

DHCW SHA Public Board Meeting

Thu 27 March 2025, 10:00 - 15:45

ZOOM



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Agenda: Thursday 27 March 2025

10:00 - 10:05 **1. PRELIMINARY MATTERS** 5 min

1.1. Welcome and Introductions

For Noting *Chair*

1.2. Apologies for Absence

For Noting *Chair*

1.3. Declaration of Interests

For Noting *Chair*

10:05 - 10:15 **2. CONSENT AGENDA** 10 min

2.1. Unconfirmed Minutes of 30 January 2025 Board Meeting

For Approval *Chair*

i. Matters Arising

 2.1 DHCW SHA Public Board Meeting Minutes 30 January 2025.pdf (16 pages)

2.2. Unconfirmed Abridged Minutes of 30 January 2025 Private Board Meeting

For Approval *Chair*

i. Matters Arising

 2.2 DHCW SHA Private Abridged Board Meeting Minutes 30 January 2025.pdf (3 pages)

2.3. Action Log (1)

For Noting *Chair*

 2.3 SHA Board Action Log - (1) Public.pdf (1 pages)


2.4. Forward Workplan

For Noting *Director of Corporate Affairs / Board Secretary*

 2.4 SHA Board Forward Workplan Report.pdf (5 pages)

2.5. Board Champion Annual Report

For Noting *Director of Corporate Affairs / Board Secretary*

 2.5 Board Champion Annual Report.pdf (5 pages)

2.6. SHA Board Cycle of Business

For Approval *Director of Corporate Affairs / Board Secretary*

📄 2.6 SHA Board Cycle of Business 2025-26.pdf (4 pages)

2.7. Standing Orders Approval

For Approval *Director of Corporate Affairs / Board Secretary*

- **Annual Review of Standing Orders Compliance**
- **Corporate Governance Code 2024 Self-Assessment**

📄 2.7 Annual Review of Standing Orders March 2025.pdf (6 pages)

2.8. Board & Committee Self-Effectiveness

For Noting *Director of Corporate Affairs / Board Secretary*

📄 2.8 Board and Committee Effectiveness Report.pdf (4 pages)

2.9. Estates Plan 2025/2028

For Approval *Director of Corporate Affairs / Board Secretary*

📄 2.9 DHCW Estates Plan 2025-28.pdf (8 pages)

2.10. Decarbonisation Action Plan 2025/2028

For Approval *Director of Corporate Affairs / Board Secretary*

📄 2.10 DHCW Decarbonisation Action Plan 2025-28.pdf (7 pages)

2.11. Well Being Future Generation Act (WBFGA) Statement and Objectives

For Approval *Director of Corporate Affairs / Board Secretary*

📄 2.11 DHCW WBFGA Statement and Objectives.pdf (7 pages)

10:15 - 10:30 3. MAIN AGENDA: FOR REVIEW

15 min

3.1. Chair & Vice Chair Report

For Discussion *Chair*

📄 3.1 Chair and Vice Chair Report 27 March 2025.pdf (7 pages)

3.2. Chief Executive Officer Report

For Discussion *Chief Executive Officer*

📄 3.2 CEO Report March 2025.pdf (7 pages)

10:30 - 13:10 4. STRATEGIC ITEMS

160 min

4.1. Integrated Medium Term Plan

For Approval *Executive Director of Strategy*

📄 4.1 DHCW SHA Board IMTP 2025-28 March 2025.pdf (6 pages)


4.2. DHCW Long Term Strategy Action Plan Update

For Assurance *Executive Director of Strategy*

📄 4.2 DHCW Long Term Strategy Action Plan Update.pdf (4 pages)

4.3. People and Organisational Development Strategy Action Plan Update

For Assurance *Director of People & Organisational Development*

 4.3 People and Organisational Development Strategy Action Plan Update.pdf (8 pages)

Comfort Break 10-minutes

11:25 – 11:35

4.4. Primary, Community & Mental Health Update

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

 4.4 Primary Care _Community_Mental Health Update SHA Board March 2025.pdf (7 pages)

4.5. In Practice Systems Update

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

 4.5 In Practice Systems Update.pdf (7 pages)

4.6. Cloud Programme Update

For Assurance *Executive Director of Operations*


 4.6 Cloud Programme Update.pdf (4 pages)

4.7. Strategic Procurement Report

For Approval *Executive Director of Finance*


 4.7 Strategic Procurement Report.pdf (6 pages)

 4.7i DHCW Board Approval P642.19D Vaccination Programme Notification Service VO.1 Final.pdf (8 pages)

 4.7ii DHCW Contract Extension and Value Increase Request Paper P384 WPOCT.pdf (6 pages)


4.8. DHCW Strategic Equality Plan Report

For Assurance *Director of People & Organisational Development*

 4.8 DHCW Strategic Equality Plan Report.pdf (15 pages)

4.9. Gender Pay Gap Annual Report

For Assurance *Director of People & Organisational Development*

 4.9 Gender Pay Gap Annual Report.pdf (13 pages)

Lunch Break 30-minutes

12:40 - 13:10

13:10 - 15:45 **5. GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE** 155 min

5.1. DHCW Escalation Status

For Discussion *Director of Corporate Affairs / Board Secretary*

 5.1 DHCW Escalation Statuts Update 27 March 2025.pdf (5 pages)

5.2. Digital Governance & Safety Committee Highlight Report

For Assurance *Committee Chair*

15:45 - 15:45 6. CLOSING MATTERS

0 min

6.1. Any Other Urgent Business

For Discussion

Chair


6.2. Date of Next Meeting: Thursday 29 May 2025


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 Thursday 30 January 2025 as a virtual meeting broadcast live via Zoom.

 10:30 – 14:35

 30 January 2025

 ZOOM

Members Present	Initial	Title	Organisation
Simon Jones	SJ	Chair of the Board	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Marian Wyn Jones	MWJ	Independent Member	DHCW
Marilyn Bryan Jones	MBJ	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
Andrew Doughton (item 6.1 only)	AD	Performance Audit Lead (Health)	Audit Wales
Joanna Dundon (item 3.1 only)	JD	National Digital Lead – Public Engagement	DHCW

Andrew Fletcher	AF	Associate Board Member – Trade Union	DHCW
Samantha Morgan	SM	Director Of People & Organisational Development	DHCW
Mike Whiteley (item 6.1 only)	MW	Performance Audit Lead (Health)	Audit Wales
Sheila Williams (item 3.1 only)	SW	Cluster Project Development Manager	CAVUHB

Observing	Title	Organisation
Jenilee Cardy	Senior Communications Officer	DHCW
Kate Comley	Senior Communications Officer	DHCW
Nerys Hurford	Translator	Translation Services
Carys Richards	Corporate Governance Support Manager (Secretariat)	DHCW
Laura Tolley	Head of Corporate Governance Deputy Board Secretary	DHCW

Apologies	Title	Organisation
Sam Hall	Director of Primary, Community & Mental Health Digital Services	DHCW
Rowan Gardner	Independent Member	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	APIs	Application Programming Interfaces
EMIS	Egton Medical Information System	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 Healthboard
SLAs	Service Level Agreements	EHR	Electronic Health Record
DDaT	Digital, Data and Technology	OKR	Objectives and Key Results
KPIs	Key Performance Indicators		

Item No	Item Detail	Outcome	Action
PART 1 – PRELIMINARY MATTERS			
1.1	<p>Welcome and Apologies</p> <p>The 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 persons unable to access the meeting live.</p> <p>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 2.6</p> <p>Additionally, the Chair welcomed Andrew Doughton and Mike Whiteley from Audit Wales who would be joining to present item 6.1 Audit Wales Annual Audit Report 2024.</p> <p>And Joanna Dundon and Sheila Williams for the Listening & Learning item 3.1, on Digital Inclusion.</p> <p>The Chair noted that the bi-annual cyber assurance update had been taken beforehand in a private session due its sensitivity.</p>	Noted	None to note
1.2	<p>Apologies for Absence</p> <p>Apologies were noted for:</p> <ul style="list-style-type: none"> Sam Hall, Director of Primary, Community & Mental Health Digital Services 	N/A	None to note

- Rowan Gardner, Independent Member

1.3	Declarations of Interest There were no declarations of interest.	N/A	None to note
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PART 2 – CONSENT AGENDA

2.1	Unconfirmed Minutes of 28 November 2024 Board Meeting  i. Matters Arising The Board resolved to: APPROVE the minutes of 28 November 2024 Board Meeting.	Approved	None to note
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2.2	Action Log (2) There were 2 public actions on the log, with neither requiring an additional update in the meeting as sufficient narrative had been included, with one marked as complete and the other as underway. The Board resolved to: NOTE the Action Log.	Noted	None to note
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2.3	Forward Workplan The Board resolved to: NOTE the Forward Plan.	Noted	None to note
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2.4	Social Partnership Duty The Board resolved to: NOTE the Social Partnership Duty.	Noted	None to note
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2.5	End of Year Reporting Approach The Board resolved to: NOTE the End of Year Reporting Approach .	Noted	None to note
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2.6	Governance Assurance Framework The Board resolved to: APPROVE the Governance Assurance Framework.	Approved	None to note
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MAIN AGENDA

PART 3 – FOR REVIEW

3.1	Shared Listening and Learning Presentation: <ul style="list-style-type: none"> • Digital Inclusion Rhidian Hurlle, Executive Medical Director (RH) introduced Joanna Dundon (JD), DHCW’s National Digital Lead for Public Engagement and Sheila Williams, (SW) CAVUHB’s Cluster Project Development	Received & Discussed	None to note
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Manager to deliver the presentation on Digital Inclusion, noting apologies for Sayma Ahmed, DHCW's Associate Medical Director for Primary Care, who was unable to attend due to conflicting clinical duties.

The presentation centred around the continued work within the digital inclusion space to improve the position for those adults in Wales who were not online, updating on the following developments:

- The establishment of the DHCW Digital Inclusion Working Group
- The development of the DHCW Digital inclusion Action Plan 2025-26 and its areas of focus
- The four Work packages being undertaken in partnership with Cwmpas to further develop our understanding and create resources to support our digital inclusion activities
- An update on the South Cardiff Locality pilot which is helping deliver Digital Champions to support patients to access and use the NHS Wales App to better manage their health and care

Discussion took place on:

- The cluster work and using existing connections within the community
- Onboarding and connecting community champions to empower patients to access healthcare services on their own terms
- The use of digital and clinical university students to utilise skill and provide innovative solutions
- The correlation between digital exclusion and those suffering with long term health conditions
- The challenges facing those in rural areas with no physical community hubs as such
- The potential benefits of merging and utilising social services with local government instead of creating a new system to implement
- Utilising equipment from private companies to provide connectivity in the first instance
- WG looking at the living data minimum standard to ensure the provision of devices to those who need them
- Creating a model that can be shared and adapted, underpinned by certain principles, which currently is showing positive results
- How success and impact is measured as the model develops, demonstrating the causation of impact, with effective actions and evaluating, continued learning throughout the process
- The need to build into our education system, similarly, to

	<p>engaging students and educating the future workforce to consider inclusion</p> <ul style="list-style-type: none"> • Dedicating resource in this space to work through existing channels • Look at utilising the Welsh Bacallaureate and the Duke of Edinburgh Award. to explore avenues for developing digital opportunities with the youth <p>The Board resolved to:</p> <p>RECEIVE and DISCUSS the Shared Listening and Learning Presentation on Digital Inclusion.</p>		
PART 4 – FOR REVIEW			
4.1	<p>Chair and Vice Chair Report</p> <p>The Chair outlined the following highlights from within the report.</p> <ul style="list-style-type: none"> • The Minister for Health and Wellbeing Meeting had twice taken place on 2 December 2024 and 6 January 2025, noting that focus centred around the target national architecture, with opportunity to report on the current situation with regards to the INPS GP system, NHS Wales App and highlight the importance of Cyber Security Assurance with increased threats and attacks. • The NHS Wales Chairs Meeting with the Chair of Ministerial Advisory Group for Performance and Productivity Ministerial Advisory Group on the 15 January, whereby the Chair raised the potential within digital applications of communicating with patients which could provide some benefit in terms of optimising patient pathways, and appropriate access to care, in particular in a secondary care setting. • At the Ministerial Assurance Meeting on the 22 January 2025, the Chair raised the importance to prioritise Cyber in the planning guidance. <p>Additionally, Marian Wyn Jones, Independent Member (MWJ) raised whether the Board felt assured that sufficient funding was being considered by Welsh Government (WG) in order to resolve the situation with regards to INPS.</p> <p>Claire Osmundsen-Little, Executive Director of Finance (COL) noted that discussion with WG colleagues was ongoing and high level Impact Assessments underway to mitigate the situation depending on the outcome.</p> <p>The Board resolved to:</p> <p>RECEIVE and DISCUSS the contents of the Chair and Vice Chair report.</p>	Received & Discussed	None to note
4.2	<p>Chief Executive’s Report</p> <p>Helen Thomas, Chief Executive Officer (HT) provided the following highlights from the report.</p>	Received & Discussed	None to note

	<ul style="list-style-type: none"> • A Joint Executive Team with Welsh Government took place on 11 December 2024, whereby a number of key challenges were discussed, and close work would continue alongside WG in terms of the challenges facing several major programmes. • The Dental Access Portal, a centralised solution for Welsh residents to enroll for an NHS dentist for routine care had been temporarily taken offline for the three Health Boards using it, however the CEO noted that it was now live again, with plans for the remaining Health Boards to go live in February 2025. • The Digital, Data and Technology (DDaT) Governance Review into Digital, Data and Technology Governance across NHS Wales commissioned by the NHS Wales Chief Executive Officer / Director General had completed, with a final report outlining 16 recommendations and actions. One being the establishment of a National DDaT Leadership Board which would oversee the implementations of these recommendations and actions, whilst also providing a strategic approach to decision making and assurance across the entire DDaT system. <p>David Selway, Independent Member (DS) queried the timeline around the implementation of the actions, with HT noting that immediate actions centred on the governance arrangements and definition of the policy position around Once for Wales.</p> <p>And in terms of DHCW specifically, this would translate into how colleagues would engage within this governance, with the overarching leadership board and dedicated sub boards within the structure such as in relation to Cyber and IG for example in order to support the setting of a strategical direction for Wales as a whole.</p> <p>The Board resolved to: RECEIVE and DISCUSS the contents of the Chief Executive’s report.</p>		
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PART 5 – STRATEGIC ITEMS

5.1	<p>Strategy Assurance Group Report</p> <p>Ifan Evans, Executive Director of Strategy (IE) gave an update on the new approach to managing strategy which centered around the newly formed Strategy Assurance Group, which had three main purposes:</p> <ul style="list-style-type: none"> • To report on the delivery of the DHCW Long Term Strategy, and on progress against strategic objectives; • To review existing strategies, sub-strategies and strategic plans, assuring progress against their objectives, aims and priorities, and to ensure they remain updated, relevant and proportionate; • To assure new strategies, ensuring new sub-strategies and strategic plans are aligned to the organisational 	Received for Assurance	None to note
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	<p>strategy, and that they use consistent language and terminologies.</p> <p>It was noted that an update on the Long Term Strategy itself would be tabled for Board in March 2025 for assurance.</p> <p>Following the update, which covered 5 of the organisational wide strategies on this occasion, a discussion took place around whether there were too many strategies currently in use within DHCW.</p> <p>Chris Darling, Director of Corporate Affairs / Board Secretary (CD) suggested that a biannual review at Board would be useful as process evolved, allowing chance for deep dives into the detail and understand the need for each one and how they impact on each other, specifically in terms of progress and key delivery.</p> <p>It was understood that as DHCW evolves and achievements created, opportunity may arise for some to merge where thematically sensible to do so.</p> <p>It was suggested that a dashboard may be worth developing to better communicate coverage across the entire group of strategies, highlighting risk and enabling prioritisation of key delivery.</p> <p>The Board resolved to: RECEIVE the Strategy Assurance Group Report for ASSURANCE.</p>		
5.2	<p>Independent Stakeholder Engagement Action Plan Update</p> <p>IE presented the Independent Stakeholder Engagement Action Plan Update noting that from the recommendations report, 27 action areas had been identified, 16 of which were to be taken forward by DHCW and the remaining 11 related to system wide improvements and needed the involvement of other stakeholders also. Of the 16 attributed to DHCW, 2 had already been completed with Leads assigned to the remaining 14.</p> <p>A discussion took place around whether there was sufficient resource in place to ensure these actions were progressed at the identified pace.</p> <p>It was noted that an external advisory group was in development to support the work and provide further assurance.</p> <p>CD highlighted as a reminder to Board that the scope of the review wasn't about gaining feedback on DHCW's products and services but in understanding how leaders across the system work strategically with DHCW.</p> <p>The Digital, Data and Technology (DDaT) Governance Review, as noted in the CEO's update, was reflected upon in terms of this wider system understanding of where DHCW's responsibilities start and end, and a change in strategical approach that would benefit from a communications piece.</p> <p>The Board resolved to: RECEIVE the Independent Stakeholder Engagement Action Plan Update for ASSURANCE.</p>	Received for Assurance	None to note

<p>5.3</p>	<p>National Target Architecture</p> <p>IE gave an update on the National Target Architecture, noting the collaborative effort with the Operations Directorate and DHCW's Chief Data Officer. The work commissioned by WG acknowledges DHCW as a system leader in providing digital platforms across Wales. The work will establish a national system of integrated components to be used across the entire healthcare system in Wales.</p> <p>DHCW was working closely with consultancy specialists and stakeholders from the service in Wales, specifically Directors of Digital, and reporting regularly to WG.</p> <p>A standardised approach using professionally developed resources had been agreed, along with a decision making route and the use of data layers utilising the NDR.</p> <p>Work was underway to determine the target and the pathway to achieve the preferred outcome, with an assessment of the current situation due to take place as a final step. A holistic approach was to be used across Wales to collectively assess and adopt a shared vision.</p> <p>A governance structure with standardised regulations would be established and include agreed milestones with WG for 2025-26.</p> <p>A case to outline the scale of investment needed would be compiled.</p> <p>The following observations by Board members were made:</p> <p>A discussion took place around whether this approach would align with an EHR, and the differences in the required architecture.</p> <p>The importance of investment in the data layer and holding on to this as a valuable asset within the NDR.</p> <p>The simplified approach of national architecture in terms of infrastructure and configuration etc.</p> <p>The responsibility of WG to set policy direction and a governance structure however close work was ongoing to agree the position.</p> <p>The need for clarity on direction in terms of risk if Healthboards choose not to embed an NTA.</p> <p>The need for robust system standards as a recognised industry standard, to be embedded into APIs as non-negotiables.</p> <p>Standards of interoperability between systems is being looked into alongside WG, with roles and responsibilities outlined, which aligns DDaT.</p> <p>RH highlighted the importance of Patient Safety remaining at the forefront, with a cultural shift ensuring that all patient data follows the patient journey.</p> <p>HT agreed, summarising that the ambition of Wales had moved on, hence the need for an NTA, with the DDaT established to support the process and a Design Authority and Board in place to monitor and manage progress. Additionally, WG had requested an FBC as funding would be needed.</p>	<p>Received & Discussed</p>	<p>None to note</p>
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	<p>It was agreed that IE would report back every 6 months or by exception at this stage of the process.</p> <p>The Board resolved to: RECEIVE and DISCUSS the National Target Architecture.</p>		
5.4	<p>Integrated Medium Term Plan Update</p> <p>IE presented an update on the Integrated Medium Term Plan noting that planning continued as an funding allocation letter remained yet to be received.</p> <p>As noted at previous Board meetings, a more balanced approach was taking place for future iteration of the IMTP, with annual objectives set out as quarterly milestones and a reduction in overall milestones, to offer consistency in quarterly and structure in terms of size.</p> <p>It was confirmed that in Board Development in February, IMTP would be on the agenda for further discussion with Board members, prior to the final plan being submitted to Board for approval in March ahead of WG.</p> <p>HT offered some clarity around the new remit letter for 2025-26, noting the expectation was that it would be sent along with the funding allocation letter, once approved by the Cabinet Secretary, in the coming weeks.</p> <p>The Board resolved to: NOTE the Integrated Medium Term Plan Update.</p>	Noted	None to note

PART 6 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE

6.1	<p>Audit Wales Annual Audit Report 2024</p> <p>Andrew Doughton (AD) and Mike Whiteley (MW), Performance Audit Leads (Health), from Audit Wales joined the meeting to present Audit Wales' Annual Audit Report 2024.</p> <p>The findings summarised that:</p> <ul style="list-style-type: none"> DHCW had achieved financial balance for the year ending 31 March 2024, with a set of properly prepared accounts there were no issues to report DHCW's Governance arrangements supported good governance, with continued work to be completed around the Long Term Strategy to ensure value and increase its status as a digital leader throughout the NHS system in Wales. <p>The Board offered its thanks to colleagues at Audit Wales for their ongoing efforts to work collaboratively and build effective working relationships with the team at DHCW.</p> <p>The Board resolved to: RECIEVE the Audit Wales Annual Audit Report 2024 for ASSURANCE.</p>	Received for Assurance	None to note
6.2	<p>Finance Report: 2024-25 Performance and Forecast</p>	Received &	Note to note

	<p>Claire Osmundsen-Little, Executive Director of Finance (COL) presented the Finance Report highlighting the 2024-25 Performance and Forecast to date.</p> <ul style="list-style-type: none"> • 2025-26 Budget Allocation <p>In terms of the 2025-26 Budget Allocation the following observations were made:</p> <ul style="list-style-type: none"> • Letters from DHCW will be sent to Healthboards outlining the SLA contracts to be signed prior to DHCW submitting the financial plan • In terms of the unfunded programmes and workstreams; <ul style="list-style-type: none"> ○ WICIS had some funding allocated ○ INPS close work was ongoing with WG ○ NTA no additional resource as investment made into new architecture which needs populating as a priority. <p>The Board resolved to:</p> <p>RECEIVE and DISCUSS the Finance Report: 2024-25 Performance and Forecast, and the 2025-26 Budget Allocation.</p>	Discussed	
6.3	<p>Corporate Risk Register</p> <p>CD presented the Corporate Risk Register report, asking Board members to note the following changes to the Corporate Risk Register for the period from 1 November 2024 to 31 December 2024:</p> <ul style="list-style-type: none"> • DHCW had 13 risks on the Register, 11 public risks and 2 private risks which were considered at every Digital Governance and Safety Committee. • During the period 2 risks were removed from the register, no risks changed in score and there was one new risk added to the corporate risk register: <p>DHCW0340 GP Systems and Services provided by third party INPS (subsidiary of Cegedim) could be withdrawn.</p> <p>HT gave the following update on INPS and the current issued:</p> <ul style="list-style-type: none"> ○ NHS Wales currently had two GP system suppliers – EMIS and INPS (INPS are suppliers of the Vision Clinical System and often referred to as Cegedim). ○ All INPS GP practices planned to migrate to EMIS following the outcome of a mini competition process to secure IT systems and services for General Practice in Wales. ○ This migration had already begun and was due to be completed with all practices moving to EMIS by December 2026. ○ As of 30 January, there were 148 practices using 	Received & Discussed	Note to note

	<p>the Vision clinical system.</p> <ul style="list-style-type: none"> ○ On 10 December 2024, DHCW was made aware that INPS had voluntarily placed itself under administration in view of financial difficulties. ○ There was no warning that this action was imminent. ○ The business of the company was continuing to trade and maintaining a full service – the system and GP service delivery was running as is, without impact to practices and patients. ○ Continued service for this clinical system was a DHCW priority. ○ DHCW was treating this as a major incident and a taskforce had been set up to take forward four critical workstreams: Commercial and Legal, Technical, Operational, Communications and Engagement. ○ Administrators had run a marketing process to seek to secure a new buyer for the company, with conditional bids received. ○ The Board were assured that an update on the outcome would be provided in due course. <p>Additionally, the following risk updates were given:</p> <ul style="list-style-type: none"> ● DHCW0333 WICIS Implementation Delay With a key milestone upcoming IE noted that engagement with clinical staff members was taking place to develop a route forward, alongside discussions with the supplier and workshops continuing. ● DHCW0331 Fixed term resource funding With the funding allocation yet to be confirmed, Samantha Morgan, Director Of People & Organisational Development (SM) noted that discussions were taking place with the trade unions and controls had been put in place to offer redeployment to those affected. The situation was being monitored regularly at Weekly Executive Directors. <p>The Board resolved to: RECEIVE and DISCUSS the Corporate Risk Register.</p>		
6.4	<p>Performance Report</p> <p>COL presented the Performance Report, highlighting the following items that impacted on organisational performance that hadn't already been covered in previous items:</p> <ul style="list-style-type: none"> ● Milestone delivery was progressing well with 205 milestones remaining on the plan, and a predicted 78 to complete on time or early ● Continued work and progress on both LIMS & RISP 	Received & Discussed	None to note

	<ul style="list-style-type: none"> • An increased number of cyber threats was being experienced, and mitigating actions were being taken forward • 2 MIs totalling 4 minutes of disruption across 1 service • Abandoned call rate increased in December likely due to the volume of annual leave • An increase in sickness, some seasonal but also longer term attributed to stress and depression <p>SM addressed the increase in long term sickness specifically, noting that a confidential advice service and online portal had been launched to help support staff and signpost for additional guidance</p> <ul style="list-style-type: none"> • In terms of operational improvement, quality, performance, and compliance had moved into green. <p>Additionally, MWJ raised her concerns regarding the risk surrounding fixed term contracts within Service Desk, and two welsh speaking analysts leaving affecting the ability to offer a 24hr welsh language provision.</p> <p>Sam Lloyd, Executive Director of Operations (SL) noted he was aware and was working closely with POD to resolve fixed term contracts. Shift patterns were also being considered to ensure a wider coverage.</p> <p>CD highlighted the need to continue to build Welsh Language requirements into workforce planning in general, in order to capture both language and digital skills across DHCW's services.</p> <p>The Board resolved to: RECEIVE and DISCUSS the Integrated Organisational Performance Report.</p>		
6.5	<p>Performance Management Framework</p> <p>COL presented the Performance Management Framework report noting the Key Performance Indicators (KPI) and Objectives and Key Results (OKR) based approach that outlined the performance management arrangements in which DHCW would monitor achievements against the strategic priorities.</p> <p>AKM queried whether OKRs were used in the wider system, noting that an individualised approach may not be preferred for all.</p> <p>COL confirmed that close work was ongoing with stakeholders to integrate DHCW's benefits throughout the wider system.</p> <p>Additionally, CD noted the intention to integrate the 10 top KPIs with Board.</p> <p>The Board resolved to: APPROVE the Performance Management Framework.</p>	Approved	None to note
6.6	<p>Digital Governance & Safety Committee Highlight Report</p>	Noted	None to note

In the absence of the Committee’s Chair at the Board meeting, DS, Vice Chair, noted that there were no alerts to raise to the Board from the last Committee meeting held on 21 November 2024.

Additionally, it was highlighted the good work completed by both the Operations and Clinical directorates around the Technical Design Authority and the withdrawal of Audit+ respectively.

The Public Committee meeting can be watched in full on our website [here](#) or below:




Or alternatively by scanning the QR Code.

The Board resolved to:

NOTE the Digital Governance & Safety Committee Highlight Report.



6.7	<p>Local Parentship Forum Highlight Report</p> <p>Andrew Fletcher, Associate Board Member – Trade Union (AF) as Chair of the last Forum meeting held on 5 December 2024, noted that there were no alerts to raise to Board.</p> <p>RG asked whether Forum Members felt assured by the level of oversight around the progress of the Building our Future programme. AF assured the Board that there was lots of engagement over several forums, and not just LPF, with colleagues from POD offering support.</p>	Noted	None to note
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	<p>Additionally, as Executive Lead for the programme, COL noted that approach on broader communications was being aligned with feedback received.</p> <p>More on the Local Partnership Forum can be found here or by scanning the QR Code.</p> <p>The Board resolved to:</p> <p>NOTE the Local Partnership Forum Highlight Report.</p> 		
6.8	<p>Audit & Assurance Committee Highlight Report</p> <p>The following alerts were noted by the Committee Chair, MWJ from the last Committee meeting held on 21 January 2025:</p> <ul style="list-style-type: none"> Welsh Language Report. The Committee noted a number of risks to the compliance of the Welsh Language Standards specifically around unconfirmed funding for Welsh speaking Service Desk Analysts, the Committee emphasized the need to ensure that DHCW can provide services through the medium of Welsh and highlighted the importance of recruitment, succession planning and strategic workforce planning in this area. In addition, the Committee were alerted to the delay on the NHS App Login, Welsh Language Interface work. The Committee received assurance that DHCW were actively working with colleagues in NHS England to complete this work during Summer 2025 and that the Welsh Language Commissioners Office were engaged with this matter. <p>IE confirmed that NHS England were due to complete the work on the NHS Wales app within Q1/Q2 of the new financial year, 2025-26.</p> <p>CD noted that Welsh Language legislation laid at the Senedd the day prior would ensure that DHCW would soon be formally under the Welsh Language Standards.</p> <p>Additionally, the Committee noted the good progress made on the % of level 1 WL skills, with the workforce above 50% and on target, similarly the estates decarbonisation plan reported good progress and was significantly above target.</p> <p>Three Internal Audit reports, were received:</p> <ul style="list-style-type: none"> Mission One – Cloud Services the review received a Substantial Assurance. Mission Five – Staff Development the review received a Reasonable Assurance. Estates Assurance – Energy Management the review received a Reasonable Assurance. <p>And from the Private Committee Session the Committee received the:</p> <ul style="list-style-type: none"> Audit Wales review on the national NHS IT applications and infrastructure which are provided by DHCW. Committee members were pleased to note the number 	Noted	None to note

of actions completed and were assured that the small number of recommendations included would be taken forward by the relevant officer leads.

- Raising Concerns report and received assurance on the learnings and actions taken forward following the completion of a Culture Review which had been undertaken by an external advisor. The Committee agreed that actions relating to this work would be reviewed on a bi-annual basis until complete. Committee members were pleased to note the positive feedback and engagement from across the organisation regarding the Raising Concerns process and were assured by robust arrangements being in place.

The Public Committee meeting can be watched in full on our website [here](#) or below:



Or alternatively by scanning the QR Code.

The Board resolved to:

NOTE the Audit & Assurance Committee Highlight Report.





PART 7 - CLOSING MATTERS

7.1	Any Other Urgent Business There was no other urgent business raised.	Discussed	None to note
7.2	Date of Next Meeting: Thursday 27 March 2025 The meeting closed at 14:32.	Noted	None to note

DHCW SHA Board Meeting – PRIVATE ABRIDGED – Unconfirmed minutes

Minutes of the Digital Health and Care Wales (DHCW) Special Health Authority (SHA) Private Abridged Board Meeting held on Thursday 30 January 2025 as a virtual meeting via MS Teams.

