


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 29 May 2025 as a virtual meeting broadcast live via Zoom.

 10:00 – 14:15

 29 May 2025

 ZOOM

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

In Attendance	Initial	Title	Organisation
Sally Cox (item 3.1 only)	SC	Data Analysis Manager (Value in Health)	DHCW
Chris Darling	CD	Director of Corporate Affairs Board Secretary	DHCW

Samantha Morgan	SM	Director Of People & Organisational Development	DHCW
Sarah Puntoni (item 3.1 only)	SP	OECD PaRIS Programme Manager	NHS Executive

Observing	Title	Organisation
Hannah Brimson	Communications Officer	DHCW
Kate Comley	Senior Communications Officer	DHCW
Nerys Hurford	Translator	Translation Services
Julie Robinson	Corporate Governance Coordinator (Secretariat)	DHCW
Laura Tolley	Head of Corporate Governance Deputy Board Secretary	DHCW

Apologies	Title	Organisation
Andrew Fletcher	Associate Board Member – Trade Union	DHCW

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	FBC	Full Business Case
IM	Independent Member	IMTP	Integrated Medium-Term Plan
WG	Welsh Government	DG&S	Digital Governance & Safety Committee
A&A	Audit & Assurance Committee	PDC	Programmes Delivery Committee
NDR	National Data Resource	POD	People & Organisational Development
INPS	In Practice Systems	WICIS	Welsh Intensive Care Information System
NTA	National Target Architecture	GP	General Practitioner
RISP	Radiology Informatics System Programme	LIMS	Laboratory Information Management System

MI	Major Incident	Q1, Q2...	Quarter 1, Quarter 2....
BOF	Building Our Future	CAVUHB	Cardiff & Vale University Health Board
SLAs	Service Level Agreements	EHR	Electronic Health Record
DDaT	Digital, Data and Technology	OKRs	Objectives and Key Results
KPIs	Key Performance Indicators	EPS	Electronic Prescription Service
UHB	University Health Board	AI	Artificial Intelligence
GDaD	Government, Digital and Data	RATS	Remuneration & Terms of Service Committee
LPF	Local Partnership Forum	WPOCT	Welsh Point of Care Testing
MoU	Memorandum of Understanding	WIS	Welsh Immunisation System
OECD	Organisation for Economic Cooperation and Development		

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 2.4</p>	Noted	None to note
1.2	<p>Apologies for Absence</p> <p>Apologies were noted for:</p> <ul style="list-style-type: none"> Andrew Fletcher, Associate Board Member, Trade Union 	N/A	None to note
1.3	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	N/A	None to note
PART 2 – CONSENT AGENDA			
2.1	<p>Unconfirmed Minutes of 27 March 2025 Board Meeting</p> <p>i. Matters Arising</p>	Approved	None to note

The Board meeting can be watched in full below or by following the link in the title.



The Board resolved to:
APPROVE the minutes of 27 March 2025 Board Meeting.

2.2	Action Log (0) There were no public actions on the log. The Board resolved to: NOTE the Action Log.	Noted	None to note
2.3	Forward Workplan The Board resolved to: NOTE the Forward Plan.	Noted	None to note
2.4	2024/25 Q3 & Q4 Decarbonisation Return The Board resolved to: NOTE the 2024/25 Q3 & Q4 DCR Return.	Noted	None to note

MAIN AGENDA

FOR DISCUSSION

3.1	Shared Listening and Learning Presentation <ul style="list-style-type: none"> OECD PaRIS Study <p>Rhidian Hurle, Executive Medical Director (RH) introduced Sally Cox, Data Analysis Manager (Value in Health) and Sarah Puntoni OECD PaRIS Programme Manager NHS Executive to deliver the presentation on OECD PaRIS Study which focused on collecting the voices of patients.</p> <p>The presentation centred around the benchmarking and collection of data of adults over 45 who have a minimum of one chronic condition and were using primary care services:</p>	Discussed	None to note
-----	---	-----------	--------------

- A total of 19 countries took part, Wales was the only UK nation involved.
- The data originated from two cross sectional surveys, one targeted at GP surgeries and the other targeted the patients. The patient survey contained a total of 120 questions.
- The survey was based on patient centred indicators of outcomes and experiences of patients managed in primary care with chronic conditions but also included those without.
- The work was carried out in collaboration between Welsh Government, the Welsh Value in Health Centre and Digital Health & Care Wales with each having distinct roles which were outlined in the presentation.
- The data was collected in 2023. It recruited 75 GP practices with around 7,000 patients. There was a requirement for each patient to have seen a GP within the last 6 months. However, Wales had increased the data set from that required by the OECD and there were 26,000 patients in the data set.
- The Welsh Government Strategy intends to transform the NHS into a value-based healthcare system with a focus on prevention and person-centred care.
- The main themes of the work were on patient reported outcomes, measured experiences, multi-morbidities, social function, experiences of care coordination, inequalities, notably in terms of gender and socioeconomic. It looked at inequities across countries and populations. There was a real focus on digital technology and making digital a force for good.

