Cyfarfod Bwrdd Iechyd a Gofal Digidol Cymru - Cyhoeddus

Thursday 24 September 2026, 10:00 - 14:00

Agenda

10:00 - 10:00
0 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a chyflwyniadau

I'w Nodi *Cadeirydd*

1.2. Ymddiheuriadau am Absenoldeb

I'w Nodi *Cadeirydd*

1.3. Datganiad o Fuddiannau

I'w Nodi *Cadeirydd*

10:00 - 10:05
5 min

2. AGENDA GYDSYNIO

2.1. Cofnodion heb eu cadarnhau o'r cyfarfod canlynol:

I'w Gymeradwyope *Cadeirydd*

2.1.1. 2.1.1 Cyfarfod y Bwrdd 30

I'w Gymeradwyo

i. Materion yn Codi

2.1.1 DHCW SHA Board Minutes 30072026v1.pdf (18 pages)

2.2. Cofnod Gweithredu (3)

I'w Nodi *Cadeirydd*

2.2 Action log.pdf (1 pages)

2.3. Blaengynllun Gwaith

I'w Nodi *Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd*

2.3 SHA Board Forward Workplan .pdf (4 pages)

2.4. Strategaeth Gyfathrebu IGDC (Wedi'i hadnewyddu)

I'w Gymeradwyo *Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd*

2.4 DHCW_Board_and_Committee_Report - Refreshed DHCW Communications Strategy.pdf (6 pages)

2.5. Strategaeth Ymgysylltu â Rhanddeiliaid IGDC (Wedi'i hadnewyddu)

I'w Gymeradwyo *Cyfarwyddwr Gweithredol Strategaeth*

2.5 Engagement Strategy 2026-29 Cover Paper.pdf (4 pages)

2.6. Enillion Meintiol Datgarboneiddio IGDC 2025-26

I'w Gymeradwyo *Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd*

2.6 DHCW Decarbonisation Net Zero Quantitative Carbon Reporting Return 2025-26-V3.pdf (8 pages)

2.7. Enillion llawn Cynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru Mehefin 2025 i Fehefin 2026

I'w Gymeradwyo *Cyfarwyddwr Materion Corfforaethol / Ysgrifennydd y Bwrdd*

2.7 NHS Wales Decarbonisation Strategic Delivery Plan Full Return (June 25 June 26)-v2.pdf (7 pages)

10:05 - 10:30
25 min

3. PRIF AGENDA I'W DRAFOD

3.1. Cyflwyniad Gwrando a Dysgu a Rennir

I'w Drafod *Cyfarwyddwr Meddygol Gweithredol*

- Systemau Meddygfeydd Teulu a Defnyddio Data

3.1 SHARED LISTENING AND LEARNING - GENERAL PRACTICE SYSTEMS USE OF GP DATA.pdf (3 pages)

10:30 - 10:55
25 min

4. I'W ADOLYGU AC ER SICRWYDD

4.1. Adroddiad y Cadeirydd a'r Is-Gadeirydd

I'w Drafod *Cadeirydd*

4.1 Chair and Vice Chair Rep September 2026.pdf (6 pages)

4.2. Adroddiad y Prif Swyddog Gweithredol

I'w Drafod *Prif Swyddog Gweithredol*

4.2 CEO Report September 2026.pdf (6 pages)

4.3. Adroddiadau ar Brif Bwyntiau'r Pwyllgorau

4.3.1. I. Fforwm Partneriaeth Lleol

I'w Drafod *Cadeiryddion y Pwyllgorau*

4.3i Local Partnership Forum Committee Highlight Report.pdf (5 pages)

4.3.2. II. Pwyllgor Cyflawni Portffolio

I'w Drafod *Cadeiryddion y Pwyllgorau*

4.3ii PDC Highlight Report.pdf (5 pages)

4.3.3. III. Y Pwyllgor Llywodraethu a Diogelwch Digidol

I'w Drafod *Cadeiryddion y Pwyllgorau*

4.3iii DG&S Highlight Rep 20082026t.pdf (5 pages)

10:55 - 12:20
85 min

5. EITEMAU STRATEGOL

5.1. Diweddariad ar Flaenoriaethau Strategol

I'w Drafod *Arweinwyr y Tîm Gweithredol*

- Cymuned trwy Ddylunio
- Gofal a Gynlluniwyd
- Gofal Brys a Gofal mewn Argyfwng

Diagnosteg

5.1 - Strategic Priorities Update September 26v2.pdf (13 pages)

5.2. Diweddariad ar Oedi ac Adolygu DPIF ac Effaith ar Gyflawni

I'w Drafod *Cyfarwyddwr Gweithredol Strategaeth*

5.2 DPIF Pause Review Update and Impact on Delivery.pdf (7 pages)

12:20 - 14:00
100 min

6. LLYWODRAETHU, CYLLID A PHERFFORMIAD

6.1. Statws Uwchgyfeirio

Er Sicrwydd *Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd*

6.1 Escalation Status Report vdocx.pdf (7 pages)

6.2. Adroddiad Cyllid

I'w Drafod

6.2 DHCW SHA Finance Report September 2026_.pdf (10 pages)

6.2.1. Egwyl Ginio - 30 munud

6.3. Adroddiad Perfformiad

I'w Drafod *Arweinwyr y Tîm Gweithredol*

6.3 Performance Report.pdf (7 pages)

6.4. Y Gofrestr Risg Gorfforaethol

I'w Drafod *Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd*

6.4 Corporate Risk Register .pdf (7 pages)

14:00 - 14:00
0 min

7. MATERION I GLOI

7.1. Unrhyw Faterion Brys Eraill

I'w Drafod *Cadeirydd*

7.2. Dyddiad y Cyfarfod Nesaf Dydd Iau 26 Tachwedd 2026

I'w Nodi *Cadeirydd*

DHCW SHA Board Meeting – Unconfirmed Public Minutes

Minutes of the meeting of Digital Health and Care Wales (DHCW) Special Health Authority Board (SHA) held on Thursday 30 July 2026 as a virtual meeting broadcast live via Zoom.

10:00 – 15:00 | 30 July 2026 | ZOOM

Members Present	Initial	Title	Organisation
David Selway	DS	Interim Vice Chair	DHCW
Paul Evans	PE	Associate Board Member – Trade Union	DHCW
Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW
Rhidian Hurle	RH	Executive Medical Director	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
Samantha Morgan	SM	Director of People and Organisational Development	DHCW
Helen Thomas	HT	Chief Executive Officer	DHCW

In Attendance	Initial	Title	Organisation
Chris Darling	CD	Director of Corporate Affairs | Board Secretary	DHCW
Alex Percival (item 3.1 only)	AP	Head of Planned Care Programmes	DHCW
Michelle Sell	MS	Director of Programmes and Engagement	DHCW
Laura Tolley	LT	Head of Corporate Governance/Deputy Board Secretary	DHCW

Apologies	Title	Organisation
Ruth Glazzard	Chair	DHCW
Ifan Evans	Executive Director of Strategy	DHCW

Alistair Klaas Neill	Independent Member	DHCW
Marilyn Bryan Jones	Independent Member	DHCW

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

Item No	Item Detail	Outcome	Action

PART 1 – PRELIMINARY MATTERS			
1.1	**Welcome and Apologies** The Interim Vice 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 2.8.	Noted	None to note
1.2	**Apologies for Absence** • Ruth Glazzard (attended the latter part of the meeting) • Ifan Evans, Executive Director of Strategy • Alistair Klaas Neil, Independent Member • Marilyn Bryan Jones, Independent Member	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	2.1.1 Unconfirmed Minutes of 28 May 2026 Board Meeting 2.1.2 Unconfirmed Minutes of 25 June Extraordinary Board Meeting i. Matters Arising **The Board resolved to:** **APPROVE** the two sets of minutes from the meetings of 28th May Board, and 25th June Extraordinary Board.	Approved	None to note
2.2	**Action Log (3)** There were three actions in the log, two of which were underway, and one was complete. **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	**Senior Information Risk Owner Annual Report** **The Board resolved to:** **NOTE** the Senior Information Risk Owner Annual Report	Noted	None to note

2.5	**Emergency Planning Annual Report** **The Board resolved to:** **APPROVE** the Emergency Planning Annual Report	Approved	None to note
2.6	**EFPMS Return 2025-26** **The Board resolved to:** **NOTE** the EFPMS Return 2025-26	Noted	None to note
2.7	**Annual Quality Report** **The Board resolved to:** **APPROVE** the Annual Quality Report	Approved	None to note
2.8	**Adaptation Risk Action Plan Update** **The Board resolved to:** **APPROVE** the Adaptation Risk Action Plan Update	Approved	None to note
MAIN AGENDA			
FOR DISCUSSION			
3.1	**Shared Listening and Learning Presentation** • **Planned Care Learning** Rhidian Hurle, Executive Medical Director (RH) and Alex Percival Head of Planned Care Programmes presented an overview of the Planned Care Learning:- Key highlights were identified: • Planned care remained under significant pressure, with over 500,000 people waiting for treatment and more than 650,000 open pathways, including patients waiting over two years. • The programme supported Welsh Government priorities to reduce long waits, improve diagnostic timeliness, strengthen theatre utilisation, support regional surgical hubs and improve patient experience. • DHCW was working with the Strategic Programme for Planned Care to develop digital tools that improve pathway management, support clinical decision-making and increase efficiency across NHS Wales. • Key developments included electronic referrals and vetting, straight-to-test functionality, outpatient clinic outcomes, electronic outcome forms, waiting list cards, perioperative assessment and electronic operation notes. • Regional surgical hub discovery work was under way, initially focused on Southeast Wales and Nevill Hall Hospital, to identify requirements, quick wins and future software changes while avoiding a bespoke single-region solution. • The developments were presented as a coherent programme to reduce delays, improve productivity,	Received & Discussed	