 09:30 – 10:00

 30 January 2025

 MS Teams

Members Present	Initial	Title	Organisation
Simon Jones	SJ	Chair of the Board	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Marian Wyn Jones	MWJ	Independent Member	DHCW
Marilyn Bryan Jones	MBJ	Independent Member	DHCW
Sam Lloyd	SL	Executive Director of Operations	DHCW
Alistair Klaas Neill	AKM	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	Board Secretary	DHCW
Mark Edwards	ME	Chief Information Security Officer	DHCW
Andrew Fletcher	AF	Associate Board Member – Trade Union	DHCW
Samantha Morgan	SM	Director of People and Organisational Development	DHCW

Observing	Title	Organisation
Laura Tolley	Head of Corporate Governance	DHCW

Apologies	Title	Organisation
Rowan Gardner	Independent Member	DHCW
Sam Hall	Director of Primary, Community & Mental Health Digital Services	DHCW

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DDaT	Digital, Data and Technology		

Item No	Item Detail	Outcome	Action
PART 1 – PRELIMINARY MATTERS			
1.1	<p>Welcome and Apologies</p> <p>The Chair welcomed everyone to the private session of Digital Health and Care Wales’ SHA Board Meeting that was being held today to receive an update on the cyber position for assurance purposes.</p>	Noted	None to note
1.2	<p>Apologies for Absence</p> <p>Apologies were noted for:</p> <ul style="list-style-type: none"> Rowan Gardner, Independent Member Sam Hall, Director of Primary, Community & Mental Health Digital Services 	Noted	None to note
1.3	<p>Declarations of Interest</p> <p>There were no declarations of interest to note.</p>	Noted	None to note
PART 2 - CONSENT AGENDA			
FOR APPROVAL AND NOTING			
2.1	<p>Unconfirmed Private Minutes of 25 July 2024 Board Meeting</p> <p>i. Matters Arising</p> <p>The Board resolved to:</p> <p>APPROVE the Unconfirmed Private Minutes of 25 July 2024 Board Meeting.</p>	Approved	None to note
2.2	<p>Action Log (1)</p> <p>The Board resolved to:</p> <p>NOTE the Action Log.</p>	Noted	None to note

PART 3 - MAIN AGENDA

FOR DISCUSSION

3.1	<p>Cyber Assurance Report</p> <p>Sam Lloyd, Executive Director of Operations (SL) introduced Mark Edwards (ME), Chief Information Security Officer, who presented the Cyber Assurance Report.</p> <p>The following areas were discussed:</p> <ul style="list-style-type: none"> • Cyber Security Team – Key Projects • Challenge & Opportunities • Top 10 Priorities <p>The following comments and observations were made:</p> <ul style="list-style-type: none"> • Regarding the National Governance Arrangements, the DDaT Governance review had concluded with a set of recommendations, which included the establishment of a DDaT leadership board, chaired by Judith Paget, Chief Executive NHS Wales. A small number of sub-boards would sit beneath this, one proposed was a Cyber and Information Governance Board. The draft terms of reference were in progress. • Funding had been received for Incident Response. • Nationally Hosted IT Systems audit findings related to priorities highlighted in this report, noting the need to raise this in the public forum where possible. • Cyber preparedness should be suggested as a standing item at all IQPD meetings. <p>The Board thanked ME for all the work being progressed in addition to bringing structure and expertise to Cyber Assurance in DHCW and nationally.</p> <p>The Board resolved to:</p> <p>NOTE the Cyber Assurance Report.</p>	Noted	None to note
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PART 4 - CLOSING MATTERS

3.1	<p>Any Other Urgent Business</p> <p>There was no other urgent business raised.</p>	N/A	None to note
3.2	<p>Date and Time of Next Meeting</p> <p>TBC</p>	N/A	None to note

DHCW SHW Board Action Log - PUBLIC



Title	Date of Meeting	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status	Business Area	Session Type
28-11-2024-PUB-A02	28/11/2024	<p>moved from green to amber, yet the target of the key principle risk remained amber, noting the difference between the rating of impact to likelihood.</p> <p>ACTION 02: CD / COL to review the target RAG status of Mission 5 and feed back to the Chair.</p>	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary):#:	30/01/2025	<p>BAF Mission 5 meeting on 27th Jan 2025</p> <p>the RAG status will be reviewed at this point.</p>		Underway	Corporate Governance	Public



DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN REPORT

Agenda Item	2.4
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Carys Richards, Corporate Governance Support Manager
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
NOTE the contents of the report.	

WC:
APP:
TOTAL:



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	March 2024	Reviewed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan		

3 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.
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4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The following items have been added to the [Forward Workplan 2024-25](#) and are due to be presented at the meeting on 27 March 2025:

- Building our Future Programme Update
- Strategic Equality Plan Annual Report
- People and Organisational Development Strategy Action Plan Update
- DHCW Long Term Strategy Action Plan Update
- Community & Mental Health Update
- Integrated Medium Term Plan – Approval
- Board Champion Annual Report
- SHA Board Cycle of Business
- Annual Review of Standing Orders
- Standing Orders Approval
- Board & Committee Self-Effectiveness
- Committee & Advisory Groups Annual Reports
- Gender Pay Gap Annual Report
- Estates Plan 2025/2028
- Decarbonisation Action Plan 2025/2028
- Cloud Programme
- WBFGA Statement and Objectives
- DHCW Escalation Status

4.2 In addition, the following items has been added to the [Forward Workplan 2025-26](#) and are scheduled to be presented to the 29 May 2025 meeting:

- Annual Quality Report
- Welsh Language Scheme Annual Report
- Annual Review of Risk Appetite and Risk Tolerance
- Board Assurance Framework Report
- 2024/25 Q3 & Q4 DCR Return
- Emergency Planning Annual Report
- Stakeholder Engagement Plan Update
- Building Our Future Programme Update
- National Target Architecture



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 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 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the contents of the report.



DIGITAL HEALTH AND CARE WALES BOARD CHAMPION ANNUAL REPORT 2024-25

Agenda Item	2.5
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance Deputy Board Secretary
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
NOTE the Board Champion Annual Report 2024-25 and APPROVE the change in Board Champion roles outlined in section 4.1.	

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

DUTY OF QUALITY ENABLER	Leadership
DOMAIN OF QUALITY	Effective
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Board Champion Executive Leads	February 2025	Approved
Chris Darling, Director of Corporate Affairs Board Secretary	February 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NE	Non-Executive	WG	Welsh Government

3 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 the 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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

Champion Role	DHCW Independent Member Board Champion 2024-25	DHCW Independent Member Board Champion 2025-26
Armed Forces and Veterans	Rowan Gardner	Alistair Klaas Neill

- 4.2 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.
- 4.3 The [Board Champion 2024-25 update](#) outlines National Activity, DHCW activity in addition to Forward Work Planned for each Board Champion role.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 Board Champion roles were designed with Health Board and NHS Trust organisations in mind, before Special Health Authorities had been established in Wales. Therefore, not all Board Champion roles are directly relevant to DHCW as Health Boards and NHS Trusts.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the Board Champion Annual Report 2024-25 and **APPROVE** the change in Board Champion roles outlined in section 4.1.



DIGITAL HEALTH AND CARE WALES SHA BOARD CYCLE OF BUSINESS 2025-26

Agenda Item	2.6
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Carys Richards, Corporate Governance Support Manager
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the Board Cycle of Business 2025-26.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Timely
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
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.
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.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE	No, there is no direct impact on resources as a result of

IMPLICATION/IMPACT	the activity outlined in this report. The terms of reference indicate clear roles and responsibilities for the members of the Management Board.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Weekly Executive Directors	07/02/2024	Reviewed
Laura Tolley, Head of Corporate Governance	February 2024	Reviewed
Chris Darling, Board Secretary	February 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CoB	Cycle of Business		

3 SITUATION / BACKGROUND

3.1	Each year 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, 2025-26, and along with the terms of reference, is a key component in ensuring that Board is effectively carrying out its role.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Cycle of Business as at [item 2.6i Appendix A](#) covers the period from 1 April 2025 to 31 March 2026.
- 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 2025-26, 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 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
	APPROVE the Board Cycle of Business 2025-26.



DIGITAL HEALTH AND CARE WALES STANDING ORDERS ANNUAL REVIEW

Agenda Item	2.7
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance Deputy Board Secretary
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
<p>APPROVE the proposed changes to the Standing Orders 2025-26 NOTE DHCW's compliance with Standing Orders for 2024-25 NOTE DHCW's self-assessment against the UK Corporate Governance Code 2024</p>	

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Timely
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below 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.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below The SOs are designed to translate the statutory requirements for DHCW set out in legislation into day-to-day operating practice.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report

WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
	The terms of reference indicate clear roles and
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Director of Corporate Affairs Board Secretary	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO's	Standing Orders	SFI	Standing Financial Instructions

3 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 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 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
 - Notifying and equipping Board members – Updated from 7 calendar days to 5 clear days
 - Notifying the public and others - Updated from 7 calendar days to 5 clear days
 - Page 68 – Updated links to Committee & Advisory Group Terms of Reference for 2025/26 (once approved by the SHA Board)
- 4.2 An update on [DHCW's compliance with Standing Orders for 2024-25](#) is also included for information.
- 4.3 In January 2024, an updated [UK Corporate Governance Code 2024](#) was published, this replaces the 2018 version of the code and 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 2024, and this is included for information.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 DHCW are awaiting confirmation from Welsh Government on the timeframes relating to holding the organisations Annual General Meeting.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<p>APPROVE the proposed changes to the Standing Orders 2025-26 NOTE DHCW's compliance with Standing Orders for 2024-25 NOTE DHCW's self-assessment against the UK Corporate Governance Code 2024</p>	



DIGITAL HEALTH AND CARE WALES ANNUAL SHA BOARD AND COMMITTEE EFFECTIVENESS SELF ASSESSMENT

Agenda Item	2.8
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance Deputy Board Secretary
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Noting
Recommendation	SHA Board is being asked to
NOTE the content of the report.	

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Culture
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO's	Standing Orders		

3 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: <ul style="list-style-type: none"> • Positive Assurance • Areas that have not arisen, but the Board, Committees and Advisory Group were aware of their responsibilities • Areas for further assurance

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Overall, the survey findings were generally positive with no 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
- The Committees and Advisory Groups had matured over the past 12 months.

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

- [SHA Board Self-Effectiveness Report 2024-25](#)
- [Audit & Assurance Committee Self-Effectiveness Report 2024-25](#)
- [Digital Governance & Safety Committee Self-Effectiveness Report 2024-25](#)
- [Programmes Delivery Committee Self-Effectiveness Report 2024-25](#)
- [Remuneration & Terms of Service Committee Self-Effectiveness Report 2024-25](#)
- [Local Partnership Forum Self-Effectiveness Report 2024-25](#)

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the content of the report.



DIGITAL HEALTH AND CARE WALES ESTATES PLAN 2025-28

Agenda Item	2.9
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs/Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Chris Darling, Director of Corporate Affairs/Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the 2025-28 Estates Plan	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

DHCW QUALITY STANDARDS	ISO 14001
If more than one standard applies, please list below:	

DUTY OF QUALITY ENABLER	Culture
DOMAIN OF QUALITY	Efficient
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: January 2024
Yes, applicable	Outcome: Positive
Statement: The equalities assessment on our overall Estates position to date (undertaken in 2024) has not found that there is a risk that a disproportionately negative impact could exist to one or more groups of people who share a protected characteristic under the Equality Act 2010. However, any office closure would have an impact (positive or negative) for staff who would need to change base (noting the hybrid working protocols in place). A full assessment will be undertaken if such a change is proposed and will provide additional analysis of staff data, to ensure that any risk identified can be removed or reduced through the implementation of the actions to be agreed through consultation.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Measures are in place at all DHCW sites to ensure that working environments are safe
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with legislation and lease terms and conditions
FINANCIAL	Yes, please see detail below

IMPLICATION/IMPACT	Proposals are costed
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Any changes to the estate with impact for staff will be subject to consultation
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	6 th March 2025	Noted
Management Board	13 th March 2025	Approved
Board	27 th March 2025	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
TGYA	Ty Glan-yr-Afon	UHB	University Health Board
NWSSP	NHS Wales Shared Services Partnership	EV	Electric Vehicle
HTW	Health Technology Wales	LPF	Local Partnership Forum

3 SITUATION / BACKGROUND

- 3.1 Digital Health and Care Wales (DHCW) currently have 5 offices across Wales:
- Ty Glan-yr-Afon, Cardiff
 - Castlebridge 2, Cardiff
 - Bocam Park, Pencoed
 - Technium 2, Swansea
 - Media Point, Mold
- 3.2 A review of the estate footprint took place in 2022 relating to size, location and suitability, which contributed to the development of the DHCW Estates Plan 2022-25. This work has been refreshed and the [DHCW Estates Plan 2025-28](#) is attached for approval. The plan was shared with Local Partnership Forum for early engagement before submission to Management Board for approval to submit to Board. The plan has been created considering the following factors:
- Decarbonisation challenges and the need to continue to lessen the DHCW carbon footprint
 - Hybrid Working Arrangements
 - The need to rationalise the Estate to ensure that it optimises the workspaces and reflects our changed ways of working
 - DHCW has a duty to make the best use of its financial resources and therefore needs to ensure that it demonstrates value for money from all assets
 - To proactively plan for lease expiry dates
- 3.3 Following the review and with the development 2022-25 DHCW Estates Plan a number of actions were agreed:
- Modernise offices to provide an environment suited to a modern digital collaborative working space.
 - Undertake Estates Rationalisation where possible.
 - Work with Partner Organisations and NHS Wales Shared Services Partnership (NWSSP) to identify suitable opportunities for shared local space.
 - Ensure staff are kept apprised of any developments relating to the DHCW Estate.
- 3.4 This paper also provides an update on the agreed actions from our previous plan and describes the approach to be taken towards implementing the new Estates Plan.
- 3.5 The new 3 Year Estates Plan developed for 2025-2028 reflects DHCW's future focus on estates modernisation and optimisation.
- 3.6 An Estates Development Group which is chaired by the Director of Corporate Affairs/Board Secretary, meets monthly. This Group includes representation from all Directorates of DHCW and enables staff input into future plans, and estates issues and priorities.
- 3.7 DHCW have established a programme entitled "Building Our Future" which has five sub-projects, the first of which is "Putting Our People First". A key component of Putting Our People First is the establishment of a Digital Futures Space, therefore this has enabled views on future estates development to be gathered in an additional forum improving the quality of staff input into design.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

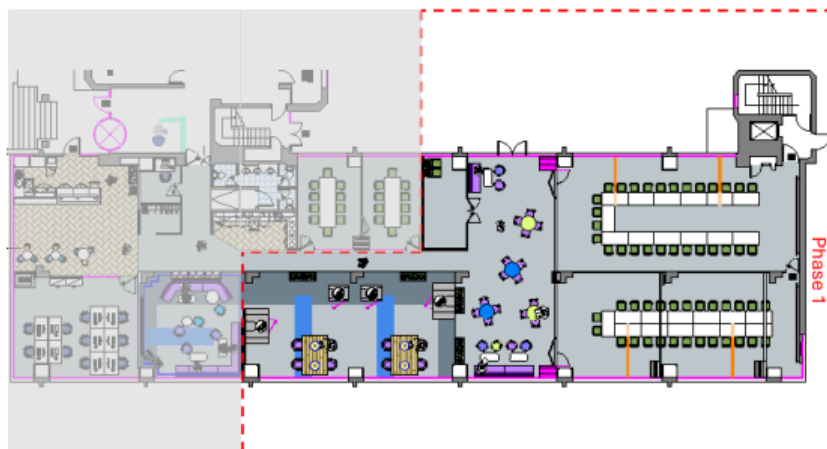
Estates Development

4.1 Work to progress the 2022-25 DHCW Estates Plan has taken place over the past three years, with a number of estate development opportunities progressed:

- The 6th Floor of TGYA has been reconfigured to improve the desk layout as requested by teams within the Clinical Informatics Directorate and a new Pod has been installed
- Creation of an additional office to reflect and accommodate DHCW Executive structure
- The 3rd Floor of TGYA has been modernised to provide an environment suited to our new ways of working, if successful, this design will be further rolled out as funding allows. Desks on this floor are now in use.
- Additional furniture has been procured in Media Point to improve use of 1-1 meeting space
- Work has been carried out in Technium 2 to improve the Client Services Build/Store area
- Increased provision of IT equipment in Bocam Park to reflect increased demand for desk space at that location
- An additional pod area for informal discussions has been developed on the 5th Floor of TGYA
- Installation of Electric Vehicle (EV) charging facilities at Bocam Park.

The current focus is on improving accessibility at Ty Glan-yr-Afon and the development of a Digital Futures Space on the Ground Floor of the building to provide a collaborative space with facilities for Conferencing, User Centered Design and Digital Inclusion. This is a really exciting opportunity and work is ongoing in the background to set up a suitable support model.

Development of the Digital Futures Space will take part in two phases, Phase 1 (to be completed this financial year) is outlined by a dotted line in the picture below:



Estates Rationalisation

- 4.2 At the same time as taking action to enhance the estate for DHCW staff, DHCW have worked closely with Welsh Government and NWSSP to progress estates rationalisation opportunities and opportunities to share space where appropriate. The Welsh Government Policy direction for non-clinical space has been for organisations to look at estate rationalisation opportunities which can be derived from:-
- Disposing of surplus freehold property
 - Terminating leases or renewing leases on a reduced footprint
 - Sharing accommodation with other NHS bodies and the wider public sector
 - Letting surplus accommodation to the private sector

DHCW intend to surrender space occupied on the Ground Floor of Castlebridge 2 in March 2025 when the lease ends.

There is further opportunity for estates rationalisation in Technium 2 when the lease expires in March 2026. We have requested that the Landlord provides proposals for reduced space.

Partnership Working

- 4.3 DHCW have agreed a licence with the NHS Confederation to provide them with access to 10 desks on a part time basis at Ty Glan-yr-Afon under licence. The licence commenced on 1st August 2024.

Health Technology Wales (HTW) now occupy 8 desks on a part time basis at Ty Glan-yr-Afon.

DHCW currently share our space in Mold with the Joint Commissioning Committee and the NHS Executive who access a total of 10 desks. Further interest in shared accommodation in North Wales has also been expressed.

Leases

- 4.4 DHCW have received a proposal for a new lease at Ty Glan-yr-Afon from 1 April 2025 for 10 years (with a break option at Year 6). We were able to request works in lieu of a rent free period and this option has been exercised with a request for improved accessibility to the front of the building in the form of a ramp, work is now underway.

As part of the Ty Glan-yr-Afon lease negotiations, we have agreed a programme of improvement works with the Landlord which will take place within the initial phase of the lease.

Refreshed Plan

- 4.5 Our Estates Plan has been refreshed for 2025-28 and is attached for approval by the Board.

Future Focus

- 4.6 DHCW are progressing plans to develop the ground floor of Ty Glan-yr-Afon into a 'digital futures space' which is an umbrella term used to describe the multi-purpose collaboration space that will include space for conferences, user centred design space, a digital inclusion lounge and space to demonstrate DHCW's products and applications.

DHCW appointed an Architect and Cost Advisor to manage the works contract which commenced in January 2025. We appointed a Project Manager to manage the development of the new space.

In preparation for this development work on the ground floor of Ty Glan-yr-Afon:

- Staff relocated from the Ground Floor of Ty Glan-yr-Afon to Floors 2, 4, 5 and 6.
 - Policies and procedures for use of this collaborative space are being worked through ensuring responsibilities for managing the space are clearly set out.
 - Space has been identified within the plans for the preferred User Centered Design Hybrid Model.
 - Castlebridge 2 has now been vacated and the high quality modern furniture currently in Castlebridge 2 has been relocated to TGYA.
- 4.7 A new booking application has been procured which replaces the previous in-house application. This will further aid working in a hybrid environment and estates planning. This was launched in March 2025.
- 4.8 Other actions include planning for modernisation at Bocam Park and Technium 2.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The focus is currently on the re-design of the Ground Floor of Ty Glan-yr-Afon to provide a collaborative space providing facilities for Conferencing, User Centered Design and Digital Inclusion. This is an exciting opportunity, and work is ongoing in the background to set up a suitable support model, for what will be a new way of working.
- 5.2 DHCW will further rationalise the estate in March 2025 when the lease at Castlebridge 2 expires and there is further opportunity for estates rationalisation in Swansea when the current lease for Technium 2 expires in March 2026.
- 5.3 We continue to share space in Cardiff with the NHS Confederation and Health Technology Wales, and in Mold with the Joint Commissioning Committee and the NHS Executive.
- 5.4 We have refreshed the Estates Plan for the period 2025-28 which is attached for by the Board following engagement with Local Partnership Forum in early March 2025 and approval by Management Board at their March 2025 meeting. The priority will be to optimise the DHCW Estate reflecting its hybrid working policy (which may evolve during the life of the Estates Plan) ensuring that DHCW staff can collaborate on a face to face basis.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the 2025-28 Estates Plan	



DIGITAL HEALTH AND CARE WALES DECARBONISATION ACTION PLAN 2025-28

Agenda Item	2.10
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs/Board Secretary
Prepared By	Julie Ash, Head of Corporate Services
Presented By	Chris Darling, Director of Corporate Affairs/Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the DHCW Decarbonisation Action Plan for 2025-28	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below: Resilient Wales A More Equal Wales A Healthier Wales A Wales of Cohesive Communities A Wales of Vibrant Culture and Thriving Welsh Language A Prosperous Wales	

<u>DHCW QUALITY STANDARDS</u>	ISO 14001
If more than one standard applies, please list below: IISO9001	

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Efficient
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not required	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with legislation
FINANCIAL	Yes, please see detail below

IMPLICATION/IMPACT	DHCW are required to identify funding streams for decarbonisation activity
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	All staff must ensure that proposals and activities recognise the sustainable development principle
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	6 th March 2025	Noted
Management Board	13 th March 2025	Approved
Board	27 th March 2025	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
TGYA	Ty Glan-yr-Afon	UHB	University Health Board
NWSSP	NHS Wales Shared Services Partnership	EV	Electric Vehicle
HTW	Health Technology Wales	LPF	Local Partnership Forum

3 SITUATION / BACKGROUND

- 3.1 WHC 2021/024 was issued on 8th September 2021 following the publication of the NHS Wales Decarbonisation Strategic Delivery Plan published in March 2021. The plan contained 46 commitments **for delivery by 2025** and is a clear and ambitious mandate for action across NHS Wales. There are five main activity streams set out in the strategic delivery plan. These are:
- Buildings (new and existing buildings)
 - Transport
 - Procurement
 - Estate planning and land use
 - Approach to healthcare (education, healthcare & medicines and waste)
- A national programme and national programme board were established to provide a critical leadership role, providing strategic oversight across the climate change agenda and driving delivery against the strategic delivery plan, to ensure that NHS Wales fully delivers its contribution against the ambition for a **net zero public sector by 2030** (Net zero carbon means making changes to reduce carbon emissions to the lowest amount – and offsetting as a last resort. The offsetting is used to counteract the essential emissions that remain after all available reduction initiatives have been implemented).
- 3.2 In response to WHC 2021/024, in 2021, Digital Health and Care Wales (DHCW) developed their own Decarbonisation Strategic Delivery Plan, in partnership with an Environmental Consultant with expertise in this area. The plan responded to the commitments in the NHS Wales Plan where they were appropriate to our activities and defined clear targets for us to achieve as an organisation.
- 3.3 In July 2023, Welsh Government wrote to NHS Chief Executives requesting updated plans from April 2024. The initial DHCW Decarbonisation Strategic Delivery Plan was refreshed for 2024-27 and approved by Board prior to submission to Welsh Government. DHCW have undertaken a further review and refresh and the [Decarbonisation Action Plan \(DAP\) for 2025-28](#) is attached for approval.
- 3.4 The Plan has no significant changes but contains updated performance data. This cover paper summarises our performance compared to national targets in the NHS Wales Decarbonisation Strategic Delivery Plan **16%** reduction in carbon emissions by **2025** and **34%** reduction in carbon emissions by **2030**. Our refreshed plan will support this ongoing activity.
- 3.5 DHCW is an All Wales organisation and unlike Health Boards and Trusts, does not provide direct patient care or manage large hospital sites. Subsequently, our carbon footprint will differ significantly but there are areas where DHCW can lead i.e. use of Digital and Low Carbon IT Procurement.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Operational Emissions

The latest full year data relates to 2023/24. 2024/25 data will be available by July 2025.

The following table provides a summary of DHCWs Operational Emissions targets and performance vs 2019/2020:

Target and Actual Performance	Emissions (tCO ₂ e) (actual and target)	Percentage Reduction vs 2019/20	Cumulative Savings (tCO ₂ e) vs 2019/20
2019/2020 Baseline	2,757	-	-
2020/2021	2,011	-27%	-746
2021/2022	1,579	-43%	-1178
2022/2023	1,676	-39%	-1081
2023/2024	1,424	-48%	-1333
2025 (Target)	2,316	-16%	-441
2030 (Target)	1,820	-34%	-937

Targets are shown in grey cells (table excludes Supply Chain (Procurement) Emissions data).

Operational Emissions have reduced by 48% comparatively to the baseline year (2019/2020), this currently exceeds the 2025 target; however, this is predominantly as a result of changed working practices following the pandemic and associated impact on our estate. As we have made these significant changes we envisage that the rate of carbon emission reductions in future years may be more gradual.

A breakdown of operational emissions is as follows:



4.2 Supply Chain (Procurement) Emissions

The latest full year data is from 2023/24, 2024/25 data will be available in July 2025.

The following table provides a summary of DHCWs Supply Chain (Procurement) Emissions targets and performance vs 2019/2020:

Target and Actual Performance	Emissions (tCO ₂ e) (actual and target)	Percentage Reduction vs 2019/20	Cumulative Savings tCO ₂ e
2019/2020 (Baseline)	17,207	-	-
2020/2021	15,490	-10%	-1,717
2021/2022	12,399	-28%	-4,808
2022/2023	5,327	-69%	-11,880
2023/2024	7,114	-59%	-10,093
2025 (Target)	14,454	-16%	-2,753
2030 (Target)	11,357	-34%	-5,850

Targets are shown in grey cells (table excludes Operational Emissions data).

Supply Chain (Procurement) Emissions, which account for the largest proportion of DHCWs carbon footprint (83%), have reduced by 59%, compared to the baseline - a substantial reduction of 10,093 tonnes CO₂e. Improved data gathering, and an enhanced carbon footprint methodology (Tier 2) have enabled us to make these reductions.

4.3 Gross Emissions

The table below provides a summary of DHCWs Gross emissions targets and performance during 2023/24 vs 2019/2020:

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

Gross emissions are made up as follows:

Supply Chain 83%
Buildings 7%
Staff 7%
Transport 2%
Waste 1%

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 We have based our roadmap on the initiatives contained in the NHS Wales Decarbonisation Strategic Delivery Plan. Progress is good and is reflected in the quarterly DCR (Decarbonisation Co-ordination Report) returns.
- 5.2 DHCW will continue to work with NHS Wales Shared Services Partnership to reduce supply chain emissions (which account for the largest proportion of the DHCW footprint) and improve reporting. Work to date has improved data gathering and an enhanced carbon footprint methodology (Tier 2) has enabled us to make these reductions.
- 5.3 Our latest gross annual figures demonstrate that our carbon footprint has reduced by 57% compared to our baseline year of 2019/20 (above the target) however it should be noted that there has been significant change in the way we work since the baseline was measured meaning the earlier significant reductions may lessen over time as working practices mature.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the DHCW Decarbonisation Action Plan for 2025-28	



DIGITAL HEALTH AND CARE WALES WELL-BEING OF FUTURE GENERATIONS ACT STATEMENT AND OBJECTIVES 2025-26

Agenda Item	2.11
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs/Board Secretary
Prepared By	Chris Moreton, Deputy Director of Finance & Business Assurance Julie Ash, Head of Corporate Services
Presented By	Chris Darling, Director of Corporate Affairs/Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the DHCW Well-being of Future Generations Act Statement and Objectives.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Prosperous Wales
If more than one standard applies, please list below: A Resilient Wales A More Equal Wales A Healthier Wales A Wales of Cohesive Communities A Wales of Vibrant Culture and Thriving Welsh Language A Globally Responsible Wales	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO14001 BS76000 ISO30415	

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Equitable
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not applicable	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with Welsh Government legislation

FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below All staff must ensure that proposals and new activities recognise the Sustainable Development Principle
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	5 th March 2025	Noted
Management Board	13 th March 2025	Approved
Board	27 th March 2025	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan	LPF	Local Partnership Forum
WFGA	Wellbeing of Future Generations Act		

3 SITUATION / BACKGROUND

- 3.1 The Well-being of Future Generations Act, established in 2015, requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
- 3.2 The Act was first applied to 48 public bodies, including:
- Local authorities (the 4 Corporate Joint Committees established in 2021 have been included since December 2021)
 - Local Health Boards
 - Public Health Wales NHS Trust
 - Velindre NHS Trust
 - National Park Authorities
 - Fire and Rescue Authorities
 - Natural Resources Body for Wales (Natural Resources Wales)
 - the Higher Education Funding Council for Wales (the Tertiary Education and Research (Wales) Bill establishes a new Commission for Tertiary Education and Research as an arms-length body, and dissolves the Higher and Education Funding Council for Wales)
 - the Arts Council of Wales
 - the Sports Council for Wales (Sport Wales)
 - the National Library of Wales
 - the National Museum of Wales (National Museum Wales)
 - the Welsh Ministers
- 3.3 In July 2022, a Consultation was launched proposing the inclusion of a further 8 public bodies under the Act. These were:
- Qualifications Wales
 - Social Care Wales
 - Health Education and Improvement Wales
 - Welsh Revenue Authority
 - Transport for Wales
 - Centre for Digital Public Services
 - Digital Health and Care Wales
 - Welsh Ambulance Service NHS Trust
- 3.4 The original planned date for the inclusion of the additional bodies, which include DHCW, was 1 April 2023 but this was delayed until 1 April 2024 and was subsequently delayed further (subject to Regulations Approval) to 30 June 2024 which was announced by the Minister for Social Justice on 19 February 2024.
- 3.5 Once noted under the Act, organisations had until 30 March 2025 to consult on and agree their Wellbeing Statement and Objectives. DHCW approved a Wellbeing Statement and Objectives in March 2024 and this paper provides an update on the review of these for 2025/26. The updated Statement and Objectives are set out in paragraph 4.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Wellbeing Statement

- The WFGA is central to our approach towards long-term planning within DHCW and is reflected in our purpose: **“To make digital a force for good in health and care”**. Our vision is to provide world leading digital services empowering people to live healthier lives.
- Our wellbeing objectives are designed to address the key challenges with regards to achieving the wellbeing goals in a digital world, which include: (1) the impact of Artificial Intelligence and digital innovation; (2) Electronic waste; (3) Data security; (4) Data privacy and ethical issues in relation to the use of personal health data; (5) Environmental footprint of hardware infrastructure and supply chain; (6) Recruiting and managing a diverse and skilled workforce.
- Our organisational strategy affirms our commitment to sustainability including our duties under the Well-Being of Future Generations Act, our decarbonisation strategy, and our work to support the foundational economy through our recruitment, partnerships and supply chain. As part of an integrated approach, our wellbeing objectives will deliver on wider sustainable development legislation and policy such as the Social Partnership and Public Procurement Act, which brings together four principles of Social Partnership; Socially Responsible Procurement; Fair Work and Sustainable Development. We have reviewed the priority areas within the Future Generations Commissioner’s Cymru Can 2030 strategy, noting the focus area of Artificial Intelligence and broader priorities including the Foundational Economy, culture change, food, prevention and simplified partnership arrangements.
- Our stakeholder engagement plan forms the foundation for our approach to collaboration and involving people with an interest in achieving the wellbeing goals. Further, we have engaged with the Future Generations Office and collaborated with the Centre for Digital Public Services with an ability to demonstrate alignment between our wellbeing objectives.
- Our objectives have been developed with the sustainable principle at the forefront, having considered the long-term impacts, prevention and mitigation of future issues, integration and alignment with existing strategies (both internally and externally), collaboration to strengthen approaches and involvement with our partners.
- In line with DHCW’s Performance Management Framework, Objectives and Key Results have been set over the 3-year IMTP period to monitor short and medium-term performance against our long-term wellbeing objectives. Progress will be monitored and reported to the SHA Board and will form part of our Annual Report. A dedicated workstream has been established as part of the Building our Future programme to assure delivery and provide a focal point for monitoring funding and resources in support of our wellbeing objectives.