Sally Cox provided further insight into the report:

- The main theme within the report was that Welsh patients reported experiencing low care coordination compared to other countries.
- Men reported better health in all countries, including Wales.
- Digital played a vital role in improving patient outcomes, improving communications, reducing errors and enhancing care coordination.
- Digital access in Wales was below the OECD average for patients booking online at the time the data was collected in 2023, however, this would have now increased.
- Wales was also below average in the number of patients accessing their medical records on line, however they were above average for ordering prescriptions online.

Discussion took place on

- Digital health literacy the respondents confidence of using digital on-line health. There was evidence the younger

	<p>generation were using TikTok for their on-line health advice.</p> <ul style="list-style-type: none"> Worldwide healthcare costs are becoming unaffordable with an aging population i.e. multi morbidities/taking multiple drugs and the consequences of this. Patients require not only more money but more time. They would like shorter waiting times but longer consultations, tailored and safer care. Social depravation and education are linked. There is an overlap between social needs and health care. The older demographic are more likely to have difficulty accessing digital care. Local Authorities and NHS have their own ways of working. There needs to be some practical development in linking in with each other. Trust in the healthcare system is below average and Wales was at the bottom when it came to care coordination. This was the public view in 2023 when the NHS was still emerging from the pandemic. More studies are needed to understand if this remains the view now. There will be other opportunities to engage in studies similar to this in the future. The OECD will release anonymised data in the next few months which would allow further research and connections with other countries. <p>RH thanked SP and SC for the presentation and generating the conversation.</p> <p>The Board resolved to:</p> <p>RECEIVE the Shared Listening and Learning Presentation on the OECD PaRIS Study.</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"> Board Briefing – Escalation Status, Risk Appetite Review, Staff Survey Results and End of Year Financial Position This was a helpful session and enabled the Board to reflect on what led up to esclation. DHCW would endeavour to come out of escalation as soon as possible and continued to engage with Welsh Government on progress. Welsh Clinical Informatics Council Meeting The meeting raised the issue of the clinical voice at a strategic and operational level. Cabinet Secretary Event following Publication of the Ministerial Advisory Group Report on NHS Wales Performance and Productivity 	Received & Discussed.	None to note
-----	---	-----------------------	--------------

	<p>Members were advised it was worth looking at the report, particularly Welsh Government’s response on Digital.</p> <ul style="list-style-type: none"> • DHCW Chair End of Year Annual Review The annual review was conducted in a friendly and supportive way of the Digital agenda. <p><u>VICE CHAIR ITEMS</u> Ruth Glazzard, Vice Chair (RG) confirmed she had nothing further to add to that outlined in the report.</p> <ul style="list-style-type: none"> • Vice Chair Peer Group Meeting • All Wales Independent Member Digital Network • Carneige Roundtable • Vice Chairs & Executive Leads for Mental Health – Briefing and Q&A on publication of Welsh Government Mental Health Strategy & Delivery Plan <ul style="list-style-type: none"> • Ministerial Digital Summit • NHS Wales App Features Engagement Workshop <p>The Board resolved to: RECEIVE the contents of the Chair and Vice Chair report.</p>		
4.2	<p>Chief Executive’s Report</p> <p>Helen Thomas, Chief Executive Officer (HT), presented the Chief Executive’s report and the following highlights were provided:</p> <ul style="list-style-type: none"> • Board Members were aware that DHCW’s escalation status had been moved from Routine Monitoring (level 1) to Enhanced Monitoring (Level 3). Chris Darling, Director of Corporate Affairs/Board Secretary had been appointed as Senior Responsible Officer to lead on this work. • There had been much activity in the last couple of months, with ministerial meetings and sessions on winter planning, with a focus on digital and data being the main focus. • The first Digital, Data & Technology Leadership Board and Digital Summit took place on the 8 May, where the DDaT Governance Structure, Terms of Reference and Work Programme priorities were discussed. • Opthamology Inquiry – Sam Hall, Director of Primary, Community Mental Health Digital Services and the Chief Executive Officer along with colleagues from Cardiff and Vale University Health Board provided evidence as part of the Health and Social Care Committee’s short inquiry. <p>Marian Wyn Jones, Independent Member (MWJ) queried how DHCW could become a partner to Hywel Da University Health Board to support them in aligning digital strategies. HT confirmed that a series of meetings had been held to understand their digital strategic thinking and what their plans and priorities focused on. The challenges were to try and align the digital strategies, however the recent sessions had confirmed there was a real focus on digital in every organisation.</p>	Received & Discussed	None to note

