


## DHCW SHA Board Meeting –Public Minutes

Minutes of the meeting of Digital Health and Care Wales (DHCW) Special Health Authority Board (SHA) held on Monday 29 September 2025 as a virtual meeting broadcast live via Zoom.

 11:00 – 15:30

 29 September 2025

 ZOOM

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

| In Attendance   | Initial | Title   | Organisation |
|-----------------|---------|---|--------------|
| Chris Darling   | CD      | Director of Corporate Affairs   Board Secretary | DHCW         |
| Samantha Morgan | SM      | Director Of People & Organisational Development | DHCW         |

| Observing      | Title   | Organisation         |
|----------------|---|----------------------|
| Ella James     | Communications Officer                                | DHCW                 |
| Anwen Williams | Communications Officer                                | DHCW                 |
| Nerys Hurford  | Translator  | Translation Services |
| Keith Reeves   | Service Management Lead                               | DHCW                 |
| Julie Robinson | Corporate Governance Coordinator (Secretariat)        | DHCW                 |
| Michelle Sell  | Director of Programmes and Engagement                 | DHCW                 |
| Laura Tolley   | Head of Corporate Governance   Deputy Board Secretary | DHCW                 |

| Apologies        | Title              | Organisation |
|------------------|--------------------|--------------|
| Marian Wyn Jones | 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           | 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                 |
| RADIS | Wales Radiology Information System |       |   |

| Item No                             | Item Detail   | Outcome  | Action       |
|-------------------------------------|---|----------|--------------|
| <b>PART 1 – PRELIMINARY MATTERS</b> |   |          |              |
| 1.1                                 | <p><b>Welcome and Apologies</b></p> <p>The Chair welcomed everyone bilingually to the DHCW SHA Board meeting and confirmed the meeting was being broadcast live via Zoom. A special welcome was extended to Paul Evans who had taken over as the Trade Union Associate Board Member, for his first meeting. In addition, the recording would be available via the <a href="#">DHCW website</a> for any person unable to access the live meeting.</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 2.8.</p> | Noted    | None to note |
| 1.2                                 | <p><b>Apologies for Absence</b></p> <p>Apologies were noted for:</p> <ul style="list-style-type: none"> <li>Marian Wyn Jones, Independent Member</li> </ul>   | N/A      | None to note |
| 1.3                                 | <p><b>Declarations of Interest</b></p> <p>There were no declarations of interest.</p>   | N/A      | None to note |
| <b>PART 2 – CONSENT AGENDA</b>      |   |          |              |
| 2.1                                 | <p><b>Unconfirmed Minutes of <a href="#">31 July 2025</a> Board Meeting</b></p> <p>i. Matters Arising</p> <p>The minutes of 31 July 2025 were approved subject to one minor amendment which had been included in the confirmed set of minutes.</p> <p>The Board meeting can be watched in full below or by following the link in the title.</p>   | Approved | None to note |

|                       |   |            |              |
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|                       |  <p>The Board resolved to:<br/><b>APPROVE</b> the minutes of 31 July 2025 Board Meeting.</p> |            |              |
| 2.2                   | <p><b>Action Log (0)</b><br/>There were no public actions on the log.<br/>The Board resolved to:<br/><b>NOTE</b> the Action Log.</p>  | Noted      | None to note |
| 2.3                   | <p><b>Forward Workplan</b><br/>The Board resolved to:<br/><b>NOTE</b> the Forward Plan.</p>   | Noted      | None to note |
| 2.4                   | <p><b>Decarbonisation Quantitative Return 2024-25</b><br/>The Board resolved to:<br/><b>RECEIVE</b> the Decarbonisation Quantitative Return 2024-25 for <b>ASSURANCE</b>.</p> | Assurance  | None to note |
| 2.5                   | <p><b>EFPMS Return 2024-25</b><br/>The Board resolved to:<br/><b>RECEIVE</b> the EFPMS Return 2024-25 for <b>ASSURANCE</b>.</p>   | Assurance  | None to note |
| 2.6                   | <p><b>Welsh Language Scheme Annual Report</b><br/>The Board resolved to:<br/><b>APPROVE</b> the Welsh Language Scheme Annual Report.</p>                                      | Approved   | None to note |
| 2.7                   | <p><b>Estates update Report</b><br/>The Board resolved to:<br/><b>NOTE</b> the Estates Update</p>   | Noted      | None to note |
| 2.8                   | <p><b>P985 – ITSM Toolset Replacement</b><br/>The Board resolved to:<br/><b>APPROVE</b> the P985 – ITSM Toolset Replacement</p>   | Approved   | None to note |
| <b>MAIN AGENDA</b>    |   |            |              |
| <b>FOR DISCUSSION</b> |   |            |              |
| 3.1                   | <b>Shared Listening and Learning Presentation</b>   | Received & | None to note |

- **Incident Review and Learning Group Annual Review**

Rhidian Hurle, Executive Medical Director (RH) introduced the Incident Review and Learning Group Annual Review and was accompanied by Keith Reeves, Service Management Lead (KR), who presented a set of slides.