	strengthen data visibility and support safer, more consistent planned care pathways. Members welcomed the presentation and noted the potential for the programme to streamline planned care pathways. Discussion focused on the level of health board adoption, with clarification provided that implementation decisions remained local and were dependent on existing systems, clinical leads and local digital teams. The Board discussed the importance of evidencing benefits to support wider uptake. It was noted that electronic referrals and vetting had already demonstrated measurable improvements, while further work was planned to quantify wider productivity, time-saving and data benefits through discovery activity, improved data standards and product reporting. Members also considered the regional surgical hub work, noting the need to understand operational requirements across organisations and avoid creating a solution that could not be scaled. Discovery work, including workshops and site visits, was expected to identify gaps, quick wins and longer-term requirements by September. ACTION: 20260720-A01 An update to be received at a future meeting on the progress made in the Planned Care Learning The Board resolved to: RECEIVE and DISCUSS the Planned Care Learning		ACTION: 20260720-A01
PART 4 – FOR REVIEW			
4.1	Interim Chair and Interim Vice Chair Report The Vice Chair introduced the Chair and Vice Chair Report, including the use of the Common Seal, and highlighted key matters from the report in the Chair's absence. The Board noted that recruitment activity was progressing for both the Chair of the Board and the vacant Independent Member position. Both posts had been advertised, shortlisting was underway, and interviews were expected to take place shortly, with the intention that appointments would be made during quarter three of 2026/27. This would restore the non-officer executive complement to its full membership. The Vice Chair also drew attention to the Extraordinary Board meeting held on 25 June at which the Annual Accounts were approved. The Board Development Day held on the same day was also noted, with discussion having focused primarily on the organisation's escalation status and the Integrated Medium-Term Plan. In relation to the Vice Chair's own report, the Board was advised that programme risk tolerance meetings had been held with all major programmes in his capacity as Chair of the Portfolio Delivery Committee. These meetings had been requested	Received & Discussed	None to note

	through the remit letter and were largely complete, with only the LIMS meeting remaining, which was expected to take place the following week. **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: • The organisation remains at escalation level 4 under targeted intervention, with ongoing work with NHS Performance and Improvement and Welsh Government to progress improvement priorities. • Engagement has been stepped up across the organisation, including with senior leaders and staff, to ensure shared understanding of the escalation status, improvement priorities and wider organisational responsibilities. • The Primary Care Summit, led by Welsh Government and attended by senior leaders across Wales, endorsed the Community by Design programme as a key vehicle for transformation. • Welsh Government has identified early priorities for the Community by Design programme, including recruitment to a dedicated NHS Performance and Improvement director role and development of an information governance framework for data sharing and access by October 2026. • The NHS Wales Digital Blueprint work has involved around 300 people across Wales through engagement and co-design, with draft outputs now being refined and due to be discussed at the NHS Wales Leadership Board. • The Digital Blueprint is expected to support delivery of the new 10-year strategy commissioned by the new government, providing a clearer "North Star" for system-wide digital delivery. • The Staff Recognition Awards were well attended and received a significant number of nominations, providing an opportunity to recognise staff achievements across the organisation. • DHCW hosted chairs and chief executives for an introductory meeting with the new Cabinet Minister, Deputy Ministers and the NHS Wales Chief Executive, giving system leaders an opportunity to hear ministerial priorities directly and discuss workforce pressures and improvement priorities. In response to questions about system-wide priorities and organisational understanding of the escalation position, HT advised that there was strong alignment across Wales on the core priorities, particularly the central role of digital and data in sustaining, improving and transforming health and care services.	Received & Discussed	None to note

	Digital and data were highlighted as prominent priorities for Ministers, chairs and chief executives, with data sharing and access identified as a key enabler through the Primary Care Summit and Community by Design programme. In relation to engagement with staff and senior leaders, the Chief Executive explained that additional informal communication had been introduced to provide a safe space for questions and to share context around targeted intervention. It was acknowledged that escalation from level 3 had caused disappointment and felt personal for many staff, given the organisation's clear mission and close working culture. However, she also emphasised that staff recognised areas requiring improvement and that the organisation was responding positively, with the escalation process helping to create greater clarity around improvement opportunities, roles and responsibilities. **The Board resolved to:** **RECEIVE** the contents of the Chief Executive's report.		
PART 5 – STRATEGIC ITEMS			
5.1	**Primary, Community & Mental Health Report** Sam Hall, Director of Primary, Community and Mental Health Digital Services (SH) **presented** the Primary, Community and Mental Health update, highlighting key activity across Community by Design, eye care, the NHS Wales App, the DHCW design system and vaccines. The Committee noted that Community by Design was a significant NHS Wales transformation programme, with DHCW contributing through senior governance representation and multidisciplinary delivery input. Although the programme was not centrally funded, DHCW was mapping existing funded work and roadmaps to support delivery, including activity linked to connecting care, electronic health records and the potential future integrated care record. • The Committee noted progress on eye care, with the **(OPERAi)** referral system live across all health boards except Aneurin Bevan University Health Board, where go-live was scheduled for 5 August, and around 9,000 referrals already processed. • Work was also underway to simplify referrals into GP practices through Docman Connect. In response to a question on Docman funding and access, SH agreed to confirm the funding position and advised that only around 19 practices were understood not to currently have access. • The update highlighted strong uptake of the NHS Wales App, with 811,000 registrations, over 325,000 active users and significant use of repeat prescription, appointment and notification functions. Members discussed:- • The referral status, waiting list information and test results, and SH confirmed these were high-priority developments,	For Assurance	None to note

	subject to dependencies with health boards and capacity constraints. • Members also noted progress on the DHCW design system and the vaccine service, which had completed a Welsh Government digital service assessment and supported delivery of 14 million vaccinations, including rapid enablement of the Meningococcal B (MenB) programme. • Risks and opportunities arising from the report and whether the lack of dedicated funding for Community by Design created a risk of over-commitment. SH acknowledged the challenge but advised that a DHCW steering group would support prioritisation and alignment of existing resources. • How digital service assessments could strengthen investment decisions and value-for-money assurance. SH outlined the potential to use staged assessments through discovery, alpha and beta phases, including finance input. Chris Moreton offered to work with her on developing the approach further. **The Board resolved to:** NOTE for ASSURANCE the Primary, Community & Mental Health Report		
5.2	**Strategic Operations Report** Sam Lloyd, Executive Director of Operations (SL) presented an overview of the breadth of activity within Operations, noting its role in delivering critical national services across NHS Wales, including single record products, specialist clinical systems, medicines and diagnostics services, cyber security, cloud and infrastructure, enterprise service management and digital delivery. The report highlighted key areas of focus aligned to DHCW's organisational priorities, including the cloud migration programme, strengthening the national cyber posture, maximising the value of the Microsoft 365 Enterprise Agreement and Copilot Chat, and progressing urgent and emergency care developments through the Welsh Emergency Care Dataset and a new cloud-native application. Further updates were provided on the adoption of modern agile ways of working, the development of an AI-infused engineering pilot, future single-record capabilities, regional working, improved reporting of delivery and value, and Operations' ongoing contribution to DHCW savings and efficiency objectives. Members welcomed the update and noted that it provided useful visibility of the breadth of work being undertaken within Operations, including activity that may not always be visible through major programmes or product updates. It was recognised that both the Operations update and earlier related updates demonstrated a significant shift in DHCW's ways of working, including the way the organisation engages with NHS Wales and wider stakeholders. Members observed that the	Noted	None to note

	investment in directorate structures and ways of working was beginning to have a tangible impact and would continue to develop over time. The Board acknowledged the significant effort involved in implementing the new Microsoft 365 Enterprise Agreement and thanked those involved. Members also noted the wider benefits of Copilot Chat beyond productivity and efficiency, including its potential contribution to the equality, diversity and inclusion agenda. In particular, reference was made to how Copilot could support neurodivergent colleagues in the workplace and the importance of recognising the wider social value impact of the technology. In response to a question from the Chair regarding progress in establishing a pan-NHS Wales body to coordinate cyber security activity, SL confirmed that this work was progressing. He advised that, following clear direction received at the Public Accountability Meeting, the existing SIRO and Caldicott Guardians Forum were being evolved into a governance group to oversee strategic cyber operations matters across NHS Wales. **The Board resolved to:** **NOTE** the Strategic Operations Report		
5.3	**Strategy Assurance Group Report** Michelle Sell, Director of Programmes and Engagement (MS) provided an update from the Strategy Assurance Group, which oversees delivery of the DHCW organisational strategy. The Group had progressed work to streamline strategy development and management, supported by a new strategy playbook. The Board noted the approval of the refreshed Welsh Language, Business Continuity and Environmental Strategies, and that future focus areas would include commercial and social value, the Cloud Strategy, and the Communications and Engagement Strategies. The Welsh Language Strategy and the proactive approach to increasing the use of Welsh across the organisation was welcomed by the Board. **The Board resolved to:** **NOTE** the Strategic Assurance Group Report	Noted	None to note
PART 6 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE			
6.1	**DHCW Escalation Status** Chris Darling, Director of Corporate Affairs/Board Secretary (CD) presented the update following DHCW's move to Level 4 Targeted Intervention in April 2026. He advised that DHCW continued to work closely with Welsh Government and the NHS Performance and Improvement Unit to define the organisational response and monitor progress against the agreed escalation framework.	Noted for Assurance	None to note