	<p>The Board resolved to:</p> <p>RECEIVE the contents of the Chief Executive’s report.</p>		
PART 5 – STRATEGIC ITEMS			
5.1	<p>Integrated Medium Term Plan/Remit Letter</p> <p>Ifan Evans, Executive Director of Strategy (IE) presented the report in Welsh, highlighting the following key points.</p> <ul style="list-style-type: none"> • The report reviewed the Welsh Government DHCW remit letter requirements and noted the progress of reconciliation against the DHCW Integrated Medium Term Plan milestones. • The DHCW Remit Letter dated 14 Mar 2025 set out detailed requirements against core deliverables and key milestones. There were 110 deliverables and 77 milestones in the Remit Letter which had not previously been considered as part of developing the IMTP. • The approach, agreed with Welsh Government, was to reconcile the Remit Letter 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. • This exercise needs to also consider any additional agreed milestones in relation to DHCW moving into an Escalation Level 3. • DHCW have had several productive sessions with Welsh Government to clarify outstanding remit queries. • Overall the assessment had identified broad strategic alignment to the DHCW IMTP and Business Plan as a whole. Any outstanding queries were being worked through with Welsh Government as part of the reconciliation and revision process. • There were no risks or matters for escalation. A risk to note was that routine performance monitoring will be against the IMTP milestones until the reconciliation and revision process was completed. <p>Overall, the assessment had identified broad strategic alignment to the DHCW IMTP and Business Plan.</p> <p>David Selway, Independent Member (DS) sought clarity that progress had been made and any major discrepancies would be closed out through the change process by the end of June. IE responded that it was aimed to confirm all DHCW and Welsh Government change controls to bottom out the remit letter. The escalation roadmap and the changes needed to the IMTP would then have a solid platform on which to report through the IQPD.</p>	Noted	None to note

	<p>The Board resolved to:</p> <p>NOTE the review of the Welsh Government DHCW remit letter requirements and note the progress of reconciliation against the DHCW IMTP milestones.</p>		
5.2	<p>Strategic Procurement Report</p> <p>Claire Osmundsen Little, Executive Director of Finance (COL) presented the Strategic Procurement Report which set out two Contract Awards for approval.</p> <ul style="list-style-type: none"> Microsoft Enterprise Agreement – Year 4 True-Up The total value of the report was £33,460,351.05 excl. VAT with the value attributed to DHCW £4,667,230.43 excl. VAT. In 2021 DHCW led an All-Wales Licencing Group and this agreement was procured through DCHW. Each participating organisation will countersign the document at their Board and once it was agreed DHCW will procure on behalf of NHS Wales. A benchmarking exercise had been carried out and it was agreed this contract presented value for money. It was confirmed that there was an increase in the usage of licences due to an increase in the contract by incorporating other services within the remit. P931 Virtual Application Delivery and Network Load Balancing The term of the contract was 14 December 2025 to 13 December 2028 (with no option to extend). The total contract value was £3,347,947.26 excl. VAT with the value attributed to DHCW £2,078,999.43 excl. VAT. DHCW, Aneurin Bevan University Health Board (ABUHB), Betsi Cadwalader University Health Board (BCUHB), Cwm Taf University Health Board (CTMUHB) and Hywel Dda University Health Board (HDDUHB) have an ongoing requirement for the provision of Virtual Application Delivery and Network Load Balancing Software and Support. Sam Lloyd, Executive Director of Operational (SL) provided further context to the requests for approval. The provision of the services (Virtual Application Delivery) enabled DHCW to provide the software operated out to Health Boards in the most effective manner. The Network Load Balancing aspect was a way of improving the resilience of the systems by ensuring the services were balanced across data centres and regions so that a failover can happen automatically between instances of servers. The application delivery service was particularly important for major products such as WPAS and LIMS and was used extensively across these systems. Market forces have driven digital inflation across the software landscape and this as an instance where we were exposed to particular risk. Therefore, by undertaking an open procurement and fully testing the market, it had resulted in 	Approved	None to note

	<p>a good outcome for the whole of NHS Wales.</p> <p>Members were assured that this process fitted with the broader procurement plan and streamlining the procurement process. Additionally, it was confirmed that only five of the Health Boards had been included in the process as the other three did not use this technology and therefore had no vested interest.</p> <p>The Board resolved to:</p> <p>APPROVE two Contract Award Papers:</p> <ol style="list-style-type: none"> i. Microsoft Enterprise Agreement – Year 4 True-Up ii. P931 Virtual Application Delivery and Network Load Balancing. 		
5.3	<p>Stakeholder Engagement Plan</p> <p>IE presented the Stakeholder Engagement Plan providing the background. A year ago, Atos were appointed to look at improvement measures. They produced 27 recommendations over six themes to build on identified opportunities and suggest improvements for both DHCW and wider system working. The recommendations were put into an action plan with 75 deliverables.</p> <ul style="list-style-type: none"> • Strong progress had been made with 15 of the 75 deliverables completed (20% of the plan). • 39 deliverables were currently in progress, all within the scoped timelines. • Regular engagement with external partners had taken place to update on progress and seek support and advice. • The focus going forward was to look at the wholes system, the roles and responsibilities of each organisation. Meetings were ongoing to reach an overall agreement on this issue. <p>Marian Wyn Jones, Independent Member (MWJ) commended the work being done to deliver the actions but queried how the impact of the activity and engagement would be measured and what it was hoped to be achieved. IE responded that it was the intention to go back to the stakeholders and ask questions in the same format as Atos to see how improvements could be made. The action plan demonstrated improvements since last year and Objective 5 was about developing trust and faith with the stakeholders. IE confirmed that despite the engagement not being measured formally, progress was in the right direction.</p> <p>Members were pleased to note that the work focusing on roles and responsibilities within the wider system should be completed in a couple of quarters, with Welsh Government leading on this aspect of work.</p> <p>HT referred to the Digital summit previously mentioned and the messaging at the event was that digital was prominent and clarifying roles and responsibilities had also been highlighted at these meetings.</p> <p>COL referred to the new Performance report template which was</p>	Received & Discussed	None to note

