DHCW SHA Board Meeting - Public

Thu 28 May 2026, 10:00 - 14:40

Agenda

10:00 - 10:00
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and introductions

For Noting *Chair*

1.2. Apologies for Absence

For Noting *Chair*

1.3. Declarations of Interests

For Noting *Chair*

10:00 - 10:05
5 min

2. CONSENT AGENDA

2.1. Unconfirmed minutes of:

2.1.1. 26 March Board Meeting

For Approval *Chair*

2.1.1 DHCW SHA Board Minutes 260326.pdf (17 pages)

2.1.2. Private Abridged Board 26 March 2026

For Approval *Chair*

2.1.2 DHCW SHA Private Board Meeting Minutes 26 March 2026 ABRIDGED v1.pdf (3 pages)

2.1.3. Private Abridged 02 April 2026

For Approval *Chair*

2.1.3 DHCW SHA EO Private Board Meeting Minutes 02042026 ABRIDGED.pdf (3 pages)

2.1.4. Extraordinary Board 16 April 2026

For Approval *Chair*

2.1.4 DHCW SHA Extraordinary Board Meeting Minutes 16 April 2026.pdf (4 pages)

2.2. Action Log (0)

For Noting *Chair*

2.3. Forward Workplan

For Noting *Director of Corporate Affairs/Board Secretary*

2.3 SHA Board Forward Plan.pdf (5 pages)

10:05 - 10:30

3. MAIN AGENDA

25 min

For Discussion

3.1. Shared Listerning and Learning Presentation

For Discussion *Executive Medical Director*

- Five Year Review of Single Record Products

3.1 (Single Record Past 5 Years).pdf (7 pages)

10:30 - 10:45 15 min

4. FOR REVIEW

4.1. Chair & Vice Chair Report

For Discussion *Chair*

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

4.2. Chief Executive Officer Report

For Discussion *Chief Executive Officer*

4.2 CEO Report May 2026.pdf (6 pages)

10:45 - 13:05 140 min

5. STRATEGIC ITEMS

5.1. Board Assurance Framework Report

For Approval *Director of Corporate Affairs/Board Secretary*

- Annual Review of Risk Appetite and Risk Tolerance (including Programmes)

5.1 Board Assurance Framework Report.pdf (6 pages)

5.1.1. Comfort Break - 10 minutes

5.2. National Target Architecture

For Assurance *Executive Director of Strategy*

5.2 National Target Architecture - SHA Board May (003).pdf (6 pages)

5.3. Stakeholder Review Action Plan Update

For Noting *Executive Director of Strategy*

5.3 SHA Brd SRAP Update - May 2026 v2.pdf (9 pages)

5.4. Primary, Community & Mental Health Update

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

5.4 SHA May 2026 Primary Community Mental Health report.pdf (10 pages)

5.4.1. Lunch Break - 30 minutes

13:05 - 14:40 95 min

6. GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE

6.1. Escalation Status

For Assurance *Director of Corporate Affairs/Board Secretary*

6.1 Escalation Status Report.pdf (7 pages)

6.2. Finance Report

For Approval *Interim Director of Finance*

6.2 DHCW-SHA Finance Report Cover May 2026 D-01.pdf (10 pages)

6.3. Strategic Procurement Report

For Approval *Interim Director of Finance*

6.3 Procurement-Report-May 2026 Mgt Board.pdf (5 pages)

6.4. Corporate Risk Register

For Discussion *Director of Corporate Affairs/Board Secretary*

6.4 Corporate Risk Register.pdf (6 pages)

6.4.1. Comfort Break - 5 minutes

6.5. Performance Report

For Discussion *Director of Corporate Affairs/Board Secretary*

- Public Accountability Meeting - Priority Actions Monitoring

6.5 REP-DHCW SHA Board Report Cover Sheet 2604V1.pdf (7 pages)

6.6. Portfolio Delivery Committee Highlight Report

For Assurance *Committee Chair*

6.6 PDC Highlight Report Updated.pdf (5 pages)

6.7. Audit and Assurance Committee Highlight Report

For Assurance *Committee Chair*

6.7 A&A Highlight Report.pdf (5 pages)

6.8. Digital Governance & Safety Committee Highlight Report

For Assurance *Committee Chair*

6.8 DG&S Highlight Report V1.pdf (5 pages)

14:40 - 14:40
0 min

7. CLOSING MATTERS

7.1. Any Other Urgent Business

For Discussion *Chair*

7.2. Date of Next Meeting: Thursday 30 July 2026

For Noting *Chair*

DHCW SHA Board Meeting – Unconfirmed Public Minutes

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

10:00 – 14:30 | 26 March 2026 | ZOOM

Members Present	Initial	Title	Organisation
Ruth Glazzard	RG	Interim Chair of the Board	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Paul Evans	PE	Associate Board Member – Trade Union	DHCW
Rowan Gardner	RG	Independent Member	DHCW
Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Marilyn Bryan Jones	MBJ	Independent Member	DHCW
Marian Wyn Jones	MWJ	Independent Member	DHCW
Sam Lloyd	SL	Executive Director of Operations	DHCW
Chris Moreton	CM	Interim Executive Director of Finance	DHCW
Alistair Klaas Neill	AKN	Independent Member	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
Michelle Morris	MM	Public Ombudsman	Public Services Ombudsman
Sarah Brooks	SB	Head of Culture and People Strategy	DHCW

Observing	Title	Organisation

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

Apologies	Title	Organisation
Samantha Morgan	Director of People and Organisational Development	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
PART 1 – PRELIMINARY MATTERS			
1.1	**Welcome and Apologies** The Interim Chair welcomed everyone bilingually to the DHCW SHA Board meeting and confirmed the meeting was being broadcast live via Zoom. In addition, the recording would be available via the DHCW website for any person unable to access the live meeting. 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 2.11.	Noted	None to note
1.2	**Apologies for Absence** • Samantha Morgan, Director of People and Organisational Development	N/A	None to note
1.3	**Declarations of Interest** There were no declarations of interest.	N/A	None to note
PART 2 – CONSENT AGENDA			
2.1	Unconfirmed Minutes of 02 February 2026 Board Meeting i. Matters Arising The minutes of 02 February 2026 were approved. The Board meeting can be watched by following the link in the title. **The Board resolved to:** **APPROVE** the minutes of 02 February 2026 Board Meeting.	Approved	None to note
2.2	**Action Log (0)** There were no actions in 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	**SHA Board Cycle of Business** **The Board resolved to:**	Approved	None to note

	APPROVE the SHA Board Cycle of Business		
2.5	**Annual Review of Standing Orders** **The Board resolved to:** APPROVE the Annual Review of Standing Orders	Approved	None to note
2.6	**Board & Committee Self-Effectiveness Reports** **The Board resolved to:** NOTE the Board & Committee Self-Effectiveness Reports for ASSURANCE.	Assured	None to note
2.7	**Board Champions Annual Report** **The Board resolved to:** APPROVE the Board Champions Annual Report	Approved	None to note
2.8	**Pay Gap Annual Report** **The Board resolved to:** APPROVE the Pay Gap Annual Report	Approved	None to note
2.9	**Research & Innovation Strategy** **The Board resolved to:** NOTE the Research & Innovation Strategy	Noted	None to note
2.10	**Climate Action Partnership Strategic Delivery Plan Return (Nov 25-Mar 26)** **The Board resolved to:** NOTE the Climate Action Partnership Strategic Delivery Plan Return (Nov 25-Mar 26)	Noted	None to note
2.11	**Adaptation Qualitative Reporting 2025/26** **The Board resolved to:** NOTE the Adaptation Qualitative Reporting 2025/26	Noted	None to note
MAIN AGENDA			
FOR DISCUSSION			
3.1	**Shared Listening and Learning Presentation** • **Ombudsman Harm Review** Rhidian Hurle, Executive Medical Director (RH) introduced Michelle Morris from the Public Services Ombudsman (MM). MM provided an overview of the Ombudsman's role and highlighted key themes from complaints involving digital and record keeping issues:-	Received & Discussed	None to note

	Key issues identified: • Incomplete or inaccurate medical records, including missing documentation and handwritten notes scanned into digital systems. • Poor documentation of clinical conversations, especially around consent and DNR/CPR decisions. • Inability to share information effectively between primary, secondary and cross border services. • Patient harm arising from lack of access to medication histories. *'Poor record keeping can and does lead to patient harm and injustice'*. **Case Studies Highlighted** • Cross border information failures between Aneurin Bevan UHB and Gloucestershire services. • Medication history unavailable, contributing to serious harm and death (report pending publication). The following areas were highlighted from the discussion. Members emphasised the importance of interoperability and real-time access to medicines data, the need for improved governance to support safe data flow and the value of digital tools to reduce risk and support clinicians. Members thanked MM for an engaging presentation and noted that the case studies prompted reflection on the serious implications when processes fail, acknowledging that such cases can take years to resolve and requested an update on whether outcomes and practice have improved in recent years, particularly regarding the North Wales Health board example. MM outlined the learning from cases where things have gone wrong, emphasising the need to step back and reflect on good practice; cross border working was noted as sometimes requiring different ways of working to agree a common approach (international passport); the service reiterated its Wales-wide remit and highlighted ongoing work to improve accessibility for groups who may find it harder to engage, including accepting oral complaints. Findings are published and fed back to the health organisations involved with all decisions published on the website and public interest reports distributed widely beyond interested parties. MM agreed to check that DHCW were included on the public interest report distribution list. **The Board resolved to:** **RECEIVE** and **DISCUSS** the Ombudsmen Harm Review.		
PART 4 – FOR REVIEW			
4.1	**Interim Chair and Interim Vice Chair Report** The Interim Chair noted the ongoing interim arrangements and	Received & Discussed	None to note

	expressed gratitude to the Interim Vice-Chair. Additionally, she acknowledged it was the final meeting of Rowan Gardner, Independent Member and thanked her for the five years of service and significant contribution to the DHCW Board. **The Board resolved to:** **RECEIVE** the contents of the interim Chair and Interim Vice Chair report.		

4.2	**Chief Executive's Report**
	Helen Thomas, Chief Executive Officer (HT), presented the Chief Executive's report and the following highlights were provided:
	• Interim Finance Director: Chris Moreton, Deputy Director of Finance, was confirmed in post, pending Swansea Bay's substantive appointment outcome.
	• Staff Engagement Sessions: There has been positive feedback from staff and sessions will continue.
	• Community by Design Programme: DHCW were providing strong digital and data leadership across urgent care, chronic conditions and population health.
	• Four-Nations Digital Leadership Forum: productive engagement with UK and Irish counterparts.
	• Remit Letter and Funding
	  ○ Core, GMS and eye-car allocations received.
	  ○ No Digital Priorities Investment fund (DPIF) allocation yet confirmed.
	  ○ An Accountable Officer letter had been submitted noting that DHCW cannot deliver a balanced plan without DPIF funding.
	Discussions were based around the following:
	• Updates from a DDaT meeting: lower-level meetings are now in place and there's early progress. There was discussion about the cyber group. There is also an intention to move the SIRO and Caldicott group's terms of reference up to a national board level.
	• In relation to the remit letter and DPIF, there is uncertainty about how long the rapid review and funding confirmation will take. A DPIF review has been underway since late February, with anticipated clarification from April onward, though more clarity is still being sought through Q1. Feedback from the 20 March meeting with WG was positive.
	The Board resolved to:
	RECEIVE the contents of the Chief Executive's report.
		Received & Discussed	None to note

PART 5 – STRATEGIC ITEMS			

5.1	**Integrated Medium Term Plan** Ifan Evans, Executive Director of Strategy (IE), presented the report with the following highlights ○ The plan had been developed through a series of structured development sessions over recent months, using an established and robust process that had been applied successfully for many years. ○ An update had been made to the portfolio structure to improve clarity and readability, recognising the breadth of DHCW activity and the need for a coherent narrative throughout. ○ Changes to five missions were outlined. ○ Delivery metrics: the IMTP contains 220 milestones which will be used for performance assessment and reporting to Welsh Government. ○ Funding transparency: the document uses colour coding to distinguish core work, programme work and programme work dependent on DPIF funding not yet confirmed. IE highlighted the risks and issues associated with the IMTP:- • Late Remit letter: need to ensure alignment and sufficient resources in response the remit letter. • Programme funding uncertainty: awaiting confirmation of programme funding, including DPIF, which affects deliverability of some programme work. • Capacity constraints: noted as an ongoing risk, to be considered alongside financial planning and existing risk management arrangements. The Board was assured that established organisational risk management and change control processes were in place. Additionally, DHCW had prior experience of assessing remit changes and were confident that, working with Welsh Government, the organisation will manage any required plan adjustments. Chris Moreton, Interim Director of Finance, provided a financial overview, noting that the organisation is currently projecting a breakeven position but that this remains dependent on the allocation of DPIF funding. A remit letter had been received confirming £77.7m core funding, including £22.4m and £0.15m for development in high care, while the DPIF allocation will be issued separately (referencing £33.2m revenue and £13.1m capital, with £13.6m in BAU). It was highlighted that a full accountable officer letter cannot be completed until DPIF funding is confirmed; most Health Board and NHS SLAs are agreed except one which is being resolved, and the Microsoft enterprise agreement was also referenced. The savings plan will be revisited in the first quarter once the DPIF position is clearer. The Board discussion focused on what assumptions are being made around revisions such as inflation, global market conditions,	Endorsed	None to note

	and external pressures, with inflation pressures outlined in the finance report (including pay and service pressures). **The Board resolved to:** **ENDORSE** the priorities within the IMTP for submission to WG, but could not formally approve it due to the absence of confirmed DPIF funding. A covering letter will accompany the submission, outlining these caveats.		
5.2	**Primary, Community & Mental Health Update** Sam Hall, Director of Primary, Community & Mental Health presented the update from the service area. • General update – following a sustained period of delivery, the programme was now moving into a phase of transformative change.. • GP systems migration – noted as a major national risk; service continuity had been maintained and delivery was progressing at approximately double the pace of previous migrations Approximately 95% of transitions were complete, with completion due May 2026. The accelerated migration supports electronic prescribing, with rollout on track for completion by November 2026. • Dental Access Portal – the project was delivered at pace in response to patient difficulties navigating access to NHS dental care. • Choose Pharmacy Rebuild – the new product will improve user experience and interoperability. Core foundations were largely complete with go live planned for later this year. • Eyecare - first release was imminent with a national roll out by June. • Ambient Voice Technology – significant opportunities were noted alongside material concerns regarding the use of AI; AVT was expected to increase flexibility. • NHS Wales App transition – focussing on setting up in product led approach. • Connecting Care and Integrated Care Record – procurement was underway amongst most Health Boards and momentum was increasing. Engagement with Health Board colleagues was ongoing. The ICR team had completed research and held 12 stakeholder engagement sessions. An outline business case was being drafted for submission next week. The Board discussions centred on • ePrescribing (App enablement): the key learning was that switching features on in the App doesn't ensure they're usable in practice; adoption needs a clearer understanding of GP/user requirements and a defined value exchange, building on strengthened GP relationships. • Integrated Health & Care Record (IHCR): An outline business case was being developed to address the immediate risk of losing the current community/social	Noted for Assurance	None to note

care solution; initial focus is a cross-system "viewer," with end-state vision still being defined and a draft expected shortly, then refined over \~3 months.

- Ambient Voice (AV) & AI: assurance was required on consistent standards and an approach aligned to Welsh standards; the market is limited and integration was essential. GP supplier engagement was underway for pilots, multilingual capability is of interest, and there's a strong emphasis on NHS-guided access to safe/trusted AI tools (including a follow-up on Copilot for Health detail).
- Dentistry (DAP) & community-by-design: DAP was recognised as impactful for NHS dental access, but progress was constrained by lack of dedicated funding; discussion focused on aligning "community by design" with existing portfolio work (e.g., Connecting Care) and connecting digital initiatives across service areas.
- e-Referral (eye care): Long-discussed system now in pilot, with rollout sequence noted; Board sought assurance on funding, but notes indicate funding covers purchase only, with no identified funding for implementation/project support.
- Workforce planning (HEIW): A question was raised about how programme insights (including DAP) are feeding into HEIW workforce planning; DHCW input exists but DAP inclusion is unclear, and outputs from a "future workforce" event should be captured and shared.

5.2.1 Community & Mental Health Data & Digital Delivery Plan

SH highlighted key points from the plan:-

- Discovery work confirmed 'system-wide' issues: fragmented services, poor data quality, limited information flow, duplication/inefficiency, and clinicians lacking full patient context—driving a poor patient experience.
- The approach is a system redesign enabled by digital, not "tech for tech's sake," grounded in national governance/alignment user-centred co-design, and a blended care model (digital + face-to-face).
- Key enablers include interoperability and standards, shared-care-record foundations (standardised datasets), APIs and cloud infrastructure, plus incremental delivery (pilot–learn–scale) to reduce risk.
- Focus also includes workforce/culture and digital capability inclusion/accessibility, and a data-driven system with meaningful, real-time information and growing analytics (incl. predictive).
- Intended outcomes: easier access, people not repeating their story, earlier/self-guided support (potentially AI-enabled), more personalised care, less admin burden, and better information at point of care—on a multi-year maturity roadmap.

