountability Conditions**, with ongoing oversight via the monthly Integrated Quality, Performance and Delivery (IQPD) meetings with Welsh Government.

DHCW has now received the formal feedback from the **Public Accountability Review** held on 29 January 2026. Welsh Government has set out clear expectations across **seven** key areas, including accelerating delivery of the NHS Wales App, strengthening national programme delivery, improving benefits realisation, and providing stronger system leadership on cyber, data, AI, and organisational change. A number of priority actions are required over the next 12 months and will be monitored through regular Welsh Government engagement. DHCW remains under Level 3 Enhanced Monitoring for major programme delivery, and progress against all actions will continue to be tracked through future performance reports to the SHA Board

## 3.3 Escalation Status

Our Escalation status in the Escalation and Intervention Framework with Welsh Government

was confirmed in January as remaining at level 3. With regards to DHCW's Improvement Plan, 41 out of 47 actions have now been achieved. Further detail has been included within the "DHCW Escalation Improvement Status-Update" report.

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

## 4.1 Key Performance Messages

The Strategic Assurance Group has been working across the organisation, finalising the definitions of the OKRs (objectives and key results) linked to each DHCW strategic objective.
DHCW's workforce is stable, with Turnover at a two-year low and gender balance improving. The organisation continues to strengthen its commitment to equality, diversity, and inclusion through increased representation and targeted training programmes, on topics such as neurodiversity. Statutory and Mandatory Training performance remains high.

Operational performance continues to strengthen, through incident management improvement initiatives, resulting in Service Availability consistently remaining above target and all Major Incidents (4) resolved within SLA, Change Success Ratio and National Service Ticket resolution rates also remain high.

The report highlights several areas requiring ongoing attention. Staff Appraisal Rates continue to fall short of the required level, and limited insight into staff attrition remains.
Stakeholder engagement continues to progress, through digital adoption of services such as the Electronic Prescription Service - 769 sites in total.

### 4.1.1 Stakeholder

DHCW continues to make tangible progress in digital transformation, stakeholder engagement, and service quality. All scheduled SLA Review meetings were completed in February. These are essential for maintaining service standards and ensuring accountability across organisations. Planning for New Service Reviews, led by the Service Management department, is in progress and will replace SLA review meetings for the new financial year.
The Electronic Prescription Service continues to expand across 769 sites (inc. all four Appliance Dispensers, 601 Community Pharmacies and 164 GP Practices). Engagement in Dashboard Views overall returned to its baseline (1,626) in February, following the sharp increase in January (2,539), due to the relaunch of the Urgent and Emergency Care dashboard. Nevertheless, other clinical information dashboards, such as Value in Health and Welsh Clinical Portal, continue to gain traction from service users.

### 4.1.2 Organisational Capacity

DHCW's workforce remains stable at 1,274, with Turnover (7.2%) at its lowest in two years. Over the past six months, the organisation has implemented an internal-first approach to recruitment, enabling staff on fixed-term contracts coming to an end, to apply for vacancies before they are advertised externally. This has allowed us to retain skills, knowledge and organisational experience that might otherwise have been lost when fixed-term contracts concluded. By increasing the availability of ongoing roles for these colleagues, we have

reduced the number of involuntary leavers and strengthened overall workforce stability. This change in practice is likely to be a key factor behind the reduction in turnover observed during this period.

The male–female ratio steadily approaching parity (44.9%). The organisation remains firmly committed to equality, diversity, and inclusion, reflected in the ongoing growth of colleagues from ethnic minority backgrounds and those with a declared disability. As part of DHCW's commitment to the People Strategy and to meeting our organisational responsibilities under BS 76000 (Valuing People) and ISO 30415 (Diversity & Inclusion), the organisation is running two neurodiversity workshops which are designed to support an inclusive and aware workplace. Creating an environment in which staff feel confident and supported to disclose a disability is essential, as it enables managers to provide appropriate adjustments and targeted support.

Statutory and Mandatory Training remains above target (94.91%). DHCW has been delivering Strategic Workforce Planning Training, which helps participants develop practical, evidence-based workforce plans for the next 2–3 years. Using an Agile Workforce Planning Framework, the training covers defining scope, assessing workforce availability, mapping service change and creating actionable plans, supported by tools such as stakeholder mapping, scenario planning and strategic analysis. Compassionate Leadership training was also delivered in February, supporting leaders and teams to strengthen compassionate, inclusive leadership in everyday practice. These training opportunities strengthens DHCW's culture, fostering a healthier, more inclusive, and engaged workforce.

### 4.1.3 Internal Processes

DHCW continues to demonstrate the organisation's continued focus on maintaining high-quality services, strengthening internal processes.

Service Availability maintains its target (current 99.950%) with all MIs resolved within SLA for the third month in a row. Out of the four MIs experienced in February, two of them were due to configuration issues, caused by two changes, affecting multiple GP practices and all health boards. Alongside the positive progress made from the new Major Incident and Root Cause Analysis task and finish group, this position highlights the value created by new incident management initiatives, such as the new MIs Microsoft Teams channel further, which has strengthened communication around the resolution of MIs.

Change Success Ratio continues to perform above target (currently 98.3%), further increasing stability and quality of its IT services. National Service Tickets resolved within SLA steadily remains above target (at 97.38%). These metrics continue to be closely monitored to ensure sustained performance and stakeholder satisfaction.

### 4.1.4 Financial Stewardship

DHCW is presenting a month end- underspend of £0.195m. DHCW has set a savings target of £1.6m for the 2025/2026 financial year. Spend to date on the National Priorities Fund is £26.096m, against an initial allocation of £30.451m (including Health Board contributions).

Capital spend for the year is £8.908m, against a capital limit of £12.871m. Bank balance as of 28 February 2026 is £24.225m. Agency and third -party contractor spend to date is £1.285m.

### 4.2 Ongoing Areas of Concern

Active Problems with an identified root cause (RC) continues to drop below target, now at 57.69%. A review of the current process for handling Problems in ServicePoint is underway, in terms of the correct use of problem statuses, due to previous Problems being closed with unidentified root causes. Going forward, the scope of the KPI will also be reviewed.

Appraisal compliance (84.30%) remains below the 85% target and has done so since September 25. Timely appraisals are essential for staff development, engagement, and regulatory assurance. This is now a matter of focus on Directorate SLT monthly agendas and Senior Leaders have been asked to ensure all appraisal completions are formally recorded on ESR, to ensure an accurate reflection in the overall performance figure.

As previously identified, the current shortage in Welsh Speaking Analysts has again impacted on the Welsh Language Telephone Abandonment Rate (6.1%). Currently, the Service Desk has six unfilled roles due to an enhanced level of recruitment scrutiny. Three analysts are also on long-term sick. This reduction in resourcing has meant the Service Desk is now in Business Continuity mode and have put mitigation in place to continue to provide a business as usual service. The Service is using best endeavours to continue in this direction; however, it is acknowledged that current staffing challenges may impact on future performance.

Quality Management compliance against DHCW's policies, procedures and frameworks stands at (93.47%) continues to meet the target of 90% after dipping, in December. However, further effort is required for the overall compliance score to consistently meet its target, prior to being categorised as a resolved area of concern.

Overall Confidence of Delivery (77%) of the IMTP has remained the same from January. This continues to reflect the reprioritisation of resources toward WG priority milestones, which carry higher delivery confidence and have shifted the overall IMTP score.

Contact Events for the business change team engagement decreased this month. It is 16 events a month short of the mean following a drop below average in June 2025. This has yet to stabilise due to the ongoing Organisational Change Policy implementation across the organisation. The Business Change team continues to work with Operations teams to identify opportunities for more integrated ways of working within our product operating model and the impact of this should be reflected in the next year.

Driving performance improvement through constructive feedback, accountability and action is key to DHCW managing operational risks, improving security and safety, and ensuring timely action.

### 4.3 New Areas of Concern

No performance metrics have reached the tolerance level to be flagged as new areas of concern in January or February. An area only reaches the threshold of concern if it has three

consecutive months of challenging performance. KPI Owners are reminded to regularly review KPIs in their areas to spot early warning signs and take corrective action if required.

### 4.4 Resolved Areas of Concern

The First Line Fix Rate (23.8%) has consistently performed above target for three months, indicating operational efficiency and Service Desk Customer Satisfaction, which is also above target, at 97.3%. The Operations directorate continue to work closely to identify more opportunities to shift more fixes to the help desk and further improve performance.