- The presentation provided an overview of the Incident Review and Learning Group: its current status, origins, future direction, and lessons learned.
- The group was established in 2021.
- The purpose of the group is to serve as a single reporting body for all aspects of review and associated learning across the organisation.
- The initial challenge was working out how to identify and share learning effectively throughout the organisation.
- The group's formation was likened to solving a puzzle—focused on connecting and disseminating learning.
- The concept of a "life cycle" is described as a process of continual improvement.
- At every stage of the process, the organisation is focused on identifying opportunities for improvement.
- There is an ongoing commitment to organisational enhancement and learning.

The Board was encouraged to see the recent progress and improvements made. Discussion took place on the nature of continuous improvement within the organisation, specifically questioning whether these improvement efforts were only triggered by incidents or if there was a proactive approach to preventing problems before they arose. KR responded reviews and improvements were not solely dependent on incidents; they could be initiated by a significant event or feedback such as the implementation of a new programme of insights from staff surveys.

KR continued that the quality teams were actively involved in the group and outputs from improvement activities were integrated into quality reporting processes.

David Selway, Independent Member (DS) noted that a Wales-wide Digital Learning Group was referenced within the presentation and that while clinical settings had established groups for incident review, there had not been a similar initiative for digital learning. It was noted that despite the implementation of various digital systems, governance around the management and sharing of lessons learned was inconsistent and often triggered by incidents. The group's intention was to improve this by involving health boards in ongoing conversations with the aim of developing a more structured approach to digital.

It was suggested that KR could attend a future Independent Members Digital Network meeting to assist with this.

The Board was assured that there was a diverse membership of

Discussed

the group with representatives from all departments and directorates being encouraged to feed into improvements.

KR provided an update on the way in which the peer review process was introduced which was to enhance learning rather than focus on a specific area. Reviews were open to staff at various band levels, not just senior managers. However, it was observed that junior staff sometimes needed to improve their presentation and review quality. To address this, peer reviews are run through with managers who provide feedback and help identify learning points and recommendations.

Finally, Michelle Sell, Director of Programmes and Engagement (MS) added that the group had come from a situation where it was very technically focused but were now really proactively working on all aspects across the organisation. Good foundations were in place, but it was recognised there was always more work to do.

**The Board resolved to:**

**RECEIVE** and **DISCUSS** the Shared Listening and Learning Presentation on the Incident Review and Learning Group Annual Review

**PART 4 – FOR REVIEW**

4.1

**Chair and Vice Chair Report**

Before presenting the highlights of the report the Chair reflected that this was his last meeting and thanked the Executive team and for all support from the Independent Member over the last four years, as well as the teams he had worked with during his term as Chair.

The following highlights were included in the report: -

- DHCW Chief Executive Officer End of Year Review with the DHCW Chair and NHS Wales Chief Executive / Director General for Health and Social Care
- DHCW Independent Member Discussions
- Programmes Deliver Committee Development Sessions
- DHCW Vice Chair / Chair Handover  
End of Tenure Reflections

**VICE CHAIR ITEMS**

- Vice Chair Peer Group Meetings
- Interim Board Arrangements

**The Board resolved to:**

**RECEIVE** the contents of the Chair and Vice Chair report.

Received & Discussed.