	The Board noted the two-phased approach being taken by the NHS Performance and Improvement Unit. Phase 1 comprised an evaluative review supported by evidence provided by DHCW, with Phase 2 expected to move into delivery with independent adviser support. Chris also highlighted the emphasis on DHCW demonstrating clearer system leadership, supported by work to clarify roles, responsibilities and ways of working through the digital blueprint. Members discussed the following:- • What the timing for commissioning the independent adviser was scheduled to be. CD advised that the process was slightly behind the original expectation due to the fuller Phase 1 assessment, with the early September meeting expected to clarify the baseline position and required independent input. • Noted that Welsh Government and the NHS Performance and Improvement Unit were taking a considered approach, recognising DHCW's distinct role. • Confirmation was provided that early September would mark the transition from evaluation to delivery. • Members were advised that the digital blueprint work was expected to provide a clear way forward by the end of the quarter. **The Board resolved to:** **NOTE** the DHCW Escalation Update for **ASSURANCE**		
6.2	**People & Culture Report** Sam Morgan, Director of People and Organisational Development (SM) presented the People and Culture report outlining progress in moving the People Strategy into delivery through strategic workforce and capability planning, a future skills model and more evidence-based recruitment, development, talent management and workforce investment. The Board noted that 67% of the workforce sits within the digital profession, with 93% of those roles aligned to the Government Digital and Data Profession framework. The report highlighted a shift from vacancy-led to capability-led workforce planning, enabling DHCW to identify critical roles, scarce skills, retirement risks, succession challenges and areas for targeted investment. Gartner benchmarking supported the need to strengthen training investment, with future capability priorities including artificial intelligence, cybersecurity, cloud, product management, user-centred design, Welsh language capability and workforce diversity. The Board was advised that the framework would support internal mobility, reskilling, redeployment and a grow-your-own approach through emerging talent, apprenticeships, graduate pathways and work experience, alongside agile ways of working to improve	Received & Discussed	None to note

	prioritisation and delivery. The Board was asked to take assurance from the move from framework design into applied delivery. Discussions centred on the following:- • Clarity was sought on how DHCW defines digital professionals and supports staff outside the Government Digital and Data Profession framework. SM confirmed the framework defines digital roles but recognised the need to include other professions and emerging roles through critical skills planning, succession planning, targeted investment, GDAD Plus roles and engagement with professional groups. • HT welcomed the report and emphasised the need for an organisation-wide workforce and career framework supporting all staff, with the learning management system helping individuals manage development and evidence progression. Additionally, it was noted the report showed clear delivery of the People Strategy and reinforced the importance of professional development, validation and registration, particularly for digital, data and artificial intelligence-related work. • Assurance was sought on succession planning for key staff and single points of failure, particularly in light of escalation feedback and the recruitment freeze. SM confirmed that critical skills and single points of failure had been reviewed, targeted succession planning was progressing, and agile ways of working would help share knowledge across teams and reduce dependency on individuals. **The Board resolved to:** **RECEIVE** and **DISCUSS** the People and Culture Report		
6.3	**Remit Letter Update 2026-27** Michelle Sell, Director of Programmes and Engagement (MS) presented an update on the Integrated Medium-Term Plan (IMTP). The Board had endorsed the organisational priorities in March; however, the plan could not be approved at that time due to an unresolved funding gap, primarily relating to the Digital Priority Investment Fund (DPIF). Following receipt of a clearer funding allocation, the IMTP had been refined and submitted to Welsh Government by the required deadline. Welsh Government advised that the submitted IMTP was not currently supportable and requested further assurance on deliverability, capacity, prioritisation, governance, dependencies, risk management and benefits. In response, the organisation undertook a further prioritisation exercise against remit letter requirements, statutory and policy obligations, service continuity, patient safety, cyber security and delivery dependencies. A number of milestones were removed where they were not considered deliverable within current funding and capacity constraints. Further work had also been undertaken on governance, portfolio risk tolerance, dependency management and benefits realisation.	Received & Discussed	None to note

	A response letter had been submitted to Welsh Government at the end of June, with a further response awaited. Ongoing delivery challenges remained, including reductions and delays in DPIF funding and the impact of the recruitment pause. Members discussion centred on the following: • HT acknowledged the significant work undertaken and noted the need for greater co-production with Welsh Government so that the remit letter and IMTP could be developed in parallel. She highlighted that late confirmation of requirements and funding created avoidable in-year adjustments and delivery pressures. • DS asked whether any gaps remained between remit letter requirements and available funding. MS advised that some areas were still being worked through and that full alignment had not yet been achieved. The IMTP remained a live plan, with milestones managed through established change control arrangements. • The Integrated Care Record was noted as a key area requiring further consideration, with discussions ongoing regarding timing, approach, alignment with partners and funding. • Members also noted that this was the second consecutive year in which the remit letter had arrived after IMTP submission, and expressed the need for earlier co-production and completion of any DPIF review before the start of the financial year. **The Board resolved to:** **RECEIVE** and **DISCUSS** the Remit Letter Update 2026-27		
6.4	**Finance Report** **DPIF Funding Update** Chris Moreton Interim Director of Finance (CM), presented the Financial Performance Report for June 2026, noting that DHCW was reporting a small revenue underspend of £42k against plan and continued to forecast achievement of its key financial targets for the year. Public Sector Payment Policy performance remained strong at 99%, above the 95% target, and cash balances were healthy at £11.1m. Capital expenditure stood at £1.826m against an approved capital limit of £9.152m. The Board was advised that the Welsh Government DPIF Pause and Review had provided greater clarity on the 2026/27 funding position, but had reduced the anticipated revenue funding envelope by approximately £5m. A total of £14.6m remained agreed in principle, subject to further assurance, particularly in relation to Connecting Care and WICIS. This continued to represent a key financial risk requiring active management. The report also noted that the underlying deficit position had improved following revised treatment of incremental pay pressures, reducing the recurring deficit from approximately £0.9m to around £0.1m, with the objective remaining to eliminate the residual deficit through	Received & Discussed	None to note

recurrent efficiency measures.

The Board further noted that HMRC had cancelled previous Microsoft VAT assessments and associated interest charges, although HMRC had reserved the right to issue a further assessment in future. This was considered a positive development and would continue to be monitored, with key stakeholders kept informed.

Members discussed the following:

- Members welcomed the clarity of the presentation and recognised the additional work undertaken by the Finance team in response to the DPIF Pause and Review and associated remit letter requirements.
- In response to a question regarding recurrent and non-recurrent savings, it was confirmed that 83% of the current savings position was recurrent and 17% non-recurrent. Members noted this represented a strong recurrent position, although further improvement during the current financial year would be challenging.
- The importance of embedding vacancy-related savings on a recurrent basis was emphasised, alongside the need to continue discussions with Welsh Government on a more proactive multi-year funding settlement to support future planning and financial sustainability.
- Members discussed the £14.6m funding agreed in principle for Connecting Care and WICUS and sought assurance on the likelihood of meeting the required standards to secure formal funding approval. It was confirmed that there was confidence the funding was available, with remaining work focused on agreeing deliverables and milestones with Welsh Government.
- Members noted that timely agreement of funding conditions was important, as delays could create both financial and delivery risks. The Board was advised that advice relating to the critical care system was being finalised by officials and that conditions associated with Connecting Care were expected to be incorporated into a funding letter in the near future.
- The Board discussed the £1.742m of committed revenue expenditure linked to schemes where formal funding allocation or assurance remained outstanding. It was clarified that this related to a range of programmes, including Connecting Care, the Welsh Emergency Care Dataset, EPMA, BAU, Integrated Care Record and digital intensive care.
- It was noted that some expenditure may be funded through the Connecting Care approach if agreed, while other areas would need to be managed and mitigated through core budgets where necessary.
- Members noted the continued importance of strong financial discipline, active risk management and close monitoring of delivery milestones, particularly given the revised Welsh Government approach to DPIF funding,

	which was more ring-fenced and linked to milestone delivery. **The Board resolved to:** **RECEIVE** and **DISCUSS** the contents of the financial report.		
6.5	**Corporate Risk Register** CD presented the Corporate Risk Register report advising that DHCW's Corporate Risk Register currently had 17 risks on the register, 13 public and four private risks. Since the previous meeting, two new risks had been added and five had been removed, including risk **DHCW 0347** relating to the RADIS team, following a successful go-live and programme closure. Members discussed and noted the following updates: • Noted that the Digital Priorities Investment Fund pause remained a live delivery risk, with funding now confirmed but an estimated one-month delay requiring mitigation. • The ongoing impact of the remit letter recruitment pause was also noted, including the potential effects on delivery and staff morale. • Further updates on the intensive care implementation delay and WLIMS implementation, which remained under close monitoring, were received. **The Board resolved to:** **RECEIVE** the Corporate Risk Register	Noted	None to note
6.6	**Strategic Procurement Report** CM presented the Strategic Procurement report seeking Board approval to award the following: **P655 National Intelligent Integrated Audit Solution (NIIAS)** contract, following DHCW governance and Management Board approval. The Board noted that the service was critical to information governance across NHS Wales, enabling the monitoring of access to patient records and supporting the identification of inappropriate or unlawful access. CM advised that the existing solution was due to expire in November 2026 and that the proposed cloud-hosted replacement would provide national audit capability, support, maintenance, training and future integration with national clinical systems. The recommended supplier was Maxwell Stanley Consulting, with a maximum contract value of £4.9 million for an initial four-year term. Funding for the initial term was confirmed within approved budgets and the procurement had been undertaken through a fully competitive process in accordance with the Procurement Act 2023. In discussion, it was noted that continuity of service had been considered by the Digital Governance and Safety Committee and sought assurance that continuity would be maintained between	Approved	None to note