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

Please refer to Section 4.2, which details areas of concern which are ongoing. These areas include active problems with an identified root cause and telephone abandonment rate for calls made in Welsh language. Compliance against areas such as staff appraisals and DHCW's quality management system require attention, to consistently perform to target. Other areas requiring improvement include confidence in delivery of its IMTP and stakeholder engagement, in terms of contact events. These are being closely monitored with support through improvement plans, towards resolution.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | SHA Board is being asked to |
|---|---|
| RECEIVE and DISCUSS the performance detailed in the SHA Performance Report. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# DIGITAL GOVERNANCE AND SAFETY COMMITTEE HIGHLIGHT REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.8 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Enw'r Pwyllgor<br>Name of Committee | Digital Governance and Safety Committee |
| Cadeirydd y Pwyllgor<br>Chair of Committee | Rowan Gardner, Independent Member |
| Cyfarwyddwr Gweithredol Arweiniol<br>Lead Executive Director | Rhidian Hurle, Executive Medical Director |
| Dyddiad y Cyfarfod Diwethaf<br>Date of Last Meeting | 05 March 2026 |
| Paratowyd gan<br>Prepared By | Julie Robinson, Corporate Governance Coordinator |
| Cyflwynwyd gan<br>Presented By | Rowan Gardner, Independent Member |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Assurance |
| Argymhelliad / Recommendation: | |
| The Board is being asked to:<br>**NOTE** the content of the report for **ASSURANCE**. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | N/A |

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

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

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

| | |
|---|---|
| DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno:<br>Date of submission:<br>N/A |
| No, (detail included below as to reasoning) | Canlyniad:<br>Outcome:<br>N/A |
| Datganiad:<br>Statement:<br>There is no requirement for an EQIA. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH<br>GOBLYGIADAU/EFFAITH<br>QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | Yes, please see detail below |
| | Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided. |
| CYFREITHIOL<br>GOBLYGIADAU/EFFAITH<br>LEGAL<br>IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report. |
| | |
| ARIANNOL<br>GOBLYGIADAU/EFFAITH<br>FINANCIAL<br>IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| | |

| | |
|---|---|
| AR Y GWEITHLU<br>GOBLYGIADAU/EFFAITH<br>WORKFORCE<br>IMPLICATION/IMPACT | No, there is no direct impact on resources as a result of the activity outlined in this report. |
| | |
| ECONOMAIDD-GYMDEITHASOL<br>GOBLYGIADAU/EFFAITH SOCIO ECONOMIC<br>IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report. |
| | |
| YMCHWIL AC ARLOESI<br>GOBLYGIADAU/EFFAITH<br>RESEARCH AND INNOVATION<br>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

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

| PERSON NEU GRŴP<br>PERSON OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
|---|---|---|
| Laura Tolley, Head of Corporate Governance/Deputy Board Secretary | 2026 | Approved |
| Committee Chair | 2026 | Approved |

## 3 ACRONYMAU / ACRONYMS

| | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 4 DIFFINIADAU / DEFINITIONS

| | |
|---|---|
| RHYBUDDIO<br>ALERT | Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder.<br>Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently. |
| SICRHAU<br>ASSURE | Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn.<br>Detail here any areas of assurance that the Committee has received. |
| RHOI CYNGOR<br>ADVISE | Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor.<br>Detail here any areas of ongoing monitoring where an update has been provided to the Committee. |

## 5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

### 5.1 SESIWN GYHOEDDUS / PUBLIC SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | **Wales Informatics Assurance Group** - Members were alterted of a non compliance ahead of a 'go live' and were assured processes were in place to prevent a reoccurrence. |
| SICRHAU ASSURE | • **The Committee received the end of year reports**:-<br>• **Digital Governance & Safety Committee Annual Report** – the Committee **endorsed** the report for **approval** to the SHA Board.<br>• **Digital Governance & Safety Committee Effectiveness Self-Assessment** – the Committee **received** for **assurance** the Effectiveness Self-Assessment and **noted** the positive feedback.<br>• **Digital Governance & Safety Committee Terms of Reference** – the Committee **approved** the Committee Terms of Reference.<br>• **Digital Governance & Safety Committee Cycle of Business** – the Committee **approved** the Committee Cycle of Business.<br>• **Corporate Risk Register** the Committee received an update on the risks assigned to the Committee and **noted** the positive progress.<br><br>**Assurance Reports:**<br>**Incident Review and Organisational Learning –** Members noted the change in remit of the IRLG which had broadened from reactive incident review to wider organisational learning. The Committee requested further analysis on the dental portal complaints.<br>**Information Governance Assurance -** an update on the IG Toolkit was presented. Members were informed of a 100% increase in FOI requests.<br>**Information Services Assurance** – the report was received for assurance and Members were pleased to note the introduction of performance dashboards to monitor usage and impact.<br>**Research, Innovation and Knowledge Management Assurance** – Members **approved** a refresh of the Research & Innovation Strategy.<br>**Technical Design Authority Assurance** – the Committee **received** an update on the work taking place in the TDA area. |
| RHOI CYNGOR ADVISE | There were no items to advise to the SHA Board. |

## 5.2 SESIWN BREIFAT / PRIVATE SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | • There were no items to alert to the SHA Board. |
| SICRHAU ASSURE | **Cyber Security Report:** Members received the report which included the following main themes:<br>• National Cyber Threat Level<br>• National Cyber Assurance Framework Compliance |

| | |
|---|---|
| | • Cyber Resourcing |
| RHOI CYNGOR ADVISE | • The Committee were advised on the ongoing need for a national cyber governance board and national cyber programme. |

## 5.3 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

N/A

**Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting:**

18 May 2026

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ANNUAL REPORT OF THE DIGITAL GOVERNANCE AND SAFETY COMMITTEE

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.3 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | Digital Governance and Safety Committee |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 05 March 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Julie Robinson, Corporate Governance and Risk Coordinator |
| Cyflwynwyd gan:<br>Presented By: | Laura Tolley, Head of Corporate Governance/Deputy Board Secretary |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Endorsement |
| Argymhelliad:<br>Recommendation: | The Committee is being asked to |
| ENDORSE the Annual Report of the Digital Governance and Safety Committee 2025/26 for APPROVAL to the SHA Board. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Provide a platform for enabling digital transformation |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP | DYDDIAD DATE | CANLYNIAD OUTCOME |
| Laura Tolley, Head of Corporate Governance/Deputy Board Secretary | February 2026 | Reviewed |
| Rowan Gardner, Committee Chair | February 2026 | Approved |

| Acronymau Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| NIIAS | National Intelligence Integrated Audit Solution | OBC | Outline Business Case |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with best practice and good governance, the Digital Governance and Safety Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

3.2. In line with Schedule 3 of the Standing Orders, the SHA Board nominated a committee which covers oversight and scrutiny of quality, safety, information governance, data quality, security and risk. In addition, the remit of the Committee would extend to include Organisational Learning in digital in relation to health and care. The SHA Board agreed the Committee would be known as the Digital Governance and Safety Committee.

3.3 The purpose of the Digital and Safety Committee is to advise and assure the SHA Board in discharging its responsibilities 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.

3.4 The Committee seeks assurance on behalf of the SHA Board in relation to DHCW's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

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

4.1 The Committee was appointed by the SHA Board from amongst the non-officer members of the SHA and consists of no less than 3 members, comprising:

Chair: Independent Member

Members: Independent Member x 4.

Other usual expected attendees:

- Executive Medical Director (Caldicott Guardian)
- Director of Information and Communication Technology
- Associate Director of Information, Intelligence and Research
- Associate Director of Information Governance
- Director of Corporate Affairs/Board Secretary

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

4.2 The Committee met four times during the period 1 April 2025 and 31 March 2026. This is in line with its Terms of Reference. The Digital Governance and Safety Committee achieved attendance rate of 87.5% for this period.

| | 22.05.25 | 21.08.25 | 20.11.25 | 05.03.26 | Attendance |
|---|---|---|---|---|---|
| Rowan Gardner (Chair) | ✓ | ✓ | ✓ | ✓ | 100% |
| David Selway (Vice Chair) | ✓ | X | ✓ | ✓ | 75% |
| Marilyn Bryan Jones | ✓ | ✓ | X | ✓ | 75% |
| Alistair Klaas Neill | ✓ | ✓ | ✓ | X | 75% |
| Total | 100% | 75% | 75% | 75% | 81.25% |

4.3 During the financial year 2025/26 the Digital Governance and Safety Committee reviewed the following key items at its public meetings:

4.3.1 Standing items presented at each Committee throughout the year are as follows: -

Forward Workplan (informed by the Annual Cycle of Business)
The workplan as identified by members of the Committee in developmental meetings with Director of Corporate Affairs | Board Secretary and Executive Medical Director around the Annual Cycle of Business and is noted at each meeting with the opportunity for further input.