4.2 Wellbeing Objectives

By 2035, digital innovation will support a more sustainable and equitable future for all in Wales. To help realise this ambition, we aim to:

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

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 We have undertaken an exercise to map the proposed Wellbeing Objectives against our Long Term Strategic Missions and are assured that they are a good representation of our overall aims.
- 5.2 We have engaged with the Office of the Future Generations Act Commissioner regularly and have attended a number of All Wales Events linked to the Act.
- 5.3 The initial draft objectives produced following a workshop led jointly with Trade Union Representatives have been mapped across as key results. The key results have also been updated to reflect the latest position based on the final draft of the IMTP for 2025/26 to 2027/2028.
- 5.4 The Wellbeing Statement and Objectives were submitted to the March meeting of the Local Partnership Forum for noting and any feedback, prior to submission to the DHCW Management Board in March 2025 for approval to submit to Board for final approval.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the DHCW Well-being of Future Generations Act Statement and Objectives	



DIGITAL HEALTH AND CARE WALES CHAIR AND VICE CHAIR REPORT

Agenda Item	3.1
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Chris Darling, Director of Corporate Affairs Board Secretary
Presented By	Simon Jones, Chair and Ruth Glazzard, Vice Chair

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the Chair and Vice Chair Report. APPROVE the use of the Common Seal.	

WC:
APP:
TOTAL:



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 27001
If more than one standard applies, please list below: BS 10008	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Ruth Glazzard	March 2025	Approved
Simon Jones	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	AI	Artificial Intelligence
IM	Independent Member	POC	Programme Oversight Chairs
RCGP	Royal College of General Practitioners	IMTP	Integrated Medium Term Plans
PDC	Programmes Delivery Committee	UHB	University Health Board

3 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.
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4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Chair:

4.1 Minister for Mental Health and Wellbeing Meeting - 3 February and 17 March 2025

Since the last Board meeting myself and Ifan Evans, Executive Director of Strategy (3 February 2025) Helen Thomas, Chief Executive (17 March 2025) have had two of our routine monthly meetings with the Minister for Health and Wellbeing who has a lead responsibility for digital, data and health innovation. The meeting on 3 February focused on national target architecture, the NHS Wales App and updating on the status of the GP system supplier INPS.

On the 17 March the Cabinet Secretary for Health and Social Care joined the Minister to discuss DHCW's change in escalation status, this will be discussed in more detail in item 5.1 of today's agenda. We also discussed our Remit Letter, as well as carrying on the conversation on national target architecture and the NHS Wales App. I look forward to future meetings and thank the Minister for their engagement and discussion.

4.2 DHCW / Chair and CEO Meeting with Performance and Productivity Ministerial Advisory group - 4 February 2025

On the 4 February Helen Thomas, Chief Executive and I, met with members of the Performance and Productivity Ministerial Advisory Group. The work of the Advisory Group is to consider opportunities to consider opportunities for NHS Wales to improve performance and productivity. We were able to promote the role digital and data can play in improving, performance, productivity and patient safety. The discussions covered information governance policy, national architecture and electronic health records, the NHS Wales App and National Data Resource (NDR) Programme, as well as maximising the digital tools already available across NHS Wales and addressing unwarranted variation.

4.3 Board Development Day - 20 February 2025

The Board Development Day, held on 20 February took place in DHCW's Swansea offices and covered a number of topics, including:

- Learning from Audit Wales' work on Digital by Design
- Agor yr Drws
- IMTP 2025/26 - 2027/28 Update
- Target National Architecture

The day was very helpful and learning from partners who joined the day. In addition, the Board were updated on the Ministers number one priority for DHCW, the work on target national architecture.



4.4 Staff Engagement Session - Welsh Language- 20 February 2025

The Board received an update from the work of the DHCW Welsh Language Team on the 20 February, highlighting the work being undertaken to embed a bi-lingual culture within DHCW and the challenges to address, as DHCW prepare to come formally under the Welsh Language Standards from late 2025. My thanks to the team members who attended to update the Board.

4.5 Chair Peer Group - 25 February and 25 March 2025

Since the last Board meeting the Chair Peer Group have met twice, and have focused on a number of topics including draft Chair objectives, a revised anti-racist Wales action plan and expectations for the Aspiring Board Members programme, for which DHCW will be hosting a mentor. Formal correspondence from the Cabinet Secretary regarding my Chair objectives for 2025/26 are expected in the coming weeks.

4.6 NHS Service Delivery Planning Event - 4 March 2025

On the 4 March, I, along with NHS Wales Chairs joined Chief Executives and Executive team members to consider the blueprint required for NHS Wales to improve performance as a system over the short and medium term.

4.7 DHCW Extraordinary Board - 6 March 2025

An extraordinary Board took place on 6 March 2025 to consider an update on the Radiology Information System Programme (RISP) commercial and financial accounting. The Board approved the contract change note to transfer the liability for payment of the All-Wales license fee to DHCW.

4.8 Independent Member Objectives and 12 month review

I have recently started the process of reviewing Independent Member objectives for 2024/25, as well as set objectives for 2025/26. I am grateful for the thinking, reflections and feedback from Independent Members for their engagement in the process, and I look forward to finalising and setting objectives for all Independent Members.

4.9 Public Digital Board Development Day - 20 March 2025

It was great to participate in Public Digital's Board Development Day focusing on how DHCW can best effect digital transformation across NHS Wales, and what the SHA Board need to do inwardly and outwardly.

4.10 Swansea Bay UHB Clinical Site Visit

My sincere thanks to colleagues in Swansea Bay UHB who hosted an Independent Member Board member session to see digital systems in use in the clinical environment, understand the challenges, opportunities and what works well and why.



4.11 Common Seal

The Board is asked to ratify the use of the common seal applied since the last Board meeting relating to:

- Deed between Mark Andrews, Robert Spackman & Marcus Capel and DHCW relating to the lease at DHCW Office, Ty Glan Yr Afon, Cardiff

The Board approved the lease extension as part of DHCW Estates Plan on 25/01/2024 (extension from 1 April 2025 for 10 years with a break clause at the end of year 5) and the deed will be signed by the Chair and Chief Executive Officer through the use of the Common Seal on 27 March 2025.

Vice Chair

4.12 Vice Chair Peer Group 12 February and 12 March 2025

Since the last Board meeting two Vice Chair Peer Groups have taken place which have included updates on the strategic programmes for Primary Care and Mental Health. On the 12 February, the DCHW Deputy Director for Primary Care attended the Peer Group to provide an update on the latest position with regards to In Practice Systems (INPS).

4.13 NHS Hackathon Day 2 March 2025

It was great to be part of the judging panel for the NHS Hack Day which took place on 1 – 2 March 2025 in the Cardiff University facilities. This was the 8th Hack Day in Cardiff but the 28th in the UK. The day had a good mix of designers, developers, health professionals and patients. It was great to see attendees including a number of computer science students from Universities and their enthusiasm for generating digital solutions for the health and care system.

4.14 Objectives Review

It was good to discuss my Vice Chair objectives for 2025/26 and reflect on 2024/25 since the last Board meeting.

4.15 Swansea Bay UHB Clinical Site Visit

I would like to thank all involved in hosting DHCW colleagues for a clinical site visit in Morriston Hospital. It was great to see firsthand the impact digital can have on the delivery of healthcare.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 DHCW need to improve performance in relation to delivery of major programmes. The processes and measures will need to be agreed to ensure the Board are able to closely monitor improvement in the areas that have been escalated.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
<p>RECEIVE and DISCUSS the Chair and Vice Chair Report. APPROVE the use of the Common Seal.</p>	



DIGITAL HEALTH AND CARE WALES

CHIEF EXECUTIVE OFFICER REPORT

Agenda Item	3.2
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Laura Tolley, Head of Corporate Governance Deputy Board Secretary
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the Chief Executive Officer Report.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 27001
If more than one standard applies, please list below: BS 10008	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling. Director of Corporate Affairs Board Secretary	March 2025	Reviewed
Helen Thomas, Chief Executive Officer	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	OD	Organisational Development
eMHIC	eMental Health International Collaborative	IMTP	Integrated Medium-Term Plan
LIMS	Laboratory Information Management System	RISP	Radiology Information Systems Procurement
DDaT	Digital, Data and Technology	INPS	In Practice Systems

3 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 DHCW Escalation Status

On 11 March 2025, DHCW were advised that DHCW's escalation status has been moved from Routine Monitoring (level 1) to Enhanced Monitoring (level 3).

The move to Enhanced Monitoring means that we will be receiving additional focus, scrutiny and support from Welsh Government. This relates to the delivery of major programmes.

Areas of focus include:

1. Delivery of strategies and plans against clear and transparent programme plans
2. Speed and effectiveness of digital implementation across several major programmes
3. National Architecture and the availability of data in the NDR
4. Management of commercial contracts and relationships
5. Relationships and partnership working to support the development and delivery of plans and programmes

The decision to change an organisation's escalation status is made following a joint tripartite meeting of Welsh Government, Healthcare Inspectorate Wales and Audit Wales. Information from these meetings is considered further by Welsh Government colleagues to make recommendations to the Cabinet Secretary for Health and Social Care, who then decides the future escalation level.

As Board members are aware, the successful delivery of major national digital programmes is key for NHS Wales colleagues, patients and the public. However, this important work is not without its challenges. Therefore, DHCW welcome the extra focus, scrutiny and support that will be provided to us as a result of the organisations escalation level changing.

Welsh Government will work with DHCW over the coming weeks to inform DHCW of the process that I hope will lead to de-escalation. This escalation information will be shared with the SHA Board and its Committees, as appropriate, and published publicly.

A full update will be provided during agenda item 5.1.

4.2 DHCW Remit Letter and Financial Allocation 2025-26

On 14 March 2025, myself and Simon Jones, DHCW Chair received a [Remit and Financial Allocation 2025-26 Letter](#) and accompanying [Annex A: Priorities for delivery 2025/26](#) from the Cabinet Secretary for Health and Social Care and Minister for Mental Health and Wellbeing, which set out Welsh Government's strategic remit and priorities for DHCW for 2025-26 and the financial allocation for the organisation for the same period. The letter also sets out Welsh Government's expectations for the priorities for DHCW to deliver as part of its remit for 2025/26. The letter includes a number of supporting roles for DHCW and approximately 100 core deliverables and approximately 80 key milestones to be included per quarter, and confirmed, as part of DHCW's Integrated Medium-Term Plan 2025-28 (IMTP) development.



The Remit Letter and Financial Allocation 2025–26 being received on 14 March 2025 presents a challenge for DHCW in terms of Welsh Governments key milestones to be included per quarter, and confirmed, as part of the IMTP 2025–28 development. The DHCW Executive Team are working as a priority to ensure there is a concerted focus in the IMTP to deliver the expected priorities and key milestones, within the funding allocation for 2025–26.

DHCW will continue to work with Welsh Government colleagues over the coming weeks regarding DHCW’s remit letter and financial allocation 2025–26 and IMTP 2025–28.

4.3 National Target Architecture

Since the last Board meeting, I have engaged with Judith Paget, Director General for Health and Social Services and the NHS Wales Chief Executive to articulate work on National Target Architecture and how this links into the National Electronic Health Record work and have suggested that this National work should operate within a formal governance arrangement, as part of the new DDaT governance structures, to provide strategic alignment, leadership, oversight and assurance in what would likely be one of the largest investment cases for NHS Wales to take forward.

In addition, DHCW have submitted to Welsh Government a series of bronze, silver and gold options which sets out DHCW’s direction and ambition for the National Target Architecture and we continue to work with Welsh Government colleagues on this important priority work for DHCW.

4.4 In Practice Systems (INPS) – GP System Supplier

As Board members will be aware, NHS Wales currently has two GP system suppliers – EMIS and INPS (INPS are suppliers of the Vision Clinical System and often referred to as Cegedim). All INPS GP practices planned to migrate to EMIS following the outcome of the procurement process for IT systems and services for General Practice in Wales. This migration has already begun and was due to be completed in a planned phasing with all practices moving to EMIS by December 2026.

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

A preferred bidder has been found, and the sales process is in progress and INPS continues to trade and maintain a full service at this time with business-as-usual operations as per contractual obligations. Whilst this process is ongoing, DHCW continue to manage this as a major incident, working closely with other UK Nations. A full update on this will be provided during agenda item 4.5.

4.5 Chief Executive Management Team Meetings

The NHS Wales Chief Executive Management Team meetings were held on 4 February and 4 March 2025. In February, we discussed a variety of topics and provided updates on Audit+, the Welsh Intensive Care Information System, INPS (subsidiary of Cegedim), Digital, Data and Technology Governance Review commissioned by Welsh Government, Diagnostics (LIMS and RISP), and the Dental Access Portal. In addition, the team discussed in detail the current Information Governance landscape in Wales, the key barriers to more effective use of data, the direction other systems are taking to data sharing and the future options for NHS Wales.



In March 2025, it was great to be joined by NHS Wales Executive teams at a facilitated in person workshop which focussed on future models of health and care. There was a big emphasis on the role of digital and data during the day.

4.6 Staff Briefing

There has been one Staff Briefing since the last Board meeting where I was joined by Sam Morgan, Director of People & Organisational Development who shared the high-level results from the recent NHS Wales Staff Survey. We also discussed the organisational financial position, routine highlights from the work of Management Board, SHA Board and discussed other general staff updates.

4.7 Connecting Care Programme Board

On 14 March, I chaired the Connecting Care Programme Board where we discussed the updated governance arrangements for both Health and Local Authorities. We continue to closely with Welsh Government and Local Authorities to finalise the new arrangements.

4.8 NHS Wales Leadership Board

The NHS Wales Leadership Board have met twice since the last Board meeting where the Leadership team received an update on outcomes and next steps from the Independent Planning Review and had an informative presentation articulating the learnings identified from members of the Aspiring Chief Executive Programme visiting the Denmark Health and Care System. The team also discussed key updates from topics including the Strategic Nursing Workforce Plan and All-Wales Retention programme whilst also discussing routine finance and performance updates at both meetings.

4.9 eMental Health International Collaborative – Memorandum of Understanding

I am pleased to advise the Board since the last Board meeting, DHCW have signed a Memorandum of Understanding with eMHIC and are looking forward to strategically collaborating with eMHIC, using our collective strengths to advance mental health leadership and digital mental health development.

4.10 Senior Leadership Day

We held our in person Quarterly Senior Leadership Day in February 2025, which was extremely engaging and beneficial as we discussed the vision for National Target Architecture and explored alignment at all levels of the organisation, including strategy, tooling and ways of working.

4.11 Four+ Nations Meeting

In March 2025, I was joined by members of the DHCW Executive Team for the Four+ Nations meeting hosted in London. It was a great opportunity to connect with colleagues where we discussed and reflected on challenges and opportunities across all Nations whilst also discussing current and future National Direction and NHS Solutions, the National Digital Forum Charter and heard informative updates, changes and procurements from all Nations.



4.12 Rewired Event 2025

On 18 and 19 March 2025 I was invited to Rewired, Birmingham to discuss collaboration, to put people at the heart of Health and Social Care and provide insight into the Digital Strategy across Wales and how DHCW are developing a Digital Workforce.

I was also joined by number colleagues covering topics including Cyber Security Best Practice, securing the NHS cyber workforce for the future and Digital Nursing, Midwifery, Allied Health Professionals and Pharmacy. It was a great event with several insightful and thought-provoking conversations.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 DHCW need to improve performance in relation to delivery of major programmes. The processes and measures will need to be agreed to ensure the Board are able to closely monitor improvement in the areas that have been escalated.
- 5.2 DHCW's Remit and Allocation Letter 2025-26 received from Welsh Government on 14 March 2025 will have implications for DHCW's IMTP 2025-28 which are currently being worked through and will be shared and discussed as required.
- 5.3 INPS – GP System Supplier - The ongoing provision of primary care in Wales in those practices still using the INPS system is imperative and vital for patient safety. There will also be a significant impact to 111 and secondary care if the service is not continued.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
	RECEIVE and DISCUSS the Chief Executive Officer Report.



DIGITAL HEALTH AND CARE WALES INTEGRATED MEDIUM TERM PLAN 2025/28

Agenda Item	4.1
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to APPROVE the DHCW Integrated Medium Term Plan 2025-28 ahead of submission to Welsh Government on 31 March. NOTE the need to revise 2025-26 delivery plans, which will be managed through our regular processes following reconciliation of Remit Letter deliverables and milestones against the IMTP.

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	Choose an item.
All well-being goals apply to our IMTP	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Safe
All domains of quality apply.	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: N/A. Individual initiatives may require impact assessments.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below The draft IMTP lists any planned relevant deliverables in this area – impacts of initiatives will be considered as part of separate assurance processes.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Finances are covered in the IMTP.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Workforce implications are covered in the IMTP minimum data set.

SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Covered in IMTP content.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	The draft IMTP lists any planned relevant deliverables in this area – impacts of initiatives will be considered as part of separate assurance processes.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	13/03/2025	Endorsed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan	PPMG	Planning and Performance Management Group

3 SITUATION / BACKGROUND

Purpose. The [Integrated Medium-Term Plan \(IMTP\) 2025-28](#) is submitted as an attachment for approval by the DHCW SHA Board on 27 March 2025 ahead of submission to Welsh Government on 31 March 2025.

Planning Framework. The Planning Framework: *Working Together to Transform Services* was issued by Welsh Government on 20 December 2025. The framework has been supplemented by technical guidance this year. Organisations are required to use the framework and guidance to plan over a three year period, complying with their break-even duty against a set of national health priorities.

Remit Letter. DHCW has this year for the first time been issued with a Remit Letter from Welsh Government setting out detailed priorities, deliverables and milestones for 2025-26, and confirming funding allocations. The Remit Letter was issued on 14 March 2025. DHCW is required to incorporate the Remit Letter in its Integrated Medium Term Plan, which must be submitted to Welsh Government by 31 March 2025.

Finance. The Remit Letter includes funding allocations against core, depreciation, primary care, national priorities, and discretionary capital headings. DPIF Programme business cases and business plans are subject to additional assurance and approvals. Some multiyear business cases have been recently approved including Cloud transition and the Welsh Nursing Care Record. Others have been deferred by Welsh Government for further consideration, including Electronic Prescribing Service and National Data Resource.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

IMTP Development

Delivery planning is a complex process which involves all teams across the organisation, over several months. This is necessary to provide confidence of delivery against the timetables and milestones in the IMTP.

Key elements of our process include planning workshops, stakeholder engagement, management review, and board assurance. Key changes to this year's planning approach include more emphasis on annual delivery objectives and quarterly milestone key results. These changes were introduced in response to learning from joint working with Welsh Government officials to re-plan DPIF milestones in August and September, and to align the IMTP with the DHCW Performance Framework (specifically the OKR Objectives and Key Results element).

- From October, planning workshops were held with DHCW objective owners and resource owners to identify known areas of work, covering operational service commitments as well as programmes and projects.
- Workshops respond to existing and anticipated requirements which are captured through regular stakeholder engagement.
- Oversight and management review of this process is through the monthly DHCW Planning and Performance Management Group (PPMG), and the content of the IMTP is approved by the DHCW Management Board.
- Board assurance of the approach and key objectives was provided through sessions with the SHA Board in December 2024 and February 2025, and an update to the January 2025 meeting of the SHA Board.

The IMTP is a three year plan. When the IMTP is in final draft stages, teams start work on a more detailed one year business plan which is used to further test requirements and resource commitments. Business Plan workshops involving 30 programme and product teams were undertaken through February 2025.

There are over 400 IMTP milestones, which will be reported monthly to the DHCW Management Board and to Welsh Government through monthly IQPD Integrated Quality Performance and Delivery meetings. The Business Plan has more than 130 additional milestones, which are more detailed and managed only at the Planning and Performance Management Group. At the PPMG level, behind 530+ milestones there are over 2000 documented resource requests, the majority of which have been accepted by contributing teams. Teams reporting 'constraints' against resource requests include data standards, integration, procurement and software development.

Milestones, resource requests, and constraints are a feature of DHCW's approach to planning and delivery. There is a change control process which documents changes to milestones scope and delivery timetables, which is reported transparently across the organisation and (since 2024-25) to Welsh Government.

Remit Letter

The [Remit Letter](#) and accompanying [Annex A: Priorities for delivery 2025/26](#) sets out detailed requirements against 'core deliverables' and 'key milestones'. There are 170+ deliverables and milestones in the remit letter which have not previously been considered as part of the IMTP development. Our proposed approach is to reconcile the Remit Letter deliverables and milestones against the IMTP milestones, manage required changes through our regular change control process, and confirm a revised position with Welsh Government, as early as possible in the 2025-26 year. For comparison, a similar replanning process was required for major programmes in Q1 2024-25 (which took 6-10 weeks to complete) and also at the end of Q2 2024-25 (which took 4-6 weeks to complete) in both cases working closely with Welsh Government officials to confirm expectations and to agree revised milestones. There is additional complexity because of the need to involve programme boards in the revision of milestones and assessing the impact of changes on quality and delivery. Remit Letter requirements will be prioritised over existing plans, and it is to be expected that other milestones will therefore need to be de-prioritised, by stopping or slowing other planned work.

Our phased approach to applying the Remit Letter to our 2025-26 delivery plans is:

- Confirm requirements: schedule all requirements, confirm understanding with Welsh Government officials
- Reconciliation: review requirement against IMTP milestones; identify matches, amendments, and additions; confirm with Welsh Government officials
- Assess impact and options: work with programme and product teams across DHCW to assess resource impacts, expected to include the need to de-prioritise other milestones.
- Assess options: discuss options with Welsh Government, programme boards, key stakeholders, and agree changes to other milestones, informed by consideration of quality, benefits and value for money.
- Confirm changes: confirm the complete package of changes and report through regular arrangements (monthly DHCW Management Board and Welsh Government IQPD meetings)

We will work with all partners to work through these phases as quickly as possible, balanced against properly assessing and documenting changes, and working transparently with teams and external stakeholders as partners.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

Impact of Remit Letter Requirements. Our initial assessment of the Remit Letter requirements is that there is a good alignment with the IMTP milestones, but there is a risk that substantial changes are required, which would need an extensive re-working of the IMTP resource and finance assessments, and potentially re-running Business Plan workshops with more than 30 teams. This would take longer to complete the phased approach proposed above and would divert teams from their planned work, potentially having a wide impact on Q1 delivery.

Programmes Approvals and Funding. The Remit Letter sets out a consolidated amount of funding for 'national priorities' and we are working with Welsh Government officials to confirm the allocation to individual programmes. We anticipate substantial funding reductions for some programmes, await separate funding for other programmes, and await approval of business cases and business plans for some programmes. For the National Data Resource programme we understand that Welsh Government will change the funding model to fund programme partners direct rather than through the programme, with changes to lines of reporting and accountability. There is a risk that uncertainty around funding amounts and funding arrangements will destabilise programmes' delivery.

Capacity. It is likely that additional requirements in the Remit Letter will exceed our capacity to deliver against the IMTP, and there is a risk of additional requirements from key stakeholders and delivery partners during 2025-26 which will further exceed capacity. In the short term this is managed through our regular monitoring, reporting, and change controls processes, which allow resources to be re-allocated to meet new or changed priorities, across programmes and products. In the longer term the DHCW Portfolio Management approach and Building Our Future programme are intended to enhance productivity and efficiency, increasing our capacity to deliver.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the DHCW Integrated Medium Term Plan 2025-28 ahead of submission to Welsh Government on 31 March.	

NOTE the need to revise 2025-26 delivery plans, which will be managed through our regular processes following reconciliation of Remit Letter deliverables and milestones against the IMTP.



DIGITAL HEALTH AND CARE WALES LONG TERM STRATEGY ACTION PLAN UPDATE

Agenda Item	4.2
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Bryn Harries, Head of Strategy
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to
NOTE the report for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Strategy Assurance Group	06/03/2025	Shared with members
Management Board	14/03/2025	Shared with members

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

This report provides a one-year update on the implementation and progress of the Digital Health and Care Wales (DHCW) Organisational Strategy 2024-2030. Its purpose is to provide assurance to the Board and to provide stakeholders with an overview of the key achievements, challenges encountered, and lessons learned during the first year of the strategy's execution. This update will inform future decision-making and ensure DHCW responds to the evolving digital health and care landscape in Wales, allowing the organisation to remain agile and responsive in a time of accelerating technological change.

The [DHCW Organisational Strategy 2024-2030](#) is our first long-term strategy since we were established in 2021. It sets out a clear vision for the role of DHCW in the health and care system, outlining the strategic direction for DHCW over the next six years. It builds upon the five missions that frame the Integrated Medium-Term Plan and captures the central role DHCW plays in the Welsh health and care system. The strategy describes how we will deliver on our vision and purpose, delivering benefits and value for health and care staff, patients, and the public.

At the heart of this strategy are 20 strategic objectives, which together contribute in an integrated way to the overarching vision and purpose, across the five missions.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

This Year 1 report on the Digital Health and Care Wales (DHCW) Organisational Strategy 2024-2030 highlights the progress made across various missions and strategic objectives. Over the past year, DHCW has laid a strong foundation for digital transformation, focusing on key areas such as the National Target Architecture, prescribing and medicines management, the National Data Resource (NDR), and the integration of health and social care services.

The full report is attached as [appendix 4.2i](#).

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

No risks or escalations are noted for consideration of Board.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the report for ASSURANCE.	
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DIGITAL HEALTH AND CARE WALES PEOPLE & ORGANISATIONAL DEVELOPMENT STRATEGY UPDATE

Agenda Item	4.3
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Samantha Morgan, Director of People and Organisational Development
Prepared By	Shikala Mansfield, Head of People and OD
Presented By	Samantha Morgan, Director of People and Organisation Development

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to
NOTE the report for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below: A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture and Thriving Welsh Language, A Prosperous Wales	

DHCW QUALITY STANDARDS	BS 76000:2015
If more than one standard applies, please list below: ISO 30415	

DUTY OF QUALITY ENABLER	Workforce
DOMAIN OF QUALITY	Person Centred
If more than one enabler / domain applies, please list below: Timely, Effective, Efficient, Equitable	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: An EIA is not required	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below To develop and upskill our people, a dedicated training budget is required.
	Yes, please see detail below

WORKFORCE IMPLICATION/IMPACT	The activities and work undertaken to support the commitments of the People and Organisational Development Strategy are intended to have a positive impact on the organisation's workforce, its stakeholders and key partners. Benefits include the attraction and retention of talent, greater innovation and creativity and the realization of a positive and inclusive culture and high performing organisation.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below The activities and work undertaken around strategic commitments positively impacts the diverse communities within which DHCW operates and supports the digital inclusion charter. Completion of equality impact assessments supports diversity and inclusion in the work undertaken by DHCW throughout its communities.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below Ongoing benchmarking and research to implement new initiatives and best practice.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Shikala Mansfield	26 th February 2025	Minor Amendments
Samantha Morgan	28 th February 2025	Proceed to Executive Team
Weekly Execs		
Management Board		
SHA Board		

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
POD	People and Organisational Development	WIDI	Wales Institute of Digital Information
HEIW	Health Education and Improvement Wales	BCS	British Computer Society
SEP	Strategic Equality Plan	WG	The Welsh Government
ISO	International Standards Organisation	EDI	Equality, Diversity and Inclusion

3 SITUATION / BACKGROUND

3.1 This report provides an update on the progress of the Digital Health and Care Wales (DHCW) [People and Organisation Development Strategy](#). The People and Organisation Development (POD) Strategy covers a three-year period from 2022 – 2025 with the vision to celebrate DHCW as a 'great place to work, where our people are fully engaged, developed and supported, high performing and embody the organisation's values. This report forms a summary of progress to the SHA Board.

3.2 The People and Organisation Development (POD) Strategy identified the workforce priorities to support the delivery of the Digital Strategy and Digital Health and Care Wales strategic ambitions, visions and priorities. It ensures that DHCW values are embedded throughout the organisation.

3.3 The Strategy features six key themes which are broken down into high level people priorities as shown in table below.

Key Themes	People Priorities
Extraordinary Leadership	Leadership Development Training and Development Talent Management- at all levels Succession Planning
Great Organisation to Work	Culture and Organisation Development Diversity/Equality/Inclusion/Welsh Language Values and Behaviours Thriving Research and Innovation agenda
Strategic Workforce Planning	Resourcing - Recruitment & Retention Shaping the Workforce – current and future workforce Workforce Review – career pathways across digital profession*
Grow Our Own	Growing our own talent Career pathways – all workforce* *(linked commitments) Partnership and Collaborative Working
Wellbeing & Engagement	Wellbeing and Engagement
New Ways of Working	Technology and New Ways of Working

3.4 An integral part of the POD Strategy was the implementation of the DHCW Strategic Equality Plan. A separate report has been prepared for SHA Board members to update on progress related to the Strategic Equality Plan.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Leadership, Talent Management and Succession Planning

Our commitment to developing and supporting our people remains central to our strategic priorities.

The initiatives outlined below demonstrate a proactive approach to leadership development, talent management, and succession planning, ensuring DHCW has the right capabilities to deliver on its ambitions now and in the future.

In 2023, King's Fund and Silvermaple were appointed to support the advancement of our Senior Leadership Development Programme, Talent Management, and Succession Planning.

Following the completion of the bespoke King's Fund Leadership Programme, we committed to maintaining quarterly Senior Leadership Development (SLD) events to address key organisational priorities. These sessions provide a forum for senior leaders to engage in collaborative problem-solving, knowledge sharing, and professional networking while driving alignment on strategic priorities.

The first SLD event, held on 8th November 2024, enabled senior leaders to explore how DHCW can optimise its Target Operating Model (TOM) by leveraging stakeholder insights. Discussions centred on strengthening organisational focus, fostering a 'one team' culture, and enhancing cross-functional collaboration to drive better outcomes for our people and stakeholders.

The subsequent event on 19th February 2025 focused on the National Target Architecture, examining how to align strategy, tooling, and ways of working to support a cohesive and future-ready organisation. Beyond senior leadership development, we continue to invest in talent pipelines:

On 3rd October 2024, the Talent Cohort for Band 6–8b engaged in targeted workshops tailored to their roles. These sessions provided an opportunity for reflection, development, and focused support, incorporating our new Leadership Behavioural Framework aligned to DHCW Values and the Compassionate Leadership Pledge.

The Emerging Talent Programme for Band 3–5 progressed with bespoke digital training, co-developed with the Wales Institute of Digital Information (WIDI), directly addressing skill gaps identified through Strategic Workforce Planning.

Recognising the importance of long-term workforce resilience, DHCW has also commenced the identification of critical and pivotal roles to ensure a structured approach to succession planning and future capability building.

These initiatives reflect our strategic intent to nurture leadership capability, embed a culture of continuous development, and build a strong, future-ready workforce.

In terms of developing internal talent, nearly 60% of vacancies were filled through internal career moves and progression.

4.2 Training and Development

DHCW is committed to fostering a culture of continuous learning and development. Employees benefitted from a range of opportunities, including in-house training through the POD team (978), All Wales (HEIW) initiatives, and bespoke commissioned programmes (127).

Additionally, over 1,000 online learning modules via 250 licences, over 400 professional memberships like the British Computer Society (BCS), and higher education partnerships with universities further support both personal and professional growth.