	the existing and new arrangements. **P384 Welsh Point of Care Testing ("WPOCT")** In March 2025, a modification for a two-year extension for the period from 19th September 2026 to 18th September 2028 was approved by the DHCW SHA Board . The Board noted that the national service supported approximately 3,000 devices across NHS Wales and processed around 3.5 million tests annually, with results feeding into national laboratory and patient record systems. Approval was sought to extend the contract by up to three years and increase the value by up to £400,000, resulting in a revised total contract value of £2.257 million. The extension would maintain service continuity while the future procurement strategy, funding approvals and market engagement were developed. It was noted that resourcing pressures, including work on other significant diagnostics programmes such as LIMS, had affected the timing of the future solution work. The Board was advised that external legal advice confirmed the modification was acceptable under Regulation 72 of the Public Contract Regulations 2015, as it did not substantially alter the nature or scope of the service. Costs would continue to be recharged to health boards and trusts through SLA arrangements and there was no anticipated DHCW cost pressure in 2026/27. **The Board resolved to:** **APPROVE** the following: (1) Contract Award paper and (1) Contract Extension and Value Increase paper, as set out below: i. P655 National Intelligent Integrated Audit Solution ("NIIAS") ii. P384 Welsh Point of Care Testing ("WPOCT")		
6.7	**Performance Report** CD presented the Organisational Performance Report and Quarter 1 Strategic Missions update, which set out progress against ministerial priorities and the NHS Wales Planning Framework through DHCW's five missions. Members noted positive progress across a range of areas. The report highlighted the impact of the recruitment pause and DPIF pause and review on programme delivery timescales, particularly in relation to the National Data Resource and wider delivery plans. Members noted that workforce stability had been maintained, with headcount at 1,281 and turnover reduced to 6.19%. PADR compliance had improved and was exceeding target at 86.49%, following previous escalation to the Board and an Audit and Assurance Committee deep dive. Service availability fell below target for the first time in 12 months,	Received & Discussed	None to note

	reducing to 99.76% in June due to a major power outage at a DHCW data centre on 29 June. Critical services were restored the same day, with all services fully restored by 14 July. Service desk satisfaction remained above target at 97.4%, the Electronic Prescription Service continued to expand with over 900 live sites, NHS Wales App usage remained positive, and dormant accounts across NHS Wales had reduced. Discussions centred on the following:- Sam Lloyd, Executive Director of Operations (SL) updated members on the major incident, advising that pre-emptive failover to the alternative data centre, due to the preceding heatwave, had reduced the impact of the power failure. Members noted that some services were degraded and a small number without cross-site resilience were fully impacted. Lessons identified included strengthening enterprise monitoring, communications, supplier assurance and independent review of the facility configuration, with cloud migration expected to support longer-term risk mitigation. Ruth Glazzard, Chair welcomed service desk performance and asked whether the recruitment pause was enabling greater internal movement. Members were advised that the Strategic Resourcing Oversight Group was considering this and that positive examples existed, although this did not create additional capacity and skills could not always be matched. Strategic workforce planning would be important in supporting future organisational agility. HT thanked teams for the incident response and queried whether stakeholder engagement was sufficiently reflected in the redesigned performance report. CD advised that further work was needed to better capture engagement activity, including product ways of working, user-centred design and feedback from events. The Board welcomed the reduction in dormant accounts and noted the importance of sustaining improved PADR compliance and noted that enhanced controls were in place to support more consistent compliance across the year. **The Board resolved to:** **RECEIVE** the Performance Report.		
6.8	6.8i Local Partnership Forum Samantha Morgan, Chair of the Local Partnership Forum provided an update on the meeting which took place on 4th June 2026. Members were advised that the Local Partnership Forum continued to provide a key mechanism for maintaining focus on the workforce agenda, including matters relating to equality, diversity and inclusion, partnership working and compliance with partnership duties. It was noted that there were no significant matters to escalate from the report and the Forum continued to support constructive	Received for Assurance	None to note

	discussion on issues affecting staff. For further information on the 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**		
	6.8ii Remuneration & Terms of Service The Committee received assurance on the end of year performance summaries for the Executive team and reviewed and discussed the objectives for the 2026/27 financial year. The Committee, approved, subject to further Welsh Government approval, an extension to the Interim Executive Director of Finance arrangement through to 31 December 2026. **The Board resolved to:** **RECEIVE** the Remuneration & Terms of Service Committee Highlight report for **ASSURANCE**.	Received for Assurance	None to note
	6.8iii Audit and Assurance Committee Highlight Report Marian Wyn Jones, Chair of the Audit and Assurance Committee provided an update on the meeting held on 14th July 2026. The Committee noted:- There were no significant matters to escalate; however, attention was drawn to several key areas considered by the Committee. The Committee received an update in respect of the Welsh Intensive Care Information Programme and noted the assurance provided by Internal Audit that governance, oversight and stakeholder engagement arrangements had strengthened significantly since the previous independent review. The Committee also received the Audit Wales digital transformation audit report. Members noted the assurance provided that progress was being made in the right direction, following the Committee's previous interest in receiving the report. In private session, the Committee received a review of recruitment processes. It was noted that, while the level of assurance provided was limited, work had continued in this area and actions had been taken to improve the position. The Committee agreed that it would continue to seek further assurance during the coming year. The Committee approved a number of policies and strategies, as set out in the report. For further information on the Audit and Assurance Committee	Received for Assurance	None to note

	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**		
PART 7 - CLOSING MATTERS			
7.1	**Any Other Urgent Business** No other urgent business matters were raised, however the Members were informed that the AGM would be held later the same day.	Discussed	None to note
7.2	**Date of Next Meetings:** Thursday 24 September 2026	Noted	None to note

Title	Date of Meeting	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status	Business Area	Session Type
27-112025-PUB-A01	27/11/2025	Audit Wales colleagues to be invited to a future PDC committee to advise on how the committee could focus more on DHCW's actions to address programme delivery issues that are either within DHCW;s direct control or ability to influence.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary);#20	16/12/2025	DHCW engaging with Audit Wales colleagues to secure a date for Programme Delivery Committee Development session to share learning.		Complete		Public
28-052026-PUB-A02	28/05/2026	A cyber briefing to be arranged for the Chair and Vice Chair Peer Groups	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary);#20	29/06/2026	CD has emailed the Confed to request a slot be arranged for this. Vice Chair has been completed. CD sending a chaser around for the Chair groups.		Complete		Public
30-072026-PUB-A01	30/07/2026	Shared listening & Learning, an update to be received at a future meeting on the progress made in the Planned Care Learning.	Alex Percival (DHCW - Digital Strategy Directorate);#81	04/11/2026	Added to the forward work plan.		Complete		Public

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:	24 September 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 & Risk 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

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	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	September 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 24 September 2026:

Item	Executive Lead
Action log	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 Communications Strategy / Refreshed Enagement Strategy	Director of Corporate Affairs/Board Secretary
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
DHCW Quantitative Decarbonisation Return 2025-26	Director of Corporate Affairs/Board Secretary
Escalation Status	Director of Corporate Affairs/Board Secretary
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 Wales Decarbonisation Strategic Delivery Plan (SDP) Full Return June 2025 to June 2026	Director of Corporate Affairs/Board Secretary
Perfomance Report	Director of Corporate Affairs/Board Secretary
Shared Listening & Learning Annual Review	Executive Medical Director
Shared Listening and Learning	Executive Medical Director
Strategic Priorities Update - Exec lead IE but include SH and SL in CFP	Executive Director of Strategy

4.2 In addition, the following items have been added to the Forward Workplan 2026-27 and are scheduled to be presented to the 26 November 2026 meeting:

Item	Executive Lead
Action log	Director of Corporate Affairs/Board Secretary
AI Steering Group (AISG) report	Executive Director of Strategy
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	Director of Corporate Affairs/Board Secretary
Corporate Risk Trending Analysis	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
DHCW Decarbonisation Action Plan 2026-29	Director of Corporate Affairs/Board Secretary
Escalation Status	Director of Corporate Affairs/Board Secretary
Estates Plan 2026/2029	Director of Corporate Affairs/Board Secretary
Finance Report	Interim Director of Finance
Forward Work Plan	Director of Corporate Affairs/Board Secretary
Half Year Performance Against Plan	Executive Director of Strategy
IMTP Development Updates	Executive Director of Strategy
Minutes	Director of Corporate Affairs/Board Secretary
National Target Architecture (alt main agenda & CEO report)	Executive Director of Strategy
NHS Staff Survey Update	Director of People & OD
Perfomance Report	Director of Corporate Affairs/Board Secretary
Planning Maturity Self-Assessment 2026-27	Executive Director of Strategy
Quality Framework	Interim Director of Finance
Shared Listening and Learning	Executive Medical Director
Stakeholder Engagement Plan Update	Executive Director of Strategy
Strategic Priorities Update - Exec lead IE but include SH and SL in CFP	Executive Director of Strategy
Strategic Procurement Report	Interim Director of Finance
Welsh Language Scheme Annual Report	Director of Corporate Affairs/Board Secretary

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
REFRESHED DHCW COMMUNICATIONS STRATEGY 2026-2030

Eitem ar yr Agenda: Agenda Item:	2.4

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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:	Julia Sumner, Assistant Director of Communications
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 refreshed Communications Strategy	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted partner and a high performing, inclusive organisation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Yes, please see detail below
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
	EQIA submitted and approved 27/05/2026
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, Board Secretary / Director of Corporate Affairs	17.08.26	For review

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Digital Health and Care Wales (DHCW) operates in a complex and high-profile environment, with responsibility for delivering and supporting national digital and data services that are critical to the safe, effective and sustainable delivery of health and care across Wales. As digital transformation becomes increasingly central to NHS Wales priorities, the need for clear, consistent and proactive communication has grown significantly. The organisation needs to be able to explain its role, demonstrate the value and impact of its services, support staff and stakeholders through change and build confidence in its contribution as a trusted partner in health and care.