Risk Management Report including Risk Register
At all meetings during the period, the Committee received and reviewed Corporate Risks assigned to the Committee for scrutiny and oversight. In addition, deep dives were undertaken on a number of risk areas and the Committee received the Annual Risk Trending Analysis for discussion.

Incident Review and Organisational Learning Report
The Incident Review and Organisational Learning Report is presented as a standing agenda item, with an emphasis on themes and learning trends.

Assurance Reports
At each meeting during the period, the Committee received detailed assurance reports on the following areas:

- Information Governance Assurance Report
- Information Services Assurance Report
- Research, Innovation and Knowledge Management Assurance Report
- Wales Informatics Assurance Group
- Technical Design Authority

4.3.2 In addition, the following items were presented to the Committee for oversight and endorsement

- Digital and Information Standards

Consultation and Document Approval Reports

- AI in NHS Wales E-libraries
- Acceptable Use Policy – Artificial Intelligence.

Committee Membership, Terms of Reference, and Effectiveness Self-Assessment
As an annual exercise the Committee Membership and Terms of Reference are reviewed, and Committee members undertake a Committee Effectiveness Self-Assessment with results presented to the Committee at the end of each financial year.

4.4 During the financial year 2025/26 the Digital Governance and Safety Committee reviewed the following key items at its **private** meetings:

- Corporate Risk Register – all risks deemed private were reviewed in detail for assurance at each meeting.
- Cyber Assurance Report – this report was presented at each Committee meeting throughout the period.
- Government Cyber Action Plan
- Cyber Resilience Annual Report
- Disaster Recovery Plan
- Information Asset Register
- Senior Information Responsible Officer Report
- National Intelligence Integrated Audit Solution (NIIAS) Outline Business Case (OBC)

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

5.1 The Digital Governance and Safety Committee is of the opinion that the draft Digital Governance and Safety Committee Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | The Committee is being asked to |
|---|---|
| **ENDORSE** the Annual Report of the Digital Governance and Safety Committee 2025/26 for **APPROVAL** to the SHA Board. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.9 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Enw'r Pwyllgor<br>Name of Committee | Local Partnership Forum |
| Cadeirydd y Pwyllgor<br>Chair of Committee | Samantha Morgan, Director of People and Organisational Development |
| Cyfarwyddwr Gweithredol Arweiniol<br>Lead Executive Director | Paul Evans, Head of Quality Assurance & Regulatory Compliance |
| Dyddiad y Cyfarfod Diwethaf<br>Date of Last Meeting | 02 March 2026 |
| Paratowyd gan<br>Prepared By | Belinda Mills, Corporate Governance & Risk Coordinator |
| Cyflwynwyd gan<br>Presented By | Samantha Morgan, Director of People and Organisational Development |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Assurance |
| Argymhelliad / Recommendation: | |
| The Board is being asked to:<br>NOTE the content of the report for ASSURANCE. | |

## 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

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

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | |

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

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

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

| | |
|---|---|
| DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno:N/A<br>Date of submission:<br>N/A |
| No, (detail included below as to reasoning) | Canlyniad:<br>Outcome:<br>N/A |
| Datganiad:<br>Statement:<br>There is no requirement for an EQIA. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH<br>GOBLYGIADAU/EFFAITH<br>QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | Yes, please see detail below |
| | Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided. |
| CYFREITHIOL<br>GOBLYGIADAU/EFFAITH<br>LEGAL<br>IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report. |
| | |
| ARIANNOL | No, there are no specific financial implications related to the |

| | |
|---|---|
| GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | activity outlined in this report |
| | |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | No, there is no direct impact on resources as a result of the activity outlined in this report. |
| | |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report. |
| | |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |
| | |

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

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

| PERSON NEU GRŴP PERSON OR GROUP | DYDDIAD DATE | CANLYNIAD OUTCOME |
|---|---|---|
| Committee Chair | 16 March 2026 | Approved |

## 3 ACRONYMAU / ACRONYMS

| | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 4 DIFFINIADAU / DEFINITIONS

| | |
|---|---|
| RHYBUDDIO ALERT | Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder.<br>Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently. |
| SICRHAU ASSURE | Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn.<br>Detail here any areas of assurance that the Committee has received. |
| RHOI CYNGOR ADVISE | Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor.<br>Detail here any areas of ongoing monitoring where an update has been provided to the Committee. |

## 5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

## 5.1 SESIWN GYHOEDDUS / PUBLIC SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | There were no items to alert to the SHA Board. |
| SICRHAU ASSURE | • **Corporate Risk Register**: The Local Partnership Forum received the Corporate Risk Register and discussed the risks which would have an impact on DHCW workforce. LPF members were assured that funding has been approved to extend fixed term contracts by six or twelve months for short-term stability, with permanent opportunities prioritised once funding is confirmed.<br>• **Workforce Performance Report**: The Local Partnership Forum noted that Sickness absence has risen to 3.4%, with short term absence at 1.66% and a slight 0.5% increase in long-term absence, largely attributed to winter cold and flu. |
| RHOI CYNGOR ADVISE | • **Trade Union Update**: The local Partnership Forum received a verbal update from Trade Union representatives.<br>• **Financial Performance:** The Local Partnership Forum received an update on DHCW Financial Performance.<br>• **Estates Updates:** The Local Partnership Forum received an update on the DHCW estate, noting completion of the Ty Glan-yr-Afon ramp, first-floor modernisation works, new EV chargers and fifth-floor upgrades, alongside ongoing phased improvements to the Digital Futures Space. Estate rationalisation has optimised non-clinical space, with two leases surrendered in the past three to four years and a planned reduction of the Technium 2 lease in Swansea from March 2026. Partnership working continues across DHCW sites, including shared space with NHS Confederation, Health Technology Wales, and co-located JCC and ENI staff.<br>• **Workforce Audit Reports:** The Local Partnership Forum received an update on BS 76000 and ISO 30415 Standards, Staff Culture& Wellbeing and Recruitment. LPF members were assured that DHCW successfully retained BS 76000 and ISO 30415 certification, with zero major nonconformities, six minor nonconformities and twelve observations. They were also advised that DHCW achieved the second highest staff survey participation rate in NHS Wales. In relation to recruitment, members noted the introduction of a new policy, mandatory hiring manager training, a value-based question bank and strengthened record controls.<br>• **Digital Profession – Update**: The Local Partnership Forum received an update that 83% of digital job descriptions aligned to the GDAD framework, with the digital learning portal on track to go live at the end of this month (Q4).<br>• **Compassionate Culture and Hybrid Working**: The Local Partnership Forum received an update noting that key strengths identified included team kindness and respect (91%), compassionate line management (89%), inclusion and psychological safety, pride in |

| | |
|---|---|
| | working for DHCW (77%), wellbeing support, flexible and remote working, and strong team collaboration.<br>• **Annual Equality Report 2024-25:** The Local Partnership Forum received an update on the Annual Equality Report highlighting actions and progress across the organisations' five strategic equality commitments.<br>• **People and Culture Report:** The Local Partnership Forum received an update noting that a refreshed People's Strategy has been developed, including a Culture Framework, Roadmap outlining expected behaviours, leadership standards and practical actions to embed culture consistently across DHCW.<br>• **Staff Award& Conference:** The Local Partnership Forum received an update noting that the 2026 in-person staff conference will be held on the 20 May 2026 at Cardiff City Stadium, themed around digital transformation, empowering staff, and enhancing care.<br>• **Social Partnership Update**: The Local Partnership Forum received an update on Social Partnership noting that the DHCW's first Social Partnership Duty report now has a case study on the Welsh Government website.<br>• **Wellbeing Objectives**: The Local Partnership Forum received an update noting that the framework aligns with legislation, the organisation's strategy, and five missions, addressing social value challenges in digital and healthcare |

## 5.2 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

| |
|---|
| N/A |

| Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting: |
|---|
| 04 June 2026 |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ANNUAL REPORT OF THE LOCAL PARTNERSHIP FORUM 2025-26

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 4.5iii |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | Local Partnership Forum |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 02 March 2026 |

| | |
|---|---|
| Cyhoeddus neu Breifat:<br>Public or Private: | Private |
| IF PRIVATE: please indicate reason:<br>OS YW'N BREIFAT:<br>Nodwch reswm: | Local Partnership Forum is a Private Meeting |

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Belinda Mills, Corporate Governance/Risk Coordinator |
| Cyflwynwyd gan:<br>Presented By: | Chris Darling, Director of Corporate Affairs / Board Secretary |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Endorsement |
| Argymhelliad:<br>Recommendation: | Local Partnership Forum is being asked to |
| ENDORSE the Annual Report of the Local Partnership Forum 2025/26 for APPROVAL to the SHA Board. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Provide a platform for enabling digital transformation |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Laura Tolley, Head of Corporate Governance \| Deputy Board Secretary | February 2026 | Reviewed |
| Chris Darling, Director of Corporate Affairs \| Board Secretary | February 2026 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| WASPI | Wales Accord on the Sharing of Personal Information | AUP | Acceptable Use Policy |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with best practice and good governance, the Local Partnership Forum produces an Annual Report to the SHA Board which sets out how the Advisory Group has met its Terms of Reference during the financial year.