Audit+ Replacement

- Audit + is a GMS-funded tool supporting GP practices by

	helping deliver clinical care, improving data quality, and providing data for national reporting/clinical governance; it also benefits health boards, clusters, Public Health Wales, Welsh Government reporting, and academia (e.g., Swansea). • The replacement programme has been renamed to the GMS Data Platform. An extension has been agreed with current suppliers to keep Audit + in place until 30 April 2027, allowing time to "get it right" and dual-run for consistency/quality. • Progress: on track for cloud platform integration; supplier integration work due June 2026; preferred technical option approved by the technical design authority; other options documented for stakeholders. • Main risk/issue: GPC Wales concerns about data proportionality (GDPR Article 5.1), specifically the proposed bulk upload approach versus a more selective, complex, slower, and costlier extraction approach. If unresolved, may need referral to the ICO (up to 14 weeks). **The Board resolved to:** **NOTE** the Primary, Community & Mental Health Update		
5.3	**Artificial Intelligence Strategy** IE presented the report on AI Strategy. • Approval was sought for a three-year strategy to provide a clear framework for using AI safely and effectively across Wales. • The work had been shared with Welsh Government and engagement had already commenced via masterclasses with governance networks/Board Secretaries and the Directors of Digital. • The strategy aims to build on existing system enablers and highlights the Cloud Transition Programme as important for enabling effective AI use. It defines a clear scope and types of AI use. • The strategy distinguishes between AI use in health (including patient data and associated controls) versus AI for software development, implying different strategic considerations for each. • The strategy sets out three-year steps and had been approved by the Communications and Engagement group. The Board provided feedback that it was difficult to commit to a rigid three-year strategy because AI was changing so quickly, therefore, the approach needed to be flexible. IE confirmed the strategy was high level and the decision not to pursue autonomous AI should remain valid for the next few years.	Approved	None to note

	The Board resolved to: **APPROVE** the Artificial Intelligence three-year Strategy recognising it will require frequent review.		
5.4	**Building Our Future Closure Report** HT presented the report which provided an update on the Building our Future Closure confirming that teams were moving into new ways of working and any remaining work would transition into business-as-usual and directorate plans. **The Board resolved to:** **NOTE** the Building Our Future Closure Report for **ASSURANCE**	Noted for Assurance	None to note
PART 6 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE			
6.1	**DHCW Escalation Update** 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 2025.. The escalation was specifically related to the delivery of major programmes. The key activities and progress: • Enhanced monitoring milestones: 47 milestones in scope; 41 delivered in full. Four milestones missed the original date; two items remain outstanding (LIMs and RISP). • Welsh Government (WG) feedback: DHCW to remain at Level 3 (enhanced monitoring). Phase 2 plan is in development; CD thanked Board members for input to the draft plan. • Phase 2 plan: intended to strengthen assurance and delivery grip for major programmes (detail to be confirmed). • Cabinet Secretary statement on transparency and NHS Wales: meetings have ceased; future engagement will be via risk-based meetings aligned to risk level. Further details/changes to be presented at the next Board **The Board resolved to:** **NOTE** the DHCW Escalation Update for **ASSURANCE**	Noted for Assurance	None to note
6.2	**Finance Report** Chris Moreton Interim Director of Finance (CM), presented a set of slides highlighting DHCW's financial position: • 2025-26 forecast: it was forecast to achieve financial targets; GP migration spend profile reviewed, reducing expected funding requirement (lower anticipated GP reimbursements). Public Sector payment policy (PSPP) at 98% v 95% target. • Year-to-date (to end of Feb): £0.183m underspend, driven mainly by lower than planned recruitment, offset by	Received & Discussed	None to note

	accelerated GP migration costs and Office 365 VAT provision. • Cash balance: higher than usual (Feb £24.225m) reflecting drawdown to pay Microsoft VAT provision. • Capital: £8.908m spend to end of February against £12.871m funding envelope. • Savings: on track to deliver £3.4m recurrent savings in year (building on £1.5m in 2024-25). • Accounts timetable: draft account deadline 1 May; audited accounts deadline Tuesday 30 June (annual accounts submission deadline 30 June). Audit efficiency improvements being progressed with Audit Wales. • 2026-27 Planning assumptions: core baseline is flat (no additionally core/inflation). WG to fund a 3.3% pay award; depreciation funding for capital assets included. • 2026-27 savings & pressures: Savings plan of £5.8m. Pressures cited include £1m pay pressures (incremental/ step costs not covered by central funding), £3m services growth and organisational cost pressures (e.g. cyber, networking, information governance) and £0.5m indexation/contract inflation. • 2026-27 capital plan: Discretionary capital allocation £3.64m. DPIF capital allocation of £13.1m is the main outstanding element. Discussions on the financial position centred on the following: • Concerns were raised the cyber pressures appeared small; need to prioritise cyber roles within the recruitment freeze and consider longer term cyber capability and national readiness. Roles have been identified via external benchmarking and further funding will be sought to manage these positions. • Focussed on the risks from fix-term funded resource and short-term funding cycles, and the need to evolve resourcing models e.g. via the Strategic Resourcing Group, baseline review and alternative capacity approaches. **The Board resolved to:** **NOTE** the Finance Report.		
6.3	**Strategic Procurement Report** CM presented two Contract Awards: - **P985.02 IT Service Management Toolset replacement –** a contact with Softcat Plc, 1st April 2026. DHCW anticipates a nine-month implementation period, which will then be followed by three years of operational service. Total contract value £1.59m. **P969.01 Cloud migration support –** KPMG LLP. 6th April 2026 – 5th Apr 2028 – with option to extend to extend for a further two years, in annual increments. Maximum extension up to 5th April	Approved	None to note

	2030. Total contract value £4m. DHCW is not obligated to spend the total contract value. **The Board resolved to:** **APPROVE** the following: **P985.02 IT Service Management Toolset replacement** **P969.01 Cloud Migration Support**		
6.4	**Corporate Risk Register** CD presented the Corporate Risk Register report advising that DHCW's Corporate Risk Register currently had 14 risks on the register, 12 of which were detailed within the report and two private risks which were considered at every Digital Governance and Safety Committee. CD highlighted the following key points: - • Risk DHCW 0353 Programme Funding for Connecting Car was added and subsequently removed, reflecting an agreed approach to manage programme-funded risks collectively under an overarching risk. • Risk DHCW 0346 – DDaT Governance Review Implementation was removed following progress in establishing sub-groups and the DDaT Delivery Board. • Risk DHCW 0336 – Audit + withdrawal of contracts was removed following completion of mitigating actions. • Risk DHCW 0352 – Delivery of 2025-26 IMTP milestones was removed as the organisation transitions focus to the next IMTP cycle. The Board discussed emerging considerations, including the geopolitical environment, the recruitment freeze and the pause and review of the Digital Priorities Investment Fund, noting these may need to be reflected in future risk assessments. IE provided an update on the Welsh Intensive Care Information System (WICIS) risk. The Board noted: • Ongoing funding uncertainty and interdependencies with Health Boards. • Strong assurance on delivery of current phase milestones. • Close and regular engagement with Welsh Government and system partners. Members discussed cloud dependency risks, including data sovereignty and supplier exposure. Assurance was provided that data is hosted within UK data centres, with diversification options (including open-source solutions) being explored. **The Board resolved to:** **RECEIVE** the Corporate Risk Register	Received & Discussed	None to note

6.5	**NHS Staff Survey Results** Sarah Brooks, Head of People and Culture (SB) presented the high level NHS Staff Survey results and provided the following highlights: • Staff engagement score of 74% , a slight decrease year-on-year, reflecting a system-wide trend. • DHCW continues to perform above or in line with NHS Wales Benchmarks. • Strong results reported in teamwork, supportive management, flexible working and staff feeling valued. • Qualitative free text responses are awaited and will inform directorate level action planning. Next steps include: • Directorate deep-dive reviews. • Staff engagement sessions and town halls. • Action planning workshops focusing on workload, wellbeing, hybrid working and line management capability. Board Members welcomed the results and emphasised the importance of broader benchmarking beyond NHS Wales where appropriate. **The Board resolved to:** **NOTE** the NHS Staff Survey Results	Noted	None to note
6.6	**Annual Equality Report** SB presented the Annual Equality Report covering period April 2025 to 2026, alongside reference to the Pay Gap report: • Continued compliance with statutory duties under the Equality Act 2010. • Minority ethnic workforce representation increased to 13%; 8.9% of staff identify as disabled. • Board gender representation stands at 53% female, exceeding UK benchmarks. • High compliance with mandatory equality-related training. • Positive progress on narrowing the gender pay gap, with baseline data now established for ethnicity and disability pay gaps. • Further examples of progress included, investment in leadership, cultural events, ongoing promotion of flexible working. IE commended the organisation's progress on equality and diversity and provided the following comments and suggestions: • while the report references Welsh Language Standards	Noted	None to note

	within legal duties, it contains no Welsh Language data because Welsh is not a protected characteristic. • transferable lessons from the equality work – demonstrating measurable change over 1-2 years and using purposeful recruitment into junior roles with development pathways which could be applied to improving Welsh language capability. • Benchmarking the workforce Welsh language skills against the local community and acknowledging performance is currently strong on ethnicity and other measures than on Welsh language. • Advised that a Welsh Language strategy will be brought to the Board in coming months and noted the organisation will come under Welsh Language Standards from April, providing a framework to replicate equality-style structures and methods for Welsh language improvement. **The Board resolved to** **NOTE** the Annual Equality Report		
6.7	**Performance Report** CD presented the Performance Report, highlighting the following key points: • Public Accountability Review – the seven actions will be tracked through the performance report. • Workforce remains stable at 1,274 staff, with a turnover of 7.2% • Service availability maintained at 99.95%. • Four major incidents occurred in February but were resolved within the SLA. • Appraisal compliance at 84.3%, slightly below target, with further monitoring underway. • Higher abandonment rates on the Welsh Language service desk due to staffing pressures • An update was provided on a major national IT incident which affected the NHS Wales broadband services: • The incident was detected early evening and resolved overnight. • No data loss or patient harm identified. • A national lessons learned review will be undertaken in collaboration with Welsh Government. Members expressed their concern about a decline in the Welsh Language Service Desk's performance, especially as the organisation will fall under the Welsh Language Standards regime for the first time in April. It was stressed the importance of recruiting bilingual individuals, noting that recruitment was	Received & Discussed	None to note

	currently frozen. It was confirmed that a detailed report would go to the Audit and Assurance Committee next month where the issues would be discussed. **The Board resolved to:** **RECEIVE** the Performance Report.		
6.8	Digital Governance & Safety Committee Rowan Gardner, Chair of Digital Governance & Safety Committee (RG) provided an update from the meeting held on 05 March 2026. For further information on DHCW's Digital Governance & Safety Committee follow the link in the title or alternatively scan the following QR code. **The Board resolved to:** **RECEIVE** the Digital Governance & Safety Highlight Report for **ASSURANCE**	Received for Assurance	None to note
6.9	Local Partnership Forum Highlight Report For further information on DHCW's Local Partnership Forum follow the link in the title or alternatively scan the following QR code. **The Board resolved to:** **RECEIVE** the Local Partnership Forum Highlight Report for **ASSURANCE**	Noted for Assurance	None to Note
6.10	Programme Delivery Committee Highlight Report David Selway, Chair of the Programme Delivery Committee provided an update on the meeting which took place on 5th February. Three alerts were received regarding the funding of programmes. For further information on the Programme Delivery Committee follow the link in the title or alternatively scan the following QR code. **The Board resolved to:** **RECEIVE** the Programme Delivery Committee Highlight Report for **ASSURANCE**		
6.11	Audit and Assurance Committee Highlight Report		

	Marian Wyn Jones, Chair of the Audit and Assurance Committee provided an update on the meeting held on 20 January 2026. For further information on the Audit and Assurance Committee follow the link in the title or alternatively scan the following QR code. **The Board resolved to:** **RECEIVE** the Audit and Assurance Committee Highlight Report for **ASSURANCE**		
6.12	**Remuneration & Terms of Service Committee Highlight Report** **The Board resolved to:** **RECEIVE** the Remuneration & Terms of Service Committee Highlight Report for **ASSURANCE**	Noted for assurance	None to note
PART 7 - CLOSING MATTERS			
7.1	**Any Other Urgent Business** The Interim Chair invited final reflections from a departing Non-Executive Director, Rowan Gardner, who thanked colleagues and reflected on progress made in digital governance, cyber security, and the role of data and digital as a core utility within health and care during her time of service.	Discussed	None to note
7.2	**Date of Next Meetings**: Thursday 28 May 2026 The meeting closed at 14:59	Noted	None to note

DHCW SHA Extraordinary Private Board Meeting – Unconfirmed minutes ABRIDGED

Minutes of the Digital Health and Care Wales (DHCW) Special Health Authority (SHA) Private Board Meeting held on Thursday 26 March 2026 as a virtual meeting via MS Teams.

15:15 – 16:10 | 26 March 2026 | MS Teams

Members Present	Initial	Title	Organisation
Ruth Glazzard	RG	Interim Chair of the Board	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Rowan Gardner	RGA	Independent Member	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
Chris Moreton	CM	Interim 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
Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW
Julie Robinson	JR	Secretariat	DHCW
Andrew Pick	AP	Accountant	KPMG
Colette van Zyl	CVZ	Accountant	KPMG

Apologies	Title	Organisation
Laura Tolley	Head of Corporate Governance/Deputy Board Secretary	DHCW
Samantha Morgan	Director of People and Organisational Development	DHCW

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

Item No	Item Detail	Outcome	Action
PART 1 – PRELIMINARY MATTERS			
1.1	**Welcome and Apologies** The Chair welcomed everyone to Digital Health and Care Wales' private SHA Board Meeting which was being held today to receive an update on the recommendations for the Treatment of 0365 VAT	Noted	None to note
1.2	**Apologies for Absence** Apologies were noted for: • Samantha Morgan, Director of People and Organisational Development • Laura Tolley, Head of Corporate Governance/Deputy Board Secretary	Noted	None to note
1.3	**Declarations of Interest** There were no declarations of interest to note.	Noted	None to note
PART 2- MAIN AGENDA			
FOR DISCUSSION			
2.1	**Recommendations for the Treatment of 0365 VAT** Chris Moreton, Interim Director of Finance (CM) provided an updated on the organisation's VAT position and the work undertaken with external advisors. Discussions covered the following: • Background to the issue. • Recent engagement with HMRC • Steps required to progress the matter. The Board considered the next actions required and agreed to proceed with the recommended approach.	Endorsed/ Approved	None to note

	The Board resolved to: **APPROVE** the payment and to proceed with Phase 1 only.		
PART 3 – CLOSING MATTERS			
3.1	Any Other Urgent Business	N/A	None to note
3.2	Date and Time of Next Meeting TBC	N/A	None to note

DHCW SHA Extraordinary Private Board Meeting – Unconfirmed minutes

Minutes of the Digital Health and Care Wales (DHCW) Special Health Authority (SHA) Private Board Meeting held on Thursday 2 April 2026 as a virtual meeting via MS Teams.

09:00 – 09:45 | 2 April 2026 | MS Teams

Members Present	Initial	Title	Organisation
Ruth Glazzard	RG	Interim Chair of the Board	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
Chris Moreton	CM	Interim Director of Finance	DHCW
Sam Morgan	SM	Director of People & OD	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
Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW
Laura Tolley	LT	Deputy Board Secretary / Head of Corporate Governance	DHCW

Apologies	Title	Organisation
Ifan Evans	Executive Director of Strategy	DHCW
Rhidian Hurle	Executive Medical Director	DHCW

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

Item No	Item Detail	Outcome	Action
PART 1 – PRELIMINARY MATTERS			
1.1	**Welcome and Apologies** The Chair welcomed everyone to Digital Health and Care Wales' private SHA Board Meeting which was being held today to receive an update on the recommendations for the Treatment of 0365 VAT.	Noted	None to note
1.2	**Apologies for Absence** Apologies for absence were noted.	Noted	None to note
1.3	**Declarations of Interest** There were no declarations of interest to note.	Noted	None to note
PART 2- MAIN AGENDA			
FOR DISCUSSION			
2.1	**Recommendations for the Treatment of 0365 VAT** Chris Moreton, Interim Director of Finance, provided an update on the recommendations for the treatment of 0365 VAT and provided assurance that legal counsel had been sought and Welsh Government continued to be informed of developments. The Board resolved to: **APPROVE** the recommended approach as set out in Appendix 2 and NOTE the next steps.	Approved & Noted	None to note
PART 3 - CLOSING MATTERS			
3.1	**Any Other Urgent Business** i) Escalation Status The Chair provided an update on DHCW Escalation Status further to conversations with Welsh Government. ii) Welsh Intensive Care Information System (WICIS)	N/A	None to note

	The Board received an update on the current position of WICIS, The Board resolved to: DISCUSS and NOTE the Any Other Business raised.		
3.2	Date and Time of Next Meeting TBC	N/A	None to note

DHCW SHA Extraordinary Board Meeting – PUBLIC – Unconfirmed minutes

Minutes of the Digital Health and Care Wales (DHCW) Special Health Authority (SHA) Extraordinary Board Meeting held on Thursday 16 April 2026 as a virtual meeting broadcast live via Zoom.

09:00 – 09:30 | 16 April 2026 | ZOOM

Members Present	Initial	Title	Organisation
Ruth Glazzard	RG	Interim Chair of the Board	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Sam Lloyd	SL	Executive Director of Operations	DHCW
Alistair Klaas Neill	AKM	Independent Member	DHCW
Chris Moreton	CM	Interim Director of Finance	DHCW
David Selway	DS	Independent Member	DHCW

In Attendance	Initial	Title	Organisation
Chris Darling	CD	Board Secretary	DHCW
Paul Evans	PE	Associate Board Member – Trade Union	DHCW

Observing	Title	Organisation
Hannah Brimson	Communications Officer	DHCW
Jenilee Cardy	Senior Communications Officer	DHCW
Laura Tolley	Deputy Board Secretary | Head of Corporate Governance	DHCW

Apologies	Title	Organisation

Helen Thomas	Chief Executive Officer	DHCW
Marilyn Bryan Jones	Independent Member	DHCW
Marian Wyn Jones	Independent Member	DHCW

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	IM	Independent Member
WG	Welsh Government	EA	Enterprise Agreement

Item No	Item Detail	Outcome	Action
PART 1 – PRELIMINARY MATTERS			
1.1	**Welcome and Apologies** The Chair welcomed everyone to today's Digital Health and Care Wales SHA Extraordinary Board Meeting which was being held today to approve the Microsoft Enterprise Agreement. The Chair confirmed the meeting was being broadcast live via Zoom and in addition, the recording would be available via DHCW's website for any person unable to access the meeting live.	Noted	None to note
1.2	**Apologies for Absence** Apologies were received from: • Helen Thomas, Chief Executive Officer • Marilyn Bryan Jones, Independent Member • Marian Wyn Jones, Independent Member	Noted	None to note
1.3	**Declarations of Interest** There were no declarations of interest to note.	Noted	None to note
MEETING BUSINESS			
PART 2 – MAIN AGENDA			
2.1	**Strategic Procurement Report** - **Microsoft Enterprise Agreement** Sam Lloyd, Executive Director of Operations (SL) provided an overview of the longstanding single NHS Wales Microsoft Enterprise Agreement, covering approximately 137,000 users. Key points included: • The M365 Suite underpins collaboration across NHS Wales, including Teams, SharePoint, remote access, identity management and security services.	Approved	None to note

- The agreement also supports innovation through Power Apps and AI tools such as Copilot.
- DHCW's Centre of Excellence leads negotiations on behalf of NHS Wales.
- The current Enterprise Agreement (EA) is in year 4 or a 5-year term, ending 30 June 2026.

Three strategic options were evaluated:

1. Extend into Year 5 of the current agreement, then move to a UK-wide Crown Commercial Services pricing model.
2. Negotiate a new EA starting July 2026 (recommended option)
3. Enhanced capability option, adding significant Copilot licensing for wider AI adoption.