A key area of focus moving forward is strengthening the integration of professional development into PADRs, ensuring alignment with organisational values and strategic objectives. This comprehensive learning provision ensures employees are equipped with the skills and knowledge needed to drive success and adapt to an evolving healthcare landscape.

4.2.1 Wales Institute of Digital Information (WIDI) Training Programme

As part of our strategic collaboration with the Wales Institute of Digital Information (WIDI), we have partnered with University of Wales Trinity Saint David (UWTSD) to design and implement bespoke digital e-learning programmes that support DHCW's transition to a product-centric operating model. These targeted learning interventions are designed to build a common organisational language, enhance digital capabilities, and equip our workforce with the skills needed to drive innovation and efficiency. The curriculum includes Agile Delivery and Scrum (Foundation and Practitioner levels), AI and Machine Learning, and Software Development and Testing at multiple proficiency levels. These courses have been successfully rolled out and will continue as a core component of our workforce development strategy in 2025/26, ensuring our people remain at the forefront of digital transformation.

4.3 Grow Our Own

Since September 2024, DHCW has actively engaged in six career events across Wales people to strengthen our employer brand and attract top talent. These efforts have directly contributed to the recruitment of three apprentices in Cyber Security, User-Centred Design, and Information Services, with plans to expand into Cloud Infrastructure in Q1 2025/26.

DHCW remains committed to developing future digital health leaders, evidenced by our continued participation in the NHS Wales General Management Graduate Programme through HEIW, welcoming our third graduate placement since 2021

4.4 Great Organisation to Work

DHCW participated in the NHS All Wales Staff Survey 2024, with 62.3% of our workforce engaging, an increase from 60.5% in 2023 and ranking joint third highest in NHS Wales for overall engagement. While six out of ten engagement themes remained strong, our overall engagement score declined to 76% (from 80% in 2023), reflecting a broader trend across NHS Wales, where 10 out of 14 organisations saw a decline.

Key Insights

- **Strengths:** DHCW performed particularly well in Flexible Working and Teamwork, both exceeding the NHS Wales average. The Patient Safety sub-theme improved by 7.6%, indicating growing confidence in safety protocols.
- **Areas for Improvement:** Scores related to Morale and Staff Engagement declined, with staff expressing concerns around burnout, work pressure, and psychological safety. While most staff feel comfortable raising concerns, fewer believe those concerns are addressed effectively.

A deeper analysis, including qualitative insights and directorate-level data, will be available in April 2025. This will inform targeted action plans at the Directorate and Team levels, ensuring our response is meaningful and aligned with staff needs. Our commitment remains to fostering a workplace where colleagues feel valued, engaged, and supported to thrive.

4.5 Strategic Workforce Planning (SWP) and Shaping the Workforce

Aligned with DHCW's Digital Strategy, we continue to upskill in three critical areas: Agile (279 trained), AI & Machine Learning (45 trained), and Cloud Software Development (59 enrolled, including six from PHW). The Cloud programme will be evaluated in Q1 2025/26.

DHCW's workforce transformation is progressing across Primary Care, Community & Mental Health, Clinical, and Operations Directorates, ensuring alignment with our Target Operating Model. This will continue into 2025/26, focusing on structure refinement, collaboration, and operational efficiencies.

In May 2025, we launch our annual Strategic Workforce Planning (SWP) process, enabling Directorates to reassess upskilling priorities, succession planning, and workforce sustainability. A standardised methodology will ensure a structured, strategic approach to workforce planning, strengthening our ability to meet evolving organisational needs.

4.6 Resourcing - Recruitment & Retention

The DHCW Strategic Resourcing Group continues to drive resourcing and retention priorities, with its Terms of Reference refreshed in Q4 2024/25 to enhance strategic alignment. Since April 2025, 213 people recruited of which 127 internal promotion and 86 external and with staff retention rate of 91.3%

During Q4 2024/25, the Resourcing Strategy underwent a comprehensive review by the Strategy Assurance Group, ensuring alignment with organisational priorities, workforce needs, the SEP, and key legislation. This reaffirmed our commitment to strengthening DHCW's position as an employer of choice through targeted resourcing and retention initiatives.

4.7 Wellbeing and Engagement

The Health and Wellbeing Network (HWBN) has made significant strides in advancing its objectives, successfully orchestrating a range of quarterly events designed to enhance employee engagement and wellbeing. Since September 2024, the Autumn Step Challenge engaged 325 participants, fostering both physical activity and team collaboration. Additionally, the Dog Walking Competition received 40 photo entries, showcasing a growing interest in activities that support wellbeing beyond the workplace. The ongoing success of the Cuppa Catch Ups, which continues to receive positive feedback across all offices, highlights the network's effectiveness in building informal yet impactful connections among staff.

Further strengthening its impact, the HWBN has undergone a strategic refresh, with 32 dedicated DHCW employees volunteering as Health and Wellbeing Champions. This newly invigorated network held its inaugural meeting in February 2025, positioning the HWBN for continued success in driving a culture of health, wellbeing, and community engagement within the organisation.

4.8 New Ways of Working

Colleagues across the organisation are working to support the transition to the emerging Target Operating Model, focusing on modernising job descriptions aligned with Government Digital and Data (GDaD) Job Families. This approach will link job profiles to clear career pathways, enabling the identification of skills gaps and development needs through a dedicated learning portal.

An options paper is being developed to secure a DHCW Learning Portal, which will empower employees to access job profiles, map career progression, and proactively address skills gaps. This will not only enhance individual career development but also ensure that the organisation has the right skills in place to meet its evolving needs. A similar approach will be introduced for non-GDaD roles, ensuring that all staff benefit from structured development opportunities.

The impact of this approach will be a more engaged, skilled workforce aligned with the organisation's strategic priorities. It will also foster a culture of continuous learning, improve employee retention, and drive overall organisational performance by ensuring staff are equipped with the capabilities required to support DHCW's long-term goals

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Key Considerations

In alignment with the delivery of the IMTP and DHCW's long-term strategic objectives, there is a critical need to continue investing in the development, reskilling, and upskilling of our workforce. This investment is essential for the successful delivery of Mission 5 – People and Culture, the Transformation Programme, the People & OD Strategy, and broader organisational commitments.

Strengthening the skills and capabilities of our people will ensure that DHCW is well-equipped to meet both current and future challenges, driving transformation across the healthcare system.

Equally important is the need for a People and Organisational Development (POD) function that is fully capable of supporting the delivery of these key priorities. As DHCW's transformation journey accelerates, the demand for POD support is growing, requiring an agile and responsive function that can meet the increasing needs of the organisation. To support this, we must grow the capacity within the POD team, ensuring it has the resources, expertise, and capacity to deliver on critical priorities such as talent development, succession planning, leadership initiatives, and cultural transformation.

By enhancing the capacity and capability of the POD function, we can ensure that the organisation's workforce is aligned with DHCW's strategic goals and is equipped to deliver high-quality services. This will not only help drive the successful implementation of the IMTP and People & OD Strategy but also enable DHCW to meet its long-term objectives with a skilled, engaged, and adaptable workforce.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the report for ASSURANCE .



DIGITAL HEALTH AND CARE WALES PRIMARY CARE, COMMUNITY AND MENTAL HEALTH UPDATE

Agenda Item	4.4
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Sam Hall, Director of Primary, Community and Mental Health Digital Services
Prepared By	Caroline Busby, Interim Head of Agile Delivery Lee Mullin, Programme Director
Presented By	Sam Hall, Director of Primary, Community and Mental Health Digital Services

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE & DISCUSS the contents of the Primary Community and Mental Health Update.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Primary Community and Mental Health Update	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.
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2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Sam Hall	12/03/2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PCMH	Primary Community and Mental Health		

3 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.
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4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

GP MIGRATIONS AND INPS ADMINISTRATION UPDATE

In January 2024 InPractice Systems (INPS) – a subsidiary of Cegedim SA and suppliers of the core GP system, Vision 3 – announced their decision to withdraw from Wales. Since this announcement, DHCW primary care teams have been working closely with practices using Vision, to undertake a large-scale migration to the remaining supplier, EMIS.

This work has, to date, been taking place at a steady rate which prioritises clinical safety and minimises disruption to practices and patient services. As of the 12th of March 2025, 56 practices have been migrated and 138 practices remain – with 2 practices migrating per week.

On 10th December 2024, DHCW was made aware that INPS had voluntarily placed itself under administration in view of financial difficulties. On the 13th of December 2024, the Administrators began marketing the company to secure a buyer.

DHCW set up a Task Force to manage the response to this as a Major Incident. The Task Force is made up of four work streams, Commercial and Legal, Communications, Operational and Technical (bronze command), work stream leads (silver command) and the Director of Primary Community and Mental Health (gold command).

Work immediately commenced to understand the commercial and legal positions and devise a strategy – with continuity of service as the priority. The Task force evaluated a range of technical, operational and commercial options, engaged with other NHS nations, engaged stakeholders including Welsh Government, Health Boards and the NHS Executive. This allowed us to narrow down contingency plans, which include the potential to expedite migrations, partially insource the software and data, alongside impact and risk assessments of all scenarios.

On the 25th of January 2025, DHCW was informed that several conditional bids had been received to purchase INPS. A negotiation team has been established in readiness for discussions with the preferred bidder. In preparation, a review has been undertaken of the current contract, to consider potential areas of negotiation.

Key activities and achievements to date include:

- Ongoing engagement with the Administrators
- INPS Administration Financial Requirements – paper submitted to Welsh Government
- Update on Activities to Date and Next Steps – paper submitted to Welsh Government
- General Medical Practice Indemnity (GMPI) position established; confirmation received from NHS Wales Shared Services Partnership Legal and Risk that both GP practices and DHCW are covered in case of an increase in cadence and condensed activity window
- Risk Register populated
- Communications plan created and executed
- Resource and skills assessment in case of an increase in cadence

- Regular meetings established with NHS Scotland and Northern Ireland (Commercial, Technical and Communication)
- Workshops completed with EMIS: Migrations and infrastructure planning
- Regular external and internal briefings established
- Updates provided to Health Board Chief Executives, Directors of Digital, Directors of Primary Community and Mental Health, the GMS Digital Services Board and other key stakeholders
- Welsh Government briefings

Current Status of Migrations

In the meantime, system migrations continue to the original plan, with 56 practices successfully migrated to EMIS, 48 of which have met stable operations (no critical or significant incidents for 30 days post go live).

As of the 6th of February, practices using Vision 3, by Health Board area, are shown below. Approximately 1.19 million patients are supported by these practices.

Aneurin Bevan UHB	26	Hywel Dda UHB	21
Betsi Cadwaladr UHB	5	Powys THB	2
Cardiff & Vale UHB	32	Swansea Bay UHB	24
Cwm Taf Morgannwg UHB	28	Total	138

DENTAL ACCESS PORTAL (DAP)

The DAP service was suspended in November 2024 to allow for a review of the Data Processing Agreement (DPA) with Welsh Government and each Health Board. The updated DPA was received by DHCW on the 17th of January 2025. The Patient Facing site and Allocation App were re-enabled for Powys, Hywel Dda and Cardiff and Vale Health Boards on the 22nd of January in accordance with the plan agreed with the Cabinet Secretary on the 21st of January.

On the 12th of February the remaining Health Boards went live on the Portal and the Welsh Government issued a National Public Communication.

MICROSOFT 365 ROLLOUT TO COMMUNITY OPTOMETRISTS

The project established to oversee the rollout of M365 for Community Optometrists, is in the closure stage, with a report due to be submitted to the Wales General Ophthalmic Services group.

The user/site targets set by Welsh Government and achievement rate are detailed in the table below:

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

GP DEMAND AND CAPACITY

We previously reported on two work packages approved by the Project Steering Group. Updates are included below.

Total Triage work-package

18 GP practices are now engaged, with the aim of assessing the efficacy of a digital total triage product in influencing patient demand and GP practice staff/clinician capacity. Appointment data (appointment type and timings) will be extracted to enable analysis. A report on the outcomes is due to be published in April.

Referrals data work-package

The aim is to capture data flow including patient referrals / number of advice requests and display that data back to GP practices in a dashboard. It is anticipated that this will provide a more informed view of increased demand in this area as well as the potential to aid capacity planning.

The data flow will be made available to the DHCW Primary Care Information team shortly to enable the development of a dashboard that will display aggregated referrals data in the Primary Care Information Portal for practices.

COMMUNITY AND MENTAL HEALTH UPDATE

[Included as an attachment.](#)

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 INPS – GP System Supplier – The ongoing provision of primary care in Wales in those practices still using the INPS system is imperative and vital for patient safety. There will also be a significant impact to 111 and secondary care if the service is not continued.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE & DISCUSS the contents of the Primary Community and Mental Health Update	



DIGITAL HEALTH AND CARE WALES IN PRACTICE SYSTEMS (INPS) UPDATE

Agenda Item	4.5
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Sam Hall, Director of Primary, Community and Mental Health Digital Services
Prepared By	Marged Cother, Deputy Director Primary Care Digital Services
Presented By	Sam Hall, Director of Primary, Community and Mental Health Digital Services

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to
NOTE the update report for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement:	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Final additional costs to be confirmed.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Additional resources may need to be acquired.



<p>SOCIO ECONOMIC IMPLICATION/IMPACT</p>	<p>No, there are no specific socio-economic implications related to the activity outlined in this report.</p>
<p>RESEARCH AND INNOVATION IMPLICATION/IMPACT</p>	<p>No, there are no specific research and innovation implications relating to the activity outlined within this report.</p>

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Sam Hall	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
INPS	In Practice System		

3 SITUATION / BACKGROUND

In 2024 InPractice Systems (INPS) – a subsidiary of Cegedim SA and suppliers of the core GP system, Vision 3 – announced their decision to withdraw from Wales. Since then, DHCW has been working closely with practices using Vision, to undertake a large-scale migration to the remaining supplier, EMIS. This work has, to date, been taking place at a steady rate which prioritises clinical safety and minimises disruption to practices and patient services, with 58 practices migrated and 136 practices remaining, at the end of March 2025.

On 10th December 2024, DHCW was made aware that INPS had voluntarily placed itself under administration in view of financial difficulties, with a marketing process to find a buyer for INPS running until 24th January 2025.

A preferred bidder has been found, with a second bidder in the background. The sales process is in progress, and INPS continues to trade and maintain a full service at this time, with 'business as usual' operations, according to their contractual obligations. This will continue until a sale is finalised, while the Administrators have available funds to maintain services. If a sale cannot be achieved, their next objective is to close the company, aiming to reserve as much funds as possible to return to the creditors.

DHCW managing this as a Major Incident, working closely with other NHS nations, with four workstreams:

- **Commercial, Finance & Legal** - liaising with Administrators and buyer; commercial and strategic market advice; legal considerations; calculating financial impacts; determining potential governance and finance mechanisms; information governance.
- **Technical** - analysing options to ensure continued service; developing in-depth contingency plans; evaluating technical solutions; working with suppliers.
- **Operational** - assessing the clinical impact; developing in-depth contingency plans; designing an approach to expedite migrations; working with suppliers.
- **Communications & Engagement** - planning and delivering regular, transparent engagement with a range of internal and external stakeholders, developing collateral; strategic engagement with suppliers and healthcare partners.

Potential impact

The 136 remaining Vision practices in Wales provide care to 1.18 million patients, just under a third of the population in Wales. If the Vision GP clinical system and related services supplied by INPS are withdrawn before the completion of the planned migration to EMIS, GP service delivery and patient care will be significantly impacted, along with severe disruption to the whole healthcare system, especially unscheduled care (111, A&E, GP Out Of Hours).

Primary Care has been delivering GP services using digital solutions for over 20 years. Moving back to paper is simply unfeasible, and a lack of access to patient data is likely to result in patient harm. The importance of the ongoing, continued use of this core system cannot be underestimated. A corporate risk has been registered, shared publicly and shared with Health Boards for local registration.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The preferred outcome is that a buyer for INPS is secured, and that the buyer takes forward the DHCW contract on acceptable terms. It should be noted that it is very likely our terms and charges will change, with little contractually or legally within our control. The safest option to ensure continuity of service is to stay with a new buyer despite any extra costs, subject to assurances our exit plans would be supported.

As of mid-March, DHCW has had initial conversations with the preferred bidder, who has confirmed their intentions to take forward the Welsh business should they secure a sale. Commercial negotiations should commence imminently.

Should a viable sale not be secured, DHCW has created a contingency plan, after analysing a range of potential options to ensure patient safety, along with technical, commercial and legal viability.

Neither Wales nor the other NHS major customers can achieve an emergency transition away from INPS without incurring extremely high risks of service and data failure in the short term, and so the contingency plan prioritises continuity of service with the least disruption to practices.

Contingency plan

In the event of a lack of viable sale – either no sale completed, or a sale not including Wales – DHCW's contingency plan aims to allow for continued service while we transition remaining practices to EMIS. These plans have been designed with clinical input and shared with the General Medical Services (GMS) board and Health Boards.

To reach this position, we have investigated a large range of scenarios, rejecting those with too high a clinical or patient safety risk.

Our objectives for the contingency plan for Wales are:

- To maintain continuity of GP clinical services
- To recover patient data in a useable format
- Hold the INPS Administrators to existing terms to ensure consistent service
- Maintain or improve the current plans to transition away from INPS to EMIS
- Work collectively with affected stakeholders, including other devolved Nations, to minimise adverse impacts on all users

This contingency plan is made up of 3 parts:

1. Negotiate and fund an extension
2. 'Partial insource' of the technology and data
3. Expedite migration

1. Fund an extension

The Administrators have confirmed that they would be prepared, subject to being funded, to maintain service as long as required to support our contingency plans, although key personnel losses are likely to impact this position over time.

There are estimated costs for this, which would be confirmed in the event of no sale. This will be essential to agree to, with the appropriate financial mechanism to be finalised.

The fees and service provision during this extended period are not within the control of any NHS customer.

Fees: As the company has been operating at a loss, extra funding will be needed to cover the running of the business and to cover the trading deficit – otherwise the Administrator is legally obliged to close the business.

Service provision: While the service is stable and the funding will ensure that continues, it should be noticed that during this extension, we cannot guarantee anything more than business as usual support, regardless of the current contractual obligations.

2. 'Partial insource' of the technology and data

During this funded extension, DHCW would 'partially insource' the software and the data, to ensure continued provision for a sufficient period to allow migration from Vision to EMIS at a safe pace. This would include:

- cloud hosting of our existing data, in its current location via a third-party provider
- procurement of necessary hardware and licenses to continue operations, as is
- procurement of necessary third-party applications to enable full functionality
- acquiring a Right to Use license for the Vision software application

This would allow DHCW to run the existing service, in a steady state, until practices can be migrated to EMIS. This is not without risk and will need funding, resourcing and acknowledgement only essential updates will take place while migration is completed.

3. Expedite migration

The original migration programme migrates 2 practices per week to EMIS, which would see the final practices transitioning in late 2026. This will no longer be viable unless the new buyer agrees to novate the Welsh contract with acceptable terms for that duration.

We have therefore modelled options to accelerate migration – assessing how we could move from a 2-year timetable to either a 3, 6 or 9-month migration schedule, from when it is possible to commence – at either 13, 6 or 4 practices per week.

Neither option to expedite is without risk. Our preferred option for clinical and patient safety is to migrate at 4 practices per week, which would currently be possible to complete by the end of the 2025/26 financial year. 6 per week is possible with higher levels of risk and cost; 13 has been ruled out by the GMS board and internal teams due to the risk to safety. All options will require resourcing and funding.

For context, the existing 'standard' migration takes 16 weeks and is tried, tested and working well. However, this still provides a significant challenge and disruption to practices, as they change from a well-known technology to a completely new software and way of working. It includes adequate clinical time assigned to checking patient data, training for staff, and ongoing support go live. Practices have usually adjusted to the change by 6 months post go-live.

Accelerating cadence involves compressing key parts of the process, which is possible but requires adequate resourcing and funding. It also has a range of dependencies and risks, including on external suppliers. However, increasing cadence at too high a rate comes with a very high risk of substantial pressure across both primary and secondary care, as well as to patient harm if the timeline is compressed too much.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- An initial meeting with the potential new buyer has taken place, and DHCW is prepared for negotiations – this is expected to start imminently.
- The potential buyer has confirmed the Welsh business is important to them, and they intend to take forward our business.
- The governance routes to ensure a new contract can be secured efficiently and quickly are being finalised - contractual choices and values may affect the route selected. The Board will be kept updated with more information at an appropriate time.
- The contingency plan is scoped, costed and planned to ensure DHCW can move at pace to ensure continuity of GP service delivery. The options and associated costs for this plan will depend on the outcomes of the sales process.
- The plan to expedite migrations is reliant on third party partners, including our key partner, EMIS, where we have a strong relationship.
- While an appropriate and robust contingency plan is in place, DHCW has asked Health Boards and practices to ensure their Business Continuity Plans are up to date. This should focus on any immediate short-term loss of service, as per contractual arrangements. In addition, Health Boards have requested a medium-term disaster recovery plan -while this should not be required due to the agreed contingency plan, DHCW are supporting this request to provide additional assurance to Health Boards.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
NOTE the update report for ASSURANCE .	



DIGITAL HEALTH AND CARE WALES CLOUD PROGRAMME UPDATE

Agenda Item	4.6
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Sam Lloyd, Executive Director of Operations
Prepared By	Carwyn Lloyd-Jones, Chief Cloud Officer Bryony Clark, Associate Director Of Digital Delivery Wayne Maguire, Principle Project Manager
Presented By	Sam Lloyd, Executive Director of Operations

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to
NOTE the report for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	DHCW0337
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
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If more than one standard applies, please list below:

<u>DHCW QUALITY STANDARDS</u>	N/A
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If more than one standard applies, please list below:

<u>DUTY OF QUALITY ENABLER</u>	Learning Improvement and Research
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<u>DOMAIN OF QUALITY</u>	Efficient
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If more than one enabler / domain applies, please list below:

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
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No, (detail included below as to reasoning)	Outcome: N/A
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Statement: This agenda item is only a Programme update

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Welsh Government have provided funding to support the Programme
WORKFORCE	Yes, please see detail below

IMPLICATION/IMPACT	The Programme has implications for the required skills of the workforce
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Cloud Transition Programme Board	14/03/2025	Approved with minor modifications needed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CTP	Cloud Transition Programme	PIN	Prior Information Notice
ITT	Invitation To Tender	DNS	Domain Name Services
WG	Welsh Government		

3 SITUATION / BACKGROUND

In September 2024, the DHCW Board reviewed and endorsed the submission of a Business Case into Welsh Government (WG) to support a transition of National digital services to Public Cloud providers.

The WG Digital Investment Panel approved the Business Case in January 2025, and it is now awaiting formal sign-off by the Cabinet Secretary.

DHCW has therefore established a Cloud Transition Programme (CTP) to deliver the migration of services to the Cloud Providers.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The [presentation](#) is an update for the DHCW Board, showing the indicative Programme timelines, the resourcing approach, Programme risks and Programme governance.

There is a focus on the procurement approach for the required 3rd party consulting services which will support the Programme.

The [Programmes Delivery Committee](#) will have ongoing oversight and monitor progress against the Cloud Programme as per the Committee terms of reference.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

The key Programme risks are identified in the presentation as attached.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the report for **ASSURANCE**.



DIGITAL HEALTH AND CARE WALES STRATEGIC PROCUREMENT REPORT

Agenda Item	4.7
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Laura Panes, Strategic Procurement and Contracts Manager
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE one (1) Memorandum of Understanding (“MOU”) and one (1) Contract Extension and Value Increase request.	

1 IMPACT ASSESSMENT

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

CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	
<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	
<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
An EQIA is not applicable.	

IMPACT ASSESSMENT	
<u>QUALITY AND SAFETY IMPLICATIONS/IMPACT</u>	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL IMPLICATIONS/IMPACT</u>	Yes, please see detail below To the extent set out in the Terms and Conditions of each contract included in this report
<u>FINANCIAL IMPLICATION/IMPACT</u>	Yes, please see detail below To the extent as set out in the payment profile attributable to each agreement. Expenditure against the agreement will be managed in accordance with the Contract Owner, Commercial Services, the Finance Directorate and the Contract Management process.
<u>WORKFORCE IMPLICATION/IMPACT</u>	Yes, please see detail below To the extent set out in this report
<u>SOCIO ECONOMIC IMPLICATION/IMPACT</u>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<u>RESEARCH AND INNOVATION</u>	No, there are no specific research and innovation implications relating to the activity outlined within this

IMPLICATION/IMPACT	report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Julie Francis, Head of Commercial Services	07/03/2025	APPROVED
Claire Osmundsen-Little - Executive Director of Finance	13/03/2025	APPROVED
Management Board	13/03/2025	APPROVED

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CS	Commercial Services	SFI	Standing Financial Instructions
MOU	Memorandum of Understanding	SHA	Special Health Authority

3 SITUATION / BACKGROUND

The Commercial Services Team, within the Finance Directorate, in Digital Health and Care Wales (“DHCW”) manage 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.

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.

For special Agreements such as Memorandum of Understanding (“MOU”), and other inter Authority Agreements, these are Approved by 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Appendix 1 sets out one (1) MOU Approval & One (1) Contract Extension and Value Increase Paper, P384, which is modified in accordance with the Public Contract Regulations 2015 (“PCR2015”).

An overview of the contractual activity requiring approval is provided below:

P642.19D Welsh Immunisation System (“WIS”) Vaccination Programme to support Covid-19

Contractor: The Cabinet Office
Term: 01 April 2025 to 31 March 2027
Value: Total Contract Value is £4,000,000.00 (excl. VAT)
Approval Requested: MOU Approval

Context/Background:

Digital Health and Care Wales (“DHCW”) currently has a Memorandum of Understanding (“MOU”) in place with the Government Digital Service (“GDS”), which is a division of the Cabinet Office. The MOU includes a Data Processing and Financial Agreement for the use of GOV.UK Notify, which is the government’s messaging platform. The platform has been developed by Central Government for use by all parts of the public sector to deliver urgent messages (letters/texts). Since December 2020 when the MOU was initially entered into it has been a vitally important platform to manage the Covid-19 Vaccination programme across NHS Wales. The use of this platform ensures that critical messages (letters/texts) are delivered smoothly and efficiently from each Health Board to its patients.

With Covid still prevalent within society, the use of the GOV.UK Notify message platform will be needed for the next twelve (12) months, as a minimum, to support the vaccination service and its booster programmes for those eligible.

Funding of £2m per annum has been allocated by Welsh Government to DHCW in order to continue the messaging provision from GOV.UK Notify from April 2025 and its on that basis that this paper is made. Please note the Authority will be charged based on usage.

The Procurement Regulations have been adhered to as set out below:

No competitive procurement was required to be made in this instance for the following reasons:

- The MOU is a Co-operation Contract under which the Government Digital Service (GDS) as a central purchasing body (as defined in regulation 37(10)(a) of the Public Contracts Regulations (PCR2015) procures services for all Customers across the Public Sector.

- The GDS procures messaging services (including SMS messages and emails) from private sector suppliers, in accordance with the Public Contracts Regulations 2015. Regulations 37(8) and 37 (4) 37(10)(a):
 - Acquiring supplies or services, or both, intended for contracting authorities;
 - the award of public contracts or the conclusion of framework agreements for works, supplies or services intended for contracting authorities.

The necessary budget has been approved/is in place for this contract via the Procurement Approval Form process.

P384 This modification is required to the contract for Welsh Point of Care Testing (“WPOCT”)

Contractor: Siemens Healthcare Diagnostics
Term: Further two (2) years extension, up to 18th September 2028, to be exercised in annual increments.
Value: Total Value of Proposed Extension is £132,780.00 (excl. VAT)
Approval Requested: Contract Extension and Value Increase

Please note that this extension is being put forward to the SHA Board for visibility and transparency as the original contract was approved when NWIS was a hosted body within Velindre University NHS Trust in 2016. If the SHA Board approve the contract extension then the Commercial team will engage with the supplier to negotiate and complete and ensure that the relevant documentation is in place. The budget for the contract extension is in place as part of DHCW’s Core funding.

Further information is provided on the rationale for these in Section 5 below.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

Appendix 1 includes one (1) MOU Approval relating to:

- (i) **P642.19D Welsh Immunisation System (“WIS”) – Vaccination Programme to support Covid-19 Provision** in respect of which:
 - a. The MOU includes a Data Processing and Financial Agreement for the use of GOV.UK Notify. The Data Processing Agreement is not a contract for the acquisition of services and therefore falls outside the definition of “procurement” in regulation 2 of the Public Contracts Regulations 2015. This agreement is a legal vehicle for GDS to make the commitments that the applicable Data Protection Act legislation and the GDPR/Data Protection Act 2018, and any applicable national implementing laws as amended from time to time that relates to the Processing of personal data and privacy required from a data processor. It does not contain any obligation for GDS to provide those services.

As a result, this agreement is outside the scope of Part 2 of the Public Contracts Regulations 2015, as set out in regulation 3 of the Public Contracts Regulations 2015, and no procurement competition is necessary to enter into this agreement with GDS as assured by the Head of Commercial Services.

- b. As a result, no procurement competition is necessary to buy these messaging services from GDS, because GDS is acting as a central purchasing body for this activity, as assured by the Head of Commercial Services.

(ii) P384 This modification is required to the contract for Welsh Point of Care Testing (“WPOCT”) for the following reasons:

- a. The current contract with Siemens Healthcare Diagnostics commenced in 2016 and in terms of scope is limited to secondary care only. The business case process has commenced and anticipated to be completed by June 2025 and if a decision is made to re-procure, there are a number of activities that need to be undertaken to ensure a compliant procurement is completed with a robust contract put in place.
- b. Given the age of the extant contract, it is unlikely that the requirements will be on a “like for like” basis as they were drafted almost ten (10) years ago and were based on the scope of the requirements at that time which are quite distinct from current digital and clinical service requirements.
- c. To commence the Business Case process, it is essential that formal market engagement is undertaken to ensure a clear understanding of the “make up” of the market and the availability of “off the shelf” solutions and associated indicative costs.
- d. To facilitate the market engagement process, a high-level set of requirements need to be available which scope out not only the functional requirements but the architectural design, hosting, cyber security and information governance requirements as well.
- e. If a procurement is the approved way forward resources will also be required to input into the procurement process. It is envisaged that a re-procurement will take a minimum of seven (7) months.

6 RECOMMENDATIONS

Recommendation	SHA Board is being asked to
APPROVE one (1) MOU and one (1) Contract Extension and Value Increase request.	



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Tŷ Glan-yr-Afon
21 Heol Ddwyreiniol Y
Bont-Faen, Caerdydd
CF11 9AD

Tŷ Glan-yr-Afon
21 Cowbridge Road
East, Cardiff
CF11 9AD

COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE’S LIMIT / BUSINESS JUSTIFICATION

Scheme Title	Welsh Immunisations System (“WIS”) – Vaccination Programme to support Covid-19
Supplier	The Cabinet Office
Terms and Conditions	Memorandum of Understanding (“MOU”) in place with the Government Digital Service (“GDS”), which is a division of the Cabinet Office.
Contract Awarded for Use by	Digital Health and Care Wales (“DHCW”)
Prepared By	Julie Williams, Senior IT Category and Contracts Manager
Date Prepared	17 th February 2025
Scheme Sponsor	Sam Hall, Director of Primary, Community & Mental Health Digital Services

All proposals must be consistent with the strategic and operational plans of DHCW.