None to note

4.2

**Chief Executive's Report**

Helen Thomas, Chief Executive Officer (HT), presented the Chief

Received & Discussed

None to note

|  |  |  |
|--|--|--|
| <p>Executive's report and the following highlights were provided:</p> <ul style="list-style-type: none"> <li>• A new NHS Chief Executive and Director General of the Health and Social Service group, Jacqueline Totterdale as joining from NHS England.</li> <li>• The IMTP process was being fine-tuned and some minor adjustments to some of the missions and portfolios may be observed. An update would be brought to future meetings.</li> <li>• The Digital Data and Technology Leadership Group (DDaT) had met twice since the last Board. There was a focus on the priority areas as outlined by the Cabinet Secretary and the Minister.</li> <li>• The 4 + Nation's event was hosted by DHCW in Cardiff recently, which coincided with the Health Data Forum. It was a productive time spend with colleagues from across the wider UK and Republic of Ireland.</li> </ul> <p>The Board noted the IMTP process had commenced and questioned if there had been moves to align it with the Remit letter given, they were expected to be finalised by the end of March. It was the intention to agree a draft Remit letter before Christmas at the same time as the IMTP framework. The priority was to confirm the structure of the IMTP and Welsh Government will communicate their changes which will be incorporated in January.</p> <p><b>The Board resolved to:</b><br/><b>RECEIVE</b> the contents of the Chief Executive's report.</p> |  |  |
|--|--|--|

**PART 5 – STRATEGIC ITEMS**

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| 5.1 | <p><b>Digital and Data Delivery Plan for Mental Health with the Strategic Programme for Mental Health</b></p> <p>Sam Hall, Director of Primary, Community &amp; Mental Health (SH), presented the report and highlighted the following key points.</p> <ul style="list-style-type: none"> <li>• The work originated from a need to better understand the current landscape in Wales, particularly with regard to health and care data governance, digital transformation and the challenges facing the population.</li> <li>• A national dataset for mental health was being worked on which would provide a clear view of the mental health situation across Wales.</li> <li>• Whilst digital tools and digital solutions were being looked at it was important to support the human element, i.e. face to face. If people got better at using digital tools it would free up capacity elsewhere in the system.</li> </ul> <p>Discussions centred on the following:</p> <ul style="list-style-type: none"> <li>• Concern about whether the benefits of an ambitious plan were being effectively communicated, especially in a highly political environment. The discussion emphasised the importance of drilling down to understand how these</li> </ul> | Noted | None to note |
|-----|---|-------|--------------|

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|     | <p>benefits translate into security necessary investment for change.</p> <ul style="list-style-type: none"> <li>• Whether planning made a distinction between older frail people and younger people, given the stronger correlation between physical and mental decline in older populations It was confirmed that plans do consider these differences.</li> <li>• The potential for the NHS Wales app to support self-care, especially among younger people. There was an emphasis on ensuring that digital tools and apps were clinically assured and backed by NHS Wales, which provided a level of comfort for users.</li> <li>• The importance of early intervention in mental health was stressed, noting that digital tools can play a significant role due to their timeliness and availability.</li> <li>• The Vice Chairs of health boards have a standing agenda item to discuss mental health work, ensuring strategic alignment and clear communication of objectives at Board level.</li> </ul> <p><b>The Board resolved to:</b></p> <p>NOTE the Digital and Data Delivery Plan for Mental Health with the Strategic Programme for Mental Health</p>  |       |              |
| 5.2 | <p><b>Strategic Operations Directorate Update</b></p> <p>Sam Lloyd, Executive Director of Operations (SL) presented the Strategic Operations Directorate Update and highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Operations Transformation &amp; Operating Model – the directorate is nearing the final phase of its structural transformation, focusing on optimising organisational design, establishing critical capabilities and key leadership roles.</li> <li>• Integration Hub – integration is a major role, particularly for large programmes like LIMs and RISP. A modern, cloud native integration service was being developed to replace proprietary systems, moving towards an API-focused approach for scalable, secure digital health system connections.</li> <li>• Electronic Referrals – electronic referrals reduce clinical risk and improve communication between care providers.</li> <li>• Cloud Transition Programme – the cloud transition is key to modernising operations, improving cybersecurity, delivery pace, cost visibility and control.</li> <li>• IT Service Management Tool – approval had been received to move from internally developed ITSM tooling to commercial off-the-shelf solutions, unlocking opportunities for automation, self-service, better</li> </ul> | Noted | None to note |

configuration, cybersecurity and release/change management.

- Copilot and AI Integration – Microsoft Copilot is being deployed to enhance productivity. About 100 licences have been purchased, targeting specific use cases.
- API Strategy – an API roadmap, catalogue and developer portal have been created with a standardised onboarding process for Health Board customers.
- Strategic Road Mapping – product families and portfolios have been established, and work is underway to develop externally published product roadmaps linked to user stories and business outcomes aligned with the IMTP portfolios.
- Digital Operation Notes in WCP – development of digital operation notes within the single record platform is underway, supporting scan for safety and national visibility of implanted devices.