The engagement and governance processes were outlined which included:

- A project board with representation from digital and clinical teams.
- A task force with representatives from all NHS Wales organisations validated requirements and volumes.
- External specialist support was provided by Livingston.
- Regular updates were provided to Directors of Finance, Deputies and Directors of Digital.
- All NHS Wales organisations have approved their respective expenditure at their March Board meetings.

SL reported that negotiations were lengthy and challenging with multiple offer iterations. The final agreement resulted in:

- £34.2 million cost avoidance for NHS Wales.
- A strong foundation for future innovation and secure collaboration.
- A platform for potential expansion of Copilot and other advanced capabilities.

Chris Moreton, Interim Director of Finance (CM) presented the financial modelling aligned to NHS financial years (April-March):

- A 10% cost increase is expected in 2026-27.
- The deal mitigates future digital inflation, projected at 1-4% annually from 2027-28.
- Benchmarking via Gartner suggests typical inflation of 5-15% indicating favourable long-term value.

The Board discussed the rationale for cost variations between organisations, noting that user numbers did not always correlate with cost. CM confirmed that costs reflect license mix and volume, not just user count. Additionally, organisations choose different combinations of frontline, information worker and additional licences resulting in differing cost profiles.

	The Board resolved to: **Approve** the Microsoft Enterprise Agreement contract **subject** to a Chair's Action taken outside the meeting.		
PART 3 - CLOSING MATTERS			
3.1	**Any Other Urgent Business** There was no other urgent business raised.	Discussed	None to note
3.2	**Date and Time of Next Meeting** • 28 May 2026	Noted	None to note

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

Eitem ar yr Agenda: Agenda Item:	2.3

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

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

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

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

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

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

4.1 The following items have been added to the Forward Workplan 2026-27 and are due to be presented at the meeting on 28 May 2026:

Item	Executive Lead
Action log	Director of Corporate Affairs/Board Secretary
Annual Review of Risk Appetite and Risk Tolerance	Director of Corporate Affairs/Board Secretary
Board Assurance Framework Report	Director of Corporate Affairs/Board Secretary
Chair & Vice Chair Report	Director of Corporate Affairs/Board Secretary
Chief Executive Report	Chief Executive Officer
Committee & Advisory Group Highlight Reports	Director of Corporate Affairs/Board Secretary
Corporate Risk Register Report	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Finance Report	Interim Director of Finance
Forward Work Plan	Director of Corporate Affairs/Board Secretary
Minutes	Director of Corporate Affairs/Board Secretary
National Target Architecture (alt main agenda & CEO report)	Executive Director of Strategy
Perfomance Report	Director of Corporate Affairs/Board Secretary
Shared Listening and Learning	Executive Medical Director
Stakeholder Engagement Plan Update	Executive Director of Strategy
Strategic Primary, Community and Mental Health Update	Director of Primary, Community and Mental Health Digital Services
Strategic Procurement Report	Interim Director of Finance

4.2 In addition, the following items have been added to the Forward Workplan 2026-27 and are scheduled to be presented to the 30 July 2026 meeting:

Item	Executive Lead
Action log	Director of Corporate Affairs/Board Secretary
Annual EPRR Report	Executive Director of Strategy
Annual Quality Report	Interim Director of Finance
Annual Report	Director of Corporate Affairs/Board Secretary
Annual Statutory Accounts	Interim Director of Finance
Chair & Vice Chair Report	Director of Corporate Affairs/Board Secretary
Chief Executive Report	Chief Executive Officer
Committee & Advisory Group Highlight Reports	Director of Corporate Affairs/Board Secretary
Corporate Risk Register Report	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
DHCW Decarbonisation Action Plan 2026-29	Director of Corporate Affairs/Board Secretary
EFPMS Return 2025-26	Director of Corporate Affairs/Board Secretary
Emergency Planning Annual Report	Executive Director of Strategy
Finance Report	Interim Director of Finance
Forward Work Plan	Director of Corporate Affairs/Board Secretary
Minutes	Director of Corporate Affairs/Board Secretary
National Target Architecture (alt main agenda & CEO report)	Executive Director of Strategy
NHS Staff Survey Results	Director of People & OD
People and Culture Report	Director of People & OD
Perfomance Report	Director of Corporate Affairs/Board Secretary
Senior Information Risk Owner Annual Report	Executive Director of Operations
Shared Listening and Learning	Executive Medical Director
Strategic Operations Update	Executive Director of Operations
Strategic Primary, Community and Mental Health Update	Director of Primary, Community and Mental Health Digital Services
Strategic Procurement Report	Interim Director of Finance
Strategy Assurance Group reporting	Executive Director of Strategy

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FIVE YEAR REVIEW OF SINGLE RECORD PRODUCTS

Eitem ar yr Agenda: Agenda Item:	3.1

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May, 2026

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

Noddwr Gweithredol: Executive Sponsor:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Griff Williams, Associate Director of Product, David Nicol, Head of Single Record, Software Development
Cyflwynwyd gan: Presented By:	Griff Williams, Associate Director of Product

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and NOTE the report	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	Expand the digital health and care record and the use of digital to improve health and care

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

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

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

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

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

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

Background to Singe Record suite of products:

The Welsh Clinical Portal (WCP) is a nationally available critical clinical system, embedded in the day-to-day delivery of care across NHS Wales. Around **44,000 clinicians** now use WCP to access **over 640,000 secondary-care patient records** every month, sustained, system-wide reliance.

WCP plays a vital role in patient safety by providing timely access to GP records, of which more than **100,000 are accessed** monthly, as well as clinical documents and diagnostic results at the point of care. This reduces the clinical risk associated with missing or fragmented information, particularly as patients move between organisations and care settings.

Off-the-shelf ward prescribing solutions are integrated to reduce delay, improve information quality, and strengthen the quality of discharge and medicines communication back to GPs.

The platform delivers significant operational value at scale by replacing manual, paper-based and fragmented processes with integrated digital workflows. Each month, clinicians access nearly **2 million care documents**, **1.3 million pathology results**, and almost **0.5 million radiology reports**, reducing duplication, administrative burden, and delays in clinical decision-making across care associated with **over 480,000 outpatient clinics and 90,000 ward admissions** recorded in the WelshPAS systems across **six of the Welsh Health Boards and Velindre Trust**.

Digital referral, pathway and care management capabilities continue to demonstrate measurable efficiency and safety benefits. Over **65,000 GP referrals** are now prioritised digitally each month, saving an estimated **3–5 days** compared to postal correspondence and supporting delivery against national treatment targets. Consultant advice functionality is estimated to avoid around **210 outpatient clinics per month**, enabling earlier access for patients who require face-to-face assessment.

National platforms also support over **11,000 diabetes clinics each month**, while the single instance **Welsh Nursing Care Record (WNCR),** now live across all adult wards, exemplifies a digital ecosystem operating at national scale and delivering tangible clinical and operational value.

WCP also supports multidisciplinary and specialty workflows through integrated digital forms and real-time MDT functionality across cancer, palliative care, colposcopy and radiotherapy. Over **5,000 cancer MDTs** are managed digitally each month, with structured capture of MDT decisions, tumour-specific datasets, patient preferences and caseloads improving the completeness, standardisation and timeliness of national cancer data. This has enabled new audits and more reliable reporting to support improved patient outcomes. Integrated

imaging, radiotherapy and treatment summaries have replaced paper and legacy processes, strengthening clinical governance and continuity of care.

Strategically, WCP provides a single national access layer across multiple underlying systems, improving resilience, consistency and integration while acting as a foundation for continued digital modernisation and expansion into new clinical domains. The core WCP product is supported by **WCP Mobile**, the **Welsh Caseload Worklist Manager (WCWM)** – all single-instance national products in use across Wales – underpinned by **Patient Administration Systems (PAS)**, as individual entities within each Welsh health organisation.

Core WCP features:

Demographics – Provides a single, trusted view of patient identity through nationally consistent demographic data, reducing mismatches, improving patient safety, and increasing confidence in clinical decision-making across Wales.

Documents – Gives clinicians timely access to key clinical documents (letters, discharge summaries, reports) in one place, improving continuity of care, reducing duplication, and supporting safer transitions between services and Welsh health organisations.

Tests – Enables clinicians to view diagnostic test results from multiple sources in context, supporting faster clinical decisions, reducing delays in treatment, and avoiding unnecessary repeat investigations. Result notification is proven to accelerate the viewing of diagnostics towards faster treatment decisions.

Medicines – Provides a consolidated view of medicines information within the ward-based clinical workflow, improving medicines reconciliation, reducing prescribing risk, and supporting safer, more informed treatment decisions, pushing those final coded medicines to the GP for continuation.

GP Record view – Brings relevant GP coded information into the hospital clinical workflow, improving understanding of patient history, supporting safer decisions at the point of care, and strengthening integration across primary and secondary care

Events – Offers a chronological view of key clinical events, helping clinicians quickly understand a patient's care journey, reducing cognitive burden, and supporting more efficient and informed consultations.

eForms – Streamline clinical and administrative requests through digital forms embedded in WCP, reducing manual work, improving data quality, and enabling faster, more consistent processing of requests.

Electronic Test Requesting – Enables clinicians to request tests electronically to multiple sources in a single clinical context, supporting faster decisions, reducing delays to treatment, and avoiding unnecessary repeat investigations. Integrated result notification accelerates the review of diagnostics, enabling earlier clinical action and improved patient

flow.

Worklist manager – Acts as a single operational hub for managing and prioritising clinical worklists and specialty requests, improving visibility, throughput, and coordination for services such as Cardiology and Endoscopy while reducing delays and operational risk associated with historic paper processes.

Growth of WCP:

Between 2022 and 2026, the growth in both clinical users and patient records accessed reflects a sustained increase in adoption and reliance on the WCP platform across NHS Wales.

Monthly unique clinical users rose from approximately 30,000 in April 2022 to 44,000 by March 2026, while patient records accessed increased from around 382,000 to 640,000 per month over the same five-year period.

As more features and data sources have been integrated over the years, clinicians increasingly use WCP as the primary point of access for comprehensive patient information in their workflows, resulting in more frequent and broader interaction to support clinical decision-making, coordination of care, and improved patient outcomes.

User needs remain central to the evolution of all Single Record products, with software scope and behaviour shaped through on-site collaboration and national online working groups, ensuring the platform continues to deliver practical value at the point of care.

Presentation, 28th May:

The presentation on the 28th will highlight the expansion in functionality and the continued evolution of a product suite embedded across NHS Wales workflows, alongside learning to date and the benefits and outcomes already realised.

It will also set out the opportunities enabled by Single Record, as described within product roadmaps, demonstrating how these capabilities can be scaled to deliver greater clinical value, improved data accessibility, and more consistent care across Wales.

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

Our software is co-developed with users and typically piloted at a single site, allowing it to mature before wider rollout. Several key components – including Medicines Transcription, Electronic Discharge, Referrals Management, and the Nursing Care Record – were developed in partnership with Health Board digital teams.

Over the past 18 months, however, adoption has become increasingly challenging as digital teams challenge this build-and-evolve approach in favour of procuring standalone off-the-shelf solutions that do not support pre-population, record integration, or national consistency. This presents a material strategic and patient safety risk.

Moving away from nationally developed, interoperable digital solutions risks:

- Fragmentation of patient records, limiting access to complete and timely information at the point of care
- Reduced interoperability, undermining delivery of a single, joined-up patient record across Wales
- Inconsistent clinical processes and safety standards, increasing the likelihood of variation in care and avoidable harm
- Duplication of cost and effort, with organisations procuring parallel solutions that fail to deliver national value
- Erosion of public and clinical confidence in the safe and effective use of digital systems and patient data

Collectively, these risks threaten the delivery of equitable, safe, and high-quality care, and weaken the ability to deliver system-wide outcomes at scale.

The presentation will outline learning to date, benefits and outcomes. Board members are asked to:

- Support a strengthened national position that prioritises standardisation, and reuse over localised and costly procurements.

- Champion consistent adoption across NHS Wales organisations, ensuring delivery of shared capabilities at scale and at lower overall cost.

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

Deviation from a nationally interoperable approach risks patient safety, care quality, and the delivery of consistent health outcomes across Wales.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE this report	

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

Eitem ar yr Agenda: Agenda Item:	4.1

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

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

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

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

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

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

Chair:

4.1 Board Arrangements

We are liaising with Welsh Government colleagues to progress the appointment of our Independent Member vacancies.

4.2 DHCW Independent Member Appraisals

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

4.3 Chair and Vice Chair Meeting with NHS Wales Deputy CEO, 27th March

It was useful to meet with Nick Wood, Deputy CEO of NHS Wales to get his perspective on digital priorities for NHS Wales and discuss system wide pressures and how to work collaboratively most effectively as a system.

4.4 Chair meeting with the Director General of the Health, Social Care and Early Years Group / Chief Executive of NHS Wales, 31st March

I had a meeting with Jacquleine Totterdell to discuss the challenges facing DHCW, the progress and learning made to date whilst in escalation and the further work required to address the concerns and ensure digital drives transformation across the system.

4.5 WNHSC Member only Webinar with the Director General HSC&EY/CEO NHS Wales - Reflections on first 100 days in post

It was good to join the Director General and NHS Wales Chief Executive, Jaqueline Totterdell and NHS Wales colleagues to hear her 100 day reflections since joining NHS Wales.

4.6 Extraordinary SHA Board 16th April 2026

The Extraordinary SHA Board meeting on 16 April considered and supported the approval of the Microsoft Enterprise Agreement following approval by the relevant NHS Wales body boards across NHS Wales.

4.7 Meeting with Cardiff and Vale University Health Board Chair, 16th April

I started my engagement with NHS Wales Chairs with Cardiff and Vale UHB Chair Kirsty Williams CBE. We discussed numerous topics including the importance of data, and accurate data to drive improvement, the National Data Resource, joint working across organisations and the development of a high-level programme dashboard.

4.8 Meeting with Public Health Wales Chair, 16th April

I met with the Chair of Public Health Wales NHS Trust Pippa Britton OBE on 16th April, it was good to discuss the challenges facing national NHS Wales organisations and the role of system leadership. We discussed the strong Public Heath Wales engagement in the National Data Resource Programme with the PHW Director of Knowledge and Research as the Programme Chair. We also covered the importance of population health management the role of data in enabling this.

4.9 DHCW Board Development Day, 23rd April

The Board Development Day held on the 23rd April had two main topics. Firstly, the Board reviewed its risk appetite, this involved additional assessment of the risk tolerance of major digital programmes as per the DHCW Remit Letter requirement, as well as considering the strategic risks facing the Board and the Board Assurance Framework. In addition, a Quality Management System (QMS) session facilitated by the NHS Wales Performance and Improvement Unit took place with the Board considering the role of quality in the digital health context. I would like to thank the Board for its engagement in both topics and colleagues from NHS Wales Performance and Improvement

4.10 CEO End of Year Review 27th April

It was good to have time with Chief Executive, Helen Thomas to consider the 2025/26 year, reflect on the achievements and challenges and focus on the year ahead and the priorities looking ahead, particularly in light of DHCW's escalation status.

4.11 Meeting with Velindre NHS Trust Chair, 14th May

I met with the Chair of Velindre NHS Trust Sara Moseley on 14th May, it was helpful to discuss the governance landscape of NHS Wales, and share Board Development work being undertaken and learning from this. We also discussed the LIMS Programme and the importance of delivering this programme.

4.12 Meeting with HEIW Chair, 14th May

I met with Chris Jones, Chair of Health Education and Improvement Wales, and we discussed the opportunities we Special Health Authorities in NHS Wales have, as well as how to best collaborative and work collectively to enable better care through workforce planning and digital transformation.

Vice Chair:

4.13 Vice Chair Peer Group Meeting, 8th April and 12th May

On the 8th of April the Vice Chair Peer Group met with the main focus on the strategic programme for mental health, and a presentation from WAST on their performance framework.

4.14 Meeting with Hywel Dda University Health Board Vice Chair. 21st April

I met with the Vice Chair of Hywel Dda University Health Board on 21st April to establish links to vice chairs in the wider NHS. We discussed a number of topics as and had a useful exchange of views and ideas.

4.15 Chair Peer Group Meeting 28th April (deputised for the Chair)

On 28th April I attended the Chair Peer Group on behalf of Ruth, to represent DHCW. It was a useful meeting with interesting discussions on each NHS Body sharing good practice from their area as well as what is working well and what is not.

4.16 All Wales Independent Member Digital Network Group meeting, 29th April

It was good to attend the All Wales Independent Member Digital Network with IM colleagues from across NHS Wales to discuss digital health matters. The meeting which took place as a hybrid meeting spent time considering the progress made to date on the digital blueprint work, sponsored by NHS Wales CEOs, next steps for this work and how to keep momentum and drive change. The group agreed to have a follow up session on this topic in the near future.

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

5.1 There are Independent Member vacancies within the SHA Board. Work is progressing with Welsh Government to address these.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to

RECEIVE and DISCUSS the Interim Chair and Interim Vice Chair Report.

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

Eitem ar yr Agenda: Agenda Item:	4.2

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

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

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

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

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

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer	IMTP	Integrated Medium-Term Plan

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

4.1 DHCW Escalation Status

On 8 May 2026, DHCW were notified that our escalation status had changed to Level 4 – Targeted Intervention, with increased oversight and support arrangements in place. Work is ongoing with Welsh Government and system partners to address the areas of concern, strengthen delivery confidence, and demonstrate sustained improvement. A comprehensive update will be shared in the Escalation Status agenda item on today's agenda.

4.2 Chief Executive Management Team Meetings

The NHS Wales Chief Executive Management Team continues to meet regularly, providing a forum for collective leadership and system alignment. Recent discussions have included assurance on maternity and neonatal services, financial position and planning, cancer services performance, and national digital priorities, including the development of the Digital Blueprint.

These meetings remain an important mechanism to coordinate delivery, manage system-wide risks, and ensure alignment between organisational and national priorities.

4.3 Connecting Care Programme Board

I chaired the Connecting Care Programme Board with updates focusing on governance, interoperability standards development, and alignment with mental health and community services.

Discussions have also considered programme risks, dependencies and delivery progress, alongside joint governance arrangements and ongoing work to support implementation across NHS Wales.

4.4 Quarterly Senior Leadership Day

The most recent in-person Quarterly Leadership Day brought together senior leaders from across the organisation to reflect on progress, reinforce organisational priorities, and strengthen leadership alignment. Discussions also focused on agile delivery and consistent ways of working.

4.5 Strategic Engagement Sessions

Since the last Board meeting, members of the DHCW Executive team met with partners in the Welsh Ambulance Services Trust to discuss shared priorities, including digital enablement to support urgent and emergency care pathways. The session provided an opportunity to strengthen partnership working, align priorities, and ensure that digital solutions continue to support front-line service delivery and improved patient outcomes.