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales (“DHCW”, the “Authority”) currently has a Memorandum of Understanding (“MOU”) in place with the Government Digital Service (“GDS”), which is a division of the Cabinet Office. The MOU includes a Data Processing and Financial Agreement for the use of GOV.UK Notify, which is the government’s messaging platform. The platform has been developed by Central Government for use by all parts of the public sector to deliver urgent messages (letters/texts). Since December 2020 when the MOU was initially entered into it has been a vitally important platform to manage the Covid-19 Vaccination programme across NHS Wales. The use of this platform ensures that critical messages (letters/texts) are delivered smoothly and efficiently from each Health Board to its’ patients.

With Covid still prevalent within society, the use of the GOV.UK Notify message platform will be needed for the next twenty-four (24) months, as a minimum, to support the vaccination service and its’ booster programmes for those eligible. Funding of £2m per annum has been allocated by Welsh Government to DHCW in order to continue the messaging provision from GOV.UK Notify from April 2025 and its on that basis that this paper is made. Please note the Authority will be charged based on usage.

An ‘invite to attend’ letter is still the initial “use case” for this service, which has significantly reduced the administrative burden on uHBs and/or DHCW in the printing and issuing of these letters.

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	<input type="checkbox"/>	Contract Extension	<input type="checkbox"/>	Contract Renewal	<input checked="" type="checkbox"/>
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02920 500 500

igdc.gig.cymru | dhcw.nhs.wales



Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Tŷ Glan-yr-Afon
21 Heol Ddwyreiniol Y
Bont-Faen, Caerdydd
CF11 9AD

Tŷ Glan-yr-Afon
21 Cowbridge Road
East, Cardiff
CF11 9AD

1.2 Period of contract including extension options:

Expected Start Date of Contract	01 April 2025
Expected End Date of Contract	31 March 2027
Contract Extension Options (E.g. maximum term in months)	Please Note: The term of the purchase order(s) may also need to flex – this will be largely dependent upon the course of Covid-19 and associated Welsh Government policy and management of Covid-19.
Comments	<p>The MOU between DHCW and the GDS, a division of the Cabinet Office, is a rolling Agreement and may be terminated at any time on the provision of ninety (90) days written notice. It is therefore essential that the Programme Lead manages this process in a timely fashion with the Commercial Services Lead.</p> <p>A purchase order will be generated immediately following the approval by the DHCW Management Board and will be raised to a value of £4m excl. VAT (£2m per annum). In accordance with extant governance, it will also be noted at DHCW’s SHA Board (a rolling MOU with a public sector organisation – further details on the procurement route are noted in section 3 below).</p>

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS

This scheme should relate to at least one of the SHA’s four strategic goals. Please mark with a (x) in the box the relevant pillars for this scheme.

Vision: Delivering information and technology for better care. We will deliver to the people of Wales first-class digital health and care services which will enable more effective, efficient, safer decision-making by providing access to content-rich, person-focused health and care data and information.

Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers	<input type="checkbox"/>
Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	<input checked="" type="checkbox"/>
Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points	<input checked="" type="checkbox"/>
Goal 4: Enable users to derive value from data collected from national and local systems through Big Data Analysis	<input checked="" type="checkbox"/>



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2.2 INTEGRATED MEDIUM-TERM PLAN

Is this scheme included in the SHA's Integrated Medium Term Plan?

Yes

No



If not, please explain the reason for this in the space provided.

2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

This scheme should relate to at least one of the SHA's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.



Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.



Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.



Deliver bold solutions to the environmental challenges posed by our activities.



Bring communities and generations together through involvement in the planning and delivery of our services.



Demonstrate respect for the diverse cultural heritage of modern Wales.



Strengthen the international reputation of the SHA as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.



2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

Please mark with a (x) in the box the relevant principles for this scheme.

Click [here](#) for more information

Prevention



Long Term



Integration



Collaboration



Involvement



Contributing to the Foundational Economy (Wales) – Not Applicable

02920 500 500

igdc.gig.cymru | dhcw.nhs.wales



3. PROCUREMENT ROUTE

3.1 How is the contract being procured? Please mark with a (x) as relevant.

Competition

- Three (3) Quotes
- Formal Tender Exercise
- Mini Competition
- Find a Tender

(replaces OJEU, Public Contract Regulations 2015 still apply)

Single source

- Single Quotation Action
- Single Tender Action
- Direct call off Framework
- All Wales contract
- Memorandum of Understanding/Special Agreements

3.2 Please outline the procurement procedure.

No competitive procurement was required to be made in this instance for the following reasons:

The MOU is a Co-operation Contract under which the Government Digital Service (GDS) as a central purchasing body (as defined in regulation 37(10)(a) of the Public Contracts Regulations (PCR2015) procures services for all Customers across the Public Sector. The latter procures messaging services (including SMS messages and emails) from private sector suppliers, in accordance with the Public Contracts Regulations 2015. Regulations 37(8) and 37 (4) 37(10)(a) apply.

Regulation 37(8) of the Public Contracts Regulations 2015 highlights that contracting authorities may award a public service contract for the provision of centralised purchasing activities to a central purchasing body without applying the need to apply the “call for competition” as set out in the Public Contracts Regulations 2015.

Regulation 37(4) of the Public Contracts Regulations 2015 states that a contracting authority fulfils its obligations under the Public Contracts Regulations 2015 when it acquires services from a central purchasing body in this particular way.

The Financial Agreement under this MOU allows GDS to charge the Customer for the direct costs GDS must pay to suppliers to send the Customer’s messages. This charge is not for pecuniary gain and is nothing other than an amount required for GDS to discharge its GOV.UK Notify obligations in the public interest.

The Cabinet Office has provided confirmation that the Agreements underpinning the MOU will continue to be governed by the PCR2015 Regulations. When the messaging services are re-procured by the GDS, the procurement will be undertaken in accordance with the new Procurement Act 2023 (PA23) and an updated MOU will then be issued.

3.3 What has been the approximate timeline for procurement?

Activity	Date
Board Paper Approval by Commercial Services	28 st February 2025
Procurement Approval Form Approval	28 th February 2025
Board Paper Approved by DHCW Management Board	13 th March 2025
Board Paper Noted by DHCW SHA Board	27 th March 2025

The Purchase order for £4m excl. VAT (£2m per annum) is anticipated to be generated immediately after DHCW Management Board Approval is received.

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

There are a number of transactional/process driven benefits together with VFM benefits as set out below:

- This is the agreed and standard platform utilised across the UK Health Sector to manage the Covid Vaccination programme.
- Adopted since December 2020, this is a faster and more efficient way of managing the large volume of transactional communications (e.g. letters, emails and text messages) required by the COVID vaccination programme on a local and national basis across the NHS in Wales i.e. It reduces the impact on the Authority's and UHB's resources in printing and sending letters.
- It also supports patients' preference when it comes to contact.

A standard Appointment Letter template is already established and in use and can continue to be deployed, without any interruption to the ongoing service needs.

Prices have been compared with other private sector enterprises and has been found to offer value for money in relation to the costs for SMS text messaging. The pricing for SMS with a leading Text messaging provider (FireText) commonly used at GP Practice level to notify patients of appointments electronically, charge of £3,500.00 per 100,000 text messages, equating to a cost saving of £422,854.86 by utilising the MOU with the Cabinet office to deliver value for money.

To obtain this calculation a formula has been used to calculate the cost between the two agreements

Supplier	Text Message Cost	Formula	Total Cost Per Annum
Cabinet Office	£0.0227 per text	17,133,856 – 30,000 free text x £0.0227	£388,684.53
FireText	£3,500.00 per 100,000 Text	17,133,856 / 100,000 x £3,500.00	£599,684.96
Cost saving / Variation of rates			£211,427.43 per annum (2 Year savings)



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of £422,854.86 over 2
years) (Saving
calculation verified by
DHCW Finance)

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
<p>This service will need to be available to enable support to continue for the Welsh Government's Covid-19 Vaccination Service including booster campaigns.</p> <p>If this agreement is not executed, it will have a direct impact on the Covid-19 Vaccination Programme and the ability to continue the immunisation of the citizens of Wales against Covid-19.</p>	<p>Not applicable for the reasons outlined.</p>

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£) £4,000,000	Including VAT (£) £4,800,000		
The nature of spend	Capital <input type="checkbox"/>	Revenue <input checked="" type="checkbox"/>		
How is the scheme to be funded? Please mark with a (x) as relevant.				
Existing budgets	<input checked="" type="checkbox"/>			
Additional Welsh Government funding	<input type="checkbox"/>			
Other	<input type="checkbox"/>			
[If you have selected 'Other' – please provide further details]				
EXPENDITURE CATEGORY	Year 1 (exc. VAT) £	Year 2 (exc. VAT) £	Total (exc. VAT) £	Total (inc. VAT) £
Revenue	2,000,000	2,000,000	4,000,000	4,800,000
Overall Total	2,000,000	2,000,000	4,000,000	4,800,000
Additional Information	A value of £4,000,000 exc. VAT will cover the period April 2025 to March 2027. This funding has been Approved by WG for FY 25/26 & 26/27 for the provision of this service.			



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7. DECLARATION OF COMPLIANCE



7.1 Procurement Approval

The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.

Head of Commercial Services:	Julie Francis
Signature:	 Recoverable Signature X Julie Francis <hr/> Julie Francis Head of Commercial Services Signed by: Julie Francis (JU000244)
Date:	



7.1 Director Approval

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement rules, standing orders and standing financial instructions have been complied with. DHCW's Commercial Services Team retain this confirmation electronically in the tender file.

Lead Director Name:	Sam Hall
Signature:	 Recoverable Signature X  <hr/> Sam Hall Director of Primary Care, Community and Ment... Signed by: Sam Hall (Sa286900)
Directorate:	Primary, Community & Mental Health Digital Services
Date:	

Executive Director of Finance Approval

The Director of Finance, by providing email confirmation, to seek Board approval is making a declaration that all budgetary and financial matters in respect of this decision have been considered and complied with.

Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	 Recoverable Signature X  <hr/> Claire Osmundsen-Little Exec Director of Finance Signed by: Biba Lewis (B1305077)
Directorate:	Finance and Business Assurance
Date:	



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8. APPROVALS AND ASSURANCE RECEIVED

List and include date of approvals and assurance received in support of this scheme.

	Date of Meeting	Outcome
Management Board – TO BE APPROVED	13 March 2025	TBC
DHCW Board – TO BE APPROVED	27 March 2025	TBC

9. CONFIRMATION OF DHCW BOARD APPROVAL

Where approval by the Board is granted, signature by the Chair of the Board of this document is required as the formal record of such approval and is to be witnessed by at least one (1) Independent Member.

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 28th March 2024.

Chair of DHCW Board Signature:

X

Chair of DHCW Board

Independent Member Signature:

X

Independent Member

Chief Executive Officer Signature:

Helen Thomas

X

Helen Thomas
Chief Executive Officer

AGREEMENT TO CONSIDER A CONTRACT EXTENSION TO TERM AND/OR INCREASE IN CONTRACT VALUE

Contract Title:	P384 – Welsh Point of Care Testing (“WPOCT”).
Original Contract Duration:	Seven (7) Years to commence 19 th September 2016 to 18 th September 2023, with the option to extend for a further three (3) years, up to 18 th September 2026.
Original Contract Value:	The total contract value was anticipated to be £1,856,911.00 excl. VAT, including extension options.
Proposed Extension	Further two (2) years extension, up to 18 th September 2028, to be exercised in annual increments.
Anticipated Additional Value:	The anticipated additional value required for the remainder of the contract, up to 18 th September 2028, is £132,780.00 excl. VAT based on an annual cost of £66,390 ex VAT.
Estimated Total Value (incl. extensions):	This will bring the overall contract value to £1,989,691.00 excl. VAT.

1. Was the contract advertised to include an option to extend?

Yes, the Contract Notice published in 2015 included an option to extend.

2. What extension duration was included in the Contract Notice?

The Contract Notice set out the original contract term of seven (7) years, with the option to extend for a further three (3) years, up to 18th September 2026. The optional extension was executed in September 2023. There are no further “in built” extension options available in the extant Agreement. Hence the need to secure a contract modification as set out in this paper.

- via Regulation 72(1)(e), which allows modification of existing contracts where the modification is not substantial.

Please note that the recommendations in this paper have been subject to legal scrutiny (see section 6). The modification is permissible under the provisions of Procurement Law.

3. How much of an extension/increase in value do you plan to utilise?

The current contract is due to expire on 18th September 2026. DHCW is seeking to extend the contract by up to a further two (2) years, up to 18th September 2028, to be exercised in twelve (12) month increments as a minimum. This will also increase the contract value by £132,780.00 excl. VAT, based on the charges for the continued provision of the software and support for the additional two (2) year period, bringing the total contract value to £1,989,691.00 excl. VAT.

4. Background (overview of contract)

In 2016, NHS Wales Informatics Service (“NWIS”) the predecessor organisation to Digital Health and Care Wales (“DHCW”), procured a digital solution and support to deliver Clinical Point of Care (“POCT”) services and devices via an Open procedure in accordance with Regulation 27 of the Public Contract Regulations 2015 (“PCR2015”). The solution supports connectivity to POCT devices, management of the devices utilised by POCT coordinators in Health Boards/Trusts across NHS Wales and the provisioning the results into the electronic patient record (through integration with the Welsh Laboratory Information Management System (“WLIMS”) and subsequently Welsh Results Reporting Service (“WRRS”). Please note, the scope of the current contract is limited to secondary care.

As of August 2024, within secondary care, there were 2803 devices connected to the national POCT solution and the breakdown per Health Board/Trust is set out in the table below:

Organisation	Number of Devices
Aneurin Bevan University Health Board (“ABUHB”)	576
Betsi Cadwaladr University Health Board (BCUHB”)	444
Cardiff and Vale University Health Board (CAVUHB)	415
Cwm Taff Morgannwg University Health Board (CTMUHB”)	243
Hywel Dda University Health Board (HDUHB”)	333
Powys Teaching Health Board (PTHB”)	1
Swansea Bay University Health Board (“SBUHB”)	771
Velindre University NHS Trust (“VUNHST”)	20
Total Number of Devices	2803

The Total Number of Tests processed through all these devices in 2023 was 3,258,297. All results are sent to the LIMS system and forwarded to WRRS/WCP.

5. Rationale for modification to the existing Agreement

The current Welsh Point of Care Contract for secondary care (WPOCT) is due to end on 18th September 2026. All contract extensions have been executed and there are no further contract extensions available. As a result of this there is a requirement to procure a solution to ensure continued service continues to be available across NHS Wales as it is a key clinical service providing diagnostic testing services to patients in managing long-term health conditions

A modification to the existing Agreement with Siemens is needed for the following reasons:

- To clarify the existing strategy in relation the future needs of POCT services across NHS Wales - this has not been fully explored in order to develop the business case and high-level requirements needed to undertake a robust and thorough market assessment.
- Due to the resource deficit across Wales – the development of the strategic approach and market analysis require subject matter experts to be assigned to this process. The latter are fully engaged in the delivery of two multimillion £ investments in Wales in parallel (e.g. LIMS and RISP)

- To provide sufficient time to ensure that subsequent “feeder” digital services such as LIMS are implemented and embedded before a replacement POCT digital solution is procured and migrated off the existing solution.
- To ensure that the recent re-design and change to the hosting arrangements is fully optimised, as well as the software re-configuration, which was procured and implemented in October 2024 at a cost of circa £49k excl. VAT.

Given this context, the consequences of not modifying the contract would cause not only the significant disruption to the extant service but would also introduce an unacceptable level of risk to the delivery of patient care across Wales but also severe reputational damage to Digital Health and Care Wales. A failure to reprocure and implement a solution before the current contract with Siemens expires will result in a requirement for the NHS to revert to paper and manual processes

Further information with regards to the background context is provided in Appendix 1 to the document.

Advice has been obtained from DHCW’s legal adviser in relation to risk of modifying the current contract with Siemens Healthcare Diagnostics, whilst we are making the interim planning arrangements in relation to the strategic approach.

6. Legal Assurance of the Modification:

Under the proposed request for modification there is no change to the existing scope of services to be delivered as detailed in section 4 of this document, i.e., DHCW is seeking to extend the provision of the POCT software and support. The Public Contracts Regulations 2015 (“PCR2015”) permit such contract modification – in this case via Regulation 72(1)(e), which allows modification of existing contracts where the modification is not substantial – that is not substantial in terms of change to scope or scale. Regulation 72(8) sets out the parameters of where a modification would be considered to be substantial:

- The modification renders the contract or framework agreement materially different in character from the one initially concluded
- the modification introduces conditions which, had they been part of the initial procurement process, would have:
 - a) allowed for admission of other candidates than those initially selected;
 - b) allowed for the acceptance of a tender other than that originally accepted; or
 - c) attracted additional participants in the procurement procedure
- The modification changes the economic balance of the contract in favour of the contractor in a manner that was not provided for in the initial contract
- the modification extends the scope of the contract considerably

Following an assessment of the proposed modification alongside the parameters set out above, it has been concluded that the modification of a further two (2) years is not considered to be substantial as the scope of services remain unchanged and it is not a substantial change to contract term. Furthermore, the original contract value is **£1,856,911.00** excl. VAT and the proposed contract value increase of **£132,780.00** excl. VAT is not considered to be a substantial modification to the contract value and is based on the same payment mechanism as the original contract.

This approach has been given legal assurances by Blake Morgan LLP via a formal paper.

7. Next Steps

This extension to the contract value will be actioned by undertaking the following steps:

- The assessment that demonstrates the grounds for contract modification under Reg. 72(1)(e) of PCR2015 are satisfied will be documented, noting that there is no requirement to publish a Modification Notice.
- DHCW will be required to ensure that the additional evidence is available upon request to mitigate the risk of a potential challenge.
- DHCW will commence market engagement on an urgent basis to assess the solutions available. Following market engagement, procurement activity will commence.

Prepared by:	Laura Panes
Date:	07/03/2025

Agreed by Head of Commercial Services DHCW:	Julie Francis
Signature:	<p>X</p> <hr/> <p>Julie Francis Head of Commercial Services</p>

Agreed by Lead Director DHCW:	Sam Lloyd
Signature:	<p>X</p> <hr/> <p>Sam Lloyd Exec Director of Operations</p>

Agreed by Executive Director of Finance DHCW:	Claire Osmundsen-Little
Signature:	<p>X</p> <hr/> <p>Claire Osmundsen-Little Exec Director of Finance</p>

Agreed by Chair of DHCW Board:	Simon Jones
Signature:	<p>X</p> <hr/> <p>Simon Jones Chair of DHCW Board</p>

Agreed by Independent Member	
Signature:	<p>X</p> <hr/> <p>Independent Member</p>

Agreed by Chief Executive Officer DHCW:	Helen Thomas
Signature:	<p>X</p> <hr/> <p>Helen Thomas CEO of DHCW</p>

Appendix 1

Please see below the context for the necessity for the contract modification:

Following the approval of the SBAR in September 2024, the WPOCT project has been moved from the 'Discovery' stage into the 'Feasibility' phase, which requires the production of a business case or alternative approach to secure the required funding to analyse a range of options which consider "do nothing, make or buy". Irrespective of the preferred option, a project management approach will be required to support the POCT replacement.

With the business case anticipated to be completed by June 2025 and the current contract expiring on 18th September 2026, if a decision is made to re-procure, there are a number of activities that need to be undertaken to ensure a compliant procurement is completed with a robust contract put in place. As the current contract has been in situ since 2016, it is unlikely that the requirements will be on a "like for like" basis. The current requirements were drafted almost ten (10) years ago and were based on the scope of the requirements at that time which are quite distinct from current digital and clinical service requirements. To commence the Business Case process, it is essential that formal market engagement is undertaken to ensure a clear understanding of the "make up" of the market and the availability of "off the shelf" solutions and associated indicative costs.

N.B. it is essential that the financial implications and funding requirements are clearly understood from the outset.

To facilitate the market engagement process, a high-level set of requirements need to be available which scope out not only the functional requirements but the architectural design, hosting, cyber security and information governance requirements as well.

If a procurement is the approved way forward resources will also be required to input into the procurement process. It is envisaged that a re-procurement will take a minimum of seven (7) months subject to the following key steps being undertaken:

- Establishment of a Programme/Project Team in DHCW (and HB SMEs)
- Development and "sign off" of Procurement Strategy to be Authorised (by DHCW CEO and HBs CEOs)
- Securing the commitment to participate and accept procurement outcome of all Parties
- Develop 'Market Ready' Requirements completed and agreed (inc. HB "sign off")
- Creation of a robust Finance Model (DHCW Finance Lead)
- Co-production of a robust Evaluation Methodology to be agreed (with HBs)
- Co-production of Scores and weightings (including 10% Social Value)
- Co-production of a plan for procurement, award, ordering procedure and migration (if occurs)

In terms of the procurement planning, DHCW would also need to consider the time and resource required to "off board" the current solution on to a new solution as this is not a simple migration path due to the level of integration in the existing solution.



DIGITAL HEALTH AND CARE WALES STRATEGIC EQUALITY PLAN UPDATE REPORT

Agenda Item	4.8
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Samantha Morgan, Director of People and Organisational Development
Prepared By	Lenisha Wright, Equality, Diversity, Inclusion and Wellbeing Lead
Presented By	Samantha Morgan, Director of People and Organisational Development

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to
NOTE the report for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

WELL-BEING OF FUTURE GENERATIONS ACT	A More Equal Wales
If more than one standard applies, please list below:	
<ul style="list-style-type: none"> • A Resilient Wales • A Healthier Wales • A Wales of cohesive Communities • A Wales of Vibrant Culture and Thriving Welsh Language 	

DHCW QUALITY STANDARDS	BS 76000:2015
If more than one standard applies, please list below: ISO 30415:2021	

DUTY OF QUALITY ENABLER	Workforce
DOMAIN OF QUALITY	Equitable
If more than one enabler / domain applies, please list below:	
<ul style="list-style-type: none"> • Person centred 	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
Choose an item.	Outcome: N/A
Statement: As this is not a policy, scheme or project, an EIA is not required.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.

FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	There may be financial impact in order to deliver the increasing strategic and operational goals and targets.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The activities and work undertaken around equality, diversity and inclusion is intended to have positive implications for people in DHCW.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	<ul style="list-style-type: none"> The activities and work undertaken around equality, diversity and inclusion impacts the diverse communities within which DHCW operates. Completion of EIAs supports diversity and inclusion in the work undertaken by DHCW within its communities. Continuing to support the Digital Inclusion Charter.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	Ongoing benchmarking and research to implement new initiatives and best practice.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Sarah Brooks	18 th Feb 2025	Proceed
Samantha Morgan	24 Feb 2025	Proceed to Exec
Weekly Execs	4 th March 2025	Proceed to Mngt Board
Management Board	13 March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SEP	Strategic Equality Plan	ESR	Electronic Staff Record
UK	United Kingdom	WRES	Workforce Race Equality Standard
STEM	Science, Technology, Engineering, and Mathematics	LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and + symbol for other orientations
POD	People and Organisational Development		

3 SITUATION / BACKGROUND

3.1 Purpose of the Report

This report provides an update on the progress of DHCW's Strategic Equality Plan (SEP) 2023-2027, demonstrating our ongoing commitment to equality, diversity, and inclusion. It outlines actions taken between October 2024 and March 2025 to support the legal framework established in the Equality Act 2010, alongside the delivery of key action plans, including the Anti-Racist Wales Action Plan (ARWAP) and the LGBTQ+ Action Plan.

The report highlights achievements against the five key commitments in the SEP, ensuring transparency and accountability in our efforts to eliminate discrimination and protect individuals across all protected characteristics.

The SEP, implemented in April 2023, aims to meet the General Duty under the Equality Act 2010, covering protected characteristics such as age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, marriage and civil partnership, sex, and sexual orientation.

This is the fifth update on the SEP, which aligns with and supports broader organisational reporting, as outlined in Table 1.

Report	Description	Next submission date
Gender Pay Gap	Legal requirement under the Equality Act to publish annual calculations showing gender pay gaps.	27 th March 2025
Workforce Race Equality Standard (WRES)	Data tool used to assess race equality around 4 domains including: leadership, training, discipline & performance management, and bullying, harassment and discrimination.	15 th April 2025
Strategic Equality Plan (SEP) to Welsh Government	Reporting evidence of the progress made with the achievement of the organisation's SEP objectives.	15 th April 2025

Table 1

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Commitment 1: Supporting our People

A summary is provided below of the initiatives and activities that demonstrate our ongoing commitment to supporting our people, fostering a sense of wellbeing, inclusion, and team spirit across the organisation.

- i. The DHCW Step Challenge which took place in Spring (April) and Autumn (October) 2024, saw an increase from 251 to 324 participants. This initiative, organised by the Health and Wellbeing Network, aimed to improve overall wellbeing and was designed to support EDI by accommodating varying abilities and disabilities. Participants had the flexibility to choose from a range of wellbeing activities, all of which were converted to steps. Feedback from participants indicated that the challenge resulted in a positive impact on their overall wellbeing.
- ii. Cuppa Catch-ups, held quarterly, foster connections and open dialogue across diverse teams, with the latest hosted in January 2025 (See Appendix 1.a).
- iii. On 8th October, Marilyn Bryan-Jones, DHCW Equality Champion facilitated an interactive spotlight session titled “My Crown” as part of Black History Month. Attended by 160 participants, the session focussed on raising awareness of issues such as hair discrimination, encouraging open conversations around appearances, perceptions and biases. Throughout October, EDI Network Champions organised sub-group meetings, discussing black history and personal experience in a safe space. Given the strong interest in topics of hair, appearance and discrimination, DHCW staff attended the Afro Hair Show held in Newport on Saturday 18th January 2025 (See Appendix 1.b). Celebrity stylists volunteered their time to showcase and celebrate Afro-textured hair. Presentations were made sharing valuable insights, including training on anti-racism.
- iv. Interview Support Workshops were implemented by the POD Recruitment Team in November 2024 to assist individuals applying for positions. These workshops cover the interview process, job applications and understanding how to answer different types of questions in an interview. A total of 57 employees have attended these workshops since its implementation in November 2024 to February 2025.
- v. In November 2024, members of the EDI Network and the South Asian community hosted a Diwali celebration, during the event people shared information about their faith, with blog posts communicated after the event. The event took place over the lunch hour, sharing traditional South Asian snacks and was attended by 80 people. EDI Network Champions intend to plan more events like this, during 2025.
- vi. In December 2024, individuals from various cultural backgrounds, teams and job roles came together to celebrate at the Christmas Party. A total of 130 tickets were purchased, with a diverse group in attendance.
- vii. The DHCW EDI Network has a pivotal role to play in the delivery of the objectives of the SEP. Network Champions ensure all areas of inclusivity are considered for example, creating a calendar of religions events (See Appendix 2). A brief update of other contributions of the Network Champions is included in Appendix 3.

4.2 Commitment 2: Ensuring everyone is educated and held accountable

The initiatives below evidence our commitment to education and accountability.

- i. TENTalks and Spotlight Sessions, covering a diverse range of topics, continue to educate and hold all in the organisation accountable for delivering EDI objectives. These sessions foster awareness and a deeper understanding of key themes, with opportunity provided to participate, ask questions and give feedback. Appendix 4 includes a list of the sessions held during this period. The topics and contents of these sessions are carefully planned to educate, guided by discussions from EDI Network meetings, and recommendations from Welsh Government as part of the WRES and SEP returns. Each session attracts between 150 to 200 attendees.
- ii. There was a slight increase in participation in the NHS Wales Staff Survey from 60.5% in 2023 to 62.5% in 2024. The "You Said, We Did!" Spotlight Session, attended by 180 people, included discussions on the progress of the actions in response to the findings in the 2023 Staff Survey, demonstrating our accountability and transparency and responding to feedback. An update was given of DHCW's participation in the 2024 survey and next steps.
- iii. Following the Anti-Bullying and Harassment sessions (held on 14th June and 13th September 2024), drop-in sessions were offered for one-to-one conversations with the EDI Lead, or Union Colleague. A few people attended the sessions and some of the feedback indicated that the experiences of bullying occurred with former employees or the predecessor organisation, prior to the formation of DHCW. These sessions provided an opportunity for a safe space for people to speak up and be heard. Further sessions are planned later in 2025 as part of the ongoing effort to ensure conversations remain open, to proactively address any issues of bullying and harassment before they escalate.
- iv. DHCW supports and promotes the Anti-racism foundational module ESR mandatory training with 82% compliance (February 2025 stats).

4.3 Commitment 3: To utilise data and tracking to understand our starting point and supportive commitments

Data and statistics are monitored and used to assess progress and to guide further actions to address specific areas of equality.

- i. The December 2024 management board report shows that the percentage of people identifying as disabled remained the same as the previous reporting period at 8%, as did the percentage of people identifying as Black, Asian, and Minority Ethnic at 12%.
- ii. Staff turnover increased from 6% to 7.61%, calculated based on the number of leavers relative to the average headcount. There were 107 leavers in 2023 compared to 99 in 2024.
- iii. For the year ending 31st March 2024, 51% of the recruits were female and 45% male (4% do not wish to disclose their gender), a slight decrease from the previous year (2023) when 53% of the recruits were female and 47% male.
- iv. DHCW has continued to promote careers in digital healthcare, with an emphasis on inclusion, engaging in diverse audiences through outreach programmes across Wales (See Appendix 5).

4.4 Commitment 4: Analyse to better understand these opportunities and barriers

DHCW utilises data and feedback from events, initiatives, audits and Welsh Government recommendations such as the WRES, to analyse opportunities and barriers.

- i. Audits provide insights to better understand opportunities and barriers, and work to achieve best practice. Information is shared below of the external audits undertaken during the period.

Audit	Status	Next steps
BS 76000 Valuing People and ISO 30415 Diversity and Inclusion	External audit undertaken in November 2024. The auditor confirmed in December 2024 that DHCW maintained certification.	The organisation is progressing with actions as part of the continual improvement record.
Mission 5 Staff Development Audit	Undertaken November-December 2024 by NWSSP.	Recommendations and actions have been agreed in Q4 (2024), which will be taken forward in 2025.
Recruitment Audit	Audit undertaken in December 2024 to February 2025 by NWSSP.	Audit report expected in Q4. Recommendations and actions will be taken forward to improve the recruitment process.

Table 2

- ii. During Q3 and Q4, non-mandatory training, including leadership development initiatives for career progression have been recorded in ESR. While we have not yet fully analysed the data to inform future EDI actions, this process has resumed. Appendix 6 includes a representation of some of the data recorded for analysis purposes, which will guide decisions and actions. More information will be shared with the next SEP update report.

4.5 Commitment 5: Visible and active sponsorship through our partners

The Board and Executive are visible and keen sponsors of the People and OD Strategy and the Strategic Equality Plan.

- The "You Said, We Did!" Spotlight Session, facilitated by the People and OD Director (see Appendix 4), demonstrated a commitment to listening and acting on feedback from the NHS Wales Staff Survey.
- As part of the response to the recommendations from the WRES, Anti-Racist Wales Audit and SEP (Welsh Government feedback), generic performance objectives and KPIs specifically on EDI for the Board will be developed in Q1 (2025) to enhance active sponsorship.
- The Chief Executive and POD Director actively engaged with Welsh Government in September 2024 to discuss the WRES report and clarify findings and calculations, with a follow-up meeting in February 2025 to review progress.
- Executives visibly show their commitment and active sponsorship for EDI, as demonstrated by the Board's request for a briefing on the WRES recommendations. A briefing session was held with the Board on 9th January 2025, during which progress, risks and mitigations were discussed.
- Cultural events and celebrations are attended and supported by Executives and members of the Board, demonstrating commitment to inclusion (see Appendix 7).