3.2 DHCW's original Communications Strategy was developed in 2023 and has provided a strong foundation for improving the organisation's corporate communications. Since then, the Communications Team has delivered ambitious annual communications action plans to meet the Strategy, started the development of a corporate narrative and value and impact communications, broadened the organisation's external profile, improved internal communications, developed stakeholder communications and increased the reach and quality of its digital channels. These improvements have supported greater visibility of DHCW's work, purpose and impact.

3.3 However, the context in which DHCW communicates its role and impact has continued to evolve. Staff and stakeholders have increasingly high expectations regarding transparency, responsiveness, accessibility and involvement. The independent DHCW Stakeholder Review, together with the significant levels of both internal and external engagement undertaken as part of this Strategy refresh, highlighted recognition of DHCW's expertise and impact, while also identifying the need for greater clarity in role, consistency, prioritisation and two-way communication. Internally, staff engagement and organisational change priorities also reinforce the importance of communications that help colleagues feel informed, connected and able to contribute to DHCW's ambitions.

3.4 By listening to our staff and partners, DHCW's Communications Strategy has been refreshed and strengthened to further support the delivery of open and proactive communications, identify the priorities and direction of travel and provide a clear pathway for achieving our strategic communications objectives. This refreshed Strategy will support the organisation to better create consistency in its approach,

focus resources and create better understanding of DHCW's role. It will position DHCW positively as a system leader, with recognition for our role in delivering digital and data services and the value these bring in supporting the delivery of safer and more effective care across NHS Wales.

3.5 The refreshed strategy aims to support DHCW's long-term organisational strategy and Integrated Medium-Term Plan's (IMTP) Mission 5. It also closely aligns with other key organisational strategies, including the Engagement and Partnerships Strategy, the People & OD Strategy and the Welsh Language Strategy.

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

4.1 DHCW's Communications Strategy has clear strategic value as a critical enabler of the organisation's long-term ambitions and mission to be a trusted partner. By providing a clear, proactive and consistent approach to communications, the Strategy supports the building of a shared understanding, trust and confidence among staff, partners and stakeholders, which are essential for effective collaboration and the successful adoption of national digital services across NHS Wales.

4.2 The Strategy aims to position DHCW as a trusted partner by setting a clearer and more focused strategic direction for communications over the period 2026-2029. It outlines the priorities, approach and key actions that will be taken to continue to build on and strengthen DHCW's communications with its key audiences and will reinforce our proactive and people-focused approach to communications.

4.3 The Strategy's aspiration is to deliver proactive and outcome-driven communications which engage people, strengthen understanding and build trust in DHCW's role in improving health and care.

4.4 It also identifies several key communications principles which will continue to define our approach.

4.5 At the heart of the Strategy are five strategic aims, which also featured in the original Communications Strategy. While progress has been achieved in all of these, there is still more to do under this refreshed Strategy and feedback during the engagement exercise demonstrated that these aims remain relevant.

These aims are:

- ONE - To **establish** DHCW's reputation as a trusted strategic partner
- TWO - To **build** on our internal communications
- THREE - To **strengthen** our stakeholder communications
- FOUR - To **grow** our public communications
- FIVE - To **enhance** our digital communications

What is different about the refreshed Strategy?

4.6 The refreshed Strategy aims to have a more strategic focus and will build on the work that has already taken place under the original Strategy. It is not about doing more communications activity or needing an increase in resources but places a greater emphasis on doing the right communications activity, in the right places, for the right reasons to deliver maximum strategic impact.

4.7 The refreshed Strategy will allow DHCW to be more focused, proactive and impactful in how we communicate. We aim to continue to build DHCW's reputation as a trusted partner and system leader, embedding a strong narrative and improving understanding about the value we deliver for health and care in Wales.

4.8 Communications will move from reactive or ad-hoc activity, limited two-way engagement and a broad, sometimes inconsistent approach to stakeholder communications, to a proactive, focused and insight-led model. This will strengthen two-way dialogue with staff and stakeholders, provide a clearer and more consistent corporate voice, and support collaboration through more targeted communications.

4.9 It will also increase impact and accountability by using a stronger organisational narrative, better storytelling, evidence, evaluation and digital channels to help people understand who DHCW is, what it does and the value its expertise, systems and services bring.

What we will do differently:

- Focus on impact, aligned to organsiational priorities, not volume
- Move from reactive to proactive communications
- Use better and increased insight to prioritise activity, focusing on outcomes, not just outputs
- Strengthen internal alignment and stakeholder relationships
- Demonstrate impact and value more effectively, using clearer storytelling, evidence and evaluation
- Develop a more consistent approach to communications across DHCW's programmes, systems and services

What we will stop doing:

- Low-impact, ad-hoc activity
- Transactional communications
- Developing content without a clear purpose or strategic alignment

We will know we have succeeded when:

- DHCW's role and value is better understood, and we are recognised as a trusted partner across NHS Wales, with stakeholders wanting to use our systems and services
- Staff feel informed, engaged and involved, with stronger two-way communications opportunities

- Stakeholders experience a more consistent and collaborative approach to communications
- Public awareness of DHCW and digital health systems and services has increased
- Our digital communications are high quality, accessible, bilingual and evidence-led

These outcomes will be measured in several ways using a variety of sources, as identified within the Strategy.

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

5.1 There are several risks to the Strategy's success, and the following will need to be put in place to ensure its success:

- A cultural shift across the organisation, from using communications as tactical function to allowing strategic communications guidance and expertise to shape corporate narrative, influence decision-making early and align communications to organisational priorities. Communications expertise is not always consistently embedded at the point of strategic decision-making and will need to be to ensure the success of this strategy.
- Insight-led prioritisation and planning is needed to focus effort where it adds most strategic value, informed by staff and stakeholder feedback, evaluation and system intelligence. Prioritisation of communications activity is still subject to reactive demand and competing requests from teams across the organisation. Having clear organisational priorities and better insight from our staff and stakeholders will help to support communications priorities and activity.
- Senior leadership support to put in place new - or strengthen existing - two-way communications mechanisms to actively support collaboration with staff and stakeholders and increase our system leadership communications.
- Organisational ownership of the strategy will need to be in place. Communications is everyone's business - while the Communications Team provides the expertise, guidance and channels, every colleague has a role in sharing clear, consistent and approved messages, following correct processes and guidance, listening to feedback and helping build trust in DHCW's work.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the refreshed Communications Strategy	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
DHCW ENGAGEMENT STRATEGY REFRESH 2026-29

Eitem ar yr Agenda: Agenda Item:	2.5

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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:	Emma Foley, Engagement & Strategic Partnerships Lead
Cyflwynwyd gan: Presented By:	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the refreshed DHCW Engagement Strategy for 2026-29.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted partner and a high performing, inclusive organisation
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Yes, please see detail below
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
	26th August 2026
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

Michelle Sell	14/09/2026	Approved
Ifan Evans	14/09/2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The refreshed DHCW Engagement and Partnerships Strategy 2026–29 provides a more focused approach to using engagement and partnership working to support DHCW's national delivery role, strengthen stakeholder confidence and ensure insight informs priorities, decisions and delivery. The strategy builds on the foundations established through the 2023–26 strategy and responds to consistent evidence that DHCW needs clearer routes for engagement, earlier and more proportionate involvement, stronger feedback loops and a more coordinated stakeholder experience.

3.2 The strategy was developed using a mixed-method approach, drawing on structured surveys, qualitative feedback, Board input, face-to-face staff engagement, the Independent Stakeholder Review and NHS Wales Digital Service Blueprint learning. **The evidence base included 33 staff survey responses, 25 external stakeholder responses, responses from DHCW Board members, feedback from the Executive Board Chair, in-person engagement with more than 40 colleagues across three DHCW locations, and 13 sessions with key internal forums.** Consultation identified six recurring themes: clarity of DHCW's role and offer; trust and credibility; visible impact and feedback loops; consistency and responsiveness; earlier involvement; and inclusive, accessible and joined-up engagement.

3.3 The refreshed strategy reflects DHCW's role as a national delivery and system stewardship organisation and positions engagement as a strategic capability that supports organisational priorities, stakeholder alignment and the delivery of national digital change. It is aligned with the DHCW Communications Strategy, with communications providing a clear and consistent organisational narrative and engagement generating insight, relationships and two-way involvement needed to shape decisions and delivery.

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

4.1 The refreshed DHCW Engagement Strategy represents a deliberate shift from activity-led and sometimes fragmented engagement towards earlier, proportionate and

decision-focused involvement. It prioritises fewer, higher-value interactions; consistent standards and routes into DHCW; stronger partnership working around priority areas; systematic use of stakeholder insight; and clearer evidence of how engagement affects decisions, delivery and outcomes.

4.2 These changes directly reflect the consultation findings, addressing feedback on mixed experiences, including positive examples of relationship-building but concerns about clarity, responsiveness and whether engagement influences decisions. Stakeholders called for earlier engagement, clearer access to support and stronger feedback loops with an emphasis on trust, relationships with key stakeholders and objectively measurable evidence of impact.