4.6 DHCW Baseline Reviews

Throughout May 2026, a series of Directorate Baseline Reviews took place, in response to DHCW's remit letter requirements, providing an opportunity to assess all directorate's baseline positions, delivery, risks, workforce considerations and alignment with organisational priorities.

These sessions support strengthened oversight, enhanced accountability, and provide a forum to identify opportunities for improvement. My thanks to all colleagues for their work and engagement with this important piece of work.

4.7 DHCW Staff Conference

On 20 May, we held our in-person Staff Conference, bringing together approximately 500 members of staff under the theme *"Empowering staff, enhancing care"*. The conference provided an opportunity to celebrate organisational achievements, share progress on strategic priorities, and strengthen engagement across DHCW. I would like to express my thanks to all staff involved in organising the conference, along with all the speakers and panellists who shared their insights and expertise and made the day a success.

4.8 Digital Conference 2026

On 21 May, DHCW jointly hosted with the NHS Confederation the first Digital Conference for NHS Wales. It was an excellent day bringing together stakeholders from across NHS Wales and wider partners to explore developments in digital health and care.

The conference provided a platform to showcase innovation, share learning, and support collaboration across the system, with a focus on advancing digital transformation and delivery of national priorities.

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

5.1 DHCW is in Targeted Intervention (Level 4) under the escalation and intervention framework for NHS Wales. An escalation update is included in the papers to ensure the Board is able to closely monitor improvement in the areas that have been escalated.

5.2 DHCW are currently operating with Interim arrangements for the Executive Director of Finance position.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
BOARD ASSURANCE FRAMEWORK DASHBOARD 2026/27

Eitem ar yr Agenda: Agenda Item:	5.1

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the changes to the Board Assurance Framework Dashboard 2026-27 APPROVE the DHCW Risk Appetite for 2026-27	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	All are relevant to the report
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A

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

SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: ISO 14001 1SO 20000 ISO 27001 BS 10008	

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

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: Risk Management and Assurance activities equally affect all. An EQIA is not applicable	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be financial implications
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below The members of the Management Board will be clear on the expectations of managing risks assigned to them.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Board Members	April 2026	Discussed
Mission Owners & Operational Leads	May 2026	Reviewed
Chris Darling, Director of Corporate Affairs | Board Secretary	May 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The DHCW Board Assurance Framework Dashboard provides the SHA Board with a consolidated, strategic view of the key risks to delivery of the organisation's strategic missions (objectives), enabling informed oversight of how these risks are being managed within agreed risk appetite through clearly defined controls, assurances, and mitigation actions.

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

4.1 The annual review of the Board Assurance Framework, Risk Appetite and Tolerance was undertaken at a Board Development session in April 2026.

4.2 Board members considered how developments during 2025/26, specifically DHCW's escalation status, the organisations updated remit letter, and refreshed long-term objectives, have driven changes to the Board Assurance Framework Dashboard for 2026/27.

4.3 Board Members are asked to note the following changes to Mission 1, 3 & 5 Leads for 2026/27:

Mission	Detail	Lead 25/26	Lead 26/27
1	Provide a platform for enabling digital transformation	Executive Director of Strategy	Executive Director of Operations
3	Deliver high quality digital products and services for patients and public	Executive Director of Strategy	Director of Primary Community & Mental Health
5	Be the trusted strategic partner and a high quality, inclusive organisation	Executive Director of Finance	Director of People & Organisational Development

4.4 During the review of DHCW's risk appetite statement, Board Members agreed that this should be updated to include patient safety, therefore this has been updated and can be found in slide 2 of the Board Assurance Framework Dashboard 2026/27.

4.5 As part of strengthening the Board Assurance Framework in response to the 2026/27 Welsh Government remit letter, "Programmes" has been introduced as a distinct operational risk domain (slide 12 Board Assurance Framework Dashboard 2026/27) - This reflects the requirement for clear accountability, transparent reporting, and defined risk tolerance across all programmes. Work is currently underway with the Portfolio Delivery Committee Chair, the DHCW Executive Lead, and Programme SROs to develop, discuss and agree programme level risk tolerance thresholds, ensuring consistent application in decision-making, escalation, and delivery assurance.

4.6 Discussions around risk appetite concluded that DHCW risk appetite for each Mission would be as follows:

Mission	Detail	Risk Appetite
1	Provide a platform for enabling digital transformation	CAUTIOUS
2	Deliver high quality digital products and services for health and care professionals	MODERATE

3	Deliver high quality digital products and services for patients and public	MODERATE
4	Drive better value and outcomes through innovation	OPEN
5	Be the trusted strategic partner and a high quality, inclusive organisation	CAUTIOUS

4.7 Members will note that the risk appetite for Mission 5 has changed from MODERATE to CAUTIOUS. This proposed shift in risk appetite reflects a strengthened emphasis on assurance, governance and leadership expected of DHCW as a trusted strategic partner. This change responds directly to the 2026-27 remit letter requirement for robust Board oversight, clearly defined risk tolerance for all programmes, and early, transparent escalation of emerging and material risks to Welsh Government.

Discussions at Board Development indicated that the 2025/26 moderate position did not fully align with the level of control and assurance required across key underpinning areas such as compliance, organisational performance, and stakeholder confidence.

In addition, DHCW's current escalation arrangements highlight the need for earlier visibility and tighter management of risks affecting organisational capability and reputation. Therefore, a cautious risk appetite better reflects the expectation for strong controls, proactive risk management, and consistent escalation, while still enabling delivery of strategic ambitions within clearly defined parameters.

4.8 While DHCW's risk appetite is set out above, it is important to recognise the following:

- Mission 1, the Board has set an overall CAUTIOUS risk appetite. However, it is recognised that enabling digital transformation will, in certain areas, require a more MODERATE approach. This will be considered on a case-by-case basis and agreed as appropriate throughout the year.

- DHCW's operating environment is interdependent, and in certain areas our effective risk appetite will be influenced by that of our partners across NHS Wales. We will therefore continue to work closely with partners to understand these positions and assess any implications for DHCW's approach and delivery during 2026/27.

- Although DHCW's risk appetite for the Financial domain is defined as cautious, we recognise the significant financial pressures across NHS Wales and the wider system. These pressures may constrain overall system risk appetite and capacity for risk-taking, and will be taken into account in our planning, prioritisation, and decision-making.

4.9 Discussions around the overall RAG status for each mission has concluded:

Mission	Detail	RAG
1	Provide a platform for enabling digital transformation	
2	Deliver high quality digital products and services for health and care professionals	
3	Deliver high quality digital products and services for patients and public	

4	Drive better value and outcomes through innovation	
5	Be the trusted strategic partner and a high quality, inclusive organisation	

4.10 Members will note the change in Mission 1 RAG status from **Amber to Amber/Red**, driven by challenges within key enabling areas, specifically the National Data Resource (NDR), Cyber, Information Governance, and Cloud.

In addition, Mission 5 RAG status has changed from **Amber to Red**, this reflects increased delivery risk and challenges across key areas and is aligned with the organisation's current escalation status, recruitment freeze and wider system context.

This change in status is consistent with the expectations set out in the 2026–27 remit letter, which places a strengthened emphasis on robust Board oversight, and transparent escalation of emerging and material risks to Welsh Government.

The revised red status, therefore, provides a more accurate reflection of the current risk and delivery position, supporting transparent reporting, strengthening Board oversight, and aligning with expectations for proactive risk management and public accountability.

This RAG status change has also resulted in a change of risk score from 12 4x3 (Major x Possible) to 16 4x4 (Major x Likely).

4.11 Work has been progressed in collaboration with Mission and Operational leads to develop targeted action plans addressing identified control and assurance gaps. Implementation will be progressed over the coming months, with progress and impact reported to the November SHA Board Meeting.

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

5.1 The deterioration in RAG status for Mission 1 (Amber to Amber/Red) and Mission 5 (Amber to Red), alongside the move to a cautious risk appetite for Mission 5, highlights increased delivery and organisational risk, requiring strengthened Board oversight, clearer risk tolerances, and timely escalation of material risks to Welsh Government.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the changes to the Board Assurance Framework Dashboard 2026-27 **APPROVE** the DHCW Risk Appetite for 2026-27	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
NATIONAL TARGET ARCHITECTURE

Eitem ar yr Agenda: Agenda Item:	5.2

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Noddwr Gweithredol: Executive Sponsor:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Alex Percival, Head of Planned Care Programmes
Cyflwynwyd gan: Presented By:	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE this report for ASSURANCE.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Provide a platform for enabling digital transformation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report. STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Ifan Evans	18/05/26	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The National Target Architecture project is commissioned and funded by Welsh Government. The project was established in June 2025, with the following high-level objectives:

- Develop a comprehensive and shared understanding of the current digital health and care architecture across NHS Wales.
- Collaboratively define potential target state digital architectures that align with the "A Healthier Wales" vision.
- Create detailed, iterative and incremental, agile 10-year delivery roadmaps for the agreed target state architecture options.
- Provide a clear foundational input to DHCW's development of a 10-year strategic investment plan, for the long-term investment in the national architecture.
- Establish robust governance and assurance processes for the ongoing development and maintenance of the national health and care architecture.

To support this, DHCW have procured an architecture repository solution so that key information about all systems used by NHS Wales can be stored within the repository, and that linkages and dependencies can be mapped and understood and so that ongoing assessment of the technical and strategic fit of those systems can be undertaken.

A National Target Architecture Community of Practice, made up of architects from across NHS Wales was also established in June 2025 and agreed to a set of architectural principles that NHS Wales should adhere to in order to deliver digital services for the future.

In addition, DHCW procured an external consultancy to support the collation of technical data, develop and agree key architectural principles with stakeholders and produce a detailed current state report, providing an assessment against the architectural principles. Once this was completed, the supplier then focused on the delivery of a proposed target state for the National Target Architecture.

The initial supplier work package, supporting the development of the Current State Assessment, Target State Report, and Roadmaps, was completed in November 2025.

A subsequent supplier work package was commissioned in December 2025 to support the development of a Strategic Investment Plan, proposing a draft high level investment roadmap with recommendations on sequencing and prioritisation, to support more co-ordinated consideration of investment proposals through regular investment case appraisal process.

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

Current State Assessment

The Current State Assessment was completed in September 2025. It used information collated during the current state mapping exercise that was undertaken between July and August 2025 to provide a snapshot of NHS Wales' digital architecture, and commentary on alignment with Architectural Principles which have been agreed at national level. The report assessed over 1400 individual systems in use across NHS Wales, which reflects significant duplication of effort and capability and suggests that there is an opportunity to reduce the total number of systems in use across Wales.

The Current State Assessment found that NHS Wales was not currently aligned to the principles that it has set around its approach to architecture and that the result of this was misaligned or inconsistent digital services for citizens and patients and challenges for clinical and administrative users of systems in accessing relevant data.

Target State Report and Road Maps

Following completion of the Current State Assessment, a Target State Report was produced. This included several phased road maps providing options on how NHS Wales could transition to the desired future state as well as a high-level indication on the relative complexity of each roadmap deliverable. The report focused on aspects of the application, logic, data and technology layer and identified key priorities and immediate next steps for focus.

Building on the findings of the Target State Report, the National Target Architecture team continued to engage with stakeholders across NHS Wales to seek consensus on the available roadmap options and define a clear approach for achieving a desired target state. This will then support strategic decision making around digital priorities as there will be key enablers included in the approach which will unlock future capabilities.

Strategic Investment Plan

The National Target Architecture Team have worked with the supplier to develop a Strategic Investment Plan, which set out the potential costs of delivering the target architecture over a ten-year period. The Strategic Investment Plan is intended to provide a framework for sequencing and prioritising consideration of multiple investment cases over several years, which will encourage more strategic co-ordination and better value for money, at the whole system level.

The National Target Architecture Team, supported by the supplier, worked with the Community of Practice, Digital Directors, and stakeholders from across NHS Wales to work through the proposed future state and transition roadmaps, to develop recommendations on sequencing and prioritising investments to deliver the target architecture.

The work was undertaken from January to March 2026. The project was unable to gather as

much evidence as was intended to inform development of the strategic investment plan. For example, absences of evidence included local contractual timetables to expiry, renewal and procurement, and three-year investment plans detailing committed and proposed investments in new digital platforms, products and services. To varying extent, there were absences of evidence from all NHS Organisations including DHCW. The Project Board considered the reasons for absence of evidence and noted that organisations reported significant delivery pressures and competing local priorities during the period, including for example delivery of the LIMS and RISP national programmes, and the EPMA and Maternity local programmes.

The Project Board and Welsh Government have approved a first draft of the Strategic Investment Plan which covers elements which have adequate evidence, noting that the project team will work with Digital Directors to gather remaining evidence, which will support a revised draft. Welsh Government have confirmed acceptance of the draft report as completion of the relevant delivery milestone. The project team has been working with Digital Directors through April and May to gather required evidence.

NTA – System Wide Foundations			
People	**Digital Enablers**	**Data and insight**	**Digital Solutions**
Workforce, capability & change • Organisational readiness • Change management • Embedding change • Programme Management Office • Capability uplift	**Infrastructure and user enablement** • Hosting and platform • Connectivity and access • Resilience • User enablement **Cyber, resilience and security** • Detect and respond • Protect data and apps • Secure access and networks **Identity and access management (IAM)** • IAM service **Logging and audit** • Logging, observability and audit	**National data platform** • Core platform • Data standards APIs and integrations **Analytics, research and insight** • Core platform setup • Governance and approvals • Data services • Business intelligence	**Interoperability and integration** • Integration platform • Standards and governance **Application foundations** • Application modernisation • Data integration • User experience • Architecture and design • Application strategy

The Project Board approved a 2026-27 delivery plan at its March meeting. The delivery plan will expand the use of a single national architecture repository across NHS Wales, further develop the capability of the architecture profession in NHS Wales and support the Architecture Community of Practice, and undertake targeted 'architectural deep dives' in selected areas. All these activities have an NHS Wales scope, which has been a notable feature of the NTA Project and a key driver of its success and strong engagement with stakeholders.

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

While the foundational elements of the Strategic Investment Plan are well understood, there is further work required from all NHS Wales to provide more evidence to the project in key areas such as contracts and investment plans. The National Target Architecture team are continuing to work with partner organisations to obtain this information and build this into a revised draft of the Strategic Investment Plan. If this evidence is not received there is a risk that investment decisions are not fully informed of context and not properly co-ordinated at the system level, which could lead to reduced value for money due to impacts such as duplication, sub-optimal contracting, or more complex integration and service management requirements.

Welsh Government is undertaking a pause and review of several funded programmes and projects, including the NTA Project. Pending the outcome of the pause and review process, there is no funding allocated to the project for 2026-27, and project activity has itself been paused wherever that can reasonably be achieved, which will cause a delay to implementing the 2026-27 delivery plan. If funding for the project is reduced, the delivery plan will be reviewed and reduced in scope, which may lead to further implementation delays, or to some activities being removed from the plan. If there is no funding allocated to the project for 2026-27 (which would be disappointing given that the project was commissioned by Welsh Government and has made good progress with the support of stakeholders) DHCW will need to consider funding certain elements from its own resources, taking account of contractual and other resource commitments.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE this report for **ASSURANCE**.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
STAKEHOLDER REVIEW
ACTION PLAN UPDATE

Eitem ar yr Agenda: Agenda Item:	5.3

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Noddwr Gweithredol: Executive Sponsor:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Nadine Payne, Head of Engagement & Strategic Partnerships
Cyflwynwyd gan: Presented By:	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	SHA Board is being asked to

NOTE the delivery close-out and completion of the 12-month Stakeholder Review Action Plan, with impact measures embedded into routine reporting (BAU).

BE ASSURED that delivery has substantially completed, with remaining open items clearly owned and transitioned into BAU.

NOTE early evidence indicates improved engagement and transparency in key areas, while further improvement will focus on consistency, role clarity across interfaces, and sustained improvement in stakeholder experience over time.

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted strategic partner and a high quality, inclusive and ambitious organisation

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Actions include new ways of working, capability building and system-wide rotation/secondment ambitions (continued through People Strategy / system partners).
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
DHCW Stakeholder Review Delivery Leads Group		Agreed
Michelle Sell	7 May 2025	Approved
Ifan Evans	8 May 2025	Approved
DHCW Management Board	14 May 2025	Noted

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAU	Business as Usual	DDaT	Digital Data and Technology
NDR	National Data Resource	UCD	User Centred Design

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Why this action plan existed

The Stakeholder Review Action Plan was developed in response to the independent review conducted by Atos in 2024, which set out 27 recommendations to strengthen collaboration and system-wide working. The independent review identified strengths (e.g., technical expertise and positive impact in some areas) but also highlighted persistent challenges including inconsistent communication and engagement, concerns about pace of delivery, and lack of clarity around DHCW roles and responsibilities.

The Action Plan is the core of our response as an organisation, responding to specific recommendations arising from the independent review, as part of wider activity to improve stakeholder experience and confidence. For example, there is Board level engagement which is not part of the Action Plan, and regular engagement through programmes and product management boards.

The subsequent action plan comprised 75 deliverables, split into:

- 44 DHCW-owned deliverables, and
- 31 deliverables aimed at supporting system-wide improvements (dependent on partners across NHS Wales / Welsh Government and other stakeholders).

The delivery activities detailed in the Action Plan have been substantially completed, but other complementary activities will continue, in line with the Engagement Strategy which has been separately approved by the Board. The Action Plan was an intensive period of activity designed to change pace and momentum across the organisation.

It has delivered improvements in approach, process and governance, which will help to address wider underlying issues. The recent Escalation of DHCW Level 4 intervention indicates that, despite progress on the fundamentals, trust and confidence across parts of the system have not yet improved to the extent required. This report therefore notes completion of the Action Plan, recognising that further work is required aligned to escalation improvement actions which will be agreed with Welsh Government.

3.2 Governance and reporting approach

Delivery was supported by cross-directorate delivery leads and subject matter experts, and coordinated through established governance, including a bi-monthly delivery leads structure and routine executive oversight, with biannual reporting to Management Board and SHA Board (as set out in earlier updates).

3.3 Why this final report now

This paper provides a final summary of the 12-month plan, what has been delivered and

implemented, the early impact being seen and experienced, and how remaining items and impact measures will continue through BAU reporting and established team ownership.