	<p>seeking to demonstrate measures, adding it was difficult to measure the strength of engagement.</p> <p>The Board resolved to:</p> <p>RECEIVE the Stakeholder Engagement Plan Update.</p>		
5.4	<p>Building Our Future Programme Update</p> <p>Claire Osmundsen Little, Executive Director of Finance (COL) shared updates on the Building our Future Programme.</p> <p>The programme had received positive feedback from the Welsh Government, with some observations and next steps.</p> <p>The programme revolved around five key principles aimed at making digital a force for good in health and care. Key projects include:</p> <p>Organisational structure and future space: Progressing well with the digital learning portal to equip the workforce.</p> <p>Enterprise tooling and financial efficiencies: Emphasising the adoption of AI.</p> <p>Service improvement and relationships: Engaging staff at all levels to describe the new target operating model.</p> <p>The new operating model aimed to be product and service-led, user-centered, collaborative, and supportive of career development.</p> <p>The stakeholder plan was progressing well, with a new 5-minute improvement initiative driving forward a learning and improvement culture. Objectives were being developed to underpin the Future and Wellbeing's action plan for DHCW. Discovery work on the tooling strategy was ongoing, with a team accelerating procurement.</p> <p>Discussion took place on:</p> <p>The performance report indicated that turnover had slightly increased, although it remains low compared to industry standards. The challenge lay in accelerating the transition to the new organisation and providing employees with their new job descriptions and positions to offer more certainty. Efforts have been made to shorten the timeframe for this transition, with support from various teams.</p> <p>Samantha Morgan, Director of People and OD (SM) highlighted that culture was a key differentiator for attracting and retaining employees i.e. creating a great employee experience is essential, and there are many positive examples within the organisation. A paper on culture will be presented to the Board in July. Despite the competitive market and the inability to offer the same salaries as private companies, the focus on culture as a unique selling point was emphasised. The organisation had received around 9,000 job applications in the past 12 months, indicating strong interest from potential employees.</p> <p>Further discussion was had on the importance of metrics beyond recruitment and vacancies, focusing on the development of skills</p>	Noted	None to note

	<p>within the workforce and how to address skill gaps. There was interest in understanding the proportion of the workforce that had developed skills and the level of skills gap within the organisation.</p> <p>The digital portal was highlighted as a tool that would provide more visibility and granular data on skills within the organisation, helping to develop the talent pipeline and keep employees engaged. The discussion also touched on the importance of well-being and creating a culture that enables employees to perform well because they are healthy. The Staff survey results indicated areas that required focus to enhance and improve well-being.</p> <p>Sam Hall, Director of Primary, Community & Mental Health Digital Services commented on the transition to digital roles within the organisation. It highlighted the importance of recognising and accrediting employees who are career-adjacent to digital specialisms, which can significantly boost their professional growth. The organisation was committed to providing training, creating communities of practice, and bringing in seasoned experts to support employees in these roles. This approach aims to enhance the digital expertise within the organisation, making it more attractive to both current and potential employees.</p> <p>Additionally, the discussion emphasised the benefits of working in the open, a practice that builds trust and keeps employees engaged by providing regular feedback and visibility into their work. This method fosters a closer connection with users and encourages incremental delivery, which is seen as a powerful tool in the digital world.</p> <p>The Board resolved to:</p> <p>NOTE the Building our Future Update.</p>		
5.5	<p>National Target Architecture</p> <p>The National Target Architecture update was presented by IE.</p> <ul style="list-style-type: none"> • Progress had been made with confirmation of funding received from the Welsh Government for 2025/26, enabling teams to now be in place to accelerate the work. • Engagement with the Welsh Government, Directors of Digital, and Health Boards (HBs) was ongoing, with presentations at recent events. • Channel 3 had been appointed to support the work, which had commenced with initial meetings with Health Boards. • The scale of the work was significant, requiring substantial investment and covering all digital systems in use. There was a demand on resources, particularly for architectural work involving DHCW and Health Boards, necessitating mapping and training. • In the coming months, this work will run alongside the Welsh Government's efforts on EHR. The workload was expected to be substantial, highlighting the importance of this initiative. <p>The discussions centred on the scope of work leading up to the business case, questioning whether all work will be done prior to</p>	Noted	None to note