3.2 The DHCW Local Partnership Forum (LPF) is the formal mechanism where Digital Health and Care Wales (DHCW) as an employer, and the trade unions work together to improve health services for the people of Wales by representing the interests of the workforce of DHCW. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

At the earliest opportunity, DHCW members will engage with Trade Unions in the key discussions within the SHA at the Board, LPF and Directorate levels.

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

4.1 All members of the LPF are full and equal members and share responsibility for the decisions of the LPF. The size and overall composition of the LPF is agreed in partnership and in line with the requirements of the DHCW Establishment Order. The Trade Union member of the Board will be expected to attend the LPF in an ex-officio capacity. As a minimum, the membership of the LPF comprises of:

- Chair: Director of People and Organisational Development /Associate Board Member – Trade Union
- Management Representatives:
  - Director of People and Organisational Development
  - Director of Corporate Affairs/Board Secretary
  - Deputy Board Secretary | Head of Corporate Governance
  - Managers from Directorates (as locally identified)
  - People and Organisational Development staff (as locally identified)
  - Chief Executive (will usually attend one meeting per annum)
  - Other Executive Directors and others may also be members or may be co-opted dependent upon the agenda

- Staff Representatives
  Staff representatives must be employed by DHCW. Staff representatives will usually consist of:-

  - DHCW Unison Representatives
  - Unison Regional Representatives
  - DHCW Unite Representatives
  - Unite Regional Representative
  - Managers In Partnership Representative
  - Staff Representatives

4.2 A minimum of 50% of Management Representatives and 50% of Staff-side Representatives must be in attendance for the meeting to be quorate.

4.3 The Committee met four times during the period 1 April 2025 to 31 March 2026. This is in line with its Terms of Reference. The Local Partnership Forum achieved an overall attendance rate of 68.5% for this period.

| | 05.06.25 | 04.09.25 | 04.12.25 | 02.03.26 | Attendance |
|---|---|---|---|---|---|
| Management Representatives | | | | | |
| *Samantha Morgan (Chair) | ✓ | ✓ | X | ✓ | 75% |
| Paul Evans (Co Chair) | | ✓ | ✓ | X | 50% |
| Chris Darling | ✓ | ✓ | ✓ | ✓ | 75% |
| Claire Osmundsen-Little | X | ✓ | ✓ | X | 50% |
| Staff Representatives | | | | | |
| Robert Barry | X | X | X | X | |
| Motunrayo Ayinke -Shodimu | ✓ | ✓ | ✓ | ✓ | 100% |
| Ben Sendell-Thomas | X | X | X | X | 0% |
| Paul Winstone | ✓ | X | ✓ | ✓ | 75% |
| Helen Robertson | X | X | X | X | 0% |
| Tanya Bull | X | ✓ | X | X | 25% |
| Andrew Fletcher | X | ✓ | ✓ | X | 50% |

The Chief Executive Officer, or in the absence of, the Deputy Chief Executive shall be in attendance as a Management Representative.
** The Director of People and Organisational Development changed during the financial year.

4.3 During the financial year 2025/26 the Local Partnership Forum reviewed the following key items at its public meetings:

4.3.1 Standing items presented at each Forum throughout the year are as follows:-

### Terms of Reference
The Terms of Reference were reviewed and approved by the Advisory Group during the meeting in March 2026.

### Annual Cycle of Business
As a formal advisory group to the SHA Board, an annual cycle of business was developed for 2026-27 and approved in March 2026. In addition, the LPF review the Advisory Group forward workplan at each meeting.

### Corporate Risk Register
The risk register was a standard agenda item and is considered at each meeting. Fixed Term Resource Funding, Sustainable Digital Service and Development Funding Model and New Requirement Impacting Resources and Plans were discussed. Updates were received at each meeting to discuss this along with the actions being taken to address and mitigate the risk.

### Workforce Performance Report / Dashboard
The workforce report and dashboard were received and discussed at each meeting. In addition, members received updates in relation to ESR, Statutory and Mandatory training, Appraisals and Exit Interviews.

### Financial Performance
At each meeting, the LPF were presented with a detailed finance report, in addition the LPF received a detailed update on the end of year financial performance.

### Union Update
The Trade Unions provided updates at each meeting. Matters under consideration during 2025-26 included the pay review.

### Policies
A number of policies and procedures were reviewed and noted by LPF during the 2025-26 period as part of the formal consultation process.

4.3.2 In addition, the following items were presented to the Forum for oversight:

- Raising Concerns
- NHS Staff Survey Update
- Annual Equality Report 2024-25
- Gender Pay Gap Annual Report
- People and Culture Report
- Estates Update
- Staff Award & Conference
- Integrated Medium Term Plan
- Building Our Future Progress Update
- Escalation Status- Improvement Plan Update
- Update on Project Pegasus

- Social Partnership Update
- Compassionate Culture and Hybrid Working
- Wellbeing Objective
- Digital Profession Update

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

5.1 The Local Partnership Forum is of the opinion that the draft Local Partnership Forum Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no matters the Forum is aware of at this time that have not been disclosed appropriately.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | Management Board is being asked to |
|---|---|
| ENDORSE the Annual Report of the Local Partnership Forum 2025/26 for APPROVAL to the SHA Board. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# PROGRAMMES DELIVERY COMMITTEE
# HIGHLIGHT REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.10 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Enw'r Pwyllgor<br>Name of Committee | Programmes Delivery Committee |
| Cadeirydd y Pwyllgor<br>Chair of Committee | David Selway, Independent Member |
| Cyfarwyddwr Gweithredol Arweiniol<br>Lead Executive Director | Ifan Evans, Executive Director of Strategy |
| Dyddiad y Cyfarfod Diwethaf<br>Date of Last Meeting | 05 February 2026 |
| Paratowyd gan<br>Prepared By | Belinda Mills, Corporate Governance & Risk Coordinator |
| Cyflwynwyd gan<br>Presented By | David Selway, Independent Member |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Assurance |
| Argymhelliad / Recommendation: | |
| The Board is being asked to:<br>**NOTE** the content of the report for **ASSURANCE.** | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | |

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

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

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

| | |
|---|---|
| DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno:<br>Date of submission:<br>N/A |
| No, (detail included below as to reasoning) | Canlyniad:<br>Outcome:<br>N/A |
| Datganiad:<br>Statement:<br>There is no requirement for an EQIA. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH<br>GOBLYGIADAU/EFFAITH<br>QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | Yes, please see detail below<br>Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided. |
| CYFREITHIOL<br>GOBLYGIADAU/EFFAITH<br>LEGAL | No, there are no specific legal implications related to the activity outlined in this report. |

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

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

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

| PERSON NEU GRŴP PERSON OR GROUP | DYDDIAD DATE | CANLYNIAD OUTCOME |
|---|---|---|
| Committee Chair | February 2026 | Approved |

## 3 ACRONYMAU / ACRONYMS

| | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 4 DIFFINIADAU / DEFINITIONS

| | |
|---|---|
| RHYBUDDIO ALERT | Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder.<br>Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently. |
| SICRHAU ASSURE | Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn.<br>Detail here any areas of assurance that the Committee has received. |
| RHOI CYNGOR ADVISE | Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor.<br>Detail here any areas of ongoing monitoring where an update has been provided to the Committee. |