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

In the second half of the year, there has been significant progress on delivering objectives and the organisation remains committed to ensuring an environment where everyone feels safe, valued, and respected. As the EDI agenda evolves, additional requirements from Welsh Government, wider NHS organisations, and new legislation are expanding and contributing to the growing workload.

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	Training on EDI expectations, TENTalks, self-inspections, and regular policy reviews.
Reputational risks from perceived failure to make progress	Benchmarking, setting realistic goals, clear accountability, bi-annual reporting to the Board, and ad-hoc briefings.
Risks of non-compliance with evolving regulations and standards	Stay abreast of regulatory changes, monitor goals, ensure BS76000 and ISO30415 compliance through external audits.
Risks of insufficient engagement or ownership of EDI initiatives	Board & SLT EDI training, EDI goals to be included in PDAR's for all staff
Risks of burnout from long hours and a small team	Evaluate capacity to deliver EDI agenda and streamline approaches to ensure work is focused on value added activities

Table 3

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the report for **ASSURANCE**.

Appendix 1

a) Cuppa Catch-ups bringing people together – hosted at DHCW sites

Site	Host
Cardiff TGA	Lenisha Wright, Equality, Diversity, Inclusion and Wellbeing Lead
Swansea Tech2	Sneha Viswanadhan, Lead Specialist (Reference Data) Karthik Ramesh, Lead Specialist (Data Standards) Data Analyst
Bocam Park	Christian Winship, Learning and Development Apprentice



b) The Afro Hair Show 18th January 2025



Appendix 2

List of Cultural and Religious Events and Celebrations Created by the Equality, Diversity, and Inclusion Network Champions

Month	Cultural/Religious Celebration/Event	Brief Description
Apr-06	Laylat al-Qadr	Holiest night of the year for Muslims.
Apr 9-12	Eid al-Fitr	Celebrates the end of Ramadan.
Apr-21	Ridvan	Bahá'í festival celebrating Bahauallah's declaration.
Apr 22-30	Passover	Jewish celebration of freedom from slavery.
May-01	Beltane	Pagan festival marking the peak of Spring.
May-09	Ascension Day	Commemorates Jesus' ascension to Heaven.
Jun-07	Feast of the Sacred Heart	Catholic feast honouring Jesus' love.
Jun 12-13	Shavuot	Jewish harvest festival.
Jun 14-19	The Hajj	Muslim pilgrimage to Mecca.
Jun 17-20	Eid-al-Adha	Muslim holiday honouring Abraham's sacrifice.
Jun-21	Litha	Pagan summer solstice festival.
July		
Jul-07	Hijri New Year	Islamic New Year (lunar calendar).
Jul-21	Asalha Puja	Buddhist retreat and renewal.
Jul-24	Pioneer Day	Commemorates LDS pioneers in Utah.
Aug-01	Lughnasadh	Gaelic harvest festival.
Aug-13	Tisha B'Av	Jewish fast remembering temple destructions.
Aug-15	Assumption of the Blessed Virgin Mary	Catholic celebration of Mary's ascension.
Aug-25	Arbaeen	Marks the end of mourning after Ashura.
Aug-26	Krishna Janmashtami	Hindu festival celebrating Krishna.
Sep-15	Mawlid al-Nabi	Muslim celebration of Prophet Muhammad's birthday.
Sep 21-29	Mabon	Pagan/ Wiccan celebration of the equinox.

Appendix 3 Contributions of the DHCW Equality, Diversity and Inclusion Network

a) EDI Network meetings and participation of Network Champions

- EDI Network meetings are held bi-monthly with the most recent meeting held on 23rd January 2025. The agenda and discussions are focussed on raising awareness on various topics, leading in events and activities and supporting the delivery of the objectives of the Strategic Equality Plan and actions from key reports such as the WRES. Some of the key items discussed at the meeting are outlined below:

Area of EDI / Protected Characteristic	Awareness Days, events and activities	How Network Champions are involved
Religion	World Religion Day (19 th January)	Shared blog posts and provided input to enhance the Interfaith EDI Page.
Race, nationality and minority ethnic	International Mother Tongue Language Day (21 st February)	Network Champions will lead to provide recordings for sharing across the organisation on different mother tongue languages.
Gender, sex, sexual orientation	Use of Pronouns – LGBTQ+ History Month (February)	Added their pronouns on Teams and encouraged members of their Directorates to do the same.
Black History	Afro Hair Show (18 th January)	Attended the event and supported its promotion within the network.
Religion and other needs	Prayer/Break rooms 28 th February – 30 th March)	Discussed the availability of designated prayer/break rooms at various sites.

- Important matters are brought to the network through presentations and discussions aimed at improving processes:
 - In October 2024, the Estates Officer from Corporate Services presented a medical form to support employees across offices. Network Champions provided feedback on the draft form and implementation.
 - The Head of Recruitment and Resourcing led a discussion on “reasonable adjustments,” Interview Workshops, and recruitment training for hiring managers.
 - The Network Champions support the implementation of the SEP objectives and EDI actions. At the January 2025 meeting, reports on WRES, SEP, and the Anti-racist Wales Audit were reviewed and discussed.

b) Refresh of the EDI Network

The DHCW EDI Network was established in May 2023 with 34 volunteers, representing a range of characteristics, job roles, and directorates. A refresh of the EDI Network will be completed in Q4, providing current Network Champions the option to continue or step down, while offering other DHCW employees the chance to join the EDI Network.

Appendix 4 EDI related TENTalks, Spotlight and Other Sessions

TENTalks, Spotlight and other Sessions	Brief description	Date held
'My Crown' – Black History Month	As part of black history month discussing discrimination based on hair and appearance.	8 th October 2024
NHS Staff Survey 2024	The importance of participating in the survey and how personal information will be kept secure.	5 th November 2024
Vivup – Employee Assistance Programme (EAP)	Service provider invited to share information on Vivup, how to register and the support available.	12 th November 2024
Anti-bullying and Harassment Part 2	A follow up session, focussing on awareness raising around harassment including sexual harassment.	12 th November 2024
Why should non-trans people display their pronouns?	Formed part of Transgender Awareness week discussing what pronouns are, why we use them and why they matter.	15 th November 2024
International Men's Day – Global awareness day	Speakers discussed men's health, wellbeing and issues facing men such as suicide and homelessness.	19 th November 2024
You said, We did! – turning feedback into action	This session covered feedback from the 2023 Staff Survey and next steps.	24 th January 2025
Bullying and Harassment Drop-in Sessions	Feedback and comments from the Bullying and Harassment sessions held in Q1 and Q2 were analysed, and in response, drop-in sessions were held to support individuals with specific issues.	Employees were invited to join at various timeslots arranged during Q4

Appendix 5 Outreach Programmes

Job Fairs & Career Days	Information shared at the event	Area of inclusion
Pontypridd job fairs	Promoting DHCW Apprenticeship programmes	Low socio-economic areas
Bishop of Llandaff	Attended by 8 to 13 year old students, sharing information about digital learning.	Diverse group of students including Black, Asian & minority ethnic students
Swansea and Cardiff Metropolitan University	Promoting DHCW Internship opportunities.	Diverse group of students including Black, Asian & minority ethnic students, and females to promote women in STEM.
Tech Job Fairs Grange Pavillion	Formed part of Black History Month,	Diverse group of students including Black, Asian & minority ethnic students, and females to promote women in STEM.

Appendix 6

Data recorded for Non-mandatory Training prepared for further analysis

Training Course / Programme	Race			Total attended	Gender	
	White	Black, Asian & Minority Ethnic	Prefer not to say		Males	Females
Kings Fund Senior Leadership Programme						
Attended over multiple days and sessions between November 2023 and June 2024.						
Workshop 1 - 8th November 2023						
Number	43	1	1	45	28	17
Percentage	96%	2%	2%	N/A	62%	38%
Workshop 2 - 27th February 2024						
Number	45	2	1	48	27	21
Percentage	94%	4%	2%	N/A	56%	44%
Workshop 3 - 5th June 2024						
Number	48	2	1	51	29	22
Percentage	94%	4%	2%	N/A	57%	43%
Round Table 1 - 11th January 2024						
Number	34	2	2	38	17	21
Percentage	90%	5%	5%	N/A	44%	56%
Round Table 2 - 8th February 2024						
Number	26	2	2	30	13	17
Percentage	86%	7%	7%	N/A	43%	57%
Round Table 3 - 22nd April 2024						
Number	34	1	1	36	18	18
Percentage	94%	3%	3%	N/A	50%	50%
Online session 1 - 28th Nov - 8th Dec 2023						
Number	31	2	1	34	22	12
Percentage	91%	6%	3%	N/A	65%	35%
Online session 2 - 17th - 30th January 2024						
Number	28	1	1	30	17	13
Percentage	94%	3%	3%	N/A	57%	43%
Online session 3 - 8th - 15th March 2024						
Number	32	1	1	34	21	13
Percentage	94%	3%	3%	N/A	62%	38%
Online session 4 - 21st - 23rd May 2024						
Number	21	1	0	22	14	8
Percentage	95%	5%	0%	N/A	64%	36%
ATOS Senior Leadership Programme						
Number	50	1	7	58	32	26
Percentage	86%	2%	12%	N/A	55%	45%
Recruitment interview workshops						
Number	39	7	1	47	18	29
Percentage	83%	15%	2%	N/A	38%	62%
Difficult / Courageous Conversations						
Number	23	1	1	25	20	5
Percentage	92%	4%	4%	N/A	80%	20%

Appendix 7 Cultural events and celebrations attended by Executives



Comments from our EDI Network Champions

I have been very happy to be part of the EDI network, where multiple people have been both sharing their stories and raising awareness for multiple issues. The events have been great for DHCW, including Diwali and showing our presence at Cardiff Pride festival.

Alex Richards

Being an EDI Network member has given me a platform to signpost colleagues to resources that I think will benefit DHCW and the confidence that they'll be well-received. For example, Josh Ashford has incorporated features of Microsoft's 'Accessible & inclusive workplace handbook' in the Digital Futures Space project and our e-Library team has added 'The canary code: a guide to neurodiversity, dignity, and intersectional belonging at Work' to their recommendations list.

Sandra Chapman

I really enjoyed planning our first "**DHCW Diwali Event**". The EDI network gave me the platform to connect with other work colleagues from the Asian network and we were able to deliver an event which I believe was a success. The EDI Networkers really helped me in building skills such as planning, confidence, and communication which are all key skills to have in a workplace.

Vijay Halai

I am proud to be a part of our EDI Network at DHCW. The network and its members are warm and welcoming. Since we started, we have enjoyed sharing many impactful experiences and learning. I personally have learnt a lot about different cultures and traditions whilst participating in events such as the Diwali celebrations in November 2024 and attending the insightful "Windrush Cymru @ 75" screening earlier in the year. I encourage everyone to get involved with the network and their events, whether that be as an EDI Champion or a casual supporter!"

Sarah Clark



DIGITAL HEALTH AND CARE WALES

GENDER PAY GAP

Agenda Item	4.9
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Samantha Morgan, Director of People and Organisational Development
Prepared By	Lenisha Wright, Equality, Diversity Inclusion and Wellbeing Lead
Presented By	Samantha Morgan, Director of People and Organisational Development

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to
NOTE the contents of the Gender Pay Gap report for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	Not applicable
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	Not applicable
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WELL-BEING OF FUTURE GENERATIONS ACT	A More Equal Wales
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If more than one standard applies, please list below:

- A Resilient Wales
- A Wales of cohesive Communities
- A Healthier Wales

DHCW QUALITY STANDARDS	BS 76000:2015
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If more than one standard applies, please list below:
ISO 30415:2021

DUTY OF QUALITY ENABLER	Workforce
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DOMAIN OF QUALITY	Equitable
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If more than one enabler / domain applies, please list below:

- Workforce
- Leadership

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
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No, (detail included below as to reasoning)

Outcome: N/A

Statement:

As this is not a policy, scheme or project, an Equality Impact Assessment is not required.

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Equality Act 2010 requirement to report Gender Pay Gaps

FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Potential financial implications with approval of applications for NHS Incremental Credit Application Policy.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Gender Pay Gap reporting increases transparency and equality, addressing disparities in pay. Improves employee morale and could positively impact retention.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below Closing pay gaps has a positive impact on the workforce and the wider community. Gender pay gap analysis informs fair work policies aimed at improving employment conditions, particularly for women in low-paid or part-time roles.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below Continue to benchmark and review and implement best practice to improve the Gender Pay Gap

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Sarah Brooks	30 th July 2024, 12 th Aug 2024, 7 th Oct 2024, 21 st Jan 2025	Minor refinements and approved
Shikala Mansfield	1 st August 2024	
Samantha Morgan	27 th December 2024	Minor refinements and approved
Weekly Directors		
Management Board		
SHA Board		

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		

3 SITUATION / BACKGROUND

3.1 Purpose

The purpose of this paper is to present the Gender Pay Gap (GPG) data for Digital Health and Care Wales (DHCW) for the 2023/2024 financial year. Definitions for the terminology used throughout this report can be found in Appendix A.

3.2 Our Obligation under the Equality Act 2010 (Gender Pay Gap Information)

As a Special Health Authority within NHS Wales, DHCW is legally required to comply with the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. These regulations mandate that employers with more than 250 employees publish calculations annually showing their gender pay gaps. A detailed explanation of how these calculations are made can be found in Appendix B.

Specifically, DHCW is required to report on the following: -

- i. Mean and median gender pay gaps
- ii. Mean and median gender bonus gaps (not applicable to DHCW)
- iii. Proportion of men and women who received bonuses (not applicable to DHCW)
- iv. Proportions of male and female employees in each pay quartile

3.3 Why Gender Pay Gap reporting is important

Gender Pay Gap (GPG) reporting is a crucial tool for assessing workplace equality. The Equality Act 2010 mandates that men and women performing the same or equivalent work receive equal pay, unless there are objective, non-discriminatory reasons for any difference. This is the core of equal pay legislation, which ensures fairness in pay for individuals doing the same job.

The gender pay gap, however, refers to the difference in average pay between all men and all women across an organisation, not just for those performing equal or similar roles.

The gender pay gap is shaped by various factors, including career progression, occupational segregation, part-time work, and caregiving responsibilities. However, it does not directly indicate unequal pay for equal work. Rather, it highlights broader systemic inequalities, such as the underrepresentation of women in senior roles and higher-paying industries, which contribute to overall disparities in earnings.

Both the gender pay gap and equal pay principles are integral to achieving fairness and inclusion, with the former identifying areas for improvement and the latter ensuring that pay disparities for identical roles are rectified.

By analysing annual data on workforce representation and pay, this report provides valuable insights into disparities and highlights areas for improvement.

3.4 . Methodology and Data Collection

The data for this report is derived from the Electronic Staff Records (ESR) system, based on gender identification provided by each employee. This methodology ensures consistency and accuracy in reporting.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

The data set used for analysis includes 1,263 employees employed on 31st March 2024 (Appendix A provides the definition of who counts as an employee)

4.1 Findings

DHCW Breakdown:

The total headcount at DHCW for the reporting period ending 31st March 2024 is 1,263, comprising 43% females and 57% males.

Table1: Breakdown of Female and Male Full-Time Equivalent (FTE) Staff as of 31st March 2023 and 2024.

		31 st March 2023	31 st March 2024
Headcount	Males	662 (58%)	714 (57%)
	Females	471 (42%)	549 (43%)
Total		1,133	1,263
Full-Time Equivalent (FTE)	Males	642 (59%)	693.52 (57%)
	Females	448 (41%)	516.30 (43%)
Total		1,090	1,209.83

This data shows that women make up 43% of the workforce, with a headcount of 549 and a total FTE of 516.30, while men account for 57% of the workforce, with a headcount of 714 and an FTE of 693.52.

Gender Distribution by Salary Band

Gender distribution across various salary bands for the years 2022, 2023, and 2024, for males and females is included in Appendix C.

- **Executive Representation:** Female representation at the executive and board level has steadily increased from 4 in 2022 to 8 in 2024. Female board representation at 53% exceeds the UK average of 42% (Kollewe, 2024). Male representation has remained stable.
- **Senior Leadership (Band 9):** While representation in Band 9 has fluctuated slightly for both men and women, the overall trend shows a steady increase in male representation, whereas female representation has been more variable. This suggests a potential gender disparity, with men making up a growing proportion of Band 9 roles over time.
- **Mid-Level Bands (Band 8a to 8d):** Female representation in mid-level bands has increased, with the most significant rise in Band 8a (from 39 in 2022 to 58 in 2024).
- **Lower Bands (Band 6 to 7):** These bands have the highest employee count, with both male and female representation showing growth. Targeted efforts may be needed to address gender imbalances.

Mean and Median Gender Pay Gaps

Table 3: Gender Pay Gaps (Mean and Median) for the Year Ending 31st March 2024.

	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 Pay Gap:** 12.36% (Women earn 87.64p for every £1 men earn). A recent report by (Francis-Devine, 2024) commissioned by UK Government identified that Median pay for UK employees was 13.1% less for women than for men in April 2024. The main reason cited for this being, that there is a larger proportion of women being employed part-time, and part-time workers tend to earn less per hour. A comparison to the previous year shows a decrease in the median pay gap by 0.80%
- Mean Pay Gap:** This was recorded as 5.63%, reflecting a decrease in the mean pay gap by 0.07% when compared to 2023

Gender Trends Overall

- Female Representation:** There has been consistent growth in female representation across most bands, notably in Band 8a, indicating progress in closing the gender gap. This is not the case in Band 9 roles however, where the number of females being recruited into these roles has declined slightly.
- Male Representation:** Slower growth in male representation in lower bands suggests the need for targeted interventions.

Breakdown by Contract Type

Flexible working is a key enabler for closing the gender pay gap and promoting workforce equality. However, increasing part-time roles for women alone may unintentionally reinforce barriers to senior progression (the "glass ceiling"). To achieve true equity, flexible working must be embedded at all levels, including senior roles, to support career advancement.

Data from the Trades Union Congress (2022) shows that women are three times more likely than men to seek part-time work. This trend is reflected in our workforce data, with the proportion of female staff on part-time contracts increasing from 6% in 2023 to 7% in 2024, while the proportion of male staff on part-time contracts has remained stable at 3%.

This highlights the continued gender disparity in contract types and reinforces the importance of making flexible working available across all levels to support career progression.

4.2 NHS Wales Pay Frameworks

The NHS Wales pay structures are based on nationally agreed pay bands designed to promote fairness and transparency. However, structural and societal factors continue to influence the gender pay gap, despite efforts to ensure equity.

- Women represent the majority of the NHS workforce, particularly in lower pay bands, which are typically associated with caregiving, administrative, and support roles.
- Men are more concentrated in higher pay bands, including senior leadership and specialist roles, contributing to pay disparities.
- Career progression challenges remain, particularly for employees balancing work with caregiving responsibilities or those in part-time roles, which can limit opportunities for advancement.

While the pay system provides clear pathways for career progression, additional efforts to remove barriers and improve gender diversity in senior roles will need to continue. Addressing these issues is essential for achieving a more equitable workforce.

4.3 Actions are we taking to close the Gender Pay Gap

DHCW is committed to addressing the gender pay gap through targeted actions informed by robust data analysis. Key initiatives include:

- **Data-Driven Interventions** – We continuously review equality data to identify gaps and implement targeted interventions to improve representation.
- **Monitoring and Reporting** – Progress is tracked through regular reports, including the bi-annual Strategic Equality Plan update, the annual Gender Pay Gap Report, and external audits.
- **Inclusive Recruitment and Progression** – Recruitment data is monitored to ensure balanced opportunities across gender and pay bands, with ongoing work to enhance career progression through initiatives like the Talent Cohort.
- **Promoting Flexibility and Awareness** – We advocate for flexible working as a key enabler for gender equality, alongside campaigns and workshops that celebrate women’s contributions in the workplace.
- **Senior Leadership Commitment** – We are working to ensure Inclusion is embedded in our culture, championed by senior leaders who actively support initiatives promoting workforce equality.

4.4 Conclusion

The 2023/2024 Gender Pay Gap report for DHCW shows progress towards closing gender disparities in executive and middle management roles and an overall reduction on both the median and mean gender pay gap, when compared to 2023 reporting. While female representation is increasing, particularly in mid-level roles, challenges remain, especially at Band 9, as outlined in appendix C.

We remain committed to addressing these disparities and will regularly monitor progress against our plan. An update on progress and initiatives from the 2023 report is included in Appendix D.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Risks to note.

- The disproportionate number of female appointments into Band 9 may point to barriers requiring attention.
- The growing number of women in part-time roles, while positive, could inadvertently limit access to senior roles if progression pathways are not explicitly supported.

5.2 Recommendations

- Continue to encourage diverse representation across pay bands
- Continue to create opportunities for underrepresented groups to access higher-paying roles.
- Continue to support career progression and development by tailoring leadership development and career pathways to diverse needs, particularly for those balancing caregiving responsibilities.
- Ensure flexibility without limiting opportunities
- Maintain part-time and flexible roles as viable career options while ensuring they do not impede progression.
- Implement mentorship, sponsorship, and leadership development initiatives to increase gender diversity in senior positions.

By focusing on these areas which are more broadly contained in our Strategic Equality Plan [DHCW SEP](#) and People Strategy [POD Strategy](#), we aim to foster an inclusive and equitable workplace that attracts and retains a high performing diverse workforce.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
NOTE the contents of the Gender Pay Gap report for ASSURANCE ..	

7 REFERENCES

References

- Congress, T. U. (2022). <https://www.tuc.org.uk/news/tuc-women-much-more-likely-men-have-flexible-work-arrangements-lead-loss-hours-and-pay>.
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- Francis-Devine, B. (2024). *The Gender Pay Gap*. London: House of Commons Library.
- Kollewe, J. (2024). Women hold 42% of board seats at big UK firms. *Guardian*.

8 Appendices

- **Appendix A:** Definitions of Terminology
- **Appendix B:** Explanation of Gender Pay Gap Calculations
- **Appendix C:** Gender distribution for the years 2022, 2023 and 2024
- **Appendix D:** Progress Update on Initiatives from the 2023 Report

Appendix A

Definitions

Definitions included in this report are provided below.

Gender Pay Gap: The Human Rights Commission defines Gender Pay Gap as the measure of the difference between female and male average earnings across an organisation who carry out the same or similar work. It is unlawful to pay employees unequally because of their gender.

Equal pay: Equal pay means that women and men in the same employment performing equal work must receive equal pay, as set out in the Equality Act.

Who counts as an employee for Gender Pay Gap reporting: DHCW used the definition in the Equality Act 2010 to determine who counts as an employee to include employees holding contracts of employment with the organisation. This includes all staff on permanent, secondment and fixed term contracts, employed either full time or part-time. Employees on parental leave or sick leave on full pay are included. Contract or agency workers form part of the headcount of the agency that provides them, and they are therefore not included in DHCW reporting.

Female and male: Regulations do not define the terms 'female' and 'male' and the requirement to report Gender Pay Gaps should not result in employees being singled out and questioned about their gender. The data used in this report comprises information provided by the Electronic Staff Record (ESR) and is based on gender identification provided by each employee.

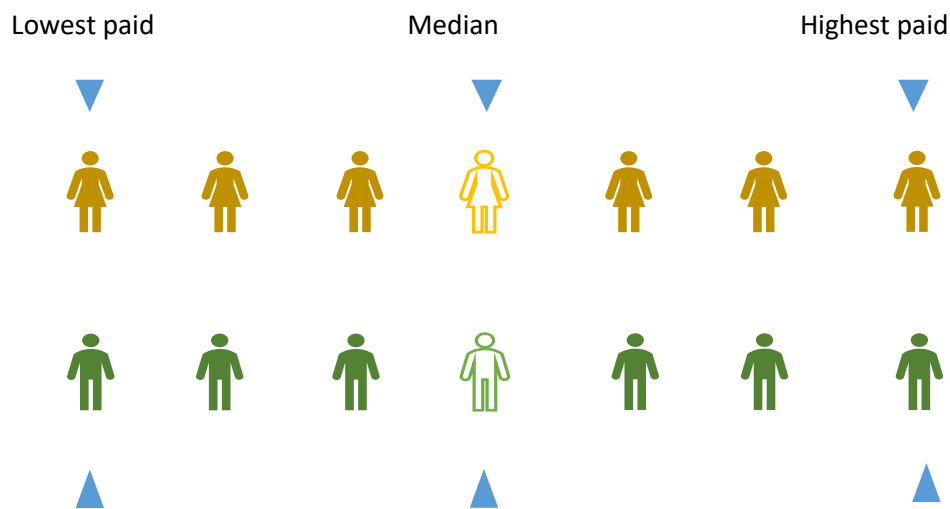
Appendix B

The concepts of median and mean in the context of Gender Pay Gap analysis is included below.

Median

The median is the pay figure that falls in the middle of a range, when salaries or pay figures are lined up from lowest to highest, as represented in figure 1. The median gap calculation is based on the difference between the middle of the range of pay for male staff and the middle of the range of pay for female staff.

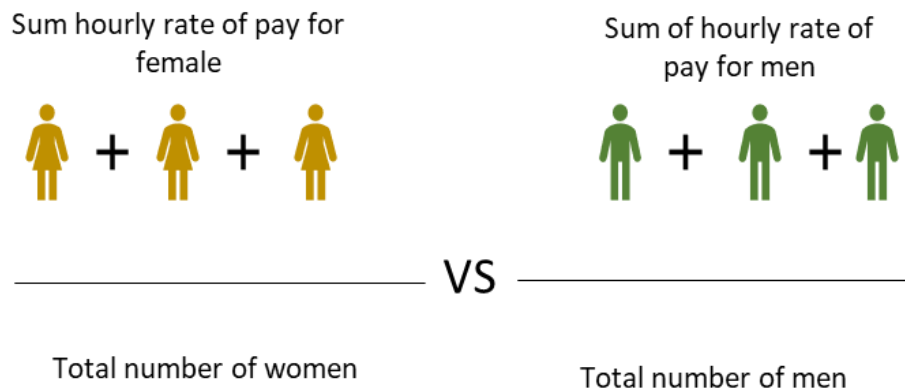
Figure 1: Median Calculation



Mean

The mean is calculated by adding up the hourly pay for female and male staff and dividing the figure by the number of employees as presented in figure 2. The mean Gender Pay Gap calculation is based on the difference between the mean pay for male staff and mean pay for female staff.

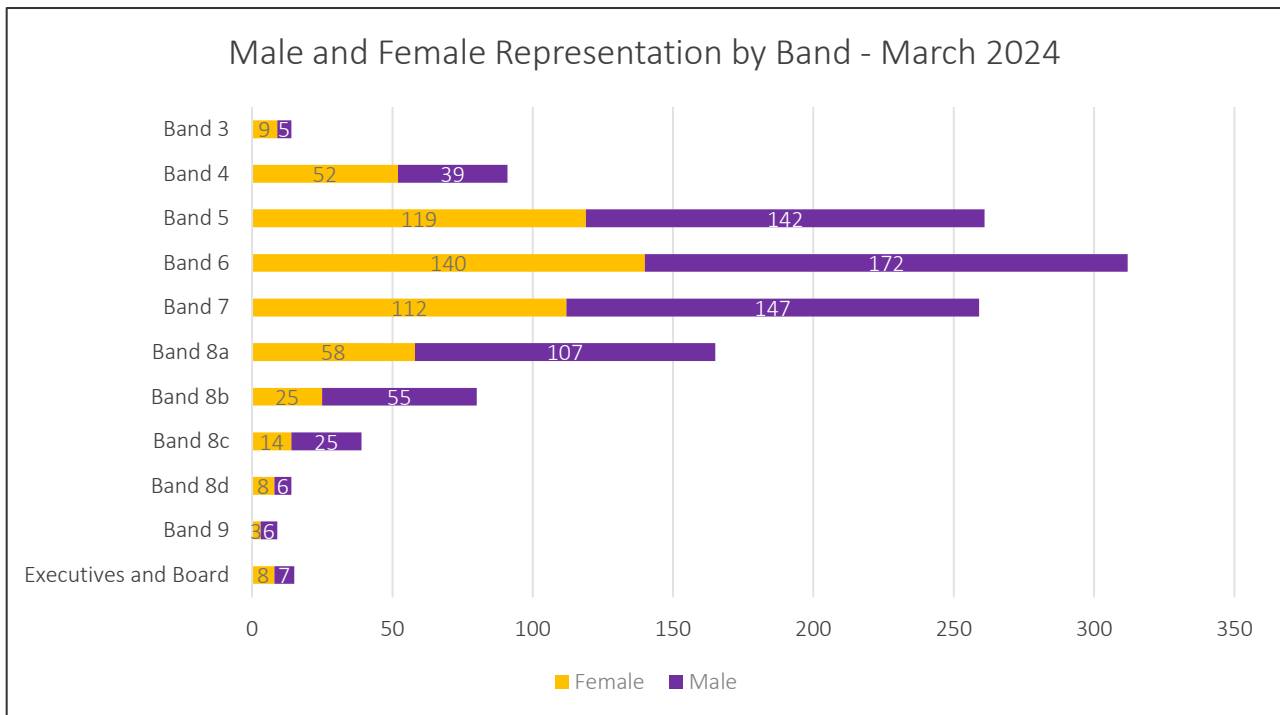
Figure 2: Mean Calculation



Appendix C

Comparison of males and females in each band, year on year

Band	Female (2022)	Male (2022)	Female (2023)	Male (2023)	Female (2024)	Male (2024)
Executives and Board	4	6	6	7	8	7
Band 9	2	4	4	5	3	6
Band 8d	5	6	6	7	8	6
Band 8c	9	20	11	23	14	25
Band 8b	16	38	22	48	25	55
Band 8a	39	72	51	95	58	107
Band 7	72	118	93	128	112	147
Band 6	105	151	117	160	140	172
Band 5	88	120	98	121	119	142
Band 4	40	48	50	62	52	39
Band 3	9	5	11	5	9	5



Appendix D

Initiatives to address the gender pay gap	Progress
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 through Management Board reports. June Management Board
We will continue to identify and monitor progress on the delivery of actions derived from data analysis and pay gap reporting.	Progress is monitored through the DHCW bi-annual strategic equality plan update report, annual gender pay gap report, Welsh Government reports, internal audits and external audits for the standards BS 76000 valuing people and ISO 30415 Diversity and Inclusion. The EDI network is consulted on relevant policies, frameworks and strategic documents for feedback and input.
We are committed to reviewing our recruitment equality data including the monitoring of female and male applications for jobs and part time workers and will explore gender data across pay bands.	Recruitment data is monitored via the diversity dashboard published in management board reports, which includes recruitment statistics for male and female appointments. This information is refreshed monthly to reflect trends and inform decisions.
We will explore gender data across pay bands and directorates to better understand gaps for further improvements.	Dashboards have been created and shared with key senior leadership to track and monitor gaps, with ongoing initiatives for improvement.
We will improve our Talent Pipeline with the launch of our Talent Cohort which aims to develop and accelerate career pathways for our people. Through monitoring of the applications for the Cohort, we will assess where there may be gaps and identify interventions to increase participation for underrepresented groups.	Females represent 43% of those people in the Talent Pipeline, this reflects good representation as 43% of our workforce are females.
We will continue to raise awareness through campaigns, workshops and networks to showcase and celebrate the impact of women in the workplace as well as signposting resources and learning opportunities.	DHCW actively supports a range of national campaigns such as International Women's Day and World Menopause Awareness Day, to celebrate women's contributions in the workplace. These events focus on women's health, development, and support for women in Digital/STEM fields. DHCW's SEP emphasises that inclusion is everyone's responsibility, with support from senior leadership. The Chief Executive, a female, shared a video on her personal wellbeing practices, showcasing the organisation's commitment to its people and their wellbeing.