4.3 Delivery will require clear ownership and accountability, engagement embedded at appropriate points in governance and delivery lifecycles, consistent methods for capturing and using stakeholder insight, and continued alignment between the Engagement and Communications Strategies. Implementation is therefore phased across 2026–29, moving from establishing standards, access routes and priority partnerships, through to embedding engagement in governance and delivery, scaling consistent practice and demonstrating impact.

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

5.1 The principal risks are that the strategy could increase expectations without sufficient organisational ownership, create additional activity rather than sharper prioritisation, or fail to demonstrate that stakeholder input affects decisions. These risks will be mitigated through proportionate engagement at defined decision points, explicit clarity about what is and is not open to influence, visible feedback loops, prioritisation of activity linked to delivery, consistent standards and tools, and success measures focused on trust, influence, alignment, inclusion and delivery impact rather than activity volumes.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the refreshed DHCW Engagement Strategy for 2026-29.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
DECARBONISATION NET ZERO QUANTITATIVE CARBON REPORTING

Eitem ar yr Agenda: Agenda Item:	2.6

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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:	Michael McGrath, Estates Operational Projects and Compliance Lead
Cyflwynwyd gan: Presented By:	Chris Darling, Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the DHCW Decarbonisation Return for 2025-26	

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	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
	Compliance with Welsh Government Decarbonisation Targets
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	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	Yes, please detail below
	Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
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, Board Secretary	2 September 2026	Approved
Management Board	10 September 2026	Approved

DHCW Board	24 September 2026	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
TGYA	Ty Glan-yr-Afon	BMS	Building Management System
UWTSD	University of Wales Trinity Saint David	SHE	Safety, Health and Environmental
PUE	Power Usage Effectiveness	DAP	Decarbonisation Action Plan
CRP	Carbon Reduction Plan	SDP	Strategic Delivery Plan
AI	Artificial Intelligence		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This report provides an update on decarbonisation activity within Digital Health and Care Wales during the period April 2025 to March 2026 and includes the emissions return for Welsh Government which was approved by Management Board on 10 September 2026 for submission.

3.2 Digital Health & Care Wales form part of the Welsh Government Community of Experts on Climate Change and attend regular meetings of this forum. DHCW are also active members on other All Wales forums focused on Climate Change, such as Transport & Procurement Project Board, the Approach to Healthcare Project Board, Welsh Health Estates Forum and other sub-groups within this structure.

3.3 Regular reports are required by Welsh Government at varying frequencies. This annual quantitative emissions return is due every year at the beginning of September. We also submit an annual Adaptation Qualitative report to Welsh Government at the end of each financial year. There is now also a reporting regime requiring bi-annual SDP reports showing progress against initiatives within the Welsh Government Service Delivery Plan.

3.4 In line with the refreshed NHS Wales Decarbonisation Strategic Delivery Plan (SDP), and in order to measure success, DHCW will:

- Remain committed to reducing its environmental impact and supporting Wales's statutory target to achieve net zero by 2050.
- Continue to separately monitor and report operational emissions and supply chain emissions.
- For operational emissions, continue to track progress against a target of a 42% reduction by 2030.
- Monitor progress on supply chain emissions through appropriate key performance indicators (KPIs) featured in the SDP, rather than against a specific emissions-

reduction target, recognising the limitations and uncertainties in the methodology used to calculate supply chain emissions.

3.5 Digital Health & Care Wales (DHCW) has a number of Groups in place that manage activities covered within this report:

- Decarbonisation and Energy Working Group
- Environmental Awareness Group
- Safety, Health and Environmental (SHE) Group
- Water Safety Group
- Estates and Compliance Group
- Estates Development Group

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

4.1 The DHCW Decarbonisation Net Zero Carbon Reporting Quantitative Return for 2025-26 is attached.

4.2 There has been progress in 2025-26 against actions in each area identified in our Decarbonisation roadmap including:

Buildings

Estate Rationalisation: option to vacate smaller location.

- Our Castlebridge 2 premises have been vacated.
- Part of our lease at Technium 2 has been surrendered.
- We have shared desk space (29 desks) across two sites;

Ty Glan-yr-Afon:

- Welsh NHS Confederation - 10 Desks
- Health Technology Wales - 8 Desks

Media Point:

- Joint Commissioning Committee - 6 Desks
- NHS Executive - 5 Desks

100% green electricity, or better, will have been procured.

- Usage was recorded as well as ensuring best practices were in place to achieve a 61% reduction against our baseline.
- At Media Point the green electricity tariff is still in place
- Whilst at Technium 2, Bocam, Ty Glan-yr-Afon a carbon neutral nuclear backed tariff is still in place

1% year-on-year reductions in gas-related emissions.

- There has been a 14% year-on-year reduction in gas related emissions. That equates to an accumulative reduction of 83% since the baseline year (2019/20).
- Usage was recorded as well as ensuring best practices were in place.
- At Ty Glan-yr-Afon it was confirmed that the BMS in situ was running to its optimum with no faults to report. There were no upgrades or replacements needed.
- In Technium 2, UWTSD updated the BMS system to maintain efficient operation.

Upgrade/refurbishment of largest energy consuming office building.

- Phase two of the Digital Futures Lounge project was completed.
- Space monitoring technology was used to highlight areas of high and low traffic within the building. This data will be used to inform futures plans regarding upgrades

Buildings – Data Centre/Cloud

Use of datacenters with a Power Usage Effectiveness (PUE) of 1.2 or better by 25/26.

- Church Village: 1.2 PUE
- Vantage: 1.62 PUE
- Substantial data centre resources have been migrated to cloud platforms. We will endeavour to continue with this practice
- It was confirmed by the Lead Infrastructure Engineer for Cloud Connectivity that both datacentres were operating within the expected parameters for PUE.

Transport

DHCW will review the electric options for its remaining fleet vehicles and increase the proportion of electric vehicles in use.

- A process was put in place to review each fleet vehicle contract when due for renewal. The option to move from diesel to electric will be reviewed on a case-by-case basis.
- The POD team regularly post within staff Teams channels regarding news and offers from NHS Fleet Solutions
- This scheme offers cars that emit less than 120g/km CO2
- Sustainable Travel pages are available within SharePoint to promote sustainable commuting.

Working smarter to enable a 10% year-on-year reduction in business mileage.

- There has been a 10% year-on-year reduction in Business Mileage. That equates to an accumulative reduction of 61% since the baseline year.
- Project demands for various teams throughout the year have required extensive travel.

Procurement

NWSSP will have updated market-based emissions accounting and will engage with supply chains to support decarbonisation. DHCW will assist NWSSP with this process, focusing on major ICT contracts and engagement with key suppliers to support decarbonisation.

- Commercial Services are working in full partnership with NWSSP to support the delivery of the Low Carbon ICT Strategy and the transition towards market-based emissions accounting.

Strengthen data management practices across NHS Wales supply chain to enhance visibility into supplier emissions, climate risk exposure, and mitigation strategies.

- Data quality and supplier engagement continue to improve.
- 64.56% of DHCW's supply chain emissions are now supported by Tier 2 supplier-specific data, underpinned by supplier Carbon Reduction Plans (CRPs), with the remaining 35.04% estimated using Tier 1 spend-based data where suppliers do not yet have a CRP.
- 67 of DHCW's 400 suppliers (16.75%) have established Carbon Reduction Plans, providing greater visibility of supplier emissions.

Approach to Healthcare

Maintain a minimum 30% working remotely strategy.

- Site attendance was monitored monthly through the DHCW Booking App and rota information.
- The Asset Booker dashboard improved the accuracy of our data collection, enabling DHCW to achieve an overall figure of 89% remote working in 2025-26.

DHCW will continue to develop digital technology to support a smart communication approach between NHS sites and with the public at home.

- The development of the NHS Wales App continued, with the app being made available to all patients across Wales.
- The Electronic Prescription Service was used in 175 of GP Practices and 677 pharmacies in Wales.
- Virtual consultations continued to be made available to patients.
- The Aternity software continues to be used to actively measure device usage metrics and identify and implement opportunities for improvement.
- A Microsoft Azure emissions dashboard is in place, which allows the measurement of cloud-based emissions
- The use of AI is under close review in light of its potential environmental impacts, including its contribution to energy consumption and associated carbon emissions.

DHCW will issue a revision of this Delivery Plan with updated and refined targets by the end of 2025.

- A refreshed DAP with refined targets was published in April 2025.

4.3 The table below sets out DHCW's **operational emissions** for 2025-26 demonstrating a 53% reduction (1,459 tonnes CO_2e) against our baseline year 2019-20.

Broad Categories	Categories	Scope	2019/2020 "Baseline" Emissions	19/20 %	2025/2026 Emissions (tCO_2e)	25/26 %

			(tCO_2e)			
Buildings	Building Gas	1 & 3	92		16 (-83%)	
	Water	3	5		1 (-80%)	
	Building Electricity	2 & 3	400		156 (-61%)	
	Datacentre Electricity	2 & 3	1,215		316 (-74%)	
	F-Gas	1	N/A		0 (0%)	
	Subtotal		1,712	62.1%	489 (-71%)	37%
Transport	Fleet	1 & 3	21		36 (+42%)	
	Business Travel	3	138		50 (-64%)	
	Commuting	3	872		71 (-92%)	
	Subtotal		1,031	37.4%	157 (-85%)	12%
Homeworking	Homeworking	3	9		652 (+99%)	
	Subtotal		9	0.3%	652 (+99%)	50%
Waste	Waste	3	5		0.3 (-94%)	
	Subtotal		5	0.2%	0.3 (-94%)	1%
Total Operational Emissions			2,757	100%	1,298	100%

Note: the above table excludes Supply Chain data which follows.