# 5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

## 5.1 SESIWN GYHOEDDUS / PUBLIC SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | The Committee were alerted that funding arrangement for the ongoing EPS service have not yet been formally confirmed. |
| SICRHAU ASSURE | The Committee were provided with annual assurance reports for the following Major Programmes:<br>• Cloud Migration Programme<br>• Welsh Patient Administration WPAS<br>• GP Systems Framework<br><br>Committee members were assured that Welsh Government has confirmed its commitment to proceed with the WICIS programme, noting the strengthening of governance with a new Programme Oversight Chair.<br>Committee members were assured that the LIMS programme is now live across all Health Boards and Trusts with Tranche 2 (functional go-live for Cellular Pathology and Andrology),<br>Committee members where assured that WPAS (Disaggregation and Migration) has been successfully closed.<br><br>Committee members were assured that 39 out of the 42 October escalation improvement milestones have been completed with two January milestone delayed: submission of the Integrated Care Record Outline Business Case, rescheduled for March, and the planned step-back of the CANISC system to archive mode, which remains temporarily active to support national cancer audit data and is expected to complete shortly.<br><br>The Committee were provided with assurance that the seven public corporate risks assigned to the Committee were being managed and monitored appropriately. |
| RHOI CYNGOR ADVISE | The Committee reviewed in detail the Major Programmes report and were advised on the current status of each major programme. |

## 5.2 SESIWN BREIFAT / PRIVATE SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | The committee were alerted there was no funding for the Laboratory Information Management System<br>The Committee were alerted that there was no funding for 2026-27 of |

| | |
|---|---|
| | the Welsh Intensive Care Informatics System (WICIS) Programme. |
| SICRHAU ASSURE | The Committee were assured that has Welsh Government has confirmed the revised short-term scope and specification for the Welsh Intensive Care Informatics System (WICIS) programme which DHCW are working to through to the end of March. |
| RHOI CYNGOR ADVISE | The Committee were advised and discussed in detail the Laboratory Information Management System, Radiology Information System Procurement, Welsh Intensive Care Informatics System and Microsoft 365 Enterprise Agreement. |

## 5.3 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

N/A

| Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting: |
|---|
| 30 April 2026 |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ANNUAL REPORT OF THE PROGRAMMES DELIVERY COMMITTEE

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 4.5iv |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | Programmes Delivery Committee |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 05 February 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Belinda Mills, Corporate Governance Coordinator |
| Cyflwynwyd gan:<br>Presented By: | Chris Darling, Director of Corporate Affairs \| Board Secretary |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Endorsement |
| Argymhelliad:<br>Recommendation: | The Committee is being asked to |
| ENDORSE the Annual Report of the Programme Delivery Committee 2025/26 for APPROVAL to the SHA Board. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | Provide a platform for enabling digital transformation |

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

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

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

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

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

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT | No, there are no specific quality and safety implications related to the activity outlined in this report. |
| CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT | Yes, please see detail below<br>Ensuring clear Terms of Reference as to the management function and its operation in Digital Health and Care Wales ensures an appropriate level of scrutiny and assurance is provided to the board with regard to the delivery performance and a corporate view is being taken on a regular basis for such topics. |
| ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT | No, there are no specific financial implications related to the activity outlined in this report |
| AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT | No, there is no direct impact on resources as a result of the activity outlined in this report. |
| ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT | No, there are no specific socio-economic implications related to the activity outlined in this report. |
| YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT | No, there are no specific research and innovation implications relating to the activity outlined within this report. |

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Laura Tolley, Head of Corporate Governance | January 2026 | Reviewed |
| Chris Darling, Director of Governance and Corporate Affairs | January 2026 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with best practice and good governance, the Programmes Delivery Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

3.2. Following an independent review into Programme Governance Arrangements that was commissioned by DHCW, supported by Welsh Government, a new Committee of the Board was established during 2023-24, the Programmes Delivery Committee.

3.3 The purpose of the Programme Delivery Committee is to advise the SHA Board and the Chief Executive (who is the Accountable Officer) that effective arrangements are in place around delivery of DHCW major programmes, advise on the development and implementation of the SHA's major programmes and key delivery plans, and assure how its major programmes may be strengthened and developed further.

3.4 The Committee seeks assurance on behalf of the SHA Board to scrutinise and provide assurance to the Board on 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.

3.5 The Committee seeks assurance on behalf of the SHA Board in relation to the delivery of programmes as a portfolio, prioritised allocation of resources, programmes impact on wider DHCW delivery, benefits readiness and transition of programmes activity to live services which are sustainable in the longer term.

3.6 This report outlines Programme Delivery Committee attendance and key items discussed in public and private during the 2025 – 2026 financial year.

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

4.1 The Committee was appointed by the SHA Board from amongst the non-officer members of the SHA and consists of no less than 4 members, comprising:

**Chair:** DHCW Chair

**Members**: Independent Member x 4

**Other usual expected attendees**

- Executive Director of Strategy
- Director of Primary, Community & Mental Health Digital Services
- Director of Corporate Affairs | Board Secretary
- Major Programme Directors

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

4.2 The Committee met Seven times during the period 1 April 2025 and 31 March 2026. This is in line with its Terms of Reference. The Programme Delivery Committee achieved attendance rate of 88% for this period.

| | 01.05.25 | 07.08.25 | 06.11.25 | 05.02.26 | Attendance |
|---|---|---|---|---|---|
| David Selway (Chair) | ✓ | ✓ | ✓ | ✓ | 100% |
| Ruth Glizzard (Vice Chair) | ✓ | ✓ | ✓ | ✓ | 100% |
| Marian Wyn Jones | ✓ | ✓ | ✓ | ✓ | 100% |
| Rowan Gardner | ✓ | ✓ | ✓ | ✓ | 100% |
| Total | 100% | 75% | 75% | 88% | 100% |

Extraordinary Meetings

| | 10.07.25 | 09.09.25 | 19.03.26 | | Attendance |
|---|---|---|---|---|---|
| David Selway (Chair) | ✓ | ✓ | ✓ | | 100% |
| Ruth Glizzard (Vice Chair) | ✓ | ✓ | ✗ | | 75% |
| Marian Wyn Jones | ✗ | ✓ | ✗ | | 50% |
| Rowan Gardner | ✓ | ✓ | ✓ | | 100% |
| Total | 88% | 88% | 63% | | 100% |

4.3 During the financial year 2025/26 the Programme Delivery Committee reviewed the following key items at its public meetings:

Standing items presented at each Committee throughout the year are as follows:

**Forward Work Programme (informed by the Annual Cycle of Business)** The workplan as identified by members of the Committee in developmental meetings with Director of Corporate Affairs | Board Secretary and Executive Director of Strategy around the Annual Cycle of Business is noted at each meeting with the opportunity for further input.

**Corporate Risk Register –** At all meetings during the period, the Committee received and reviewed Corporate Risks assigned to the Committee for scrutiny and oversight. In addition, the Committee reviewed the 12-month Corporate Risk Trending Analysis for risks assigned to the Committee.

**Assurance Report –** The Committee received detailed Annual Assurance reports on the

following programmes during the 2025-26 period:

Quarter 1:

- Laboratory Information Management System (LIMS)
- Radiology Informatics System Procurement (RISP)

Quarter 2:

- Digital Medicines Programme
- Cancer Informatics Programme
- Digital Maternity Cymru

Quarter 3:

- Welsh Community Care Information System & Connecting Care
- Digital Services for Patients and Public
- National Data Resource

Quarter 4:

- Welsh Patient Administration (WPAS)
- GP Systems Framework
- Cloud Migration Programme

4.4 Major Programmes Report –The Major Programmes Report provides an overall RAG status dashboard for major programmes and projects in scope of the Committee, together with individual assurance highlights report for each programme and also associated risks and subsequent escalations.

In addition, during 2025-26 the following items were presented to the Committee for oversight and assurance:

- Major Programme Scoring
- Escalation Status-Improvement Plan Update
- Deep Dive (DHCW0345 Funding for Operational Delivery of Care Director in FY25/26)
- Programme Typology
- Strategic Diagnostics Review
- Digital Services for Patients and the Public Programme Governance Changes

During the financial year 2025/26 the Programmes Delivery Committee discussed the following items at its **private** meetings:

- Major Programmes Update, specifically:
  - Digital Eyecare Closure Report
  - Escalation Improvement Plan Feedback - Verbal update
  - Integration Hub
  - Digital EyeCare Programme Update
  - Laboratory Information Management System
  - Radiology Information System Procurement (RISP)

- Welsh Intensive Care Informatics System (WICIS)
- Microsoft 365 Enterprise Agreement

- Private Corporate Risk Register-all risks assigned to the Committee and deemed private were reviewed in detail for assurance at each meeting.