	<p>or post-approval. IE responded that Channel 3 had been brought in as a technical partner and would be supporting DHCW in the assessment of the current state architecture, co-design of a target state architecture and the transition roadmaps. The key difference was that DHCW were committed and all organisations needed to use the same document, rather than their own tools or it would make it difficult to map together. The timeline to complete this was challenging, however, once there was enough maturity in the technical work then it could be moved to a, strategic investment plan could be developed. This would depend on discussions with Government about the funding pipeline and the appetite of ministers to invest.</p> <p>IE highlighted that the NDR was a 10-year program that had been running for 6 years, with a brief diversion due to the Covid pandemic. The program is now fully operational. He emphasised the importance of understanding the size and scale of the applications layer and the need for a comprehensive map to guide the journey.</p> <p>The discussion reflected on the ongoing efforts and the foundational principles of the architecture design, noting the approval of purchasing technologies like Microsoft, which are essential for the future, and the balance between open standards and proprietary technologies. In response IE elaborated on the principles guiding the architecture, including the adoption of industry-standard best practices, a layered architecture with loose coupling, and the use of common standards like TOGAF and FHIR for messaging. He stressed the importance of data longevity and the need for a future-proof architecture that can adapt to changing technologies.</p> <p>He also discussed the challenges and opportunities of working with technology partners and the goal of decoupling the architecture from specific technology choices. He highlighted the importance of interoperability and the efforts by the US Administration and the European Union to push the sector towards this goal.</p> <p>IE concluded by mentioning the various seminars and webinars conducted for the NDR and wider stakeholders, some of which are published.</p> <p>The Board resolved to:</p> <p>NOTE the National Target Architecture</p>		
--	---	--	--

PART 6 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE

6.1	<p>DHCW Escalation Status</p> <p>Chris Darling, Director of Corporate Affairs Board Secretary (CD) presented an update on DHCW’s Escalation status.</p> <p>The discussion primarily focused on the recent escalation to enhanced monitoring level 3 and the subsequent actions taken. The key points include:</p> <p>Engagement and Monitoring: Since the escalation, there has been significant engagement with Welsh government and</p>	Received & Discussed	None to note
-----	---	----------------------	--------------

internal staff. This includes a focus on escalation during quarterly leadership days and development sessions with the Programs Delivery Committee.

Welsh Government Framework: The Welsh government has developed and refined an escalation framework, which includes monitoring through existing arrangements and the introduction of an updated governance system via the DDaT governance arrangements.

Enhanced Monitoring Improvement Plan: DHCW has developed an enhanced monitoring improvement plan, which outlines the response to areas of concern and proposed milestones and actions for the next 6 to 12 months. This plan has been approved and will be monitored regularly.

Board and Committee Oversight: The frequency of meetings for the committee overseeing major programs will increase to ensure progress against the improvement plan is reviewed every 6 weeks. The Management Board will receive monthly updates, and there will be regular reporting to Welsh Government.

Risks and Dependencies: Major programs, which account for about 20% of DHCW's investment, are delivered in partnership with other NHS bodies. The improvement plan includes a dependencies column to track actions required by other partners.

Board Commitment: There was recognition of the significant time commitment required from Board members and the organisation as a whole. The alignment of objectives across different areas is crucial to ensure effective operation.

Positive Engagement: There was full engagement with the escalation process. This approach was seen as beneficial for the organisation and its relationships with partners and stakeholders.

These points highlight the comprehensive efforts being made to address the escalation and improve the organisation's performance in relation to Major programmes.

CD emphasised the importance of setting objectives as a Board and considering the time commitment and financial cost with escalation. It was also highlighted the significance of having national governance in place to ensure the delivery of major programmes and milestones.

The Board resolved to:

APPROVE the Escalation Governance Structure and changes to DHCW governance to reflect the escalation monitoring arrangements.

NOTE the Escalation Framework and Enhanced Monitoring Improvement Plan approved by Welsh Government; and

RECEIVE and **DISCUSS** the Escalation Update.

	<p>internal staff. This includes a focus on escalation during quarterly leadership days and development sessions with the Programs Delivery Committee.</p> <p>Welsh Government Framework: The Welsh government has developed and refined an escalation framework, which includes monitoring through existing arrangements and the introduction of an updated governance system via the DDaT governance arrangements.</p> <p>Enhanced Monitoring Improvement Plan: DHCW has developed an enhanced monitoring improvement plan, which outlines the response to areas of concern and proposed milestones and actions for the next 6 to 12 months. This plan has been approved and will be monitored regularly.</p> <p>Board and Committee Oversight: The frequency of meetings for the committee overseeing major programs will increase to ensure progress against the improvement plan is reviewed every 6 weeks. The Management Board will receive monthly updates, and there will be regular reporting to Welsh Government.</p> <p>Risks and Dependencies: Major programs, which account for about 20% of DHCW's investment, are delivered in partnership with other NHS bodies. The improvement plan includes a dependencies column to track actions required by other partners.</p> <p>Board Commitment: There was recognition of the significant time commitment required from Board members and the organisation as a whole. The alignment of objectives across different areas is crucial to ensure effective operation.</p> <p>Positive Engagement: There was full engagement with the escalation process. This approach was seen as beneficial for the organisation and its relationships with partners and stakeholders.</p> <p>These points highlight the comprehensive efforts being made to address the escalation and improve the organisation's performance in relation to Major programmes.</p> <p>CD emphasised the importance of setting objectives as a Board and considering the time commitment and financial cost with escalation. It was also highlighted the significance of having national governance in place to ensure the delivery of major programmes and milestones.</p> <p>The Board resolved to:</p> <p>APPROVE the Escalation Governance Structure and changes to DHCW governance to reflect the escalation monitoring arrangements.</p> <p>NOTE the Escalation Framework and Enhanced Monitoring Improvement Plan approved by Welsh Government; and</p> <p>RECEIVE and DISCUSS the Escalation Update.</p>		
6.2	<p>Finance Report</p> <p>Claire Osmundsen-Little, Executive Director of Finance (COL) presented as set of slides highlighting DHCW's financial position.</p>	Received & Discussed	Note to note