4.4 For 2025-26, DHCW's decarbonisation reportable spend increased to £100,300,624.69, compared with £98,905,865.73 in 2024-25. Despite the increase in reportable spend, reported **supply chain** emissions decreased by approximately 1,315 tonnes CO_2e, from 6,622 tonnes CO_2e in 2024-25 to 5,307 tonnes CO_2e in 2025-26, representing a 19.9% reduction. This reduction is primarily due to the increased use of supplier-specific emissions data obtained through Carbon Reduction Plans. Currently, 88% of DHCW spend is covered by a Carbon Reduction Plan, enabling a move away from a purely spend-based methodology (Tier 1 reporting) towards the use of supplier-specific emissions data (Tier 2 reporting).

Carbon Reduction Plans have improved the quality and availability of DHCW's supply chain emissions data; however, limitations remain within the current reporting requirements. Suppliers are required to report Scope 1 and Scope 2 emissions but currently report against only 5 of the 15 Scope 3 categories. This means that reported emissions may not yet represent the full carbon footprint of DHCW's supply chain. From April 2027, in line with the NHS Wales Net Zero Supplier Roadmap, NWSSP will require suppliers, where relevant and proportionate, to report against all Scope 3 categories. This is expected to provide a more comprehensive and accurate assessment of DHCW's supply chain carbon footprint and may result in an increase in reported emissions. Such an increase should be viewed as an improvement in the completeness and accuracy of the data, rather than an increase in actual emissions.

4.5 DHCW's **gross emissions** (operational and supply chain) for 2025-26 were 6,604 tCO_2e, representing a reduction of 1,411 tCO_2e (17.6%) compared with gross emissions of 8,015 tCO_2e in 2024-25.

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

5.1 DHCW are required to report 2025-26 emissions performance to Welsh Government via an agreed template which is completed and attached. All actions identified within our Decarbonisation Plan for 2025–2026 have been completed. We are now progressing with the actions identified for 2026–2027, all of which are currently on track to be achieved by the target dates.

5.2 DHCW Gross emissions equate to 6,604 tCO2e, which means that we have achieved a 17.6% reduction in emissions during 2025-26 compared to 2024-25.

5.3 Operational emissions have reduced by 53% (1,459 tonnes CO_2e) comparatively to the baseline year (2019/2020), this currently exceeds the 2030 target of a 42% reduction; this is predominantly as a result of DHCW adopting agile working practices, as well as rationalising our estate by closing offices and increasing energy efficiency. As we have made these changes, we envisage that the rate of carbon emission reductions in future years may be more gradual.

5.4 Improved data gathering, and an enhanced carbon footprint methodology (Tier 2) have enabled us to see reductions in supply chain emissions.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the DHCW Decarbonisation Return for 2025-26	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
NHS WALES DECARBONISATION STRATEGIC DELIVERY PLAN FULL RETURN (JUN 25 – JUN 26)

Eitem ar yr Agenda: Agenda Item:	2.7

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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:	Michael McGrath, Estates Operational Projects and Compliance Lead
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 NHS Wales Decarbonisation Strategic Delivery Plan Full Return (Jun 25 – Jun 26)	

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 Environmental benefits
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Compliance with Welsh Government Decarbonisation Targets
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Staff involvement in environmental initiatives
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below Social impacts on health are embedded in the broader environment and shaped by complex relationships between economic systems and social structures.
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	2 September 2026	Approved

Management Board	10 September 2026	Approved
DHCW Board	24 September 2026	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWSSP	NHS Wales Shared Services Partnership	CAP	Climate Action Partnership
HSCCE	Health and Social Care Climate Emergency	EFPMS	Estates and Facilities Performance Management System
SDP	Strategic Delivery Plan	KPI	Key Performance Indicator
EVCI	Electric Vehicle Charging Infrastructure	ZEVs	zero-emission vehicles
ICE	Internal Combustion Engine	DCR	Decarbonisation Co-ordination Reporting
kW	KiloWatt	tCO_2e	Tonnes of carbon dioxide equivalent

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 All NHS Wales organisations were written to by the Climate Action Partnership (CAP), formerly known as the Decarbonisation Co-ordination Reporting (DCR) team, on 17th July 2026 requesting completion of the Strategic Delivery Plan (SDP) Template for submission to the CAP Team by 22nd September 2026. The report, approved by Management Board (MB) on 10th September 2026 for submission, is attached. It covers the period June 2025 to June 2026.

3.2 The Strategic Delivery Plan (SDP) Full Report collects a qualitative and quantitative review of a set of initiatives endorsed by Project Board Chairs and reported to the Health and Social Care Climate Emergency (HSCCE) Programme Board. Responses will be collated into concise progress summaries for consideration by the relevant Project Boards and the Programme Board.

3.3 The reporting is split into two cycles each year:

- Progress reports (our previous return approved by Management Board on 12th March): a focused, qualitative narrative covering selected initiatives and actions; KPIs are not included.
- Full report (this return): quantitative and qualitative coverage across all 25 initiatives and 44 KPIs, drawing primarily on national datasets (e.g., EFPMS) and other approved sources. However, a small number of KPI elements still require data submissions directly from NHS Wales organisations. These KPIs are featured and reported on within the attached report template.

3.4 Alongside the SDP Report return, we are additionally required to return our SDP Risk and Issues Register. The register captures all risks and issues relating to the delivery of the Strategic Delivery Plan across DHCW. Please note it is not limited to the KPIs or themes covered within the attached reporting template and instead is a comprehensive overview of risks or issues that may impact the delivery of the Plan.

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

4.1 KPI data, mapped to the following initiatives, has been requested:

13 **Fleet**: NHS organisations will actively manage and monitor travel activities within their organisation to identify and implement opportunities to maximise fleet efficiency.	% and number of fleet vehicles fitted with telematics
	% of staff drivers who have received efficient/eco driver training
	% of total fleet classified as ZEVs
	% of total fleet classified as hybrid
	% of Community Services / Nursing fleet classified as hybrid
	% of Community Services / Nursing fleet classified as ZEVs
14 **Fleet - Fleet Mileage**: NHS organisations will define their approach to electric vehicle charging infrastructure (EVCI) to identify, prioritise & install EVCI.	Mileage by each vehicle type and associated emissions
15 **Fleet - Grey Fleet**: All vehicles purchased or leased by NHS Wales will be zero-emission vehicles (ZEVs) wherever practically possible. Where not possible, hybrid vehicles and ultra-low emission vehicles will be purchased or leased instead.	% of business travel mileage in low-carbon modes of transport (non-ICE (Internal Combustion Engine) and non-flights)
	% of grey fleet mileage claims in ICE vehicles

16 **Staff Travel and Homeworking - EV Charging**: Identify and communicate best-practice to promote sustainable staff travel and agile working practices.	Capacity (kW) of EV chargers installed at all sites (owned & leased)
22 **Procurement and Supply Chain - Medical Gases**: Optimise stock management and consumption behaviours to improve resource efficiency and reduce material waste.	% of health boards that have decommissioned nitrous oxide manifolds
23 **Clinical Services - Surplus Stock**: Integrate environmental sustainability into the development and monitoring of clinical guidelines	tC02e (Tonnes of carbon dioxide equivalent) associated with surplus stock

4.2 Initiatives 22 and 23 are not applicable to DHCW.

4.3 DHCW performance against each action is assessed as follows:

KPI No.	KPI	Progress	RAG Status
13	% and number of fleet vehicles fitted with telematics	Telematics are installed on all new vehicles.	Green
13	% of staff drivers who have received efficient/eco driver training	Eco-driver training is yet to be undertaken by drivers within DHCW. The feasibility of All Wales training is being considered.	Amber
13	% of total fleet classified as ZEVs	The number of vehicles and type of vehicle is managed by Digital Workplace. 19% are currently ZEVs.	Green
13	% of total fleet classified as hybrid	A process has been implemented whereby each vehicle that is due for lease renewal is analysed by Digital Workplace for suitability to be replaced with an Electric Vehicle. This analysis will include local charger provision (on site) and range capability.	Green

13	% of Community Services / Nursing fleet classified as hybrid	N/A	Not applicable to DHCW
13	% of Community Services / Nursing fleet classified as ZEV	N/A	Not applicable to DHCW
14	Mileage by each vehicle type and associated emissions	Data is collected via the telematics system and fuel card transaction data.	Green
15	% of business travel mileage in low-carbon modes of transport (non-ICE and non-flights)	The data obtained from DHCW Finance did not include vehicle type, vehicle model, journey rate, or distance travelled. NWSSP Expenses has now provided the full dataset for the reporting period, which will be supplied on a quarterly basis going forward.	Green
15	% of grey fleet mileage claims in ICE vehicles	The data obtained from DHCW Finance did not include vehicle type, vehicle model, journey rate, or distance travelled. NWSSP Expenses has now provided the full dataset for the reporting period, which will be supplied on a quarterly basis going forward.	Green
16	Capacity (kW) of EV chargers installed at all sites (owned & leased)	Chargers at Ty Glan-yr-Afon have recently been upgraded, with new chargers also installed at Bocam Park. Due to the nature of our building leases, installation of DC chargers is not feasible. At some sites, the EV charging infrastructure is controlled by the landlord.	Green
22	% of health boards that have decommissioned nitrous oxide manifolds	N/A	Not applicable to DHCW
23	tC02e associated with surplus stock	N/A	Not applicable to DHCW

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

4.4 All KPIs are either on target or complete, with the exception of Driver Training, which is currently rated amber as it has not yet been delivered. The feasibility of developing an all-Wales driver training programme is currently being explored.