4.5 **Committee Membership, Terms of Reference, and Effectiveness Self-Assessment**

As an annual exercise the Committee Membership and Terms of Reference are reviewed, and Committee members undertake a Committee Effectiveness Self-Assessment with results presented to the Committee, and subsequently SHA Board, at the end of each financial year.

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

5.1 The Programme Delivery Committee is of the opinion that the draft Programme Delivery Committee Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | Management Board is being asked to |
|---|---|
| **ENDORSE** the Annual Report of the Programme Delivery Committee 2025/26 for **APPROVAL** to the SHA Board. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# AUDIT & ASSURANCE COMMITTEE
# HIGHLIGHT REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.11 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Enw'r Pwyllgor<br>Name of Committee | Audit and Assurance Committee |
| Cadeirydd y Pwyllgor<br>Chair of Committee | Marian Wyn Jones, Independent Member |
| Cyfarwyddwr Gweithredol Arweiniol<br>Lead Executive Director | Claire Osmundsen Little. Executive Director of Finance |
| Dyddiad y Cyfarfod Diwethaf<br>Date of Last Meeting | 20 January 2026 |
| Paratowyd gan<br>Prepared By | Julie Robinson, Corporate Governance Coordinator |
| Cyflwynwyd gan<br>Presented By | Marian Wyn Jones, Independent Member |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Assurance |
| Argymhelliad / Recommendation: | |
| The Board is being asked to:<br>**NOTE** the content of the report for **ASSURANCE**. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | |

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

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

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

| | |
|---|---|
| DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno:<br>Date of submission:<br>N/A |
| No, (detail included below as to reasoning) | Canlyniad:<br>Outcome:<br>N/A |
| Datganiad:<br>Statement:<br>There is no requirement for an EQIA. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH<br>GOBLYGIADAU/EFFAITH<br>QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | Yes, please see detail below<br>Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided. |
| CYFREITHIOL<br>GOBLYGIADAU/EFFAITH<br>LEGAL<br>IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report. |

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

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

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

| PERSON NEU GRŴP PERSON OR GROUP | DYDDIAD DATE | CANLYNIAD OUTCOME |
|---|---|---|
| Laura Tolley, Head of Corporate Governance/Deputy Board Secretary | 2026 | Approved |
| Committee Chair | | Approved |

## 3 ACRONYMAU / ACRONYMS

| | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| | | | |

## 4 DIFFINIADAU / DEFINITIONS

| | |
|---|---|
| RHYBUDDIO ALERT | Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder.<br>Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently. |
| SICRHAU ASSURE | Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn.<br>Detail here any areas of assurance that the Committee has received. |
| RHOI CYNGOR ADVISE | Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor.<br>Detail here any areas of ongoing monitoring where an update has been |

| | |
|---|---|
| | provided to the Committee. |

# 5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

## 5.1 SESIWN GYHOEDDUS / PUBLIC SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | There were no items to alert to the SHA Board. |
| SICRHAU ASSURE | • **Standards of Behaviour** – the Committee noted the positive position in terms of Standards of Behaviour compliance.<br><br>• **The Committee received the end of year reports**:-<br>  • **Audit and Assurance Committee Annual Report** – the Committee **endorsed** the report for **approval** to the SHA Board.<br>  • **Audit and Assurance Committee Effectiveness Self-Assessment** – the Committee **received** for **assurance** the Effectiveness Self-Assessment and **noted** the positive feedback.<br>  • **Audit and Assurance Committee Terms of Reference** – the Committee **approved** the Committee Terms of Reference.<br>  • **Audit and Assurance Committee Cycle of Business** – the Committee **approved** the Committee Cycle of Business.<br>• **Internal Audit Review Reports**<br>The Committee **received** for **assurance** the following audit reviews:<br>  • **Programme Management -** the review received a **Reasonable** Assurance rating.<br>  • **CaNISC** – the review received a **Reasonable** Assurance rating.<br>  • **Risk Management** - the review received a **Reasonable** Assurance rating.<br>• **Audit Wales Committee Update** – the Committee received the update which included:<br>  • **Local Digital Transformation Review will** be presented to the next meeting.<br>  • **The Remit letter** – the fieldwork was complete.<br>  • **Annual Audit update** – the audit of accounts was underway.<br>• **Annual Audit Report 2025** – the Committee **welcomed** the report, **noting** the reflected collaboration between DHCW and Audit Wales.<br>• **Annual Audit Themes** – The Committee **noted** the number of audits, broad in nature, undertaken in 2025/26 and the themes which were identified.<br><br>• **Local Counter Fraud Update Report** – The Committee **received** the standard report and **noted** the update to the work undertaking in the period<br>• **DHCW Escalation Approach** the Committee noted the update on DHCW's approach to escalation<br>• **DHCW Public Accountability Meeting** the Committee **received** an update on the preparation for the meeting.<br><br>• **Board Assurance Framework – Deep Dive into Foundational Economy**- the |

| | |
|---|---|
| | Committee **received** a comprehensive deep dive assurance update into the work being undertaken to embed initiatives into the organisational strategy under the Well-Being of Future Generations Act .<br>• **Corporate Risk Register** – Members **received** updates on the four risks assigned to the Audit and Assurance Committee. |
| RHOI CYNGOR ADVISE | There were no items to advise to the SHA Board. |

## 5.2 SESIWN BREIFAT / PRIVATE SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | There were no items to alert to the SHA Board. |
| SICRHAU ASSURE | • **Finance Update** The Committee **received** an update on two items, Microsoft Contract Renewal and Welsh Intensive Care Information System.<br>• **DHCW 24-25 Nationally Hosted NHS IT Systems Report** – the Committee received for assurance the report from Audit Wales.<br>• **Counter Fraud** – an update on recent activities was received. Additionally, an extract on lessons learned from the cases was included in the report.<br>• **Progress on Recruitment Processes Action Plan** the Committee received the report which provided progress on the Recruitment Processes Action Plan. |
| RHOI CYNGOR ADVISE | • **Raising Concerns Report** – Members were **informed** on the status of whistleblowing concerns and **noted** the actions being taken to forward in response and were assured on the lessons learnt that the organisation were taking forward. |

## 5.3 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

Approved the following:

- Framework DHCW-FRA-8 Social Value Approach
- Strategy POD-STR-60 DHCW People Strategy 2026-2030
- Policy EC-POL-226 Suspect Packages and Bomb Threats Policy
- Policy POD-POL-5 Working Outside the UK Policy
- Policy DHCW-POL-24 Integrated Management System

| Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting: |
|---|
| 07 January 2026 |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ANNUAL REPORT OF THE AUDIT AND ASSURANCE COMMITTEE

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.10 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | Audit and Assurance Committee |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 20 January 2026 |

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

| | |
|---|---|
| Noddwr Gweithredol:<br>Executive Sponsor: | Chris Darling, Director of Corporate Affairs / Board Secretary |
| Paratowyd gan:<br>Prepared By: | Julie Robinson, Corporate Governance & Risk Coordinator |
| Cyflwynwyd gan:<br>Presented By: | Laura Tolley, Deputy Board Secretary \| Head of Corporate Governance \| |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Endorsement |
| Argymhelliad:<br>Recommendation: | The Committee is being asked to |
| **ENDORSE** the Annual Report of the Audit and Assurance Committee 2025/26 for **APPROVAL** to the SHA Board. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn<br>Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP<br>PERSON, COMMITTEE OR GROUP | DYDDIAD<br>DATE | CANLYNIAD<br>OUTCOME |
| Laura Tolley, Head of Corporate Governance \| Deputy Board Secretary | December 2025 | Reviewed |
| Marian Wyn Jones, Committee Chair | December 2025 | Approved |

| Acronymau<br>Acronyms | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |

## 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with best practice and good governance, the Audit and Assurance Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

3.2 This report outlines Audit and Assurance Committee attendance, and key items discussed in public and private during the 2025-26 financial year.

3.3 Audit and Assurance Committee Membership

3.3.1 The Committee was appointed by the Board from amongst the Non-Officer Members of the Health Authority and consists of not less than 3 members, comprising:

Chair: Independent Member

Members: Independent Members x 4 (one of whom is the Chair)
The Executive Director of Finance and appropriate Internal and External Audit representatives shall normally attend meetings.