- The previous year's financial performance,
- Revenue outturn was 0.3 underspent, capital was 0.45, and the PSPP was at 97% against a target of 95%. Cash balances were slightly above the target due to increased activity in major programs.
- The current financial year (25/26), the team was confident about achieving financial targets, with a £72,000k underspend in the first month despite covering costs in primary care. The savings plan for the year included a target of £3.4 million, with £1.8 million already identified.
- The slides covered national priorities, with a £20.1 million allocation for revenue and £9 million for capital.
- The capital plan included a discretionary allocation of £3.25 million, primarily for ICT investments and facilities.
- Risks and opportunities were discussed, including the need for clarity on funding for certain programs and the impact of inflation. The team was working closely with Welsh Government to manage these risks and opportunities.
- The Finance Team were working hard to meet the timeline for approval for the year end and audited annual accounts.

The Board discussed managing costs and expenditures efficiently across the organisation. There was a focus on the importance of collaboration and the acknowledgment of everyone's efforts in this regard. Additionally, discussions focused on the challenges of risk assessment, particularly in the context of macroeconomic factors affecting the pharmaceutical industry and the potential impact on NHS costs.

The timeline for Connecting Care and GP Migration was clarified, with meetings scheduled with Welsh Government to finalise positions and present costed options. The impact of inflation on DHCW and the exposure to non-pay contracts, including the significant Microsoft contract was also highlighted.

The Programmes Delivery Committee had received an alert for the Digital Maternity Recovery that it was paused by Welsh Government. The decision to close the national maternity program in an orderly manner while starting a new project focused on data record standards for maternity was discussed. Finally, the revised governance arrangements for WCCIS post-independent review by the Welsh government was outlined, with workshops planned to work through resource requirements and timelines.

The Board were pleased to note the positive start to the financial year with all Service Level Agreements (SLAs) having been signed which provided greater certainty on funding for the year.

The Board resolved to:
RECEIVE the Finance Report

	<ul style="list-style-type: none"> • The previous year's financial performance, • Revenue outturn was 0.3 underspent, capital was 0.45, and the PSPP was at 97% against a target of 95%. Cash balances were slightly above the target due to increased activity in major programs. • The current financial year (25/26), the team was confident about achieving financial targets, with a £72,000k underspend in the first month despite covering costs in primary care. The savings plan for the year included a target of £3.4 million, with £1.8 million already identified. • The slides covered national priorities, with a £20.1 million allocation for revenue and £9 million for capital. • The capital plan included a discretionary allocation of £3.25 million, primarily for ICT investments and facilities. • Risks and opportunities were discussed, including the need for clarity on funding for certain programs and the impact of inflation. The team was working closely with Welsh Government to manage these risks and opportunities. • The Finance Team were working hard to meet the timeline for approval for the year end and audited annual accounts. <p>The Board discussed managing costs and expenditures efficiently across the organisation. There was a focus on the importance of collaboration and the acknowledgment of everyone's efforts in this regard. Additionally, discussions focused on the challenges of risk assessment, particularly in the context of macroeconomic factors affecting the pharmaceutical industry and the potential impact on NHS costs.</p> <p>The timeline for Connecting Care and GP Migration was clarified, with meetings scheduled with Welsh Government to finalise positions and present costed options. The impact of inflation on DHCW and the exposure to non-pay contracts, including the significant Microsoft contract was also highlighted.</p> <p>The Programmes Delivery Committee had received an alert for the Digital Maternity Recovery that it was paused by Welsh Government. The decision to close the national maternity program in an orderly manner while starting a new project focused on data record standards for maternity was discussed. Finally, the revised governance arrangements for WCCIS post-independent review by the Welsh government was outlined, with workshops planned to work through resource requirements and timelines.</p> <p>The Board were pleased to note the positive start to the financial year with all Service Level Agreements (SLAs) having been signed which provided greater certainty on funding for the year.</p> <p>The Board resolved to: RECEIVE the Finance Report</p>		
6.3	Performance Report	Noted	None to note

COL presented the Performance Report, highlighting the following items that impacted on organisational performance.