DIGITAL HEALTH AND CARE WALES ESCALATION STATUS UPDATE

Agenda Item	5.1
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Chris Darling, Director of Corporate Affairs Board Secretary
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to RECEIVE and DISCUSS the DHCW Escalation Status Update Report.

WC:
APP:
TOTAL:



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 27001
If more than one standard applies, please list below: BS 1008:2014	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Helen Thomas, CEO	March 2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	AI	Artificial Intelligence
IM	Independent Member	POC	Programme Oversight Chairs
RCGP	Royal College of General Practitioners	IMTP	Integrated Medium Term Plans
PDC	Programmes Delivery Committee	UHB	University Health Board

3 SITUATION / BACKGROUND

- 3.1 DHCW is accountable to Welsh Government, with leadership and direction provided by the [DHCW Board](#), which has oversight in ensuring sound governance arrangements. DHCW’s remit is to provide national digital and data services and infrastructure to NHS Wales.
- 3.2 DHCW operate as part of the [Welsh Government Oversight and Escalation Framework – NHS Wales Organisations](#) set by Welsh Government for all NHS statutory bodies. Within this framework there are five escalation levels. Since its establishment in April 2021 DHCW has operated at escalation level 1 – routine monitoring. On the 11 March 2025 DHCW was escalated to level 3 – enhanced monitoring.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Escalation Concern

- 4.1 The change in escalation status from level 1 – routine monitoring to level 3 – enhanced monitoring, related to the ‘performance and outcomes’ domain of the escalation framework and specifically to ‘the delivery of major programmes’.
- 4.2 The rationale for the decision to increase the escalation status was the ongoing challenges with pace and delivery on key national priorities, including:
- Delivery of strategies and plans require closer monitoring against clear and transparent programme plans and appropriate measurable interim milestones to enable effective progress monitoring, and risk management enabling early warning of potential issues and proper contingency planning if required.
 - Speed and effectiveness of digital implementation across several major programmes.
 - The lack of delivery on national architecture and availability of data in the NDR.
 - Management of commercial contracts and relationships needs to be strengthened to drive timely and effective delivery with clear assessment and management of risks.
 - Ensure effective relationships and partnership working is in place to support the development and delivery of plans and programmes.
- 4.3 Welsh Government will work closely with DHCW over the coming weeks and months to confirm the details of the escalation framework and requirements for the organisation.

Work since the escalation status change

- 4.4 A message to all staff went out from the DHCW Chair and Chief Executive on the 11 March to notify staff of the change of escalation status and the detail received to date.
- 4.5 At the monthly meeting with the Minister for Mental Health and Wellbeing (who has the lead role for digital health and innovation), the Cabinet Secretary for Health and Social Care and the Director General for Health and Social Care / Chief Executive of NHS Wales joined on the 17 March with the DHCW Chair and Chief Executive to discuss the change in escalation status.
- 4.6 A staff spotlight session, open to all staff to join took place on 19 March hosted by the Chief Executive and Director of Corporate Affairs / Board Secretary to explain how the NHS Wales Oversight and Escalation framework works, explain what DHCW’s escalation relates to, and answer staff questions.



4.7 On the 20 March an additional in-person Board Briefing session took place for Board members to come together to discuss the change in DHCW’s escalation status.

Future Work Planned

4.8 Engagement with Welsh Government to understand and confirm the escalation framework, including the improvement projections required going forward.

4.9 A dedicated session for the Board is planned on escalation considerations, reflections and learning. This will also provide the opportunity for the DHCW Board to confirm where progress against the agreed action plans are monitored and scrutinised publicly, with processes in place to track delivery.

4.10 Ensure any escalation requirements that might impact on partners and/or the wider system are understood and communicated to stakeholders.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 DHCW need to improve performance in relation to delivery of major programmes. The processes and measures will need to be agreed to ensure the Board are able to closely monitor improvement in the areas that have been escalated.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the Escalation Status update.	

DIGITAL HEALTH AND CARE WALES

DIGITAL GOVERNANCE AND SAFETY

COMMITTEE HIGHLIGHT REPORT

Agenda Item	5.2
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Date of Board Meeting	27 March 2025
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Digital Governance and Safety Committee
Chair of Committee	Rowan Gardner, Independent Member
Lead Executive Director	Rhidian Hurle, Executive Medical Director
Date of Last Meeting	27 February 2025
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Rowan Gardner, Independent Member

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: NOTE the content of the report for ASSURANCE .	



STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

DUTY OF QUALITY ENABLER	Information
DOMAIN OF QUALITY	Effective
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Committee Chair	March 2025	

IMPACT ASSESSMENT	
QUALITY AND SAFETY 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
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DG&S	Digital Governance and Safety Committee	WASPI	Wales Accord on the Sharing of Personal Information
ICO	Information Commissioner's Office	R&I	Research and Innovation

Definitions	
ALERT	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
ASSURE	Detail here any areas of assurance that the Committee has received
ADVISE	Detail here any areas of ongoing monitoring where an update has been provided to the Committee

PUBLIC SESSION

ALERT	There were no items to alert to the SHA Board.
ASSURE	<ul style="list-style-type: none"> • Committee end of year reports – The Committee were pleased to note and approve, where appropriate, the following reports: Annual report, Committee Effectiveness Self-Assessment, Committee Terms of Reference and Committee Cycle of Business in line with the Standard Orders. • Corporate Risk Register – The Committee noted the new risk added to the register on GP Systems and Services and commended the team for the work they had undertaken to reduce this risk. • Incident Review and Organisational Learning Report – The Committee noted the work undertaken during quarter 4. The Committee discussed the learning from the public beta stage of the NHS Wales App, and were assured that it had given them experience of managing demand when the unexpected occurs. The next public campaign was on hold until confirmation on funding was received. • Information Governance Assurance Report – The Committee were pleased to note that the Wales Accord on Sharing Personal Information (WASPI) was celebrating its 20th Anniversary. Additionally, the Committee were informed of the impact and potential of the Code of Confidentiality being approved. • Research & Innovation Strategy Assurance Report – The Committee received the report on the R&I Strategy Report and noted the good progress being made but also the restrictions in this area due to funding issues retaining and recruiting staff. • Technical Design Authority – The Committee received report on the Technical Design Authority and were pleased to note the progress made in this area during the reporting period.
ADVISE	<ul style="list-style-type: none"> • Wales Informatics Assurance Group Report – The Committee received the Wales Informatics Assurance Group report and were advised that one system had gone live before having full WIAG assurance.

PRIVATE SESSION

ALERT	There were no items to alert to the SHA Board.
ASSURE	<ul style="list-style-type: none"> • Cyber Security Assurance Report. The Committee were assured to note the work to underway to reduce the Cyber Security risks to the NHS. • Corporate Risk Register. The Committee discussed in detail the two private risks on the register.
ADVISE	<ul style="list-style-type: none"> • Dental Access Portal – The Committee were updated on the Dental Access Portal and noted the change in responsibilities for DHCW since January 2025 i.e. from a controller to processor.



Delegated action taken by the committee:

- The following policy was approved:
- NHS Wales Password Policy

Date of next committee meeting:

22 May 2025



DIGITAL HEALTH AND CARE WALES ANNUAL REPORT OF THE DIGITAL GOVERNANCE AND SAFETY COMMITTEE

Agenda Item	5.2i
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs/Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Laura Tolley, Head of Corporate Governance/ Deputy Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Digital Governance and Safety Committee 2024/25.	

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	January 2025	Reviewed
Rowan Gardner, Committee Chair	January 2025	Approved
DG&S Committee	27 February 2025	Endorsed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WASPI	Wales Accord on the Sharing of Personal Information	AUP	Acceptable Use Policy
NIIAS	National Integrated Intelligent Audit Solution		

3 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 and have oversight of DHCW Major Programmes. 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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 2024 and 31 March 2025. This is in line with its Terms of Reference. The Digital Governance and Safety Committee achieved attendance rate of 93.75% for this period.

	02.05.24	15.08.24	21.11.24	27.02.25	Attendance
Rowan Gardner (Chair)	✓	✓	✓	✓	100%
David Selway (Vice Chair)	✓	✓	✓	✓	100%
Marilyn Bryan Jones	✓	✓	X	✓	75%
Alistair Klaas Neill	✓	✓	✓	✓	100%
Total	100%	100%	75%	100%	93.75%

4.3 During the financial year 2024/25 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 Board Secretary and Executive Medical Director around the Annual Cycle of Business 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;
- Informatics Assurance Report;
- Information Services Assurance Report;
- Technical Design Authority – this report was added onto the Cycle of Business for 2025/26 as a standard agenda item and was presented at the November 2024 Committee meeting for the first time.

4.3.2 In addition, the following items were presented to the Committee for oversight and endorsement:

- Section 255 Requests
- Cross Border Ombudsmen Concerns
- Data Protection Officer (SPO) Service for Primary Care
- Section 255 Health & Social Care Act
- Digital Standards

Policies and Strategies

- Information Classification
- Backup Policy
- Problem Management Policy
- Incident Management Policy
- Business Continuity Management Policy
- Availability Management Policy
- Access to Information Policy
- Change Enablement Policy
- Patching Policy
- Service Level Management Policy
- Request Fulfilment Policy
- Cryptographic Policy
- Acceptable Use Policy
- Service Level Target Policy
- NHS Wales Password Policy

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 2024/25 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.
- National Integrated Intelligent Audit Solution (NIIAS) Reporting and Accessing
- Learning from the Synnovis Attack in London
- Audit + and Power BI Dashboards
- Dental Access Portal Update

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Digital Governance and Safety Committee is of the opinion that the draft Digital Governance and Safety Committee Annual Report 2024/25 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 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the Annual Report of the Digital Governance and Safety Committee 2024/25.	



DIGITAL HEALTH AND CARE WALES LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

Agenda Item	5.3
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Date of Board Meeting	27 March 2025
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Local Partnership Forum
Chair of Committee	Andrew Fletcher, Associate Board Member for Trade Unions & Helen Thomas, Chief Executive Officer
Lead Executive Director	Samantha Morgan, Director of People and Organisational Development
Date of Last Meeting	6 March 2025
Prepared By	Alison Bedford, Corporate Governance Coordinator
Presented By	Andrew Fletcher, Associate Board Member for Trade Unions

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: NOTE the content of the report for ASSURANCE .	

STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation
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CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

DUTY OF QUALITY ENABLER	Workforce
DOMAIN OF QUALITY	Person Centred
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Committee Chair	March 2025	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY 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
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
LPF	Local Partnership Forum		

Definitions	
ALERT	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
ASSURE	Detail here any areas of assurance that the Committee has received
ADVISE	Detail here any areas of ongoing monitoring where an update has been provided to the Committee

PRIVATE SESSION

ALERT	<ul style="list-style-type: none"> There were no items for the Board to be alerted to.
ASSURE	<ul style="list-style-type: none"> Corporate Risk Register. The Local Partnership Forum received the Corporate Risk Register and discussed the new Corporate Risks. Workforce Performance Report. The Local Partnership Forum received for assurance, the workforce performance report and were advised that sickness absence has decreased by 0.59% from last month to 3.60% in the month of January 2025. Members were pleased and assured to note the appraisal completion rate of 87% and statutory and mandatory training rate of 95.2%.

	<ul style="list-style-type: none"> • Gender Pay Gap Annual Report – The Local Partnership forum received assurance on the progress towards closing gender disparities in executive and middle management roles, and an overall reduction on both the median and mean gender pay gap, compared to 2023. • Strategic Workforce Planning. The Local Partnership Forum received an update on Strategic Workforce Planning and were assured that important legislative requirements such as Welsh Language and developments such as Artificial Intelligence were being incorporated as part of this work going forward. • Raising Concerns. The Local Partnership Forum were assured by the ongoing promotion of Raising Concerns across DHCW to support a culture of openness and were assured that work continued to ensure that all staff have confidence to raise concerns.
ADVISE	<ul style="list-style-type: none"> • Trade Union Update. The Local Partnership Forum received a verbal update from Trade Union representatives and were assured to note the ongoing discussions and collaboration between the Trade Unions and People and Organisational Development team. • Hybrid Working. The Local Partnership Forum received a verbal update on Hybrid Working and the work of the focus group that met every 6 weeks. • Staff Awards and Conference 2025. Members were advised that learnings had been taken forward from 2024 in relation to award categories, in addition, staff were currently being engaged with relating to topics for the conference to ensure a successful conference and awards ceremony in 2025. • Building Our Future. The Local Partnership Forum received an update on Building our Future programme and the outputs of a number of workshops facilitated to develop DHCW’s target operating model which was in line with DHCW’s vision and overarching principles set out in the Organisational Strategy.

<p>Delegated action taken by the Forum:</p>
<ul style="list-style-type: none"> • Endorsed the LPF Annual Report 2024-25 • Endorsed the Terms of Reference 2025-26 • Endorsed the Cycle of Business 2025-26

<p>Date of next meeting:</p>
<p>5 June 2025</p>



DIGITAL HEALTH AND CARE WALES

ANNUAL REPORT OF THE LOCAL PARTNERSHIP FORUM 2024-25

Agenda Item	5.3i
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Name of Meeting	Local Partnership Forum
Date of Meeting	27 March 2025

Public or Private	Private
IF PRIVATE: please indicate reason	Local Partnership Forum is a Private Meeting

Executive Sponsor	Chris Darling, Director of Corporate Affairs/Board Secretary
Prepared By	Alison Bedford, Corporate Governance Coordinator
Presented By	Chris Darling, Director of Corporate Affairs/ Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Local Partnership Forum 2024/25.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Forum / Group who have received or considered this paper prior to this meeting		
PERSON, FORUM OR GROUP	DATE	OUTCOME
LPF	06 March 2025	Endorsed

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 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 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:** Associate Board Member – Trade Union and Chief Executive Officer
 - **Management Representatives:**
 - Chief Executive / Executive Director of Finance, Deputy Chief Executive Officer
 - Director of Corporate Affairs/Board Secretary
 - General Managers from Directorates (as locally identified)
 - Director of People, Workforce and Organisational Development
 - 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:-

 - Trade Union Stewards
 - Trade Union Regional Representatives
 - Other 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 2024 to 31 March 2025. This is in line with its Terms of Reference. The Local Partnership Forum achieved an overall attendance rate of 57.5% for this period.

	06.06.24	05.09.24	05.12.24	06.03.25	Attendance
Management Representatives					
Helen Thomas / Claire Osmundsen-Little (Chair) *	✓	✓	X	X	50%
Andrew Fletcher (Chair)	✓	✓	✓	✓	100%
Chris Darling	✓	✓	X	✓	75%
**Sarah-Jane Taylor (Until 09/24)	X	✓	X	X	25%
**Samantha Morgan (from 11/24)	X	X	✓	✓	50%
Joanne Jamieson	✓	✓	✓	✓	100%
Staff Representatives					
Paul Evans	✓	✓	✓	✓	100%
Zachery Edwards	X	X	✓	X	25%
Tanya Bull	X	X	✓	X	25%
Pete Lowe	X	X	X	X	0%
Paul Seppman	X	X	✓	X	25%
Total	50%	60%	70%	50%	57.5%

*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 2024/25 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 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. 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 and Sustainable Major Programmes 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 2024-25 included the pay review.

Policies

A number of policies and procedures were reviewed and noted by LPF during the 2024-25 period as part of the formal consultation process.

4.3.2 In addition, the following items were presented to the Forum for oversight:

- Digital Workforce Review
- Organisational Change
- Health and Wellbeing Group
- Flexible Working
- Strategic Resourcing Group
- Building Our Future
- People and Professional Organisational Development Strategy
- Study Leave Course Conditions
- Social Partnership Duty
- Audits
- Estates Plan
- Transition to Cloud

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Local Partnership Forum is of the opinion that the draft Local Partnership Forum Annual Report 2024/25 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 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Local Partnership Forum 2024/25.	

DIGITAL HEALTH AND CARE WALES PROGRAMMES DELIVERY COMMITTEE HIGHLIGHT REPORT

Agenda Item	5.4
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Date of Board Meeting	27 March 2025
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Programmes Delivery Committee
Chair of Committee	David Selway, Independent Member
Lead Executive Director	Ifan Evans, Executive Director of Strategy
Date of Last Meeting	6 February 2025
Prepared By	Belinda Mills, Corporate Governance Secretariat
Presented By	David Selway, Independent Member

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: NOTE the content of the report for ASSURANCE .	



STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Committee Chair	November 2024	Approved

IMPACT ASSESSMENT	
QUALITY AND SAFETY 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
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

Definitions	
ALERT	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
ASSURE	Detail here any areas of assurance that the Committee has received
ADVISE	Detail here any areas of ongoing monitoring where an update has been provided to the Committee

PUBLIC SESSION

<p>ALERT</p>	<ul style="list-style-type: none"> • The Committee were alerted that there are a number of programmes that are currently not progressing fully as planned, due to matters out of DHCW control, which posed a risk to delivery. Specifically: <ul style="list-style-type: none"> - Digital Maternity Cymru (programme has been paused following termination of procurement and Welsh Government (WG) letter to Health Boards and DHCW. DHCW are awaiting confirmation on how to proceed from WG) - National Digital EyeCare Programme, WG confirmed closure of the National Programme that had transferred to DHCW from Cardiff & Vale UHB therefore DHCW were considering next steps - Welsh Intensive Care Informatics System (Project on hold as instructed by WG, pending outcome of actions arising from WG commissioned Independent Review and workshops with Health Boards) • The Committee were alerted of the indicative financial figures received for 25/26 from and DHCW are now assessing the impact of the proposal against DHCW requirements for next year. • Previously alerted to the SHA Board, and escalated to Welsh Government, there are two major programmes that remain without an appointed programme chair, namely: <ul style="list-style-type: none"> - Welsh Community Care Information System & Connecting Care
<p>ASSURE</p>	<ul style="list-style-type: none"> • The Committee were provided with annual assurance reports for the following Major Programmes: <ul style="list-style-type: none"> - Welsh Patient Administration System - Cloud Migration Programme - GP Systems Framework <p>Committee members were assured that there were robust arrangements and plans in place for the delivery of programmes. The Committee were assured that programme related risks were being managed despite challenges and were assured that DHCW set up a task force to manage the INPS major incident and has been regular liaison with administrators.</p> • The Committee were provided with assurance that the three public corporate risks assigned to the Committee were being managed and monitored appropriately, in addition, Committee members discussed in detail DHCW0300 Canisc (Screening and Palliative) – and were assured by the close review as decommissioning progresses.



ADVISE	<ul style="list-style-type: none"> The Committee reviewed in detail the Major Programmes report and were advised on the current status of each major programme.
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PRIVATE SESSION

ALERT	<ul style="list-style-type: none"> The Committee discussed in detail the current status of the following programmes: <ul style="list-style-type: none"> Welsh Intensive Care Informatics System INPS/GP Transition Frameworks
ASSURE	No items to assure to the SHA Board.
ADVISE	No items to advise to the SHA Board.

Delegated action taken by the committee:
N/A

Date of next committee meeting:
01 May 2025



DIGITAL HEALTH AND CARE WALES ANNUAL REPORT OF THE PROGRAMMES DELIVERY COMMITTEE

Agenda Item	5.4i
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Belinda Mills, Corporate Governance Coordinator
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Endorsement
Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Programme Delivery Committee 2024/25.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Provide a platform for enabling digital transformation
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below 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.
FINANCIAL	No, there are no specific financial implications related

IMPLICATION/IMPACT	to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance	January 2025	Reviewed
Chris Darling, Director of Governance and Corporate Affairs	January 2025	Approved
Programmes Delivery Committee	06 February 2025	Endorsed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 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 2024 – 2025 financial year.

3 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

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 four times during the period 1 April 2024 and 31 March 2025. This is in line with its Terms of Reference. The Programme Delivery Committee achieved attendance rate of 88% for this period.

	14.04.24	01.08.24	07.11.24	06.02.25	Attendance
David Selway (Chair)	✓	✓	✓	TBC	
Ruth Glizzard (Vice Chair)	✓	✓	✓	TBC	
Marian Wyn Jones	✓	✓	✓	TBC	
Rowan Gardner	X	X	✓	TBC	
Total	75%	75%	75%		

4.3 During the financial year 2024/25 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 2024-25 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

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 2024-25 the following items were presented to the Committee for oversight and assurance:

- Learning from LINC and RISP Governance Arrangements
- Digital Services for Patients & Public Business Case
- Benefits Tracking Realisation
- Strategic Diagnostics Review
- Digital Maternity Cymru Updated Business Case
- National Data Resource Business Case -Executive Summary
- Electronic Prescription Service Business Case – Executive Summary

4.4 During the financial year 2024/25 the Programmes Delivery Committee discussed the following items at its **private** meetings:

- Major Programmes Update, specifically:
 - National Eye Care Digitisation Programme
 - Welsh Intensive Care Information System
 - Welsh Community Care Information System
 - Connecting Care
 - Digital Maternity Cymru
 - INPS/GP Transition Framework

- Private Corporate Risk Register-all risks assigned to the Committee and deemed private were reviewed in detail for assurance at each meeting.

- Strategic Diagnostics Review

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 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Programme Delivery Committee is of the opinion that the draft Programme Delivery Committee Annual Report 2024/25 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 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Programme Delivery Committee 2024/25.	

DIGITAL HEALTH AND CARE WALES REMUNERATION AND TERMS OF SERVICE COMMITTEE HIGHLIGHT REPORT

Agenda Item	5.5
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Date of Board Meeting	27 March 2025
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Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Remuneration and Terms of Service Committee
Chair of Committee	Simon Jones, Chair
Lead Executive Director	Helen Thomas, Chief Executive Officer
Date of Last Meeting	13 March 2025
Prepared By	Chris Darling, Director of Corporate Affairs Board Secretary
Presented By	Simon Jones, Chair

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: NOTE the content of the report for ASSURANCE .	



STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

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

<u>DUTY OF QUALITY ENABLER</u>	Information
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Committee Chair	March 2025	Approved



IMPACT ASSESSMENT	
QUALITY AND SAFETY 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
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

Definitions	
ALERT	Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently
ASSURE	Detail here any areas of assurance that the Committee has received
ADVISE	Detail here any areas of ongoing monitoring where an update has been provided to the Committee



PRIVATE SESSION

ALERT	There were no items to alert to the SHA Board
ASSURE	Committee Self Effectiveness Survey The Committee received the 2024-25 Committee Self Effectiveness Survey Report and were assured that the Committee was operating effectively.
ADVISE	Director of People and Organisational Development Objectives The Committee received and discussed the objectives for the Director of People and Organisational Development Workforce Update The Committee received an update on Workforce related matters.

Delegated action taken by the committee:

- Endorsed the Remuneration and Terms of Service Committee Terms of Reference 2025-26
- Endorsed the Remuneration and Terms of Service Committee Annual Report 2024-25
- Endorsed the Remuneration and Terms of Service Committee Cycle of Business 2025-26

Date of next committee meeting:

TBC



DIGITAL HEALTH AND CARE WALES ANNUAL REPORT OF THE REMUNERATION & TERMS OF SERVICE COMMITTEE

Agenda Item	5,5i
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance Deputy Board Secretary
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Remuneration and Terms of Service Committee 2024/25.	

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Globally Responsible Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Director of Corporate Affairs Board Secretary	March 2025	Approved
RATS Committee	13 March 2025	Endorsed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 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

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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Committee met three times during the period 1 April 2024 and 31 March 2025. This is in line with its Terms of Reference.
- 4.2 The Committee achieved an attendance rate of 90.5% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1st April 2023 to 31st March 2024 as set out below:-

	18.07.2025	08.10.2025	13.03.2025	Attendance
Simon Jones (Chair)	✓	✓	✓	100%
Ruth Glazzard (Vice Chair)	X	✓	✓	67%
David Selway	✓	✓	✓	100%
Marilyn Bryan-Jones	✓	✓	TBC	67% / 100% TBC
Rowan Gardner	X	X	✓	33%
Alistair Klaas Neill	✓	X	TBC	67% / 100% TBC
Marian Wyn Jones	✓	✓	✓	100%
Total	71%	71%	71% / 100% TBC	76%

- 4.3 During the financial year 2024/25 the Remuneration and Terms of Service Committee reviewed the following key items at its meetings:

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 Committee of the SHA Board, an annual cycle of business was developed for 2025-26 and approved in March 2025.

Annual Committee Effectiveness Survey

Members were requested to provide their views on the effectiveness of the Committee, the results of which were reported to the March 2025 meeting and outlined an overall positive response.

Executive team PADR and Objectives

Members discussed and reviewed the Executive team PADR and Objectives.

Redundancy Payment

Members discussed and approved a redundancy payment.

People & Organisational Development

Members received an update on People & Organisational Development matters.



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 The Remuneration and Terms of Service Committee is of the opinion that the draft Committee Annual Report 2024/25 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 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Remuneration and Terms of Service Committee 2024/25.	

DIGITAL HEALTH AND CARE WALES

ANNUAL REPORT OF THE AUDIT AND ASSURANCE COMMITTEE

Agenda Item	5.6
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Julie Robinson, Corporate Governance Coordinator
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	For Approval
Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Audit and Assurance Committee 2024/25.	

WC: 1562
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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WELL-BEING OF FUTURE GENERATIONS ACT	A Globally Responsible Wales
If more than one standard applies, please list below:	

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

DUTY OF QUALITY ENABLER	Information
DOMAIN OF QUALITY	Effective
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Laura Tolley, Head of Corporate Governance Deputy Board Secretary	January 2025	Reviewed
Marian Wyn Jones, Committee Chair	January 2025	Reviewed
Audit and Assurance Committee	January 2025	Endorsed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 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 2024-25 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Committee met five times during the period 1 April 2024 and 31 March 2025, 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 100% from Committee members (80% is considered to be an acceptable attendance rate) during the period 1st April 2024 to 31st March 2025 (excluding extraordinary meetings) as set out below:-

	16.04.24	09.07.24	15.10.24	21.01.25	Attendance
Marian Wyn Jones (Chair)	✓	✓	✓	✓	100%
Alistair Klaas Neill (Vice Chair)	✓	✓	✓	✓	100%
Ruth Glazzard	✓	✓	✓	✓	100%
Marilyn Bryan-Jones	✓	✓	✓	✓	100%
Total	100%	100%	100%	100%	100%

4.3 During the financial year 2024/25 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. There were £44,105.36 in payments in the 2024-2025 financial year.

Procurement and Scheme of Delegation Compliance

The Committee received regular updates on procurement activity undertaken including compliance with the Standing Financial Instructions. Learning was noted from incidents of Inappropriate Adherence with Standing Financial Instructions for a number of work packages during the period 2024-2025.

Corporate Risk Register

The Register was 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 updates from the Counter Fraud officer at each meeting. In addition, the introduction of a new Salary Overpayments dashboard was implemented during the period 2024-25.

Policies

The Committee received and approved four policies.

- Standards of Behaviour
- Shared Parental Leave
- Quality 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, in addition the first Duty of Quality Annual Report was received during 2023-24.

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 an update 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 will receive an annual report on themes and learning from Raising Concerns in April 2025.

Welsh Health Circulars and Ministerial Directives

The Committee received a bi-annual update on the current status of the Welsh Health Circulars and one Ministerial Directive at the July and January Committee meetings.

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 compliance to the Welsh Language Standards and received assurance on the work being undertaken regarding Welsh Language recruitment. Additionally, further progress was being made on the development of Welsh Learners in DHCW including the addition of a Welsh Language Learner of the Year award to the Staff Recognition Awards.

Internal Audit

A draft Internal Audit Plan for 2024/25 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 April 2024.

Ten reports were presented during the year:

- Programme Management – **Reasonable** Assurance rating,
- Digital Eyecare Programme – *Assurance Rating not applicable for this audit*
- Decarbonisation (All Wales Review) – **Reasonable** Assurance rating,
- Follow up of High Priority Internal Audit Recommendations – **Reasonable** Assurance rating,
- Financial & Service Delivery Sustainability – **Reasonable** Assurance rating,
- Data Quality – *Assurance Rating not applicable for this audit*
- Declarations of Interest – **Substantial** Assurance rating,
- Cloud Services – **Substantial** Assurance rating,
- Estates Assurance - Energy Management – **Reasonable** Assurance rating,
- Mission Five – Staff Development – **Reasonable** Assurance rating.

Audit Wales Structured Assessment

DHCW's third Structured Assessment was presented to Audit and Assurance Committee, additionally, the results of a Deep Dive of Cost Savings were received at the October 2024 meeting. 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, and DHCW now needs to use its new long-term strategy to demonstrate its value and consolidate its position as a digital system leader and enabler in the NHS.

Audit Wales Progress Reports

The Committee received progress reports from Audit Wales on the following:-

- From Firefighting to Future Proofing – the Challenge for Welsh Public Services
- Digital By Design
- DHCW Nationally Hosted NHS IT System Review

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 or 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.

Committee Effectiveness Self-Assessment

The annual self-assessment questionnaire was reviewed at the January 2025 meeting. The feedback indicated a generally positive response with the culture of the meetings considered conducive to open and productive debate.

4.3. Audit and Assurance Committee Private Agenda items

4.3.1 During the financial year 2024/25 the Audit and Assurance Committee reviewed the following key items at its **private** meetings.

- Business Continuity (Ransomware) Internal Audit Report.
- Eyecare Review Internal Audit Report.
- Legacy Software Modernisation.
- IT Change Management Internal Audit Report.
- Raising Concerns updates – the Committee received regular updates on the progress of concerns raised. In addition, members discussed learnings from these and also sought assurance from lead officers that actions were taken forward appropriately.
- Counter Fraud.
- Management of Physical Assets.
- Programme Governance.
- Losses and Special Payments.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Audit and Assurance Committee is of the opinion that the draft Audit and Assurance Annual Report 2024/25 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.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
APPROVE the Annual Report of the Audit and Assurance Committee 2024/25.	



DIGITAL HEALTH AND CARE WALES FINANCE REPORT 2024-25

Agenda Item	5.7
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Sian Williams, Head of Financial Services and Reporting
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the contents of the financial report for February 28 th , the forecast achievement of financial targets.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SLA	Service Level Agreement	PSPF	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
RISP	Radiology Informatics System Procurement	NIIAS	National Intelligent Integrated Audit Solution
DC2T	Data Centre 2 Transfer	LA	Local Authority
CRL	Capital Resource Limit	WCCIS	Welsh Community Care Information System
WICIS	Welsh Intensive Care Information System	IFRS	International Financial Reporting Standard
IMTP	Integrated Medium Term Plan		

3 SITUATION / BACKGROUND

3.1 Financial Performance

The purpose of this report is to present [DHCWs financial performance](#) and issues to February 28th 2024/25. 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).
2. Welsh Government Digital Priority Investment Fund 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 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 2024/25 Financial Performance Overview

4.1.1 Overview: As part of its IMTP DHCW issued a balanced plan for 2024/25. This was dependent upon the successful achievement of the in-year savings target (£1.5m) and the mitigation of all identified financial risks.

4.1.2 Revenue: DHCW is reporting a small revenue underspend of £0.292m for the period to February 28th and a forecast full-year underspend of £0.350m. Pay is anticipated to continue to track behind profiled spend due to the recruitment lag. This is materially offset by increases in non-pay spend as DHCW continues to secure capacity via third party suppliers, incurs non recurrent spend supporting cloud readiness activity & datacenter migration whilst also supporting Connecting Care and Welsh Intensive Care Informatics Solution (WICIS) programme costs.