3.4 Key messages

- The 12-month Stakeholder Review Action Plan has been substantially delivered: 95% of DHCW-owned actions completed by end of March, which exceeds the target agreed with Welsh Government.
- DHCW also progressed system-wide support actions where within influence (90% achieved), recognising partner dependencies for full system maturity.
- It represented an organisation wide effort and commitment to improvement.
- Delivery has embedded new ways of working across engagement, transparency, governance, information and process/access routes.
- Early indicators show improved experience in structured forums and knowledge-sharing, supported by strong event feedback.
- Next phase focuses on consistency, role clarity across interfaces, and measurable improvement through BAU reporting.
- As described in previous updates, it will take time to achieve a significant shift in stakeholder perceptions and confidence. Completion of the Action Plan has demonstrated a credible commitment by DHCW to address stakeholder feedback, which we will need to build on through delivery of the engagement strategy.
- The quality of stakeholder relationships have an influence on delivery confidence, which impacts on our escalation status. This will be considered as part of escalation intervention, working with NHS Wales Performance and Improvement.

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

4.1 Overall delivery position at end of 12-month Action Plan period

Delivery against the Stakeholder Review Action Plan is substantial and exceeds the target position agreed with Welsh Government as part of de-escalation criteria. By end of March 2026 reporting, 44 DHCW-owned deliverables were completed (95%), with 90% of system-wide support actions achieved by the same point. Remaining activity reflects appropriate dependency on external partners for full system-wide recommendations to mature.

The Stakeholder Review Action Plan delivery has been an organisation-wide effort, dependent on contributions from multiple directorates/teams and reflected the commitment of colleagues across DHCW to continuous improvement.

A small number of explicitly open items remain and are set out in section 4.4 with ongoing ownership and established governance routes confirmed.

4.2 Key deliverables

The following give an indication of the deliverables completed across the six themes:

1 Theme 1 – Foster collaboration and partnerships

Completed deliverables include:

- User Centered Design (UCD) adoption actions completed including collaboration, standards review, role profiles, and embedding UCD in governance.
- Information governance "early engagement" communications and awareness raising undertaken.
- Initial Community of practice mapping and repository created to support planning and delivery of communities and identified leads under DDaT framework.
- Engagement planning toolkit, training outline, public engagement toolkit, and formalised joint working with key partners such as Llais established.

2 Theme 2 – Enhance active listening & responsiveness

Completed deliverables include:

- Collaboration skills training resources and development work, including engagement with Health Education and Improvement Wales (HEIW).
- Establishment of a Stakeholder Advisory Group (Terms of Reference and biannual schedule).
- Knowledge sharing sessions delivered (masterclasses, Big Data series, webinars, Four Nations+ event), and increased stakeholder and partner inclusion at DHCW events including staff conference.

3 Theme 3 – Promote transparency & effective communication

Completed deliverables include:

- Corporate messaging developed and published, governance and decision-making information published, and stakeholder newsletter improved with performance monitoring and benchmarking, and monthly updates published.
- Roadmap work progressed significantly (reflected in the IMTP, mapped existing roadmaps, and migration of product maps), with one tooling/process item remaining in progress (4.4).

4 Theme 4 – Clarity of roles & responsibilities

Completed deliverables include:

- DHCW governance structures reviewed and improved information for staff and stakeholders published.
- Explainer videos delivered, onboarding enhanced, FAQs and website updates completed, and national governance review outputs digested and reflected.
- RACI template work completed and embedded into PMO playbook (with system-wide dependencies on wider programme governance noted in earlier reporting).
- Work is progressing on the Digital Services Blueprint and Ways of Working to clarify system-wide roles and responsibilities, sponsored by NHS Wales CEOs and involving

stakeholders from all disciplines and organisations.

5 Theme 5 – Optimise efficiencies & simplify processes

Completed deliverables include:

- Governance around services/products has been defined and access routes are being made clearer; a top-level organisational shape/functions document has been completed, with further work progressing on next levels of detail, front doors and prioritisation.
- Process improvements include updated New Service Request (NSR) process with further refinements planned, and single point of entry for data requests via the NDR operational delivery framework.

6 Theme 6 – Advance interoperability & system integration

Completed deliverables include:

- Use of DHCW spaces enabled for events and networking; blogs supporting knowledge sharing;
- Interoperability task force deliverables progressed and completed (review national boards, publish integration hub/open-source work, and integration guides published).
- System integration progress including an Architecture Community of Practice established and the NHS Wales Digital Platform launched (June 2025) to support APIs and integration.

4.3 Impact and achievements – early outcomes and sustained improvement through BAU

Over the 12-month delivery period, DHCW has translated the independent review recommendations into a structured delivery plan and delivered a substantial set of outputs designed to strengthen transparency, engagement, collaboration and clarity of approach.

Early indicators suggest positive movement in several areas, including stakeholder experience of structured engagement and knowledge-sharing when delivered through established forums. For example, feedback captured across multiple events shows high satisfaction and repeat intent (average 4.5/5, with 98.2% stating they would attend again), and some approaches have matured into sustained communities (e.g., vaccination “Show and Tells” growing to nearly 500 invitees with ~80 regular attendees).

Feedback also continues to indicate that experience is not yet consistent across all services and programmes, and that clarity of roles and responsibilities across system interfaces remains a priority area for sustained focus. This is reflected in the continued work on the Service Blueprint/Ways of Working, sponsored through NHS Wales CEO leadership, and in the transition of impact measures into BAU reporting so progress can be monitored and targeted action taken.

4.4 Open deliverables

A small number of actions continue beyond March 2026 and have been intentionally transitioned into business-as-usual arrangements or wider system delivery, reflecting their longer-term, multi-organisation nature.

- Staff mobility / rotation: Initial actions have progressed, with delivery dependent on partner organisations and wider system agreement. To sustain momentum, this objective has been embedded within the DHCW People Strategy, ensuring continued focus through established workforce and system leadership routes.
- Roadmap Tooling & process finalisation: Core roadmap principles and publications are in place. Further refinement has been transitioned into portfolio, planning and communications BAU activity, aligned with ongoing roadmap management and IMTP processes.
- Demo environments and innovation labs: Progression remains dependent on wider system prioritisation and investment decisions. Activity is being pursued through system-wide innovation and prioritisation routes, with consideration as part of 2026/27 planning.
- Role clarity / governance interfaces: Continued dependency on wider NHS Wales programme governance and lifecycle arrangements reflects the system-level nature of this work. Improvement activity is aligned with the Digital Service Blueprint and Ways-of-Working programme, ensuring that role clarity and interface definition remain active, owned and monitored beyond the Action Plan timeframe.

These actions do not represent undelivered intent. Rather, they reflect items that, by design, require longer-term system collaboration or have been consciously embedded into established governance, planning and team ownership, ensuring sustained progress beyond the 12-month action plan.

4.5 Overall assessment

In summary, the plan has:

1. delivered beyond the targeted set of time-bound actions
2. embedded new ways of working and measurement mechanisms for the future
3. established an ongoing improvement approach through BAU governance and reporting

The next phase is focused on consistency of experience, role clarity across interfaces, and demonstrable improvement in stakeholder confidence over time.

This should not be read as indicating that the wider underlying issues have been resolved; the move to Escalation Level 4 demonstrates that further focused work is required to strengthen stakeholder confidence, relationships and Board-led oversight.

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

Key risks and matters for escalation

- **Stakeholder confidence remains inconsistent** despite delivery progress; experience varies across services and Programmes.
  Mitigation/next step: continue to embed impact measures into BAU reporting and use routine forums to target improvement where experience is weakest.

- **Role clarity across system and national governance interfaces** remains a priority and is dependent on multi-organisation agreement.
  Mitigation/next step: maintain executive sponsorship via the Service Blueprint/ways-of-working programme and escalate specific interface issues through appropriate national governance routes.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is asked to:
NOTE the delivery close-out and completion of the 12-month Stakeholder Review Action Plan, with impact measures embedded into routine reporting (BAU). **BE ASSURED** that delivery has substantially completed, with remaining open items clearly owned and transitioned into BAU. **NOTE** early evidence indicates improved engagement and transparency in key areas, while further improvement will focus on consistency, role clarity across interfaces, and sustained improvement in stakeholder experience over time.	

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

Eitem ar yr Agenda: Agenda Item:	5.4

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Noddwr Gweithredol: Executive Sponsor:	Sam Hall, Director of Primary, Community and Mental Health Digital Services
Paratowyd gan: Prepared By:	Lee Mullin/Marged Cother, Deputy Directors of Primary, Community and Mental Health Digital Services
Cyflwynwyd gan: Presented By:	Sam Hall, Director of Primary, Community and Mental Health Digital Services

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services

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

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

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

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

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: Not applicable to the contents of this report.	

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Sam Hall	15/05/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

GP MIGRATIONS UPDATE

PCMH manages the national provision of GP systems. Following the announcement of INPS' exit from the Welsh GP market, we initiated the programme to migrate all 196 (now 193, due to practice closures) INPS practices to a single supplier, Optum.

As of 15th May:
187 migrations completed (97%) 6 remaining
174 completed migrations have reached stable operations, with 13 in progress
High levels of customer satisfaction: 95% of GP practices report feeling fully supported by DHCW during their migration process (77% response rate)

EPS UPDATE

PCMH continues to roll out the Electronic Prescription Service (EPS) across Wales, in partnership with the EPS Programme team. The increased GP migration cadence enables faster EPS deployment, with completion planned by end of November 2026; 193 practices are now live (52%), with cadence increasing after GP migrations complete (June onwards).

GP DISCOVERY

DHCW initiated the GP Discovery project in Q3 2025. Through user research with clinical and administrative users in general practice, we have consolidated key pain points and evidence-led opportunities. This provides the foundation for the next phase which will be focused upon developing service design outputs aligned to the agreed discovery themes.

The initial focus is: (1) access, triage and routing for scheduled and unscheduled demand in general practice; and (2) data flow and interoperability across systems, roles and settings. This work will inform recommendations to reduce avoidable variation and administrative burden, and to improve safety and efficiency. The aim is to translate findings into clear service design artefacts and priorities, supporting co-design of an actionable roadmap aligned with Primary Care strategy and policy intent.

A summary of challenges shared by colleagues in the GP practice community across the two themes, as seen below, will inform the plan for the next phase of discovery:

Access, triage and routing (scheduled and unscheduled demand)
Multiple access routes lead to inconsistent outcomes and duplicated work.
Triage models and thresholds vary, with reliance on local workarounds.
Limited visibility of demand, capacity and urgency makes safe prioritisation harder.
High administrative burden drives avoidable clinical workload and delays.
Data flow and interoperability (across systems, roles and settings)
Fragmented systems mean manual information transfer, creating delays and patient safety risk.
Inconsistent coding and templates reduce data quality and limit reuse.
Poor end-to-end visibility leads to duplication and re-keying across interfaces.
Access, permissions and governance constraints affect what can be shared and recorded.

DENTAL ACCESS PORTAL (DAP)

The Dental Access Portal (DAP), which went live nationally in January 2025, continues to support fair access to NHS dental care by allowing people in Wales to register their interest in treatment and helping Health Boards manage demand.

The latest enhancement phase (December 2025 to 31 March 2026) focused on strengthening this role by improving how patients are allocated, reducing manual processes, and increasing transparency. The work was delivered by PCMH with support from the Microsoft 365 Centre of Excellence and Welsh Government-funded contractors. Delivery completed on schedule by 31 March 2026, although there remains no confirmed funding for 2026/27, creating uncertainty for continued development.

By 31 March 2026, five key deliverables had been completed:
bulk allocation functionality improvements provided Health Boards with better tools to group and allocate patients more quickly and consistently, reducing reliance on manual work.
Linked patient account improvements strengthened how family or grouped records are handled, enabling more accurate and fair allocation decisions.
patient allocation process improvements introduced clearer, standardised workflows across Wales, improving transparency and consistency.
targeted backlog improvements were delivered where possible, refining user journeys and system processes without expanding scope.
a closure report and supporting documentation consolidated all changes, provided assurance, and supported knowledge transfer for ongoing service use.

These changes have delivered faster, fairer, and more reliable patient allocation, while strengthening the foundations of this national service.

CHOOSE PHARMACY

PCMH is rebuilding the Choose Pharmacy product from the ground up to better align the needs of patients and clinicians with national policy, including the ambitions set out in Presgripsiwn newydd - A New Prescription. The new platform is designed to be modern, secure, and easier to use, supporting both patients and pharmacy teams while meeting

national healthcare and data standards.

The rebuild focuses on simplifying the service, improving digital workflows to support safe, high-quality care, strengthening integration with other NHS services, and increasing reliability, security, and compliance. It also enables faster and safer releases, while reducing paperwork through better use of digital data and automation. The long-term aim is to establish Choose Pharmacy as a leading national platform, giving pharmacy professionals the tools they need to deliver patient-centred care efficiently and with confidence.

Most of the research, planning, and early development were completed during 2025–26, with the remaining build now progressing toward a planned go-live in 2026/27. Core platform components (such as environments, master pages, and reusable elements) are complete, and key enablers like APIs, authentication, and search are nearing completion, showing strong momentum. More complex areas such as patient record creation and dashboards remain in active development.

A recent planning cycle (April 2026) has strengthened delivery by introducing a more structured, outcome-focused approach, with teams working to clear priorities, managed risks, and short-term delivery cycles.

The service is now focused on achieving clear outcomes: making the service easier to use and run, aligning development to real service and clinical needs, and delivering visible, usable improvements early so that impact can be tested and refined. This reflects a more mature, collaborative way of working across product, delivery, designers, technical, policy, and clinical teams, supporting the wider ambitions of the Primary Care strategy.

EYECARE E-REFERRAL SYSTEM

The Eye Care e-Referral System is progressing as a time-limited, tactical solution to enable digital referrals between primary care optometry and hospital eye services. Following rapid procurement in October 2025, Referral Management Services Ltd (RMSL) was appointed, with implementation led by Primary Care and supported by an oversight group including Health Board representatives. Due to the challenging delivery timeline and limited funding scope (covering the supplier contract only), the delivery has adopted a minimum viable product (MVP) approach, with a strong emphasis on collaboration with Health Boards to support delivery.

To date, and to remain on track, initial rollout to primary care providers in Betsi Cadwaladr was completed by the end of March 2026. Over 1000 referrals have been generated via the system. A wider rollout across primary care alongside mobilisation into secondary care planned for completion between end of June and the end of September 2026. Progress has relied heavily on supplier delivery and local Health Board engagement, with risks managed through active oversight and prioritisation. Overall, the position is that delivery remains on track but dependent on continued operational engagement and coordination, and the solution provides an important step forward in digitising eye care referrals while longer-term strategic options

may still need to be considered.

Ambient Voice Technology

Documentation is being finalised ahead of the planned June publication of the Invitation to Tender (ITT). This will establish a national open framework of assured AVT products, allowing general practices in Wales to procure from a pre-approved supplier list meeting defined clinical, technical, information governance, and cyber security requirements.

The framework will provide national assurance and consistency, supporting safe and timely adoption of AVT across General Practice.

The programme remains on track to publish the ITT by the end of Q1 and complete evaluation of responses within Q2, with an evaluation panel including DHCW (IG and Cyber) and GP representatives. The framework is planned to go live in Q3 2026–27, enabling practices to undertake local call-off with confidence that the available products align with government guidelines, national cyber security requirements and information governance standards.

NHS App

The DSPP programme closed March 2026, with ownership of the NHS Wales App transferred into PCMH from April 2026. New product-centric ways of working have been established, enables the App to be developed ongoing using standard product models, focusing delivery on the highest-value outcomes informed by user needs and prioritised against the feasibility of change across a complex national system. Engagement sessions are in progress with Health Boards to better understand collective priorities for the NHS Wales App roadmap and opportunities for collaborative working.

The first meeting of a new Advisory Group for patient facing digital services has been scheduled for 12th May 2026. Areas of focus for Q1 2026/27 will include continued work to support digital medicines functionality, work with Health Boards to pilot PROMs notifications, improvements to the design of GP requested test results, the patient onboarding experience and underpinning technical requirements to support operational running. Parallel activity is in progress aligned to GMS reform discussions. The aim is to support GP practices to enable wider availability of App capability through improved guidance and engagement activity, as well as potential technical solutions within the GP system.

Connecting Care

The Connecting Care Programme continues its four priority workstreams:

- **Digital and Data Designs:** Supporting and facilitating the development of national digital and data designs across community and mental health
- **CareDirector and Exit:** Supporting CareDirector operations and service management for all user-organisations. Joint working with WLGA to support the safe exit and transition from CareDirector to new health and social care platforms.
- **Community and Mental Health Applications:** Provide a digital record across community

and mental health services, where critical information is recorded securely and accurately helping to keep people safe and enable staff to deliver high quality care.

- **Integrated Care Record (ICR):** Enhance patient and citizen care by improving information sharing, collaboration, and integration across different health and social care settings. Supporting the overarching goal of delivering more coordinated, efficient, and client-centred care.

Key activities:

Digital and Data Designs:

Key DHCW deliverables include:

- Developing a road map for Digital Tools.
- Supporting the Implementation of an Electronic Patient Record system.
- Develop and mandate the National Mental Health Dataset.
- Develop a secure, stable, and sustainable foundation for seamless sharing of data.
- Facilitate service design for Community by Design and Weight Management Programme.

CareDirector and Exit

- It was agreed that WLGA would lead on Exit, with support from DHCW. Roles and responsibilities agreed.
- Data migration strategy proposed and agreed.
- Data migration staging environment developed and accessible by all organisations, hosted by WLGA.
- Support for Health Boards in contract and exit negotiations, led by WLGA, with OneAdvanced.
- Settlement agreement was agreed and signed by all contract-holding organisations in March.
- Includes provision to extend coterminous date to 30.09.26.
- Ongoing support costs, post 31.03.26, will be met by WLGA.

Community (CH) and Mental Health (MH) Applications

- As yet, no funding allocated to support activities in 26/27.
- Five Health Boards are either in or have concluded procurement:
- ABUHB – awarded contract for MH to Rio.
- BCUHB/ CTMUHB – concluded MH procurement, awaiting WG approval to award.
- PTHB – awarded contract for MH and CH to Rio.
- SBUHB – awarded contact for MH to Rio. Implementation to paper-based teams complete. Migration from Caredirector and implementation to integrated teams under way.
- CH Procurement being led by HDDUHB. Anticipated to commence in Q1 26/27 but experiencing some delays with procurement partners. Potential partnership opportunity for other Health Boards seeking a CH system – currently BCUHB and CTMUHB.
- Completed project to support BCUHB to develop their OBC for CH.

- Commenced discovery project with Orcha to scope a Mental Health app framework.

ICR

- As yet, no funding allocated to support activities in 26/27.
- Draft OBC milestone attained. Shared with WG on 31/03/2026.
- Development of the initial draft OBC slide deck presented to the Discovery Group on 07/05/26.
- Work has been undertaken with Cardiff & Vale to validate costings and narrative in the draft OBC around their option (DHCW supports regional ICV based on CAV Summary Care Viewer - Rollout on a regional basis, integrating with source applications within each region. National view more challenging and not currently architected).
- Version 1.2 of the OBC will be shared with the Discovery Group in the next couple of weeks.
- Concerns raised from local authority colleagues around approval of OBC milestone.
- Limited engagement from WLGA, despite our best efforts (previous agreed action of joint comms).