The Board discussed the work being done and whether there was secure funding for the two programmes, i.e. the Integration Hub and Single Referral system.

The team have adopted an agile approach to programme delivery, choosing not to request all funding via a business case but instead to progress through the Discovery Alphas Beta approach. Ensuring value is delivered at each stage. Currently both services are being delivered into the Beta phase with funding secured for these capabilities.

Ruth Glazzard, Vice Chair (RG) expressed appreciation for the visibility of ongoing initiatives at Board level, noting that while many innovations have been delivered, there had been challenges with update – particularly where health boards have struggled to implement changes quickly. The concern was that even the best solutions are limited by the ability to roll them out effectively.

RH agreed that each health board independently tests products which can slow down progress due to limited digital team resources and differing priorities.

When asked to identify innovations that would most improve efficiency and safety, RH highlighted the Electronic Test Requesting for Radiology and Pathology, Electronic Operation Notes, Outcome Waiting List Card and Patient Initiated Follow up (PIFU).

Claire Osmundsen-Little, Executive Director of Finance (CO-L) acknowledged the ambitious operational transformation underway, including integration layers and cloud migration, which were expected to deliver financial and efficiency benefits.

Efforts to assess system-wide advantages and benefits are progressing well across the national architecture, with around 1,500 systems mapped so far. There is growing momentum among architects in Wales, which is expected to drive further progress.

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|     | <p>Moving towards a single unified system will be a key outcome of this work.</p> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the Strategic Operations Directorate Update</p>  |       |              |
| 5.3 | <p><b>Strategic Equality Plan Report</b></p> <p>Samantha Morgan, Director of People and Organisational Development (SM), presented the Strategic Equality Plan Report.</p> <p>The update highlighted significant progress made against DHCW’s five strategic commitments in the Equality Plan, emphasising the organisation’s focus on inclusion, learning, and visible commitment to equality, diversity, and inclusion (EDI). The refreshed EDI Network now has 39 members, fostering a strong sense of community and belonging through initiatives like the South Asia Heritage Lunch and the Stride into Summer Challenge. Qualitative feedback from staff underscores the value of these networks and events in creating safe spaces and supporting both professional and personal growth. The organisation has also responded proactively to national debates and legislative changes by holding safe space sessions for staff and managers, which have been well received.</p> <p>The organisation has taken a proactive approach to education and accountability in Equality, Diversity &amp; Inclusion (ED&amp;I), delivering ten talks and spotlight sessions on themes such as neurodiversity, faith, and the history of pride. These initiatives have fostered cultural understanding, compassion, and respect, helping to build a more inclusive workplace culture.</p> <p>Quantitative data shows positive trends: workforce diversity has increased from 12% to 13%, with more applicants from minority ethnic backgrounds being shortlisted. Recent engagement with Welsh Government has highlighted improvements in equal progression and reductions in harassment, though the organisation acknowledges further work was needed. The current amber rating aligns with sector norms, but there are clear signs of progress.</p> <p><b>The Board resolved to:</b></p> <p><b>NOTE</b> the Strategic Equality Plan Report.</p> | Noted | None to note |




**PART 6 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE**

|     |   |                      |              |
|-----|---|----------------------|--------------|
| 6.1 | <p><b>Finance Report</b></p> <p>Claire Osmundsen-Little, Executive Director of Finance (CO-L), presented a set of slides highlighting DHCW’s financial position.</p> <p>DHCW’s financial position had improved since the last board meeting, thanks to extra revenue and capital funding from Welsh Government. The organisation was currently underspent and expects to exceed its savings target for the year. Most capital spending was planned for later in the year, focusing on digital</p> | Received & Discussed | None to note |
|-----|---|----------------------|--------------|