However, at least once a year, the Committee will meet privately with External and Internal Auditors without any Executive Director or Officer present. The opportunity to meet with Auditors private will be available at each meeting.

Other usual expected attendees:
Executive Director of Finance
Director of Corporate Affairs / Board Secretary
Head of Corporate Governance / Deputy Board Secretary
Deputy Director of Finance & Business Assurance
Head of Internal Audit
External Audit Representative
Counter Fraud Representative

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Committee Vice Chair.

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

4.1 The Committee met five times during the period 1 April 2025 and 31 March 2026, one of these was an extraordinary meeting to consider the Annual Report and Accounts. This is in line with its Terms of Reference.

4.2 The Audit and Assurance Committee achieved an attendance rate of 87.5% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1st April 2025 to 31st March 2026 (excluding extraordinary meetings) as set out below:-

Committee members are asked to note that during 2025-26, DHCW Vice Chair, Ruth Glazzard was appointed DHCW Interim Chair, therefore removed as a member of the Audit & Assurance Committee during this period.

| | 08.04.25 | 08.07.25 | 07.10.25 | 20.01.26 | Attendance |
|---|---|---|---|---|---|
| Marian Wyn Jones (Chair) | ✓ | ✓ | ✓ | ✓ | 100% |
| Alistair Klaas Neill (Vice Chair) | ✓ | ✓ | ✓ | ✓ | 100% |
| *Ruth Glazzard* | ✓ | ✓ | | | 50% |
| Marilyn Bryan-Jones | ✓ | ✓ | ✓ | ✓ | 100% |
| Total | 100% | 100% | 75% | 100% | 87.5% |

*Ruth Glazzard was appointed interim Chair of DHCW in September 2025 and temporarily removed from the Committee. *

4.3 During the financial year 2025/26 the Audit and Assurance reviewed the following key items at its meetings:

### Losses and Special Payments

As defined in the Standing Financial Instructions, the Audit and Assurance Committee is required to approve the write off of all losses and special payments within the delegated limits determined by Welsh Government.

### Procurement and Scheme of Delegation Compliance

The Committee received regular updates on procurement activity undertaken including compliance with the Standing Financial Instructions. In addition, the Committee received regular updates on the new Procurement Act.

### Corporate Risk Register

The register and corporate risks assigned to the Committee, were received and scrutinised at each meeting The Committee were assured that risks were assessed by the Risk Management Group; in addition, it was reviewed on a monthly basis by the DHCW Management Board.

### Local Counter Fraud Update

The Committee received detailed updates from the Counter Fraud Manager at each meeting.

### Policies

The Committee received and approved six policies during the period.

- Recruitment & Resourcing
- Violence, Domestic Abuse and Sexual Abuse
- Wellbeing (including mental health and stress management)

- Equality, Diversity and Inclusion
- Policy on Policies, Strategies and Framework
- Joiners, Movers and Leavers ICT Policy
- Suspect Package and Bomb Threat Policy
- Working Outside the UK Policy
- Integrated Management System Policy

### Standards of Behaviour

The Committee received a report on a quarterly basis and noted that work was progressing on capturing Declarations of Interest, Gifts and Hospitality for all DHCW staff. The Committee are assured by the processes in place to ensure adherence to the Standards of Behaviour Policy.

### Decarbonisation and Estates Compliance

The Committee received an update at all regular meetings on Estate Compliance and noted that this area of work continued to make good progress on all targets.

### Quality and Regulatory Compliance

The Committee received an update at all regular meetings on Quality and Regulatory Compliance which includes the work to embed the Duty of Quality across DHCW.

### High Value Purchase Order Report

Committee members received regular reports on orders which exceeded £750k which included the addition of a log of the cumulative high value transactions.

### Raising Concerns

The Committee received regular updates on Raising Concerns and were assured by robust processes in place and promotion of the policy that all staff were provided with the ability to raise concerns confidently and anonymously. The Committee scrutinised action plans and learning from concerns raised with the relevant executive, and officer leads during private sessions for assurance.

The Committee also received an annual report on themes and learning from Raising Concerns in October 2025.

### Welsh Health Circulars and Ministerial Directives

The Committee received a bi-annual update on the current status of the Welsh Health Circulars at the July and January Committee meetings. There were no Ministerial Directives received during the 2025/26 period.

### DHCW Escalation Approach

Following DHCW's escalation to level three enhanced monitoring for major programmes, the committee received an update on its escalation status for assurance.

### Legislative Assurance Framework

The Audit and Assurance Committee received a bi-annual update on the legislative assurance framework at the July and April Committee meetings.

### Welsh Language Report

The Committee received regular updates on progress of embedding a bilingual culture within DHCW and the organisations compliance to the Welsh Language Scheme. The Committee also monitored progress DHCW is making to formally come under the Welsh Language Standards. Additionally, the Committee approved the Welsh Language Annual Report which was submitted to the Welsh Language Commissioners Office and the Mwy na Geiriau annual report which was submitted to Welsh Government.

### Internal Audit

A draft Internal Audit Plan for 2025/26 was developed following meetings and correspondence with the Special Health Authority's Executive Directors, Chief Executive and Committee Chair. The Committee approved the plan at the meeting in 8 July 2025. Eleven reports were presented during the year:

- Programme Management – ***Reasonable*** Assurance rating,
- Performance Framework - ***Reasonable*** Assurance rating,
- National Data Resource Review – ***Reasonable*** Assurance rating,
- Service Management - ***Reasonable*** Assurance rating,
- Financial Sustainability – ***Substantial*** Assurance rating,
- Follow up of internal Recommendations - ***Substantial*** Assurance rating,
- Information Governance Framework - ***Substantial*** Assurance rating,
- Staff Culture – Wellbeing (Advisory) – *Assurance Rating not applicable for this audit*
- Risk Management – ***Reasonable*** Assurance rating
- CaNISC Review - ***Reasonable*** Assurance rating
- Programme Management - ***Reasonable*** Assurance rating

### Audit Wales
### Structured Assessment

DHCW's Structured Assessment was presented to Audit and Assurance Committee. The Committee were pleased to note that Audit Wales found overall DHCW's corporate arrangements support good governance and the efficient, effective, and economical use of resources. There were a small number of recommendations that DHCW will take forward which will be monitored by the Committee via the Audit Action Log.

### Audit Wales Progress Reports

The Committee received progress reports from Audit Wales on the following:-

- Auditor General Report on Cancer Services, including Welsh Government Management Response
- Stakeholder Engagement Plan

### Audit Action Tracker

The reports and tracker provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which had been made by Internal Audit and Audit Wales by means of an internal / external recommendation tracking report and were able to view progress and improvements made from audit

recommendations being addressed. The Committee were pleased to note the development of a PowerBi Dashboard for tracking audit actions has been implemented.

Committee Effectiveness Self-Assessment

The annual self-assessment questionnaire was reviewed at the January 2026 meeting. The feedback indicated a generally positive response with the culture of the meetings considered conducive to open and productive debate.

4.4. Audit and Assurance Committee Private Agenda items

4.4.1 During the financial year 2025/26 the Audit and Assurance Committee reviewed the following key items at its private meetings.

- DDaT Governance Review Update
- Accounting Update on:- Welsh Intensive Care Information System (WICIS), Radiology Information System Procurement (RISP) and In Practice Systems (INPS)
- Recruitment Processes Internal Audit Review and associated action plan
- Cyber Resilience Unit Annual Plan
- Cyber Resilience Unit – Internal Audit Review
- People & Organisational Development Culture Review
- Counter Fraud Investigation Updates
- GMS Clinical System Migration System – Internal Audit Review
- Recruitment Processes Internal Audit Actions – the Committee received and scrutinised actions relating to the Recruitment Processes audit for monitoring and assurance.