Look ahead: Connecting Care Programme 26/27

Digital and Data Designs:

- Mental Health Data and Digital delivery plan to be signed off by the Strategic Programme for Mental Health (SPMH) and progress with the DHCW deliverables.
- Service Blueprints to support delivery of end-to-end services for Community by Design and Weight Management.

CareDirector:

- Continued support for Health Boards in CareDirector BAU, Exit and data migration arrangements and activities.
- Support for DPIA risk assessment approval to support exit from CareDirector.

Community and Mental Health Applications:

- Commencement of Community Health Procurement activity (Q1).
- Implementation support for Health Boards (where required).
- Continuation of discovery and POC for MH Digital Solution to validate MH Apps and to provide signposting and access to Patients, Clinician and Practitioners.
- Kick-off project to create a unified, digitally enabled and community-led healthy-weight pathway for Wales. Funded by Innovate UK.

ICR:

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

Key Programme Highlights:

- ICR draft OBC produced and submitted to Welsh Government

- Contracts awarded in two Health Boards for Mental Health, and one Health Board has awarded for Community and Mental Health
- CareDirector Exit settlement agreement signed by all parties
- Kicked off Weight Management and Mental Health Applications Framework projects

Key risks and issues:

- Lack of clarity around governance and engagement for ICR is starting to impact on progress
- Lack of clarity around programme funding in 26/27 will start to seriously impact on progress and programme momentum

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

5.1 There are no key risks and matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	6.1

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE for ASSURANCE the latest position re DHCW's escalation status	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

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

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

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DDaT	Digital, data, and technology	SRO	Senior Responsible Owner
LIMS	Laboratory Information Management System	RISP	Radiology Information System Procurement

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

3.3 DHCW worked closely with Welsh Government to confirm the arrangements for escalation via an agreed Escalation Framework, published in April 2025, and associated Enhanced Monitoring Improvement Plan to be monitored to inform the future escalation status.

3.4 On the 16 December 2025, the Cabinet Secretary confirmed that the escalation status for DHCW following the tri-partite discussions in November 2025 had not changed DHCW's escalation status and it remained at Level 3, Enhanced Monitoring for Major Programme delivery. On the 6 January 2026, the Director General for Health and Social Care / NHS Wales CEO wrote to DHCW to provide feedback on the continuity of its escalations status for major programmes, feedback included:

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

3.5 On the 8 April 2026 Welsh Government confirmed DHCW's escalation status had increased to Level 4 – Targeted Intervention, with concerns around delivery, accountability and leadership.

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

4.1 DHCW Escalation Activity

Since the last SHA Board meeting, a Portfolio Delivery Committee took place on 30 April to consider the current escalation status and major programmes within the scope of DHCW's escalation criteria.

Updates on a number of DHCW major programmes will be provided at the DDaT Delivery Board on 13 May 2026, with a focus on the Laboratory Information Management System (LIMS) Programme. The DDaT Leadership Board has not met since the 27 February 2026.

The DHCW Audit and Assurance Committee considered the approach taken in response to escalation on the 20 January 2026.

4.2 Digital Priorities Investment Fund (DPIF) Pause and Review

It should be noted that at present, a pause and review of DPIF funded programmes is currently underway, impacting on numerous DHCW major programmes within the escalation scope. This pause and review has been included as a DHCW risk on the risk register.

4.3 Escalation Status – Change to Level 4 Targeted Intervention

On the 8 April 2026 Welsh Government confirmed DHCW's escalation status had increased to Level 4 – Targeted Intervention, with concerns around delivery, accountability and leadership.

Following this change to escalation status, and in-line with the changes to the NHS Wales oversight and escalation arrangements, from the 1 April 2026, DHCW have had confirmation that future escalation oversight will take place via Escalation Boards chaired by the NHS Wales CEO / Director General for Health, Social Care and Early Years Group. DHCW received the draft terms of reference for this Board and the first meeting is planned for 9 June 2026. The letter and terms of reference can be found here.

In addition, DHCW received a letter from the NHS Wales P&I Unit on the 7 May 2026 to confirm that they have been instructed to support DHCW from a support, recovery and turnaround perspective. A meeting is planned to discuss this future between the P&I Unit and the DHCW interim Chair and Chief Executive Officer on the 16 June 2026.

A Welsh Government, P&I Unit and DHCW touchpoint meeting is being arranged for the 15 May 2026.

Level 4 escalation will involve direct intervention by Welsh Government and NHS Performance and Improvement to assess capability and capacity to deliver and implement the required improvements and support.

4.4 Enhanced Monitoring Improvement Plan

The SHA Board has assigned the Programmes Delivery Committee to oversee delivery of the Enhanced Monitoring Improvement Plan, which sets out DHCW's response to the areas of concern/escalation confirmed as part of Level 3 Enhanced Monitoring, and the

proposed milestones and actions against the de-escalation criteria to demonstrate the required improvement.

The plan was monitored closely by the DHCW Portfolio Delivery Committee, specifically the delivery of the 47 escalation milestones, relating to major programme delivery, programme co-ordination and learning, and stakeholder relations. The end of March 2026 final position relating to delivery of the Enhanced Monitoring Improvement Plan milestones:

- Of the 47 milestones, 45 (96%) have been delivered
- Of the 45 milestones delivered 40 (85%) were delivered to time, five milestones delivered missed their original target date, but were delivered before the end of March 2026.
- Two milestones were not delivered by the end of March and remain un-delivered at the time of writing. These milestones relate to LIMS go-live/product deployment and RISP go-live/product deployment. The Programme Boards for LIMS and RISP continue to oversee delivery planned for 2026/27.

Significant learning has been taken from the Enhanced Monitoring Improvement Plan, including learning relating to:

- Programme delivery
- Stakeholder relations and collaboration
- Programme and commercial typology
- Value and benefit articulation
- Delivery through mandate and delivery through collaboration

Sincere thanks go to DHCW and NHS Wales staff and stakeholders who have contributed to delivering 96% of the escalation milestones. However, as the increase in escalation status indicates, the milestone delivery from the Enhanced Monitoring Improvement Plan has not achieved the desired change to address the issues and concerns to improve delivery.

4.5 Enhanced Monitoring Improvement Plan – Phase 2

The feedback from Welsh Government in January 2026, that DHCW remain in level 3, Enhanced Monitoring for escalation, led to DHCW working on a Phase 2 Enhanced Monitoring Improvement Plan focused on:

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

The Phase 2 plan was discussed and endorsed at the PDC Development session held on the 3 March, which considered the priorities for the plan. This Enhanced Monitoring Phase 2 plan was shared with Welsh Government and discussed at the Integrated Quality, Performance and Delivery (IQPD) meeting held on the 16 March, no feedback has been received on this plan to date, and with the increased escalation to Targeted Intervention – Level 4 escalation, further feedback will be sought on the status of this plan in the context of the diagnostic review planned as part of the new approach to escalation Level 4.

The PDC Committee meeting on 30 April confirmed the Phase 2 plan would continue to be monitored and tracked by internally DHCW, whilst the refreshed Level 4 Escalation Framework is developed by Wesh Government.

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

5.1 DHCW has been further escalated to Level 4 – Targeted Intervention on 8 April 2026, with concerns relating to delivery, accountability and leadership. For the majority of major programmes included within DHCW's Escalation Framework (Level 3), working in partnership with other Health Bodies and wider partners is essential for successful delivery, and as such effective collaborative working continues to be prioritised.

5.2 The DHCW Board must ensure they oversee and address the areas of concern highlighted by Welsh Government and will work with Welsh Government and NHS Performance and Improvement to confirm next steps in relation to escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE for ASSURANCE the latest position re DHCW's escalation status	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FINANCIAL REPORT FOR THE PERIOD END 30 APRIL 2026 and YEAR END 2025-26

Eitem ar yr Agenda: Agenda Item:	6.2

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Noddwr Gweithredol: Executive Sponsor:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Mark Cox, Associate Director of Finance Sian Williams, Head of Financial Services and Reporting
Cyflwynwyd gan: Presented By:	Chris Moreton, Interim Director of Finance

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and DISCUSS the contents of the financial report for April 30th, the forecast achievement of financial targets; to NOTE the Pre audit financial position for 2025/26 and APPROVE the approach to Discretionary Capital financial management in Q1.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

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

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: Not applicable to the contents of this report	

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Management Board	14/05/2026	APPROVED

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SLA	Service Level Agreement	PSPP	Public Sector Payment Policy
DSPP	Digital Services for Patients & Public	NDR	National Data Resource
VAT	Value Added Tax	HMRC	His Majesty's Revenue & Customs
IM&T	Information Management & Technology	LIMS	Laboratory Information Management Solution
CRL	Capital Resource Limit	WCCIS	Welsh Community Care

			Information System
IMTP	Integrated Medium Term Plan	BAU	Business as Usual
LHB	Local Health Board	WHC	Welsh Health Circular
WICIS	Welsh Intensive Care Information System	DIPF	Digital Investment Portfolio Fund

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Financial Performance

The purpose of this report and presentation is to present DHCWs financial performance against annual plans and issues to April 30th, 2026. It also assesses the key financial projections, risks and opportunities.

DHCW receives funding to support the below main activities:

1. Ongoing provision of core services via Welsh Government & NHS organisation's (which is delegated to directorate budgets).
2. Welsh Government Digital Priority Investment Fund (DPIF) allocations to support discrete development and implementation programmes & projects.

DHCW is required by statutory provision not to breach its financial duty (to secure that its expenditure does not exceed the aggregate of its resource allocations and income received). This duty applies to both capital and revenue resource allocations. In terms of key Organisational financial performance indicators, they can be brigaded as follows:

The two key statutory financial duties are:

- To remain within its Revenue Resource Limit
- To remain within its Capital Resource Limit

Additional financial targets are:

- **Public Sector Payment Policy (PSPP):** The objective for the organisation All NHS Wales bodies are required to pay their non-NHS creditors in accordance with HM Treasury's public sector payment compliance target. This target is to pay 95% of non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

- **Cash**: Manage residual year end balances to a maximum of £2m.

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

4.1 2025/26 Financial Performance Overview

4.1.2 **Revenue**: A small revenue underspend of **£0.241m (0.1% of funding)** is being recorded for the 25/26 financial year. This included the successful achievement of the savings target **(£1.6m)** and the mitigation of all identified financial risks. Pay was underspent due to recruitment lag but this was offset by increases in non-pay spend as DHCW secured capacity via third party suppliers, GP migration and interest charges on Microsoft VAT.

4.1.3 **PSPP**: The Public Sector Payment Policy (PSPP) target has been exceeded with 99% of non NHS invoices being paid within 30 days.

4.1.4 **Cash:** DHCW has a cash balance of **£4.218m** at the 31st March.

4.1.5 **Capital**: Spend to March totals **£13.184m** for the period against a capital limit of **£13.238m (presenting a small underspend of £0.054m 0.4%).**

4.2 2026/27 Financial Performance Overview

4.2.1 **Overview**: DHCW is forecasting a balanced position at year end subject to successful achievement of savings plans and risk mitigations.

4.2.2 **Revenue**: A small revenue underspend of **£0.002m** is being recorded for the period to date. The position incorporates the current assumption that following the DPIF Pause and Review process DHCW will receive sufficient revenue funding to support committed[1] spend at a minimum (£1.5m to April and forecast £4.5m Q1). This assumption has been identified as a financial risk.

4.2.3 **PSPP**: The Public Sector Payment Policy (PSPP) target has been exceeded with 99% of non NHS invoices being paid within 30 days.

4.2.4 **Cash:** DHCW has a cash balance of **£2.986m** at the 30th April.

4.2.5 **Digital Priority Investment Fund (DPIF)**: DHCW has recorded **£1.516m** cumulative revenue spend to date. The DPIF budget has yet to be allocated and is subject to the outcome of the DPIF Pause and Review exercise.

4.2.6 **Capital**: Spend to 30th April totals **£0.722m** for the period against a discretionary capital limit of **£3.649m**. Recorded spend is inclusive of **£0.699m** DPIF Capital yet receive funding allocations from Welsh Government. DHCW has approved temporarily

[1] Committed spend reflective of contractual supplier and employee pay obligations.

allocating **£2.9m** of its own discretionary capital funding to support quarter one programme activity. Once DPIF funding has been confirmed the **£2.9m** is intended to be released to support essential core and business as usual investment.

4.2.7 **Underlying Position:** The "underlying deficit" describes the gap between the recurrent funding DHCW receives and the recurrent cost of delivering its services, after accounting for non-recurrent funding boosts or one-off savings. Our position is impacted by pressures resulting from the exclusion of an inflationary uplift to our core funding, pay increments, local service cost pressures (e.g. IT Service Management (ITSM) tool and the transition to a cloud based National Intelligent integrated Audit solution (NIIAS)). The focus will be on identifying and delivering recurrent savings to reduce and remove the revised underlying deficit position of **£0.9m**. To support this endeavour finance representatives will be meeting with NHS Performance & Improvement team with any progress presented within future reports.

4.2.8 **Savings:** The IMTP presented a gross savings requirement of £5.740m. As per WHC 2026 022, the savings updates will only reflect schemes where management action is required to deliver cash releasing savings with **£3.898m (68%)** recurrent schemes identified and non-recurrent schemes of **£1.842m (32%)**. DHCW will be further exploring choice and options to go beyond delivery of financial balance as part of the financial baseline review.

4.3 Developments Since March board

4.3.1 **Cost Pressures**: DHCW is currently providing "bridging" capital funding and cash to support DPIF activity as of yet unfunded, including:

- Capital schemes
  - LIMS2.0
  - RISP
  - Cloud Transition Programme and
  - NHS Wales App
- Revenue
  - DPIF - at present our financial reports (and presented underspend position for period) assumes revenue funding for committed spend as a minimum will be confirmed by Welsh Government. Consequently, no revenue pressure is being presented however it is being recognised as a financial risk. It should be noted that the following schemes are excluded from the DPIF Pause and Review and it is anticipated that funding letters will be issued outside of this process:
    - LIMS2.0
    - RISP
    - EPS (Programme)
    - EPMA (Programme)
    - WCCIS (letter received)

4.3.2 **Financial Sustainability:** DHCW's approach to defining financial sustainability is brigaded into three main areas:

1. Efficiency & Value:
   The organisation is currently looking to baseline a number of its activities in order to appropriately measure the benefits of the shift to its new target operating model and agile/product approach. The exercise also seeks to explore the benefits of our service offerings in order to inform further value assessment.

2. Appropriate Charging for Services
   As part of the Service Level Agreement (SLA) charging review, DHCW continues to engage with organisations regarding reviewing SLA charging processes to ensure they are not only up to date and reflective of modern service provision but also future proofed for material developments (such as the product and cloud transitions). Sessions continue with multiple organisations as part of engagement to inform the approach if the exercise and ensure stakeholder requirements are satisfied. As part of DHCW's financial planning assumptions, we have assumed that any changes would be enacted in 2027/28 following consultation and agreement in 2026/27.

3. Programmatic Funding of Digital Priorities
   We continue to raise via our Monthly Monitoring Return sessions with Welsh Government Digital Team and NHS Executive, the issues inherent in only having annual funding surety for programmatic spend. The Strategic Resourcing Group continues to build on its initial findings to finalise a view on future capacity requirements to meet pipeline projects and review the potential financial impact of fixed term funded positions.

4.3.3 Microsoft VAT Recovery: DHCW's VAT advisors have advised that DHCW has grounds to challenge the HMRC decision that VAT is non recoverable regarding O365 license supply on two fronts.

1. Firstly, the NHS Wales M365 platform is a bespoke infrastructure built to DHCW/NHS Wales specifications and O365 licences are integral to that infrastructure, so VAT should be recoverable under COS Heading 14.

2. Secondly there are grounds to challenge in relation to procedural issues.

On 2nd April 2026 SHA Board approved the next steps to progress working with legal and VAT advisors to challenge the HMRC position.

4.3.4 Microsoft Renewal: Digital Health and Care Wales owns the All-Wales Microsoft Enterprise Agreement on behalf of all organisations in NHS Wales. The new Enterprise Agreement has now been approved by all participating organisations and the SHA Board. Preparations are now underway for the contract to commence on 1st July 2026. At the Deputy Directors of Finance session of April 21st organisations were reminded of the importance of prompt payments in association with the transaction. It was agreed

that settlement of invoices would be prompt to enable DHCW to settle the supplier invoice.

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

5.1 Key Issues & Risks

5.1.1 **2025/26 Forecast:** DHCW is forecasting a balanced position at year end subject to successful achievement of savings plans and actions to mitigate the identified risks. DHCW has undertaken an interim assessment of the committed costs during the DPIF Pause and review period amounting to **£4.5m** overall risk (prior to a decision on funding by WG). A further detailed assessment of committed costs, non-transferrable resource will be made after WG have confirmed funding allocations to programmes with the appropriate mitigation plans constructed.

5.1.2 **Fixed Term Funded Resource – Exit Management:** There are a number of staff working within non-core programmatic areas such as Digital Priority (DPIF) schemes, which have time-limited funding arrangements. Should DPIF funding for 2026/27 not be confirmed to progress schemes (or it reaches its end), DHCW will be required to either manage the reassignment or exit of staff leading to a possible financial pressure. To address this. We will also look to discuss with Welsh Government a more effective mechanism for funding requirements of this type with a view on the needs of the future digital pipeline.

5.1.3 **WICIS:** DHCW has received a letter from Welsh Government confirming the Ministerial decision to proceed with the WICIS programme, however they required agreement of scope for phase 1 implementation by 16th March as a measure of consensus and commitment.

Technical discussions have taken place and a specification for Phase 1 stage of the programme agreed. Following submission of the milestone completion, DHCW received a response from Welsh Government on 1st April 2026.

The response articulated that following review of the 16th March submission some further questions required a response.
DHCW are working with Welsh Government to address the situation and follow up on actions required. Any financial implications will be closely monitored and reported through the appropriate established mechanisms.

5.1.4 **LIMS 2.0**: The planning deadline for the delivery and end of the programme is September 2026. Should there be any delay participating organisations are expected to absorb cost pressures. The finance team will work closely with the Programme to monitor progress and identify any potential financial impact and appropriate mitigating

strategies, if required.

5.1.5 2026/27 IMTP

DHCW has not yet received the full funding within its IMTP and submitted an Accountable Officer letter on 23.3.26 in response to the Remit Letter. Achievement of the remit in full, as currently articulated, is not possible without confirmation of DPIF funding. Consequently, we cannot, at this point, confirm that DHCW will meet its statutory responsibility to break even for 2026/27.