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|     | <p>priorities like LIMS, RISP, and cloud transition. Key risks include VAT recovery issues with Microsoft, uncertainty around future funding, and the impact of fixed-term contracts if budgets are delayed. Despite ongoing challenges, DHCW was on track to meet its financial targets this year.</p> <p>It was noted that as the year progressed, there would be uncertainty about future funding pipelines, especially for staff on fixed-term contracts. A task and finish group was assessing the impact, and there would be a risk to staff if budget approval was delayed due to political factors or if programmes ended without renewal.</p> <p><b>The Board resolved to:</b><br/><b>RECEIVE</b> and <b>DISCUSS</b> the Finance Report.</p>   |                      |              |
| 6.2 | <p><b>Strategic Procurement Report</b></p> <p>CO-L presented the three contract award papers: -</p> <ol style="list-style-type: none"> <li>i. <b>P159.07 Microsoft Azure Consumption Commitment (“MACC”)</b></li> <li>ii. <b>P21.86 Medical Databases</b></li> <li>iii. <b>P21.87 Health and Care Databases</b></li> </ol> <p>The Board discussed and supported all three contracts, noting the strategic importance, procurement approach and anticipated savings.</p> <p><b>The Board resolved to:</b><br/><b>APPROVE</b> the following</p> <p><b>P159.07 Microsoft Azure Consumption Commitment (“MACC”)</b><br/><b>P21.86 Medical Databases</b><br/><b>P21.87 Health and Care Databases</b></p>   |                      |              |
| 6.3 | <p><b>Corporate Risk Register &amp; Board Assurance Framework Report</b></p> <p>CD presented the Corporate Risk Register report advising that DHCW’s Corporate Risk Register currently had 17 risks on the register, 14 of which were detailed within the report and three private risks which were considered at every Digital Governance and Safety Committee.</p> <p>CD highlighted the following key points: -</p> <ul style="list-style-type: none"> <li>• Since the last Board meeting there had been no new risks added, and no risk scores changed. However, four risks had been removed: -</li> </ul> <p><b>DHCW 0345</b> and <b>DHCW0334</b> related to funding for Care. The risks were now mitigated due to secure funding.</p> <p><b>DHCW0340</b> and <b>DHCW0350</b> related to the GP systems migration. The risks were resolved following the sale of the relevant company and receipt of funding to expedite migration to Optum. An estimated 100 practices had already transitioned and the team was confident the remaining work would be completed by May 2026.</p> <p>SH acknowledged the significant efforts of the Primary Care team</p> | Received & Discussed | None to note |

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|     | <p>in mitigating these high priority risks, particularly in a challenging commercial environment.</p> <p>Ongoing risks and funding: while current funding had been secured, there remained a risk to sustainable funding for future years, pending approval from Welsh Government. This was a key topic in ongoing discussions.</p> <p>Two other risks were discussed, <b>DHCW0333</b> Intensive Care Implementation Delay, all activities were on track with no additional concerns raised. Additionally, risk <b>DHCW0336</b> Audit + which was now being led by Sam Hall. There was a plan in place and a prototype under development. The main challenge around Information Governance (IG) and data handling was being addressed with support from relevant teams and Welsh Government colleagues.</p> <p><b>The Board resolved to:</b><br/> <b>RECEIVE</b> the Corporate Risk Register</p>   |                      |              |
| 6.4 | <p><b>Performance Report</b></p> <p>CO-L presented the Performance Report, highlighting the following items.</p> <ul style="list-style-type: none"> <li>• The Key Performance areas: as of the end of August, 16 new milestones were achieved, totalling 111 completed to date.</li> <li>• No escalations were reported to Management Board from PPMG regarding milestone completion.</li> <li>• Progress on the National Target Architecture, with all Health Boards engaged was presented at the IQPD.</li> <li>• The LIMs migration plan was ratified, with a discipline-based deployment starting in October. Welsh Government had confirmed additional funding. Additionally, RISP was now live in three Health Boards, with ongoing implementation and operational challenges being addressed.</li> <li>• The NHS App was progressing well with new functionality on the Silver Roadmap and integration into primary care and mental health.</li> <li>• The funding was agreed for GP migrations and the cadence of this was progressing at pace.</li> </ul> <p>Additionally, it was noted that the report was up to the end of August and there was now a particular focus on diagnostics and the ongoing process of re-planning. There was an active mitigation plan for the LIMs programme due to existing issues and re-planning was underway with the supplier. Some discipline implementations have been postponed to the last quarter of next year and the blood transfusion has been scheduled for the first quarter of 2026-2027. The delays were causing some issues in teams due to the congested schedule of major implementations.</p> <p><b>The Board resolved to:</b><br/> <b>RECEIVE</b> the Performance Report.</p> | Received & Discussed | None to note |