The performance team had been updating the Performance Management Framework over the past year, collaborating with the Board through Board Development Sessions and with the DHCW Senior teams. They had benchmarked with NHS England and worked with Gartner to shape an effective performance framework.

- The new performance report adopted a balanced scorecard approach linked to principles and strategies, identifying the right measures and targets, and incorporating industry standards and learnings from other parts of the NHS in the UK. Statistical process controls (SPCs) had been adopted to drive performance improvement, focusing on areas of variation and trends over time.
- The report included organisational capacity, workforce (including equality and inclusion), risks, process and finance stewardship, operational performance, security, quality, audit, and commercial aspects.
- The stakeholder plan was progressing well, with all SLA letters signed and delivered.
- The internal process performance was good, with milestone performance dominating the carryover from last year.
- Service availability was below target due to one incident, but it had been rapidly resolved.
- Financial performance was largely on track, with progress in cloud transition, API onboarding, GP system migrations, and refresh.
- Risk management included addressing necessary changes from testing.
- Mission 5 focused on continuous improvement, with training on the 5-minute improvement. The LIMS system had been tested, and a revised deployment plan was in place.

MWJ expressed gratitude for the new format and requested further detail on the "5-minute training plan," which aims to understand and implement practical improvements. The plan includes sharing innovation training growth with Health Boards and adopting a 5-minute improvement, an idea taken from the Blood Transfusion Service. The goal was to make practical changes, such as finishing meetings 5 minutes early to provide breaks between meetings, and to focus on what matters to individuals.

Further discussion on the following key matters:

NHS Wales App Usage: There were over 2,000 cancelled appointments through the app, which was seen as a positive trend. This could encourage GP practices to make more

	<p>appointments available online, knowing that cancellations can be handled efficiently through the app.</p> <p>Scorecard Feedback: CO-L mentioned the complexity of getting the scorecard right and emphasised the importance of being open and transparent in terms of delivery.</p> <p>Service Desk Performance: Sam Lloyd commented on the service desk's first-line fix rate, which is consistently below the target of 40%. The current rate is about 25%, which is considered a reasonable position. The limitation is due to the technology used, and a new service desk tool is expected to improve this rate and decrease the overall volume of calls through self-service.</p> <p>The Board resolved to: RECEIVE the Performance Report.</p>		
6.4	<p>Corporate Risk Register & Board Assurance Framework Report</p> <p>CD presented the Corporate Risk Register report, asking Board members to note the following changes to the Corporate Risk Register. In addition, the report included the Board Assurance Framework Dashboard for 2025-26 and the Risk Appetite position discussed by the Board over the last two months. The report started with opportunities, highlighting the NHS Wales digital blueprint work, the increase in prominence around the Information Governance policy position, and the escalation status as potential opportunities for DHCW.</p> <p>The corporate risk register currently had 18 risks, with 15 documented as public risks and three considered in private session by the Digital Governance and Safety Committee. Four new risks were added since the last board meeting.</p> <p>Ifan Evans provided updates on two new risks:</p> <p>DHCW0347 National Target Architecture Transition Roadmap: The risk highlighted the uncertainty around developing a new National Target Architecture commissioned by the Welsh Government. The risk stemmed from the need for a collective agreement involving local delivery organisations and the Welsh Government. IE emphasised that if a whole system agreement was not reached, it could delay progress and make investments less clear.</p> <p>DHCW0348 Data System Transitions: This risk addressed the uncertainty around transitioning from existing national data stores to the National Data Resource. The pace and progress of this transition depended on stakeholder engagement and direction from the Welsh Government, making it challenging to predict outcomes accurately.</p> <p>CD provided updates on the following:</p> <p>DHCW0207 Document Management Strategy: This risk, approved by the Executive Director of Finance recognised the need to update the Document Management Strategy due to the</p>	Received and Approved	None to note

adoption and rollout of Microsoft 365. The update was necessary to maintain ISO accreditation.

DHCW0343 Remit Letter Uncertainty: This risk, added about three months ago, had been removed as the work to reconcile it with the IMTP had been completed.

BAF Dashboard

The dashboard has been updated based on feedback from Audit Wales following a structured assessment. Over the past 12 months, the Board Assurance Framework (BAF) report had been used to inform agenda planning meetings with committee members. This had led to deep dives in various committees on areas related to the BAF. Executive leads assigned to each strategic mission had updated the BAF, reviewed the principal risk articulation, risk score, and target risk score. On April 10th, the risk appetite position and statement were reviewed, emphasising the need to take risks to achieve strategic aims and deliver beneficial outcomes to stakeholders. The risk appetite statement also acknowledges the impact of partners' risk appetites and the importance of understanding this in collaboration.