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

5.1 The Audit and Assurance Committee is of the opinion that the draft Audit and Assurance Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no key risks / matters for escalation to the Board / Committee.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | The Committee is being asked to |
|---|---|
| ENDORSE the Annual Report of the Audit and Assurance Committee 2025/26 for APPROVAL to the SHA Board. | |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# REMUNERATION & TERMS OF SERVICE COMMITEE HIGHLIGHT REPORT

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 6.12 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | SHA Board |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 26 March 2026 |

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

| | |
|---|---|
| Enw'r Pwyllgor<br>Name of Committee | Remuneration and Terms of Service Committee |
| Cadeirydd y Pwyllgor<br>Chair of Committee | Ruth Glazzard, Interim Chair of DHCW SHA Board |
| Cyfarwyddwr Gweithredol Arweiniol<br>Lead Executive Director | Helen Thomas, Chief Executive Officer |
| Dyddiad y Cyfarfod Diwethaf<br>Date of Last Meeting | 5 March 2026 |
| Paratowyd gan<br>Prepared By | Laura Tolley, Head of Corporate Governance/Deputy Board Secretary |
| Cyflwynwyd gan<br>Presented By | Ruth Glazzard, Interim Chair of DHCW SHA Board |

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Assurance |
| Argymhelliad / Recommendation: | |
| The Board is being asked to:<br>**NOTE** the content of the report for **ASSURANCE**. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

| | |
|---|---|
| RISG GORFFORAETHOL (cyf, os yw'n briodol)<br>CORPORATE RISK (ref if appropriate) | |

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

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

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

| | |
|---|---|
| DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB<br>EQUALITY IMPACT ASSESSMENT STATEMENT | Dyddiad cyflwyno:<br>Date of submission:<br>N/A |
| No, (detail included below as to reasoning) | Canlyniad:<br>Outcome:<br>N/A |
| Datganiad:<br>Statement:<br>There is no requirement for an EQIA. | |

| ASESIAD O'R EFFAITH / IMPACT ASSESSMENT | |
|---|---|
| ANSAWDD A DIOGELWCH<br>GOBLYGIADAU/EFFAITH<br>QUALITY AND SAFETY<br>IMPLICATIONS/IMPACT | Yes, please see detail below<br>Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided. |
| CYFREITHIOL<br>GOBLYGIADAU/EFFAITH<br>LEGAL<br>IMPLICATIONS/IMPACT | No, there are no specific legal implications related to the activity outlined in this report.<br> |

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

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

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

| PERSON NEU GRŴP PERSON OR GROUP | DYDDIAD DATE | CANLYNIAD OUTCOME |
|---|---|---|
| Chris Darling, Director of Corporate Affairs \| Board Secretary | March 2026 | Approved |
| | | |

## 3 ACRONYMAU / ACRONYMS

| | | | |
|---|---|---|---|
| DHCW | Digital Health and Care Wales | SHA | Special Health Authority |
| | | | |

## 4 DIFFINIADAU / DEFINITIONS

| | |
|---|---|
| RHYBUDDIO ALERT | Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder.<br>Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently. |
| SICRHAU ASSURE | Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn.<br>Detail here any areas of assurance that the Committee has received. |
| RHOI CYNGOR ADVISE | Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor.<br>Detail here any areas of ongoing monitoring where an update has been |

| | |
|---|---|
| | provided to the Committee. |

# 5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

## 5.1 SESIWN BREIFAT / PRIVATE SESSION

| | |
|---|---|
| RHYBUDDIO ALERT | There were no items to alert to the SHA Board. |
| SICRHAU ASSURE | There were no items to assure to the SHA Board |
| RHOI CYNGOR ADVISE | The Committee were advised on the Interim Arrangements for the Executive Director of Finance position and next steps. |

## 5.3 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

The Committee:
**APPROVED** the Committee Annual Report 2025-26;
**APPROVED** the Committee Terms of Reference 2026-27;
**APPROVED** the Committee Cycle of Business 2026-27;
**APPROVED** an Employment Status; and
**APPROVED** a Redundancy Payment.

| Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting: |
|---|
| TBC |

# IECHYD A GOFAL DIGIDOL CYMRU
# DIGITAL HEALTH AND CARE WALES
# ANNUAL REPORT OF THE REMUNERATION AND TERMS OF SERVICE COMMITTEE 2025/26

| | |
|---|---|
| Eitem ar yr Agenda:<br>Agenda Item: | 2.3 |

| | |
|---|---|
| Enw'r Cyfarfod:<br>Name of Meeting: | Remuneration and Terms of Service Committee |
| Dyddiad y Cyfarfod:<br>Date of Meeting: | 05 March 2026 |

| | |
|---|---|
| Cyhoeddus neu Breifat:<br>Public or Private: | Private |
| IF PRIVATE: please indicate reason:<br>OS YW'N BREIFAT:<br>Nodwch reswm: | Potentially Identifiable/Sensitive Information |

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

| | |
|---|---|
| Pwrpas yr Adroddiad:<br>Purpose of the Report: | For Endorsement |
| Argymhelliad:<br>Recommendation: | The Committee is being asked to |
| ENDORSE the Annual Report of the Remuneration and Terms of Service Committee 2025/26 for APPROVAL to the SHA Board. | |

# 1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

| | |
|---|---|
| CENHADAETH STRATEGOL<br>STRATEGIC MISSION | All missions apply |

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

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

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

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

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

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

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

| Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting | | |
|---|---|---|
| PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP | DYDDIAD DATE | CANLYNIAD OUTCOME |
| Chris Darling, Director of Corporate Affairs / Board Secretary | Feb 26 | Approved |
| | | |

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

## 3 3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with best practice and good governance, the Remuneration and Terms of Service Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

3.2 The Remuneration and Terms of Service Committee is held in private, due to the sensitive nature of discussions, however, a Committee Highlight Report is presented at the SHA Public Board meeting for noting,

3.3 Remuneration and Terms of Service Committee Membership.

3.3.1 The Committee was appointed by the Board from amongst the Non-Officer Members of the Health Authority and consists of not less than 3 members, comprising:

**Chair:** SHA Chair or Vice Chair

**Members:** Independent Members x 2

**Other usual expected attendees:**
Director of Corporate Affairs/Board Secretary
Deputy Board Secretary | Head of Corporate Governance

At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Committee Vice Chair.

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

4.1 The Committee met four times during the period 1 April 2025 to 31 March 2026. This is in line with its Terms of Reference.

4.2 The Remuneration and Terms of Service Committee achieved an attendance rate of 87.5% from Committee Members (80% is considered to be an acceptable attendance rate) during the period 1st April 2025 to 31st March 2026 as set out below:-

| | 05.06.2025 | 17.07.2025 | 20.11.2025 | 05.03.2026 | Attendance |
|---|---|---|---|---|---|
| Simon Jones (Chair until 09/25) | ✓ | ✓ | | | 50% |
| Ruth Glazzard (Vice Chair until 09/25, Interim Chair | ✓ | X | ✓ | ✓ | 75% |

| | | | | | |
|---|---|---|---|---|---|
| 09/25 onwards) | | | | | |
| David Selway (Interim Vice Chair from 09/25) | ✓ | ✓ | ✓ | ✓ | 100% |
| Rowan Gardner | ✓ | X | X | ✓ | 50% |
| Marian Wyn Jones | ✓ | ✓ | ✓ | ✓ | 100% |
| Marilyn Bryan Jones | ✓ | ✓ | ✓ | ✓ | 100% |
| Alistair Klaas Neill | ✓ | ✓ | ✓ | ✓ | 100% |
| **Total** | **100%** | **72%** | **83%** | **100%** | **87.5%** |

Remuneration and Terms of Service Committee Agenda Items

### Terms of Reference
The Terms of Reference were reviewed and approved by the Committee during the meeting in March 2025.

### Annual Cycle of Business
As a formal advisory group to the SHA Board, an annual cycle of business was developed for 2025-26 and approved in March 2025.

### Additional Employee Payments
The Committee approved a Secondment Pay Adjustment and Conciliation of Tribunal (COT3) agreement.

### Associate Board Member Trade Union Tenure
The Committee approved the appointment of the new Associate Board Member, Trade Union for the period 1 August 2025 to 31 July 2029.

### Executive Team PADR and Objectives
Members discussed and reviewed the Executive team PADR and Objectives.

### Redundancy Payment
The Committee were advised that efforts to redeploy the individual within the NHS were ongoing but redundancy may be necessary if no suitable role was found.

### Permanent Employment Status
Members approved the permanent employment status of an individual currently employed on a secondment basis.

### Financial Update

The Committee received an update on the financial status of the organisation.

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

5.1 The Remuneration and Terms of Service Committee is of the opinion that the draft Committee Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no key risks / matters for escalation to the Board / Committee.

## 6 ARGYMHELLIAD / RECOMMENDATION

| Argymhelliad: Recommendation: | The Committee is being asked to |
|---|---|
| **ENDORSE** the Annual Report of the Remuneration and Terms of Service Committee 2025/26 for **APPROVAL** to the SHA Board. | |