To mitigate financial risk in 2024/25 an amount of c. £0.6m was identified and reserved to cover potential cost pressures late in the financial year. However, it is unlikely that these cost pressures will now materialize and therefore the financial forecast is predicated upon the return of funding to Welsh Government. We will liaise with Welsh Government finance team to expedite any actions required in relation to this matter prior to year end.

4.1.3 PSPP: The target Public Sector Payment Policy (PSPP) target has been exceeded with 97% of non NHS invoices being paid within 30 days.

4.1.4 Cash: DHCW has a cash balance of £10.830m as at February 28th.

4.1.5 Digital Priority Investment Fund: Spend to February totals £28.988m against a total budgeted amount of £32.114m.

4.1.6 Capital: Spend to February totals £10.880m against a current CRL of £16.136m. During January firewalls were delivered as planned and adjustments to RISP funding of £2.5m was completed. The Digital Lounge phase 1 spend is on target for completion in March.

4.2 Developments since December Board

4.2.1 2024/25 Pay Award: The impact upon DHCW is a pay rise of 5.5% (implemented in November) with intermediate pay points being added for Agenda for Change Bands 8a and above after two years has been calculated (£3.5m pa). Although not incorporated with the latest remit letter it is anticipated that this funding will be added to the organisations recurrent funding allocation.

4.2.2 GP Software Supplier Migration: INPS supplies the software for our core GP Services to 154 GP practices across Wales with 1.37 million patients. INPS has placed itself under voluntarily administration due to financial difficulties. DHCW is exploring possible mitigating actions to ensure continuity. Discussions are taking place with Welsh Government including the assessment of options to accelerate migration during 25/26 and the required supporting funding.

4.2.3 Connecting Care Business Case: The Connecting Care Programme supports the ongoing digitisation of community, mental health and social care services under a shared care record across Wales. The case has been reviewed by the WG Digital Investment Panel (DIP). Following feedback from WG, a revised business case will be submitted on April 15th.

The revisions will include the following updates:

- Analysis of the products already in the Health Boards (HBs) supporting Community and Mental Health.
- Requirement for each HB for the replacement of Community and Mental Health products with options for the procurement of Community and Mental Health products.
- Revised timelines for implementation in light of the current position.
- Removal of duplication associated with elements covered off in the Local Authority Business case.

4.2.4 RISP: DHCW has now finalised its assessment of the accounting treatment within the RISP programme. We have liaised with participating organisations and Welsh Government regarding accounting treatment considerations. The SHA Board has agreed the enactment of a change control with the supplier which will enable DHCW to hold the All-Wales Licence as an asset with a valuation of £2.6m as part of a national digital solution. The local hardware and workstations meet the criteria for IFRS 16 and consequently have a recurrent revenue funding requirement via each organisation which is within the approved total of the initial business case.

4.2.5 Microsoft VAT: In terms of the substantive claim, DHCW has maintained close communication with our VAT advisors with the intention remaining (in the absence of resolution from HMRC), to recover VAT relating to 2021 invoices paid. The initial tranche of VAT recovery is forecast for July 2025.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Key Issues

5.1.1 Operational Services Directorate Financial Performance: The reported overspend year to date (£0.309m) reflects the costs of non-recurrent activity in key areas such as Cloud adoption preparation, datacentre migration and securing third party capacity to support the redesign of the service management function/target operating model.

- 5.1.2 WICIS:** DHCW has been liaising with the supplier and NHS Wales stakeholders with the intention to hold workshops that will inform future requirements. We will continue to liaise with the WG digital team to support activity and monitor the position.
- 5.1.3 Risks:** DHCW has mitigated financial risks relating to 2024/25.
- 5.1.4 2024/25 Annual Accounts:** The final submission deadline has been brought forward in 2024/25 to the 30th June. DHCW has worked with Audit Wales to continually improve the efficiency of the audit process and ensure the necessary resource are available.
The Manual for Accounts (MfA) sets out the following submission deadlines for this year:
- Draft Accounts – Friday 2nd May 2025 (midday)
 - Audited Accounts – Monday 30th June (midday)
- 5.1.5 2025/26 Financial Planning:** The current financial forecast presents a balanced position for 25/26 predicated upon funding assumptions incorporated within the remit letter. In terms of finalising DHCW’s funding position, two unsigned SLAs remain outstanding and additionally, confirmation of funding to support GP Migration and WCCIS legacy system support is required from Welsh Government.
- 5.1.6 Financial Sustainability:** DHCW continues to liaise with Welsh Government digital leads regarding the funding requirement and efficiency target for 25/26 and over the medium term. Progress has been made with the approval of additional recurrent funding to support the revenue funding requirement for services transitioning to business as usual in 2025/26 (NHS Wales App and Cancer informatics Solution). As part of the IMTP submission the revenue funding requirement to support the shift from CAPEX to OPEX service models (as part of the Cloud Transition programme) has also been identified and scheduled to impact upon the 2027/28 financial position. It is anticipated that this could be offset via a reduction in capital funding and an increase in revenue to contribute to cost pressures.
DHCW has also raised via its IMTP Touchpoint session with NHS Executive and Welsh Government leads the challenges inherent in single year funding settlements to support programmatic activity and the benefits of moving to a more secure multiyear arrangement.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE and DISCUSS the contents of the financial report for February 28 th , the forecast achievement of financial targets.	



DIGITAL HEALTH AND CARE WALES CORPORATE RISK REGISTER

Agenda Item	5.9
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Director of Corporate Affairs Board Secretary
Prepared By	Bethan Walters, Corporate Risk Manager
Presented By	Chris Darling, Director of Corporate Affairs Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
<p>NOTE the Risk and Board Assurance Framework Workplan. RECEIVE and DISCUSS the status of the Corporate Risk Register including changes since the last meeting.</p>	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below: Safe Care Effective Care	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.	

IMPACT ASSESSMENT	
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.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place,

	there could be financial implications
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	04/03/2025	Discussed and verified
Management Board	13/03/2025	Discussed and verified

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 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 2024-25](#) includes progress of activity tracked on the forward workplan. The [Annual Corporate Risk Tending Analysis](#) is shared with Board members for information, noting that this has been presented at each Committee meeting for discussion.
- 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
- 3.4 The below are key areas from the [World Economic Forum Term Global Risks Landscape \(2024\)](#) for context and consideration by the Board:
- Cyber insecurity
 - Misinformation and disinformation
 - Adverse outcomes of AI technologies

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 DHCW's Corporate Risk Register currently has 16 risks on the Register, 12 of which are detailed at [item 5.9i Appendix A](#). There are 4 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 January 2024 to 28 February 2025:

NEW RISKS (5) 2 Private 3 Public

Five new risks were entered onto the register during the period.

Risk Ref	Risk Title	Risk Description
DHCW0341	**PRIVATE	**PRIVATE
DHCW0342	**PRIVATE	**PRIVATE
DHCW0343	Remit Letter 2025/2026	IF DHCW do not receive a Remit Letter before SHA Board paper publication timeframes for the March 2025 Board meeting THEN the DHCW Board will not be able to properly assure the IMTP 2025-28 against Welsh Government requirements and funding allocations, as required by DHCW's Standing Orders RESULTING IN DHCW not being able to fully approve its delivery plan and priorities for 2025-26, leading to lack of clarity for DHCW and partners.
DHCW0344	Funding for Connecting Care in FY25/26	IF the business case being submitted in April for the programme does not secure adequate funding for the period FY25/26 THEN there is a risk that the programme will incur costs of approximately £370K per quarter that will need to be covered until such time as the programme can migrate staff to other responsibilities or agree a method of covering costs with partners RESULTING in an overspend in this programme that is not covered by a financial delegation
DHCW0345	Funding for Operational delivery of CareDirector in FY25/26	IF DHCW does not secure funding of £563K for the FY 25/26 for running the operational service delivering CareDirector either via the business case or other source THEN there is a risk the service and the supplier will not be properly managed RESULTING in degradation in service quality with no releases or issue management and increased potential of service failure or prolonged outage



RISK REMOVED (2) 2 Public - 0 Private

Two risks were removed during the period.

RISK TITLE	RISK DESCRIPTION	Statement	COMMITTEE ASSIGNMENT
DHCW0313 – Digital cost Pressures – Service Model Costs	IF externally and internally sourced service provision models change resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	DHCW business case was approved at digital investment panel on 24th January 2025, funding to 2026/27 has been agreed with further discussions on the current funding. Score reviewed this risk downgraded from to Directorate level for management, remaining requirement to sign off on recurrent funding.	Audit & Assurance Committee
DHCW0339 – Digital EyeCare Service Delivery	IF implementation of the Digital EyeCare programme does not resume by the 1st April 2025 THEN there will be delay in implementation of a Digital Eyecare pathway for Citizens RESULTING IN potential for clinical delays and patient harm	Senior engagement with WG, agreed DHCW would close the national programme for eyecare, Cardiff and Vale will manage tactical deployment to HBs under the remaining period of the contract. This risk can therefore be closed.	Programmes Delivery Committee

RISKS WITH A CHANGE IN SCORE (3)

There were three changes in scores during the period.

RISK REF	DESCRIPTION	STATEMENT	COMMITTEE
DHCW0263 - Establishment & Functions of DHCW	IF clear directions do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, may stop sharing data, (ii) DHCW may be acting unlawfully if it processes identifiable data RESULTING IN (i) DHCW being unable to fulfil its intended core functions and in the case of continued processing, (ii) legal challenge.	Score increased due to the impact on DHCW Strategic Programmes increased from 12 to 20	Digital Governance & Safety Committee
DHCW0320 - Citizen and stakeholder trust in uses of Health and Social Care data	IF there is not an established strategic approach to public engagement and involvement in uses of health and care data. THEN significant progress is unlikely in developing a legislative and policy framework that reassures the public and wider Services. RESULTING IN An inability to make full use of data from across various health and care settings in Wales, which will impinge on DHCW's strategic aims and inhibit Wales from realising the full benefits of data driven digital transformation.	Score increased due to the impact on DHCW Strategic Programmes increased from 12 to 20	Digital Governance & Safety Committee
DHCW0300 - Canisc (Screening and Palliative Care)	IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	All Eforms are now in use risk significantly reduced however will remain on the register until decommissioned	Digital Governance & Safety Committee

The wording on both DHCW0263 and DHCW0320 have changed to focus the risks.

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

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0281 **DHCW0282	DHCW0340 - GP Systems and Services provided by third party could be withdrawn	
	MAJOR (4)			DHCW0344 Funding for Connecting Care in FY25/26 ★	DHCW0336 - Audit + Withdrawal from Contracts DHCW0337 - Sustainable Digital Services and Development Funding Model **DHCW0341 **DHCW0342 DHCW0343 Remit Letter 2025/2026 DHCW0345 Funding for Operational delivery of Care Director in FY25/26	DHCW0331 - Fixed term resource funding DHCW0333 - WICIS Implementation Delay DHCW0263: DHCW Functions DHCW0320 - Citizen and stakeholder trust in use of HSC data
	MODERATE (3)		DHCW0300 – Canisc (Screening and Palliative Care) ↓	DHCW0318 – Welsh Language Scheme Compliance ↔		
	MINOR (2)					
	NEGLIGIBLE (1)					

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

4.9 All the risks on the Corporate Risk log are assigned to a committee as outlined in the Risk Management and Board Assurance Framework Strategy 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 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of five new risks, removal of two risks and the change in score of three risks.

6 RECOMMENDATION

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.	



DIGITAL HEALTH AND CARE WALES PERFORMANCE REPORT

Agenda Item	5.10
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Angela Hagget, Head of Organisational Performance
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	To Receive/Discuss
Recommendation	SHA Board is being asked to
RECEIVE & DISCUSS the performance detailed in the DHCW Performance Report.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Choose an item.
<u>DOMAIN OF QUALITY</u>	Choose an item.
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome:
Statement: Organisational performance reporting affects all. An EQIA is not applicable.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and development of transparent organisational performance reporting has a positive impact on quality.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below There is a duty to monitor, report on, and improve performance.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective performance management not take place, there could be financial implications.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Key organisational decision makers and leaders should be aware of an act upon the elements of performance for which they hold responsibility or

	accountability.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	14/3/2025	Approved

Acronyms			
ABUHB	Aneurin Bevan University Health Board	PROMIS	Patient-Recorded Outcomes Measurement Information System
ADTs	Admissions, Discharges and Transfers	PSBA	Public Sector Broadband Aggregation
AI	Artificial Intelligence	PTHB	Powys Teaching Health Board
API	Application Programming Interface	RISP	Radiology Information Systems Programme
BAU	Business as usual	RSV	Respiratory Syncytial Virus
CAF	Cyber Assessment Framework	SBUHB	Swansea Bay University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board	SHA	Special Health Authority
DHCW	Digital Health and Care Wales	SIEM	Security Information and Event Management
DMC	Digital Maternity Cymru	SME	Subject Matter Expert
ePMA	Electronic Prescribing and Medicines Administration	SMR	Shared Medicine Record
EPS	Electronic Prescription Service	SSL	Secure Socket Layer
ETR	Electronic Test Requesting	TDA	Technical Design Authority
FHIR	Fast Healthcare Interoperability Resources	TGA	Ty Glan-yr Afon
HDUHB	Hywel Dda University Health Board	UAT	User Acceptance Testing
IMTP	Integrated Medium Term Plan	UCD	User-Centred Design

IQPD	Integrated Quality, Planning and Delivery	VPN	Virtual Private Network
KPI	Key Performance Indicator	WASPI	Wales Accord on the Sharing of Personal Information
LIMS	Laboratory Information Management System	WAST	Welsh Ambulance Service Trust
M365 CoE	Microsoft 365 Centre of Excellence	WCCIS	Welsh Community Care System (Now known as Connecting Care)
MFA	Multi-factor Authentication	WCP	Welsh Clinical Portal
NDAP	National Data Analytics Platform	WCRS	Welsh Care Records Service
NDR	National Data Resource	WECDs	Welsh Emergency Care Dataset Implementation
NWSSP	NHS Wales Shared Services Partnership	WG	Welsh Government
P&OD	People & Organisational Development	WICIS	Welsh Intensive Care Information System
PaRIS	Patient-Reported Indicators Surveys	WISDM	Welsh Information Solution for Diabetes Management
PCIP	Primary Care Information Portal	WIVS	Welsh Identity Verification Service
PoC	Proof of Concept	WPAS	Welsh Patient Administration System
PPMG	Planning & Performance Management Group		

3 SITUATION / BACKGROUND

The [DHCW Integrated 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 our Special Health Authority (SHA) Board.

The Executive Summary is structured, as follows:

- Current priorities
- Compliance performance
- Organisational performance
- Stakeholder
- Mission achievements

The [quarter three portfolio report](#) is included as an appendix this month.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Current Priorities

DHCW received formal notification that our escalation status has been raised from Level 1 to Level 3 (Enhanced Monitoring) on 11th March. This has been communicated to staff, and we are expecting confirmation of the steps that we need to take to de-escalate. These will be incorporate into future performance reporting.

The National Target Architecture (NTA), a core priority for DHCW, defines the whole system design for how digital and data services will work together across health and social care in Wales. Developing the NTA requires a partnership approach to assess the current state, identify viable future target states (supported by architectural designs, standards, and principles), and create transition plans. These plans will inform a multi-year strategic investment case. A roadmap, reviewed with Welsh Government, outlines the key actions over the forthcoming year, including underway activity preparing a tender to engage a supplier to support of this work (pending confirmation of funding from Welsh Government).

Within Primary Care, work to mitigate the risk following INPS going into voluntary administration in December. In addition, a solution has been negotiated with the Audit + supplier and a change note to secure the contract term until March 2026 is being progressed. After the resolution of the information governance issues, the Dental Access Portal is now functional across Wales.

Actions on the future development of WICIS were underpinned by the first workshop which took place this month and was well attended. Work with WG to understand the future actions and workshops are being scheduled. Work on the implementation of RISP is progressing with PHW going live in March and the DHCW board has approved the contract change note for the All-Wales Licence.

We received confirmation of 2025/26 funding and our remit letter which supports the development of DHCW's 2025-26 IMTP on the 14th March. Work has continued ahead of approval at SHA Board later this month alongside the preparations for financial year end.

Compliance Performance Update

DHCW has seventeen accountability conditions, sixteen of which are complete. End of year statements related to the remaining accountability condition were made at the IQPD meeting with WG on the March 3rd and are included in the report.

Headcount has fallen from a high of 1,278 in September 24 to 1,257. Thematic analysis from exit interviews is being undertaken by the People and Organisational Development Directorate, which will aid in determining any necessary corrective actions.

Within recruitment, three of our KPIs continue to rise, the time to shortlist rating remains RED, following an increase of 1.1 days. This has been caused by two (of three) breached adverts of the KPI, one shortlist was overdue by 15 days. Time to approve references three (of six) breached and time to update interview outcomes seven (of fourteen). The reasons for these breaches vary from hiring manager sickness, user error and failure to comply with the necessary Trac processes. In addition to the standard reminders, sent by the Trac system, DHCW's Recruitment Team continue to stress the urgency of updating the system.

The financial position remains in line with plan and the recurrent savings target has been met, in month £543k of savings were achieved.

Organisational Performance Update

The plan has decreased by five milestones to 474. Ten milestones have been change controlled out and additional five added to the plan, however, we have achieved 94% of the milestones planned for delivery by the end of February. We have now achieved 77% of all milestones in this year's plan with 92% predicted to be delivered by the end of the year. This time last year we had completed 246 milestones (63%).

Eight milestones were re-forecast to future years, during February, four of which were due to resource constraints. These are (1) Welsh Results Report Service, (1) Welsh Point of Care Testing and (2) the People and Organisational Development Directorate.

Overall Information Security compliance stands at 84.8%, with ongoing work to strengthen system resilience. Progress continues in resilience testing, with efforts focused on achieving target performance levels. Work is also underway to enhance vulnerability remediation processes, ensuring that security risks are addressed effectively. Patching compliance remains an area of focus, with improvements being made to streamline updates across systems.

In February, three DHCW-related incidents were reviewed by the Cyber Resilience Unit, with further analysis determining that only one required formal reporting. As part of routine security controls, system patching processes are continually reviewed and refined to minimise disruption. A temporary pause in GP system updates was necessary to address an issue affecting printing functionality; however, Microsoft and HP have identified the root cause, applied a fix, and normal patching will resume in the next cycle.

All planned penetration tests were successfully completed last month, along with additional assessments requested by teams, bringing the total to thirteen tests conducted.

Service availability for the month was 99.985%. Five Major Incidents (MIs) for DHCW-provided services occurred in February. Two of which were related to the impact of DHCW changes and one due to a change by a supplier. Welsh Clinical Portal (WCP) fell below the DHCW 99.900% target on a 6-Monthly Rolling basis following errors implementing an infrastructure change impacting WCP. The importance of following the change control process has been reiterated to teams to prevent further incidents.

There are risks related to three infrastructure switches. Work is ongoing to mitigate the risks with resolution activity planned to complete by the end of April.

Active problems have improved from RED (44%) to AMBER (52%) against a target of 70% following a review of historic problem records. This is a new KPI which is being monitored by the Operational Services Board to ensure progress is sustained with a view to meeting the target in the near future. A further workshop is planned.

The service desk is experiencing infrequent call quality issues, including dropped calls and distortion. This has been ongoing for some time; the supplier and network services are investigating and have regular troubleshooting sessions. A Service Request Fulfilment lead has been recruited who will take ownership of this issue which has been logged as risk.

Stakeholder

The first internal stakeholder review Action Plan Delivery Group was held in February to define scope and draft the Terms of Reference. Under the twenty-seven recommendations from the Review, sixty-four actions have been outlined, thirty of which are already in progress, and ten have been completed. The first external Stakeholder Advisory Group is planned for Q1 25/26. This group will provide steering and governance structures for the action plan.

Seventeen Service Level Agreement letters have been sent to Health Boards and Trusts, of which four are awaiting formal signed return, this is an improve position in relation to the same period last year.

A narrative summary of achievements against the SHA's five missions is provided below:

Mission 1: Provide a platform for enabling digital transformation.

- Three CyberLive sessions were held by DHCW and attended by over six hundred staff members, to improve **cyber security** awareness. This was followed by an updated Password Policy, which will enhance security and directly support staff in their role of safeguarding DHCW's digital environment.
- The PIN/RFI process for **Cloud** transition partners has closed. The twenty responses received will be used to refine requirements for the tender stage of the procurement.
- The **National Target Architecture** Bronze, Silver, Gold options were submitted to the Welsh Government for consideration and discussion. An information session to all staff members has planned to be undertaken in Summer.

Mission 2: Deliver high quality digital products and services.

- A positive **Vaccination Digital** engagement session was held by Welsh Government for Community Pharmacy Wales. The DHCW Community Applications team provided an overview of the Product Strategy for the Welsh Immunisation System. To date, a review of the roadmap, and demo of features have been developed. Moreover, the **successful release of changes** has enabled de-duplication of vaccination records, contributing to a streamlined and single source of truth for patients and clinicians.
- **GP systems migration** continues to make positive progress with 52 (out of 194) sites migrated from INPS to EMIS. Forty-six of which have reached stable operations (i.e. 30 days without a priority 1 or 2 incident).
- The **Dental Access Portal** is Live in all health boards. This will enable patients to seek routine NHS dental-related services, in a simplified and user-friendly manner.
- A **WICIS** Scope Workshop was successfully held on the February 7th and attended by all health boards. Follow up sessions have been planned with the Welsh Government and NHS Executive to establish interim governance and progress the next steps.

- The User Acceptance Testing (UAT) for **LIMS2.0** continues with **1,472** tests scripts passed out of 2,658 authored test scripts (55%). This benefits the development lifecycle of the software, highlighting and enabling any necessary corrective action, to meet user and business requirements, prior to official launch. Further, Electronic Test Requesting / Welsh Results Report Service interfaces have been deployed into test and handed over to UAT testers to commence end to end testing.
- The System Integration Testing (SIT) for **RISP** continues, which will enable early detection of any defects, and implementation of corrective actions. Additionally, the PSBA Manchester Secondary circuit cabling has been completed and PHW and BCUHB Picture Archiving and Communication System data migration to the data centre is positively progressing.
- **Total** prescription items claimed via **EPS** since initiation in November 2023 reached **1,081,706** items. At the end of February, **37 (10%)** GP practices, **249 (36%)** community pharmacies and **3 (75%)** dispensing appliance contractors are also using EPS. In addition to its environmentally friendly impact through paper reduction, this increase in service usage has streamlined and automated the originally manual, time-consuming administrative processes, enabling health care professionals to focus more directly on patient care.

Mission 3: Expand the digital care record and the use of digital to improve health care.

- Positive feedback from a GP at ABUHB stated a superb speed of process, since moving to **Radiology Electronic Test Requesting**. As a result of the successful pilot, BCUHB have requested **Cardiology Requesting** to be granted to all clinicians.
- **WCP Mobile** has sustained over **1,000** regular clinician users (primarily doctors). This provides clinicians with 'on-the-go' access to patient digital health records, saving time and effort, which can be dedicated directly to the patient.

Mission 4: Drive better value and outcomes through innovation.

- The DHCW Management Board approved the recommendations from the AI Steering Group for the development of our AI capability roadmaps, the adoption of AI-enabled opportunities into our products and services and AI being used to improve own efficiency and effectiveness. The planning for the implementation of those recommendations covering all areas of DHCW has now begun.

Mission 5: Be the trusted strategic partner and a high quality, inclusive and ambitious organisation.

- A Senior Leadership Day took place on the February 19th focusing on DHCW's Strategy, the National Target Architecture, and the Target Operating Model.
- Following advertisement during National Apprenticeship Week and positive engagement from the Strategy and POD Directorates, a total of **170 applications** were received for the Strategy Directorate's Business Directorate Support Administrator role, to which a Business Administration Apprentice will be appointed. Due to the number of applications received, the Strategy Directorate has offered to identify suitable candidates for the same post in other Directorates, if required.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

DHCW's escalation status has been raised from Level 1 (Routine arrangements) to Level 3 (Enhanced Monitoring) for the performance and outcomes domain related to the delivery of major programmes. Specifically, the pace of delivery on key national priorities, including:

1. Delivery of strategies and plans against clear and transparent programme plans.
2. Speed and effectiveness of digital implementation across several major programmes.
3. National Architecture and the availability of data in the NDR.
4. Management of commercial contracts and relationships.
5. Relationships and partnership working to support the development and delivery of plans and programmes.

The implications will be worked through and reflected in future performance reporting.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
RECEIVE & DISCUSS the performance detailed in the DHCW Performance Report.	



DIGITAL HEALTH AND CARE WALES

BUILDING OUR FUTURE

PROGRAMME UPDATE

Agenda Item	5.11
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Name of Meeting	SHA Board
Date of Meeting	27 March 2025

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen-Little, Executive Director of Finance
Prepared By	Rhian Hamer, Programme Director
Presented By	Claire Osmundsen-Little, Executive Director of Finance

Purpose of the Report	For Assurance
Recommendation	SHA Board is being asked to
NOTE the report for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below: Prosperous, Resilient, Culture, More Equal, Globally Responsible	

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

DUTY OF QUALITY ENABLER	Whole Systems Approach
DOMAIN OF QUALITY	Person Centred
If more than one enabler / domain applies, please list below: Timely, Effective, Efficient, Equitable	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Funding is required.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Workforce transformation
SOCIO ECONOMIC	No, there are no specific socio-economic implications

IMPLICATION/IMPACT	related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below The programme will inform research and innovation

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Claire Osmundsen-Little	dd/mm/2025	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PMO	Programme Management Office	POD	People and Organisational Development
IMTP	Integrated Medium Term Plan	SRO	Senior Responsible Officer
GDAD	Government Digital and Data	FedIP	Federation for Informatics Professionals
BCS	British Computer Society	TOM	Target Operating Model
OCP	Organisational Change Process	WBFGA	Wellbeing of Future Generations Act 2015

3 SITUATION / BACKGROUND

DHCW aims to transform the way in which its digital products and services are designed and delivered, through the development of user-centred approach.

The Building our Future programme is structured around our 5 strategic principles:

1. Putting people first - redesigning our future operating model and capability based on GDAD professional framework. Motivating, engaging and empowering our people through a new Digital Futures Space and Digital Learning Portal.
2. Simplify everything we do - Equipping the teams with an enterprise tool Kit to support product and service delivery.
3. More data, more digital - Understanding and embedding Artificial Intelligence within DHCW.
4. Find more value - Finance sustainability, including social value and developing stronger stakeholder relationships.
5. Embrace the future - Quality and service improvements.

The programme is designed to knit together organisational-wide transformation activities. This is a board update on the progress of the Building our Future programme. It highlights key deliverables in the last quarter and a summary of next steps.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Areas of update, as presented in the [attached](#), include:

Project 1 : Putting People First

This is owned by DHCW's People and Organisational Development (POD) directorate:

Organisation Operating Model Workstream

- DHCW Target Operating Model (TOM) has been defined through a series of workshops with DHCW senior management and Building Our Future Programme Board members.
- Further engagement is scheduled to give an opportunity to all DHCW employees to shape the intent and application of the model. The aim is to bring DHCW's TOM alive, so it truly reflects new ways of working across all directorates and teams within DHCW.
- Communication and engagement to embed key messaging around new ways of working has been delivered through a series of workshop, VLOGS, BLOGS, Articles and TenTalks.
- A visit to Hywel Dda to explore collaborative opportunities to support DHCW's transition to a service-led organisation was undertaken, aligned with user centred design. Further exploratory work will be undertaken with POD to develop a systemic approach.

People & Culture Workstream

- Work to reclassify our job descriptions to align with the Government Data and Digital Framework (GDAD) is progressing well.
- To date, out of 114 GDaD profiles identified (based on current needs with DHCW) 107 job descriptions have been completed/drafted, with 7 remaining.
- Directorate Organisational Change Process (OCP) within Operations progressing to plan.
- OCP within PCMH is on hold following the liquidation of INPS. Additional work necessary to mitigate associate risks.
- DHCW Leadership & Development event took place. This focussed on sharing the new architectural framework and plan with DHCW senior leaders.

Digital Learning Portal Workstream

- Discovery and user testing of both Federation for Informatics Professionals (FedIP) and British Computer Society (BCS) digital portal is complete; the evaluation is underway to inform a procurement process.
- The forthcoming focus is to procure a Digital Platform.

Digital Futures Space Workstream

- Work is underway on the redevelopment of the Ground floor at Ty Glan Yr Afon, with phase 1 due to complete by April 2025.
- Successful recruitment of the Head of User Centred Design role. This role will lead on the development of DHCW's approach to useability testing, which is a key aspect of user centre design enabling users to be at the heart of the design and development of digital products and services.

Project 2 : Finding More Value

This project includes Enterprise Tooling Workstream, which is led by the Operations Directorate:

- Discovery work continues to create a comprehensive database of DHCW’s current tooling arrangements.
- Once complete a prioritisation framework will be established which will include more detailed information such as costs, benefits and utilisation across teams.
- For new tools procured, an adoption timeframe to be agreed, ensuring needs and capabilities of DHCW employees are considered.
- The service management tooling strategy has been approved, and a procurement is underway, the architectural tool has been procured.

Project 3 : More Digital More Data

This project includes the Artificial Intelligence Workstream, owned by DHCW’s AI Team within the Strategy and Transformation Directorate.

- DHCW’s AI Roadmap has been agreed by the AI Steering Group.
- Support for the AI Commission continues and progress on the Technical sub-group continues.
- Development of Welsh Guidance has been completed.
- Revised Maturity Index has been prepared and recommendation on best practice deliverables has been made.

Project 4 : Simplify Everything We Do

This project includes the Stakeholder Relations Workstream, owned by DHCW Strategic Engagement Team

:

- Following the 27 recommendations received, 52 deliverables identified
- Completion of these are on track with 5 completed to date and 31 in progress
- Inaugural Stakeholder Action Plan Delivery Group took place.
- First External Stakeholder Advisory Group to be established in Q1 with focus on updating progress and consideration of system wide actions.

Also included in this project is the Organisational Improvements Workstream, owned by DHCW Quality Assurance Team:

- Training continues across DHCW with courses on “5-minute improvements” and Fundamentals of Improvement facilitated each month.
- SharePoint page created for DHCW Staff, including standardised tools and templates
- DHCW capability and capacity workshop complete. Findings to be presented at next Building our Future programme board. Recommendations include a focus on training, best practice and evidence the value of improvements and innovation.

Also included in this project is the Social and Environmental Value Workstream, owned by DHCW Finance and Business Assurance Directorate:

- Promise pledged at NHS Wales Climate Leadership Date on 21st February 2025, around promoting and delivering social and environmental value across DHCW.
- Benchmarking exercise complete, which mapped DHCW’s wellbeing statement to the Wellbeing of Future Generations Act 2015.
- Consultations with Centre of Digital Public Service and Future Generations Office Artificial Intelligence Lead held.

The key areas of focus in the upcoming quarters include :

People and Culture:

- Continuation of the OCP plans.
- Alignment with GDaD Framework: Finalising the remaining DHCW job descriptions to support the transition to DHCW new operating model.

Enterprise Tooling:

- Finalise the Enterprise Toolkit and the procurement. Focus here will be on finalising service management tool.

BOF Communications:

- Continue with the planned engagements and communications as per the communication plan. A huge focus on bringing DHCW’s Target Operating model to life so that teams and individuals understand new ways of working and what it means for them.

Social and Environmental:

- Initiate project mobilisation, to include an assessment of current activities underway to deliver WBFGA objectives

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

No Key Risks / Matters for escalation to Board.

6 RECOMMENDATION

Recommendation	SHA Board is being asked to
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NOTE the report for ASSURANCE .	
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