Annual Review of Risk Appetite and Risk Tolerance

The discussion focused on the risk appetite for each of the strategic missions. The current risk appetite positions are as follows:

Mission 1: Providing a platform for enabling digital transformation - Cautious

Mission 2: Delivering high-quality digital products and services - Moderate

Mission 3: Moderate

Mission 4: Driving better value and outcomes through innovation - Open

Mission 5: Being the trusted strategic partner - Moderate



There was a notable change from cautious to moderate for Mission 2, with examples provided in the paper illustrating this shift. Sam Lloyd, the executive lead for Mission 2, expanded on this change, explaining that it represents a conscious move to a different delivery approach. The initiatives underway in Mission 2, such as modernising core components of the underpinning architecture (e.g., integration hub, referrals engine), are adopting an agile methodology rather than a formal waterfall approach. This new approach involves learning by doing, with phases like discovery, alpha, and beta, leading to a live service within a few months.

The Board resolved to:

RECEIVE the Corporate Risk Register; and

APPROVE the Board Assurance Dashboard and DHCW Risk Appetite Statement 2025-26.

	<p>adoption and rollout of Microsoft 365. The update was necessary to maintain ISO accreditation.</p> <p>DHCW0343 Remit Letter Uncertainty: This risk, added about three months ago, had been removed as the work to reconcile it with the IMTP had been completed.</p> <p>BAF Dashboard</p> <p>The dashboard has been updated based on feedback from Audit Wales following a structured assessment. Over the past 12 months, the Board Assurance Framework (BAF) report had been used to inform agenda planning meetings with committee members. This had led to deep dives in various committees on areas related to the BAF. Executive leads assigned to each strategic mission had updated the BAF, reviewed the principal risk articulation, risk score, and target risk score. On April 10th, the risk appetite position and statement were reviewed, emphasising the need to take risks to achieve strategic aims and deliver beneficial outcomes to stakeholders. The risk appetite statement also acknowledges the impact of partners' risk appetites and the importance of understanding this in collaboration.</p> <p>Annual Review of Risk Appetite and Risk Tolerance</p> <p>The discussion focused on the risk appetite for each of the strategic missions. The current risk appetite positions are as follows:</p> <p>Mission 1: Providing a platform for enabling digital transformation - Cautious</p> <p>Mission 2: Delivering high-quality digital products and services - Moderate</p> <p>Mission 3: Moderate</p> <p>Mission 4: Driving better value and outcomes through innovation - Open</p> <p>Mission 5: Being the trusted strategic partner - Moderate</p> <p>There was a notable change from cautious to moderate for Mission 2, with examples provided in the paper illustrating this shift. Sam Lloyd, the executive lead for Mission 2, expanded on this change, explaining that it represents a conscious move to a different delivery approach. The initiatives underway in Mission 2, such as modernising core components of the underpinning architecture (e.g., integration hub, referrals engine), are adopting an agile methodology rather than a formal waterfall approach. This new approach involves learning by doing, with phases like discovery, alpha, and beta, leading to a live service within a few months.</p> <p>The Board resolved to:</p> <p>RECEIVE the Corporate Risk Register; and</p> <p>APPROVE the Board Assurance Dashboard and DHCW Risk Appetite Statement 2025-26.</p>		
6.5	<p>Programmes Delivery Committee Highlight Report</p>	Received for	Note to note

	<p>David Selway, Chair of Programmes Delivery Committee (DS) confirmed there were still four programmes which were not progressing to plan, due to matters out of DHCW’s control.</p> <p>Time was being spent looking at the Escalation status and the framework being implemented for de-escalation. Deep dives had been received on two of the major programmes, Radiology Informatics System Procurement (RISP) and Laboratory Information Management System (LIMS). Committee Members were assured that there were now robust arrangements and plans in place for the delivery of programmes.</p> <p>For further information on DHCW’s Programme Delivery Committee, follow the link in the title or alternatively by scanning the QR Code.</p>  <p>The Board resolved to: RECEIVE the Programmes Delivery Committee Highlight Report for ASSURANCE.</p>	Assurance	
6.6	<p>Audit & Assurance Committee Highlight Report</p> <p>Marian Wyn Jones, Chair of Audit and Assurance Committee (MWJ) drew Member’s attention to a number of Internal Audit reviews which had received a reasonable assurance rating, including Programme Management. This was particularly encouraging.</p> <p>The Committee considered the Internal Audit plan for the new financial year and agreed in light of the change in DHCW’s status to review the plan.</p> <p>The Committee approved the Cyber Resilience Annual Plan.</p> <p>The Committee received an Internal Audit review on Recruitment Processes in the private session and noted the limited assurance but were assured that steps were being taken to address the issues in the review and this will be monitored over the forthcoming months.</p> <p>For further information on DHCW’s Audit & Assurance Committee, follow the link in the title or alternatively scan the following QR code.</p>  <p>The Board resolved to: RECEIVE the Audit & Assurance Committee Highlight Report ASSURANCE.</p>	Received for Assurance	Note to note

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 Meetings: Thursday 26 June 2025 – Extraordinary Meeting Thursday 31 July 2025 The meeting closed at 14:03	Noted	None to note