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| <p>6.5</p> | <p><b>DHCW Escalation Status</b></p> <p>CD presented an update on DHCW’s Escalation status, and the actions taken since moving from Level 1 routine monitoring to Level 3 enhanced monitoring in March. The escalation was specifically related to the delivery of major programmes.</p> <p>The key activities and progress:</p> <ul style="list-style-type: none"> <li>• A Senior Leadership day was held on 3<sup>rd</sup> September which was independently facilitated and focused on learning from six international digital health economies. The aim was to identify best practices and challenges to inform DHCW’s programme typology and commercial approaches.</li> <li>• A Task &amp; Finish group was established to develop lessons learned, ensuring early assessment for success and appropriate commercial strategies.</li> <li>• Engagement with Welsh Government. Regular monthly Integrated Quality, Performance and Delivery (IQPD) meetings to assess progress against escalation milestones.</li> <li>• The DDaT Board was still evolving, with its role and effectiveness under ongoing review. There was a focus on ensuring it was well positioned to support governance needs and that its function was widely understood across the broader system.</li> </ul> <p>The four milestones prior to September were discussed where there had been feedback from Welsh Government that had impacted on the status.</p> <p>Three milestones were considered complete, pending final confirmation from Welsh Government.</p> <p>Two milestones due in September were only partially complete.</p> <p>IE assured Board Members further regarding the management of ongoing activities and highlighted the close collaboration with Welsh Government to maintain oversight and deliver on the objectives.</p> <p>CD confirmed a report will be presented to the next Audit and Assurance Committee to outline the arrangements and governance put in place organisationally in response to the escalation.</p> <p><b>The Board resolved to:</b><br/><b>RECEIVE and DISCUSS the Escalation Update for ASSURANCE.</b></p> | <p>Received for Assured</p>   | <p>None to note</p> |
| <p>6.6</p> | <p><b>Digital Governance and Safety Highlight Report</b></p> <p>David Selway, Vice Chair of Digital Governance and Safety Committee (DS) provided a verbal update from the meeting held on 21 August 2025.</p> <p>For further information on DHCW’s Digital Governance and Safety Committee, follow the link in the title or alternatively by scanning</p>   | <p>Received for Assurance</p> | <p>Note to note</p> |

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|     | <p>the QR Code.</p>  <p><b>The Board resolved to:</b><br/>RECEIVE the Digital Governance and Safety Committee Highlight Report for <b>ASSURANCE</b>.</p>   |                        |              |
| 6.7 | <p><b>Programme Delivery Committee</b></p> <p>David Selway, Chair of Programme Delivery Committee (DS) provided a verbal update from the meeting held on 4 September 2025.</p> <ul style="list-style-type: none"> <li>• The funding for Connecting Care had been secured but concern was expressed about the security of the funding for the deployment, and this was subject to approval.</li> <li>• The Escalation Plan was discussed in detail, and the Topology and Commercial Framework was received.</li> </ul> <p>For further information on DHCW's Programme Delivery Committee, follow the link in the title or alternatively scan the following QR code.</p>  <p><b>The Board resolved to:</b><br/>RECEIVE the Programme Delivery Committee Highlight Report for <b>ASSURANCE</b></p>   | Received for Assurance | None to note |
| 6.8 | <p><b>Local Partnership Forum Committee Highlight Report</b></p> <p>Sam Morgan, Director of People and OD (SM) presented the Highlight report noting the purpose of the Committee and the positive work in partnership work, which is seen as driving the right conditions for success and putting the people first principle at the heart of the organisation.</p> <p>Paul Evans, Associate Board Member, provided an update on the pay award. UNITE (and other unions) have agreed to pause any industrial action ballots, as they have been invited by the UK government to discussions on Agenda for Change. There was strong opposition among all major unions to the proposed 3.6% pay aware with various industrial action ballots already conducted.</p> <p>For further information on Local Partnership Forum Committee, follow the link in the title or alternatively scan the following QR code.</p>  <p><b>The Board resolved to:</b><br/>RECEIVE the Local Partnership Committee Highlight Report for</p> |                        |              |

|                                 |   |           |              |
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|                                 | ASSURANCE   |           |              |
| <b>PART 7 - CLOSING MATTERS</b> |   |           |              |
| 7.1                             | <b>Any Other Urgent Business</b><br>HT marked the occasion commenting that it was the last meeting of the Chair. She thanked him on behalf of all of the Executives and the Board for his wise counsel and support over the last four years and wished him well for the future. | Discussed | None to note |
| 7.2                             | <b>Date of Next Meetings:</b><br>Thursday 27 November 2025<br>The meeting closed at 15:25   | Noted     | None to note |