- 2026/27 Financial Planning: DHCW has agreed with the Performance and Improvement to refine its Minimum Data Set (MDS) 2026/27 as a consequence of changes in assumptions due to the recruitment freeze and significant DPIF funding flow requirements to support EPMA disbursements. Executive Directors have been issued their delegated expenditure limits in line with the agreed planning approach, which excludes DPIF funding allocations, which will follow separately after the outcome from WG is known.

- DPIF Pause and Review: In response to the DPIF Pause and Review initiative, DHCW has submitted template responses as requested to the Digital policy team by the deadline of 29th April. It is anticipated that the DDaT Governance Leadership and Delivery Board will review submissions at its session on May 18th with the intention of making funding recommendations to inform Ministerial Advice. It is not known how long the process will take and consequently delay to surety of funding continues to present both a financial and delivery risk.

- Financial Grip and Control: DHCW has finalised the Grip and Control self-assessment shared by the Financial Planning and Delivery Unit at NHS Wales Performance and Improvement. The findings have been reviewed by the Executive team and the exercise enabled the identification of areas for improvement in DHCW's control measures and support financial stability which have now been allocated to the appropriate leads for action.

- Financial Baseline Review: In line with the requirements of the Remit Letter, a baseline review is underway. Led by the Chief Executive, sessions with Executive Directors and their senior teams were completed in May with a focus on remit letter alignment, IMTP savings requirement and options for additional cost reduction that may result in contributions to offset national pressures. The final organisational document is on target to be submitted to Welsh Government in June (as per deadline).

5.1.6 Digital Inflation: As a result of recent events in the global economy, DHCW Finance and Commercial teams are working with service leads and external organisations to quantify potential internal and pan NHS Wales financial exposure to exchange rate fluctuations, tariffs and other economic factors in addition to the implementation of National Insurance increases and potential impact on suppliers' costs. Progress is

being reported via Directors of Digital and other appropriate stakeholder forums.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and DISCUSS the contents of the financial report for April 30th, the forecast achievement of financial targets; to NOTE the Pre audit financial position for 2025/26 and APPROVE the approach to Discretionary Capital financial management in Q1.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
STRATEGIC PROCUREMENT REPORT

Eitem ar yr Agenda: Agenda Item:	6.3

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Noddwr Gweithredol: Executive Sponsor:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Laura Panes, Strategic Commercial Manager
Cyflwynwyd gan: Presented By:	Chris Moreton, Interim Director of Finance

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE one (1) Contract Extension and Value Increase paper, as set out below: I. P982 Networking Support and Maintenance	

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

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

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: Not applicable to the content of this report.	

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Moreton, Interim Director of Finance	15/05/2026	APPROVED

Acronymau Acronyms			
CCS	Crown Commercial Services	DHCW	Digital Health and Care Wales
CTP	Cloud Transition Programme	COTS	Commercial Off the Shelf
ITSM	IT Service Management	MOU	Memorandum of Understanding
SHA	Special Health Authority	ITIL	Information Technology Infrastructure Library
CCN	Change Control Note	SFIs	Standing Financial Instructions

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The Commercial Services Team, within the Finance Directorate, in Digital Health and Care Wales ("**DHCW**") manages a range of contracts supporting both National services and the internal requirements of the organisation itself. The procurement of these contracts is also led by the Team, which includes several specialist procurement staff from the NHS Wales Shared Services Procurement Service.

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 the Management Board and presented to the SHA Board for Noting. In the event of these Agreements over £750,000 excl. VAT, these will also require SHA Board Approval.

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

1. Contract Extension and Value Increase Papers

Appendix 1 sets out one (1) Contract Extension and Value Increase Paper for APPROVAL by the Board. An overview of the contractual activity is provided below:

i. P982 Networking Support and Maintenance

Contractor:	Computacenter (UK) Ltd
Term:	1st December 2025 to 30th November 2028. There is no option to extend beyond this initial three (3) year term.
Original Total Value:	Original total value of **£742,000.00 excl. VAT**.
Proposed Value:	Total value for proposed increase of **£371,000.00 excl. VAT.** **Please Note:** This will be funded via existing budgets and will only be purchased once the current contracts expire. Any additional requirements will also be subject to the approval of an additional PAF.
Approval Requested:	Contract Value Increase

Context/Background:

In December 2025, Digital Health and Care Wales ("DHCW") awarded a contract to Computacenter (UK) Ltd, who placed a bid on behalf of Cisco as they are unable to sell to DHCW directly, for Networking and Support Maintenance.

The three (3) year contract provides DHCW with Success Tracks Level 1 maintenance and

support from Cisco via Computacenter (UK) Ltd acting as the reseller, for all Cisco hardware and software located in both data centres, along with hardware switches utilised in DHCW offices that are maintained by the Digital Workplace team.

The contract includes 24x7 support, an account manager, like-for-like hardware replacement, the ability to raise calls directly with Cisco, integrated smart capabilities provided through the Cisco online portal and various online self-help tools.

The remaining contract value for optional requirements is insufficient for future needs. As a result, a modification to the existing contract with Computacenter (UK) Ltd is required to enable DHCW to increase the contract value by £371,000.00 excl. VAT, representing an additional 50% of the original contract value, to support future requirements throughout the contract term. Requirements include support and maintenance of networking switches located across NHS Wales General Practices ("GPs"), Data Centre Networking ("DCN") Licences, support and maintenance of Identity Services Engine ("ISE") and replacement of Application Policy Infrastructure Controllers ("APICs"),

The requirements outlined above are currently delivered under separate contracts with multiple resellers. Increasing the contract value will therefore enable DHCW to transition these contracts into the primary agreement as they expire, consolidating services under a single reseller. This approach will reduce contractual and administrative overhead, strengthen commercial leverage helping to manage the impact of digital inflation and simplify contract management through a more streamlined Supplier relationship.

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

5.1 There are no key risks / matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE one (1) Contract Extension and Value Increase paper, as set out below: I. P982 Networking Support and Maintenance	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER

Eitem ar yr Agenda: Agenda Item:	6.4

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

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

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE the Risk and Board Assurance Framework Workplan. RECEIVE and DISCUSS the status of the Corporate Risk Register including changes since the last meeting.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality technology, digital products and services for health and care professionals
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
	Risk Management and Assurance activities equally affect all. An EQIA is not applicable.
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be legal implications
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be financial implications
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP	DYDDIAD	CANLYNIAD

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	05/05/2026	Reviewed
Management Board	14/05/2026	Discussed and verified
Laura Tolley	May 2026	Reviewed
Chris Darling	May 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information Service
WASPI	Wales Accord on the Sharing of Personal Information	NDR	National Data Resource
SLA	Service Level Agreement	IMTP	Integrated Medium Term Plan
IRAT	Integration and Reference Team	ICU	Intensive Care Unit
ISD	Information Services Directorate	HBs	Health Boards
WG	Welsh Government	FDU	Finance Delivery Unit
SAIL	Secure Anonymised Information Linkage	CAPEX	Capital Expenditures
OPEX	Operating Expenditures	DU	Delivery Unit
WEDs	Weekly Executive Directors	OCP	Organisational Change Policy

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The DHCW Risk Management and Board Assurance Framework (BAF) outlines the approach the organisation will take to managing risk and Board assurance.

3.2 The Risk and BAF workplan for 2026-27 includes progress of activity tracked on the forward workplan.

3.3 Risk should be considered from the perspective of opportunities and threats, managing risks effectively can often lead to realizing opportunities. With health services under more pressure than ever there is a huge opportunity to use digital products and services to drive efficiencies and improve patient outcomes. DHCW intends to be at the forefront of this, trends and opportunities include:

- The growing importance of data
- Digital services driving service transformation
- Moving to Cloud services
- International technical and data standards
- Tackling a shortage of technology talent

- A shift from capital funding to a recurrent revenue-based model
- Organisations shifting from programme to 'product' based delivery models
- Continuous agility in delivering digital services, modular components and mix and match
- Automation and Artificial Intelligence
- Open architecture where data exchange is facilitated between public and private sector providers
- The increasing need to ensure robust, secure and solid digital foundations to enable successful digital delivery
- Patient empowerment Apps
- NHS Wales Digital Blueprint work
- NHS Wales Information Governance policy position
- DHCW Escalation Status

3.4 The below are key areas from the World Economic Forum Term Global Risks Landscape (2026) for context and consideration by the Board:

- Cyber insecurity
- Misinformation and disinformation
- Adverse outcomes of AI technologies

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

4.1 DHCW's Corporate Risk Register currently has 20 risks on the Register, 16 of which are detailed at item 6.4i 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 March 2026 to 30 April 2026:

NEW RISKS (6) 2 Private 4 Public
There were six new risks entered onto the register during the period.

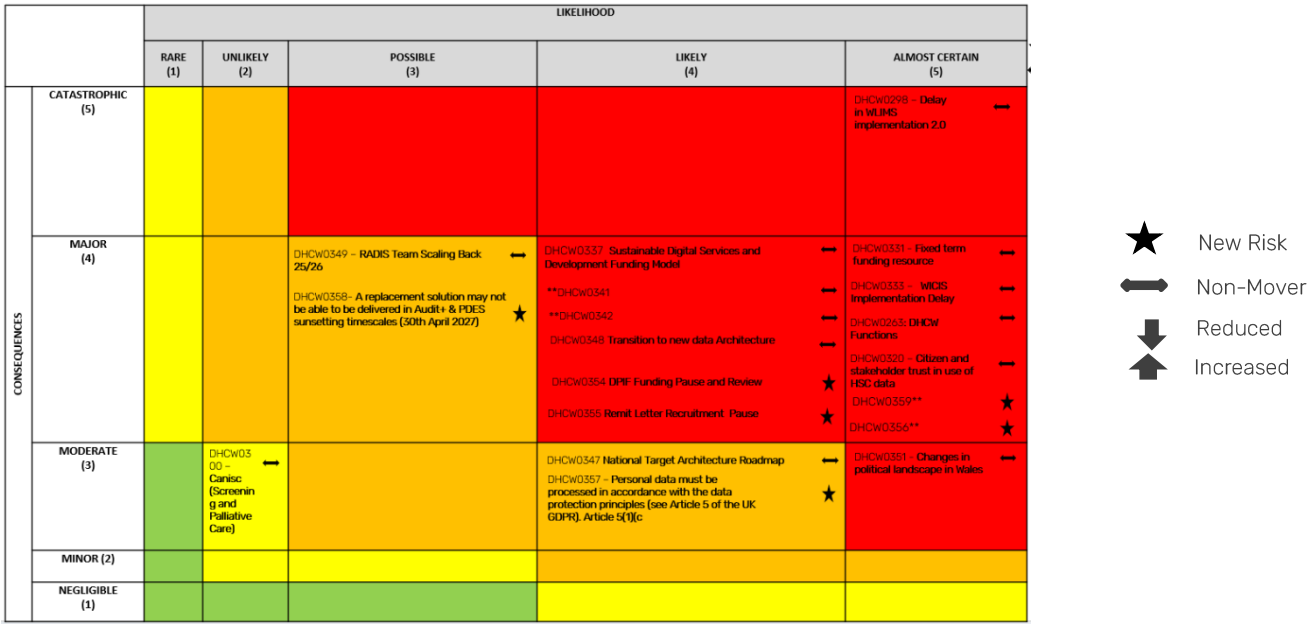
RISK TITLE	RISK DESCRIPTION	EXECUTIVE OWNER	COMMITTEE ASSIGNMENT
DHCW0354 DPIF Funding Pause and Review	IF DPIF funding is reduced, delayed, or refocused THEN DHCW will be required to reprioritise, rescope, and pause or stop elements of nationally planned digital programmes, while constraining investment in workforce and delivery capacity RESULTING IN potential failure to deliver IMTP and contractual commitments; being unable to achieve its statutory responsibility to break	Executive Director of Strategy	Portfolio Delivery Committee

	even; and delay or dilution of digital transformation benefits.		
DHCW0355 Remit letter Recruitment Pause	IF the Welsh Government mandated recruitment pause continues for a prolonged period, THEN sustained capacity pressures may adversely impact staff morale, wellbeing, retention and productivity, RESULTING IN increased stress and burnout, inequitable workload distribution, workforce instability, and a reduced ability to deliver IMTP priorities and statutory commitments for clinicians and patient care.	Director of People and Organisational Development	Audit and Assurance Committee
DHCW0356 **PRIVATE	**PRIVATE	Executive Director of Operations	Digital Governance and Safety Committee
DHCW0357 Personal data must be processed in accordance with the data protection principles (see Article 5 of the UK GDPR). Article 5(1)(c	IF GPC Wales or Practices perceive the bulk data extraction required by the in-house solution as excessive relative to Audit+ requirements, THEN voluntary adoption may be insufficient to achieve operational coverage, RESULTING IN service delivery failure and reputational damage for DHCW. This is material because: (i) the service cannot be made compulsory; (ii) the technical design inherently requires bulk extraction.	Director of Primary, Community & Mental Health Digital Services	Portfolio Delivery Committee
DHCW0358 A replacement solution may not be able to be delivered in Audit+ & PDES sunsetting timescales (30th April 2027)	IF existing DQS services (all Lot items) are not delivered within Audit+ and PDES sunsetting timescales (30th April 2027) THEN a break in service may occur along with an inability to parallel run for some service recipients RESULTING IN service recipients being unable to access previously approved DQS information during the potential break in service period."	Director of Primary, Community & Mental Health Digital Services	Portfolio Delivery Committee
DHCW0359 **PRIVATE	**PRIVATE	Executive Director of Operations	Digital Governance and Safety Committee

RISK REMOVED (0) 0 Public – 0 Private
There were no risks removed during the period.

RISKS WITH A CHANGE IN SCORE (0)
There were no changes in score during the period.

4.3 The Board is asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.



4.4 All the risks on the Corporate Risk log are assigned to a committee as outlined in the Risk Management and Board Assurance Framework to provide the SHA Board with the necessary oversight and scrutiny. As previously stated, the private (commercially sensitive, cyber and security related) risks are reviewed in detail by the Committee's in a private session.

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

5.1 The Board is asked to note the recent changes in the corporate risk profile, as a result of the escalation of six risks during the period.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE the Risk and Board Assurance Framework Workplan. RECEIVE and DISCUSS the status of the Corporate Risk Register including changes since the last meeting.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
SHA PERFORMANCE REPORT

Eitem ar yr Agenda: Agenda Item:	6.5

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Sean Cullinane, Organisational Performance Manager
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and DISCUSS the performance detailed in the SHA Performance Report.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply.
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH 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.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	There is a duty to monitor, report on, and improve performance.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective performance management not take place, there could be financial implications.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Key organisational decision makers and leaders should be aware of an act upon the elements of performance for which they hold responsibility or accountability.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME

Chris Darling, Director of Corporate Affairs / Board Secretary	/05/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
KPI	Key Performance Indicator	SLA	Service-Level Agreement
MI	Major Incident	IMTP	Integrated Medium-Term Plan

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The SHA Performance Report provides evidence of performance against key indicators across Digital Health and Care Wales and is linked to the Strategic Missions defined within our Integrated Medium-Term Plan (IMTP). Further information is available in the Integrated Performance Report.

Performance is monitored and managed at various levels throughout the DHCW governance structure, with final oversight through Management Board and then the Special Health Authority (SHA) Board.

The Executive Summary is structured as follows:

- Current priorities
- Stakeholder performance
- Organisational Capacity performance
- Internal Processes
- Financial Stewardship
- Mission achievements

The dashboard version of this report can be found here.

3.1 Changes to Key Performance Indicators:

No metric owners requested a change in definition, target or highlighted any technical or data quality issues through the Performance Change Control group during April.

3.2 Accountability Conditions

During 2025/26 we operated under a set of 13 Welsh Government defined accountability conditions following agreement of our IMTP with the intention of providing assurance that our key risks were being managed and national priorities delivered. These required us to deliver the objectives set out in the Cabinet Secretary's objectives; the March 2025 Remit Letter; full compliance with the NHS Wales Oversight and Escalation Framework and any de-escalation criteria linked to our escalation status; and deliver agreed IMTP milestones, including those

arising from in year additional priorities. We made full progress throughout the year in delivering against these Conditions, with ongoing oversight via the monthly Integrated Quality, Performance and Delivery (IQPD) meetings with Welsh Government.

Following our Public Accountability Meeting held on 29 January 2026 with Welsh Government and the clear expectations that had been set across seven key areas, In response, we set a series of priority actions for delivery during 2026/27. These actions are now built into our delivery plans as clear, measurable commitments for the next 12 months.

3.3 Escalation Status

DHCW's Enhanced Monitoring (Level 3) Escalation Improvement Plan saw 45 out of 47 actions achieved. With the two milestone not achieved, the delivery of the RISP and LIMS Programmes continuing to be progressed to revised dates for go live, following delays.

DHCW were informed on the 8th of April that it would now be operating under Level 4 (Targeted Intervention) of the NHS Wales Oversight and Escalation Framework.

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

4.1 Key Performance Messages

The Strategic Assurance Group continues to work across the organisation to finalise the definitions of Objectives and Key Results (OKRs) aligned to DHCW's strategic objectives, strengthening line of sight between delivery and organisational priorities.

DHCW's workforce remains stable, with headcount at 1,279, supporting organisational resilience and continuity of service delivery, although the DHCW Remit Letter 2026/27 requirement for a recruitment pause, means the workforce numbers are likely to reduce over the coming weeks and months. Positive progress continues across workforce diversity indicators, alongside high levels of Statutory and Mandatory Training compliance, which remains above target.

Operational performance remains strong, with service availability consistently exceeding target, and Major Incidents resolved within SLA timeframes, along with high levels of performance maintained across change management and national service request resolution. These improvements reflect the continued embedding of enhanced incident management processes.

However, some areas require sustained attention. Appraisal compliance continues to decline and remains below target, presenting an ongoing workforce governance risk. Recruitment timelines have lengthened slightly, reflecting wider NHS system pressures, including the Welsh Government requirement for a recruitment pause (Remit Letter 2026/27), increased approval controls, and a more competitive labour market for specialist digital roles.

Stakeholder engagement continues to strengthen, as evidenced by increasing adoption and utilisation of national digital services. This includes the continued rollout of EPS (now live across 840 sites) and growing usage of the NHS Wales App, indicating increased participation from primary care providers and members of the public.

4.1.1 Stakeholder

DHCW continues to make progress in digital transformation and service quality, evidenced by:

- increased adoption of national digital platforms (e.g. EPS rollout and NHS Wales App usage);
- high service availability (99.997%) and improved incident resolution within SLA;
- strong change success rates (99.42%), indicating mature and safe deployment practices.

Engagement with digital services remains strong across both healthcare providers and the public. Use of the Electronic Prescription Service (EPS) continues to expand, with the number of live sites increasing to 814, demonstrating ongoing rollout and adoption across primary care. NHS Wales App usage has also continued to grow, with distinct logins reaching over 326,000, alongside high levels of activity including over 235,000 prescriptions ordered and more than 10,700 appointments booked, indicating increasing reliance on digital channels by the public. This overall position demonstrates sustained adoption, embedded usage, and continued value realisation from digital investment across NHS Wales.

4.1.2 Organisational Capacity

DHCW's workforce remains stable with total headcount at 1,279. This position should be considered in the context of the recently implemented recruitment pause as a requirement of the DHCW Remit Letter 2026/27, which is expected to slow workforce growth and place increased emphasis on maintaining stability and optimising existing capacity.

Workforce diversity indicators demonstrate continued progress. Female representation has increased to 44.8%, while the proportion of staff from an ethnic minority has risen to 13.84%, and those with a declared disability to 9.54%, all above their respective long-term averages. This reflects sustained improvement against equality, diversity and inclusion objectives.

Statutory and Mandatory Training remains strong at 95.05%, continuing to exceed the 85.0% target and providing assurance on regulatory compliance.

4.1.3 Internal Processes

DHCW continues to demonstrate a focus on maintaining high-quality services, strengthening internal processes and ensuring a safe and effective working environment.

Service Availability has held strong at 99.997%, exceeding target, with all Major Incidents resolved within SLA timeframes for a sustained period. This performance continues to reflect

the positive impact of strengthened incident management processes, improved monitoring and the embedding of root cause analysis.

National service request resolution performance has stabilised at 96.92%, meeting target, following a dip in the previous period. The Change Success Ratio remains high at 99.42%, demonstrating continued maturity in change and release management and minimising service disruption.

4.1.4 Financial Stewardship

DHCW continues to manage public resources responsibly, maintaining a strong focus on affordability, value for money and financial control. The organisation remains on course to deliver against its financial plans. Capital resource spend stands at £364,900 year to date (Month 1 2026/27 – April 2026), remaining well within the approved capital limit (£12.470m). Revenue expenditure remains controlled (£0.179m), with a managed approach to agency and third-party contractor usage reflecting the need to balance specialist skills requirements with affordability and workforce sustainability.

4.2 Ongoing Areas of Concern

Active Problems with an identified root cause (RC) continues to remain below target, now at 56.9% against a target of 60%. A review of the current process for handling Problems in ServicePoint is ongoing, in terms of the correct use of problem statuses, with relevant teams engaged on specific findings and supported with the correct use of the problem statuses. The scope of the KPI is being reviewed to ensure continued relevance and value to overall organisational performance

Appraisal compliance has dropped to a low of 80.38% and has been below the 85% target since September 25 apart from January 2026 where it was briefly achieved. Timely appraisals are essential for staff development, engagement and assurance. POD Business Partners continue to work with Directorates to reinforce the importance of high-quality PADRs aligned to organisational values. As new structures embed, this provides an opportunity to refocus PADRs as a key enabler of delivery, ensuring individual objectives are clearly aligned with Directorate priorities and organisational goals.

Business Change engagement activity (measured through 'contact events' such as meetings, workshops and engagement sessions with stakeholders) has increased to 36, now approaching the long-term average. This indicates a recovery from earlier reduced engagement levels and reflects renewed focus on stakeholder interaction to support product adoption, particularly for the Welsh Clinical Portal (WCP). Strengthening this engagement is important to support adoption, manage delivery risks, and ensure services meet user needs.

Driving performance improvement through constructive feedback, accountability and action is key to managing operational risks, improving security and safety, and ensuring timely action.

4.3 New Areas of Concern

No performance metrics have reached the tolerance level to be flagged as new areas of concern in April, which is positive, highlighting stability. An area only reaches the threshold of concern if it has three consecutive months of challenging performance. KPI Owners are reminded to regularly review KPIs in their areas to spot early warning signs and take corrective action if required.

4.4 Resolved Areas of Concern

There are no resolved areas of concern to report this month.

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

5.1 Dormant accounts have shown some improvement over the previous months but have increased this month, indicating a lack of sustained reduction. This continues to weaken access controls and increase the risk of unauthorised access and data compromise and therefore remains a systemwide cyber security concern requiring ongoing focus.

5.2 The SHA Board is asked to note the escalation to the Directors of Digital / Cyber Board to establish system-wide expectations, strengthen governance and accountability, and implement regular trajectory-based monitoring to drive sustained reduction in dormant user accounts.

5.3 Appraisal compliance requires escalation despite selected actions being taken to address the risk. Performance has declined for three consecutive months and has remained below target in 8 of the last 12 months. This reduces assurance that staff performance, objectives and development needs are being reviewed on time, creating risks to workforce planning, capability oversight and delivery alignment. It may also affect staff engagement, delay support or performance interventions, and weaken working relationships between staff and managers through reduced clarity, feedback and accountability.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and DISCUSS the performance detailed in the SHA Performance Report.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
PORTFOLIO DELIVERY COMMITTEE
HIGHLIGHT REPORT

Eitem ar yr Agenda: Agenda Item:	6.6

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Enw'r Pwyllgor Name of Committee	Portfolio Delivery Committee
Cadeirydd y Pwyllgor Chair of Committee	David Selway, Independent Member
Cyfarwyddwr Gweithredol Arweiniol Lead Executive Director	Ifan Evans, Executive Director of Strategy
Dyddiad y Cyfarfod Diwethaf Date of Last Meeting	30 April 2026
Paratowyd gan Prepared By	Belinda Mills, Corporate Governance & Risk Coordinator
Cyflwynwyd gan Presented By	David Selway, Independent Member

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad / Recommendation:	
The Board is being asked to: **NOTE** the content of the report for **ASSURANCE.**	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

RISG GORFFORAETHOL (cyf, of yw'n briodol) CORPORATE RISK (ref if appropriate)	N/A

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

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

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

DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Date of submission: N/A
No, (detail included below as to reasoning)	Canlyniad: Outcome: N/A
Datganiad: Statement: There is no requirement for an EQIA.	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH 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.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report

AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

PERSON NEU GRŴP PERSON OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Committee Chair	April 2026	Approved

3 ACRONYMAU / ACRONYMS

DHCW	Digital Health and Care Wales	SHA	Special Health Authority

4 DIFFINIADAU / DEFINITIONS

RHYBUDDIO ALERT	Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder. Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently.
SICRHAU ASSURE	Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn. Detail here any areas of assurance that the Committee has received.
RHOI CYNGOR ADVISE	Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor. Detail here any areas of ongoing monitoring where an update has been provided to the Committee.

5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

5.1 SESIWN GYHOEDDUS / PUBLIC SESSION

RHYBUDDIO ALERT	The Committee were alerted to the risks related to the funding and programme progression of the WICIS programe. The Committee were alerted to the funding uncertainty for the Cloud Transition Programme due to the DPIF pause and review, which may lead to increased long-term costs, including rising data centre expenses, hardware replacements for ageing infrastructure, and upcoming software renewals such as Citrix. The Committee were alerted to the pause of delivering the National Target Architecture project plan for 2026-27 due to recruitment pause, and funding uncertainty due to the DPIF pause and review. The Committee were alerted to National Data Resource Programme risks, including funding uncertainty and recruitment pause, which may impact delivery if unresolved, noting that a quarter of NDR funding is disbursed to external partners. The Committee were alerted to the contractual end date in June 2027 for the legacy platform of the Integration Hub. If migration slips, additional costs may be incurred, but mitigation options exist. The Committee were alerted to the impact of recruitment pause and DPIF funding review on the DSPP Programme which has limited ability to expand the in-house app development team and continue external support, prompting internal contingency planning to maintain progress. The Committee were alerted of the DPIF pause and review risk for the Connecting Care Programme.
SICRHAU ASSURE	The Committee were provided with annual assurance reports for the following Major Programmes: • Welsh Intensive Care Informatics System (WICIS) • Laboratory Information Management System -Update/ Closure Report • Radiology Informatics System Procurement -Update/ Closure Report Committee members were assured of achievement against the enhanced monitoring improvement plan (May 2025–March 2026) agreed with Welsh Government. The plan had 47 milestones of which 45 (96%) were delivered in year. 40 milestones were delivered on time (85%), 5 late but completed, and 2 not delivered (LIMS and RISP go-lives). A phase two escalation plan had been developed, but its status is currently paused pending the introduction of a revised escalation framework. Committee members were assured that Welsh Government were satisfied that the milestone to deliver the National Target Architecture Strategic Investment Plan has been met. The plan is intended to inform the next phase and acts as a framework for developing future business cases, rather than being a business case itself.

	Committee members were assured that Welsh Government has directed DHCW through the Remit Letter to take a different role in relation to the EPMA programme. Funding and reporting will now be routed through DHCW, consistent with other major collaborative programmes. Welsh Government has confirmed an expectation that all Health Boards should complete their local implementation of EPMA systems by March 2027. Committee members were assured that the DSPP programme has closed and work to maintain and develop the NHS Wales App has transitioned a product operating model from April 2026. Committee members noted the appointment by Welsh Government of an independent chair to the National Data Resource Programme. The Committee were provided with assurance that the seven public corporate risks assigned to the Committee were being managed and monitored appropriately.
RHOI CYNGOR ADVISE	The Committee reviewed in detail the Major Programmes report and were advised on the current status of each major programme.

5.2 SESIWN BREIFAT / PRIVATE SESSION

RHYBUDDIO ALERT	The Committee were alerted that there was no funding for 2026-27 of the Welsh Intensive Care Informatics System (WICIS) Programme.
SICRHAU ASSURE	N/A
RHOI CYNGOR ADVISE	The Committee were advised and discussed in detail the Welsh Intensive Care Informatics System, Laboratory Information Management System, Radiology Information System Procurement and Audit+Replacement

5.3 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

N/A

Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting:
06 August 2026

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
AUDIT & ASSURANCE COMMITTEE
HIGHLIGHT REPORT

Eitem ar yr Agenda: Agenda Item:	6.7

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Enw'r Pwyllgor Name of Committee	Audit and Assurance Committee
Cadeirydd y Pwyllgor Chair of Committee	Marian Wyn Jones, Independent Member
Cyfarwyddwr Gweithredol Arweiniol Lead Executive Director	Chris Moreton, Interim Director of Finance
Dyddiad y Cyfarfod Diwethaf Date of Last Meeting	07 April 2026
Paratowyd gan Prepared By	Julie Robinson, Corporate Governance Coordinator
Cyflwynwyd gan Presented By	Marian Wyn Jones, Independent Member

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad / Recommendation:	
The Board is being asked to: **NOTE** the content of the report for **ASSURANCE**.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	N/A

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

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

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

DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Date of submission: N/A
No, (detail included below as to reasoning)	Canlyniad: Outcome: N/A
Datganiad: Statement: There is no requirement for an EQIA.	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH 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.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH	No, there is no direct impact on resources as a result of the activity outlined in this report.

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

PERSON NEU GRŴP PERSON OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Laura Tolley, Head of Corporate Governance/Deputy Board Secretary	2026	Approved
Committee Chair		Approved

3 ACRONYMAU / ACRONYMS

DHCW	Digital Health and Care Wales	SHA	Special Health Authority

4 DIFFINIADAU / DEFINITIONS

RHYBUDDIO ALERT	Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder. Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently.
SICRHAU ASSURE	Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn. Detail here any areas of assurance that the Committee has received.
RHOI CYNGOR ADVISE	Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor. Detail here any areas of ongoing monitoring where an update has been provided to the Committee.

5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

5.1 SESIWN GYHOEDDUS / PUBLIC SESSION

RHYBUDDIO ALERT	There were no items to alert to the SHA Board.
SICRHAU ASSURE	• **Standards of Behaviour** – the Committee noted the continued positive position in terms of Standards of Behaviour compliance. • **Internal Audit** The Committee **received** for **assurance** the following audit reviews: • **Service Continuity Planning** - the review received a **Reasonable** Assurance rating. • **Follow Up of Audit Recommendations** – no formal assurance rating was issued, however, the review provided a positive level of assurance. • **Sustainable Funding – Digital Priorities Investment Fund (DPIF)** - the review received a **Reasonable** Assurance rating. **Internal Audit Draft Work Plan 026/27** the Committee discussed the work plan for 2026/27, noting that contingency capacity existed for one to two additional reviews in-year. • **Audit Wales Committee Update** – the Committee received the update which included: • **Planning work** was underway for the 2025/26 financial audit. • **The Digital Transformation Review** – there was a delay due to all-Wales engagement pressures. • **Local Counter Fraud Update Report** – The Committee **received** the standard report and **noted** the update to the work undertaking in the period. Additionally, the Committee **approved** the **Local Counter Fraud Draft Work Plan 26/27**. • **Staff Culture – Wellbeing Advisory Review 2025/26** -the Committee **received** the update on the advisory review **noting** the work undertaken since the last update. • **Board Assurance Framework – Deep Dive into Procurement Act** - the Committee **received** a comprehensive deep dive assurance update into the Procurement Act and DHCW's response to implementation . • **Corporate Risk Register** – Members **received** updates on the three risks assigned to the Audit and Assurance Committee. • **Integrated Medium-Term Plan/Remit Letter and Accountable Officer response** - the Committee **noted** the set of financial reports. The Committee were advised that DPIF funding allocation remained outstanding. An Accountable Officer letter had been sent to Welsh Government to highlight this risk. • **Welsh Language Standards** the Committee **received** an update on the compliance with the Welsh Language Standards following receipt of the Compliance Notice.
RHOI CYNGOR ADVISE	There were no items to advise the SHA Board.

5.2 SESIWN BREIFAT / PRIVATE SESSION

RHYBUDDIO ALERT	There were no items to alert to the SHA Board.
SICRHAU ASSURE	• **Internal Audit Review** The Committee **received** a verbal update on the **Recruitment Process** and **noted** the overall position as finely balanced between a reasonable and limited assurance. **Cyber Review** – the Committee noted the review received a **reasonable** assurance. • **Recommendations for the Treatment of 0365 VAT** - The Committee noted the matter was discussed in detail at two previous meetings of the SHA Board. • **Losses and Special Payment for Microsoft Interest** – The Committee **noted** that **approval** had been received from Welsh Government for the Loss and Special Payment for Microsoft interest. • **Redundancy Payment** – The Committee noted that the matter had been fully considered at the Remuneration and Terms of Services Committee. •
RHOI CYNGOR ADVISE	• There were no items to advise the SHA Board.

5.3 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

N/A

Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting:
14 July 2026

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
DIGITAL GOVERNANCE AND SAFETY COMMITTEE HIGHLIGHT REPORT

Eitem ar yr Agenda: Agenda Item:	6.8

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	28 May 2026

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

Enw'r Pwyllgor Name of Committee	Digital Governance and Safety Committee
Cadeirydd y Pwyllgor Chair of Committee	Alistair Klaas Neil, Independent Member
Cyfarwyddwr Gweithredol Arweiniol Lead Executive Director	Rhidian Hurle, Executive Medical Director
Dyddiad y Cyfarfod Diwethaf Date of Last Meeting	18 May 2026
Paratowyd gan Prepared By	Julie Robinson, Corporate Governance Coordinator
Cyflwynwyd gan Presented By	Alistair Klaas Neil, Independent Member

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad / Recommendation:	
The Board is being asked to: **NOTE** the content of the report for **ASSURANCE**.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	

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

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

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

DATGANIAD YR ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Date of submission: N/A
No, (detail included below as to reasoning)	Canlyniad: Outcome: N/A
Datganiad: Statement: There is no requirement for an EQIA.	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH 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.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.

ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Person neu Grŵp sydd wedi derbyn neu ystyried y papur hwn cyn y cyfarfod hwn
Person or Group who have received or considered this paper prior to this meeting

PERSON NEU GRŴP PERSON OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Laura Tolley, Head of Corporate Governance/Deputy Board Secretary	2026	Approved
Committee Chair	2026	Approved

3 ACRONYMAU / ACRONYMS

DHCW	Digital Health and Care Wales	SHA	Special Health Authority

4 DIFFINIADAU / DEFINITIONS

RHYBUDDIO ALERT	Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder. Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently.
SICRHAU ASSURE	Nodwch yma unrhyw feysydd sicrwydd y mae'r Pwyllgor wedi'u derbyn. Detail here any areas of assurance that the Committee has received.
RHOI CYNGOR ADVISE	Nodwch yma unrhyw feysydd monitro parhaus lle mae diweddariad wedi'i roi i'r Pwyllgor. Detail here any areas of ongoing monitoring where an update has been provided to the Committee.

5 ARGYMHELLIAD & CHAMAU NESAF / RECOMMENDATION & NEXT STEPS

5.1 SESIWN GYHOEDDUS / PUBLIC SESSION

RHYBUDDIO ALERT	N/A
SICRHAU ASSURE	• **Corporate Risk Register** the Committee received an update on the risks assigned to the Committee and **noted** the action taken to mitigate risks and the opportunities that can be taken from some risks. Assurance Reports: **Incident Review and Organisational Learning –** Members noted the positive progress made in the quarter e.g. shared learning arising from incidents and the actions taken, additionally there had been a reduction in the number of incidents. **Information Governance Assurance -** Members **noted** a further increase in FOI requests, along with the impact of Artificial Intelligence (AI) on information governance and cyber security.. **Information Services Assurance** – Members were pleased to **note** that all milestones had been delivered. **Research, Innovation and Knowledge Management Assurance** – Members **noted** the key risks in the organisational change process **Wales Informatics Assurance Group** – Members were pleased to **note** that no key risks were reported this quarter across the national programme. **Technical Design Authority Assurance** – the Committee **received** an update on the work taking place in the TDA area. **AI Strategy** – the Committee **noted** the importance of establishing a governance framework, alongside the approach to follow international good practice with the additional component of sustainability.
RHOI CYNGOR ADVISE	There were no items to advise to the SHA Board.

5.2 SESIWN BREIFAT / PRIVATE SESSION

RHYBUDDIO ALERT	• The signification implications of emerging AI tools capable for identifying and exploiting vulnerabilities
SICRHAU ASSURE	**Cyber Security Report:** Members received the report which included the following main themes: • Evolving Cyber Threat Landscape • Cyber Resilience

RHOI CYNGOR ADVISE	• NHS Wales Shared Service Internal Audit - Cyber

5.3 CAMAU GWEITHREDU DIRPRWYEDIG A GYMERWYD GAN Y PWYLLGOR / DELEGATED ACTION TAKEN BY THE COMMITTEE

The Committee **APPROVED** the DHCW Artificial Intelligence Strategy.

Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting:
20 August 2026