4.5 There are currently 4 risks and 6 issues associated with initiatives, primarily relating to driver training, EV charging infrastructure, EV fleet availability, data quality, transition to low-carbon travel and Digital Medicines quantified tCO2e savings data to support the narrative provided.

4.6 Key challenges include constraints associated with leased buildings, limited EV charging capacity and vehicle availability, KPI data requirements, and delivery of eco-driver training.

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

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the NHS Wales Decarbonisation Strategic Delivery Plan Full Return (Jun 25 – Jun 26)	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
SHARED LISTENING AND LEARNING – GENERAL PRACTICE SYSTEMS & USE OF DATA

Eitem ar yr Agenda: Agenda Item:	3.1

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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:	Dr Sayma Ahmed, Associate Medical Director Simon Scourfield, Head of Primary Care Information
Cyflwynwyd gan: Presented By:	Dr Sayma Ahmed, Associate Medical Director for Primary Care

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and DISCUSS the Shared Listening and Learning Presentation – General Practice Systems & Use of Data	

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
Rhidian Hurle, Executive Medical Director	Sept 2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This Shared Listening and Learning session provides an opportunity for the Board to hear directly about activity that DHCW is undertaking to support the delivery of a digital solution, the Primary Care Information Portal (PCIP) to support General Practices.

3.2 This presentation explores The Primary care Information Portal (PCIP) through the lens of frontline General Practice, demonstrating how data can be transformed into meaningful intelligence for patients, practices and communities. It highlights the role of PCIP in enabling prevention, reducing health inequalities and supporting the Community by Design approach to population health management.

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

4.1 Board members are asked to consider the learning and key messages arising from the General Practice Systems & Use of Data presentation and reflect on how digital platforms can continue to support the population of Wales, General Practice and the wider NHS in Wales.

4.2 In addition Board members are asked to discuss opportunities to strengthen learning and sharing of best practice across NHS Wales and note the benefits and impact being delivered for patients and clinical services.

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

5.1 There are no key risks or matters for escalation to the Board have been identified at this time.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and DISCUSS the Shared Listening and Learning Presentation – General Practice Systems & Use of Data	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
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:	24 September 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

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	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	Sept 2026	Reviewed

David Selway	Sept 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 – DHCW Independent Member Sift

The DHCW Chair and Independent Member vacancies have both been advertised during June 2026. The Independent Member role has been short listed since the last SHA Board meeting with interviews planned late September 2026. We were pleased to receive a significant number of applications with a high-calibre field of candidates. Feedback on the DHCW Chair role and next steps has not been received, with the current arrangements remaining in place until any further communication is received.

4.2 Committee Chairs Governance Review Meeting, 13th August 2026

The annual governance review meeting with Committee Chairs took place on the 13 August. The session enabled a helpful reflection on the Board and Committee Governance arrangements in place over the past year and considered opportunities for improvement. Key areas discussed at the session included:

- Constructive challenge at Board and Committee meetings
- Board and Committee oversight of value and benefit impact of DHCW products and services
- Use of the Committee highlight reports at Board meetings
- Independent Board Member workload and membership across Committee meetings

4.3 Chairs Peer Group Meeting, 14th August, 25th August and 22nd September

On the 25 August the Peer Group met and discussed its key priorities for the coming year including Sustainability; Leadership; Finance and Future Business Models; Community by Design; Prevention and Population Health; Workforce Productivity and Performance; and Digital Transformation and Innovation. There is a further Chair Peer Group scheduled for 22 September.

4.4 Board Briefing, HMRC Update, 13th August 2026

Since the last SHA Board, The Board received an update on the VAT treatment of the Microsoft 365 enterprise agreement. Following the cancellation of earlier assessments on procedural grounds, HM Revenue & Customs issued a revised assessment covering a more recent period. Digital Health and Care Wales has paid the revised assessment and, with support from its specialist VAT advisers, has submitted a request for an independent review.

The underlying technical interpretation of the relevant VAT rules remains unresolved. DHCW continues to engage with HMRC and is working closely with Welsh Government and Audit Wales to assess the associated accounting, cash and disclosure implications. The position will remain under active review, with further updates provided to the Board and through the appropriate NHS Wales and Welsh Government forums.

4.5 Board Briefing – LIMS Update, 6th August 2026

A Board briefing session was held on 6 August to better understand the current LIMS 2 Programme delivery, timeframes, as well as explore the strategic and commercial approach to future LIMS arrangements over the long term. The future horizon scanning was helpful in the context of the lessons learnt from trying to deliver the LIMS 2 Programme within compressed timescales.

4.6 Meeting with Cwm Taf Morgannwg UHB Chair Jonathan Morgan, 1st September 2026

The programme of Chair and Vice Chair engagement sessions has continued over the summer. I met with The CTMUHB Chair on 1 September, we discussed the importance of recognising regional working requirements for data and digital in long term strategic plans for NHS Wales.

4.7 Board Briefing – Annual Review of Board Decisions, 3rd September 2026

The annual reflection on Board decision-making over the previous 12-18 months, took place on 3 September 2026, considering the quality of governance, scrutiny, challenge and strategic oversight provided by the Board, to key decisions taken during this period. The review was framed within the context of DHCW's escalation status, recent committee chair discussions.

Board Members considered whether key decisions had been supported by appropriate information, whether sufficient time had been available for scrutiny and whether Board actions and accountabilities were being effectively monitored.

Key themes included stronger visibility of benefits realisation, greater focus on strategic decision-making, improved understanding of decisions not taken and increased emphasis on demonstrating organisational impact.

4.8 Welsh Government Digital Strategy - DHCW Board Discussion, 10th September 2026

The work being led by Tara Donnely on the Welsh Government Digital Strategy was discussed with DHCW Board members on 10 September 2026. The session covered the scope and timeframe for the delivery of the work. In addition to this session, Tara and her team have met with wider members of DHCW with a focus on specific areas, including the National Data Resource (NDR) Programme and the NHS Wales App.

4.9 Aspiring Board Member Programme

Dr Shanti Karupiah, who has been a mentee of the DHCW Board as part of the Welsh Government Aspiring Board Member Programme, informed the Board that she would not be able to continue the programme through to December 2026 due to increasing workload pressures. Shanti has been a part of the Programme since June 2025. I would like to offer my sincere thanks Shanti for her involvement and contributions to DHCW during her time on the programme. I would further thank Marian Wyn Jones and Marilyn Bryn Jones for their Mentoring input over the past twelve months.

Vice Chair:

4.10 Programme Risk Tolerance meetings

As Chair of the Portfolio Delivery Committee (PDC) I have been meeting with Programme Leads, independent programme oversight chairs and DHCW PMO colleagues to discuss and quantify the risk tolerance for DHCW led major programmes, as per the ask in the 2026/27 Remit Letter. I am pleased to say that an escalation process and approach for major programmes has been agreed and shared with Welsh Government for committee, to allow earlier escalation and alert of major programme risks and issues.

4.11 Meeting with Vice Chairs from HEIW, Powys teaching Health Board, Public Health Wales, Swansea Bay

Throughout July, August and September DHCW Vice Chair engagement meetings have taken place with numerous colleagues across other NHS Bodies, which has been very helpful in understanding the Board challenges and opportunities facing their organisations and how digital fits into these opportunities and challenges.

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

5.1 The Board has vacancy gaps, with one Independent Board Member and the substantive DHCW Chair roles. Interviews for the IM role take place at the end of September 2026.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and **DISCUSS** the Chair and 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:	24 September 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

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.
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	September 2026	Reviewed
Helen Thomas, Chief Executive Officer	September2026	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

DHCW remains in Level 4 – Targeted Intervention under the NHS Wales escalation framework. Since the previous Board meeting, work has continued with Welsh Government and NHS Wales Performance and Improvement to respond to the areas of concern, strengthen delivery confidence and demonstrate sustained improvement.

As part of the ongoing improvement and support arrangements, an independent review of DHCW is due to begin in September 2026. The assessment is being commissioned by Welsh Government and delivered through NHS Wales Performance and Improvement, with independent assessors appointed to undertake the work.

Further information regarding this will be discussed in detail during the substantive agenda item on Escalation.

4.2 Digital Blueprint Work

Work has continued at pace on the development of the NHS Wales Digital Blueprint, commissioned by NHS Wales Chief Executives, with the aim of creating an Overarching

Service Blueprint, Prioritisation and Ways of Working Framework for NHS Wales. The draft framework will be discussed at NHS Wales Leadership at the end of September.

4.3 Staff Briefing

The Staff Briefing held in August provided an important opportunity to update colleagues on key organisational developments, including DHCW's escalation status, the forthcoming independent review and the continued focus on improvement, delivery and organisational effectiveness.

We also discussed organisational priorities, the importance of consistent ways of working and the need to remain focused on delivery for NHS Wales while supporting staff through a period of change and increased scrutiny.

4.4 One Way of Working

One Way of Working continues to be a key organisational focus, supporting more consistent, effective and joined-up delivery across DHCW. The approach is intended to strengthen how the organisation plans, prioritises, delivers and reports its work, ensuring clearer accountability and improved alignment between strategic objectives and operational delivery.

Recent discussions have focused on the importance of consistent methodologies, clearer baselines, measurable outputs and improved visibility of improvement activity.

This includes the use of agile approaches, such as Kanban, to help identify, prioritise and track activity, and to support a clearer organisational view of transformation and improvement initiatives.

4.5 Chief Executive Management Team Meetings

The NHS Wales Chief Executive Management Team continues to provide an important forum for collective leadership, system alignment and discussion of national priorities.

During August and September 2026, discussions continued to focus on the key issues affecting NHS Wales, including performance, financial position, national planning requirements, escalation arrangements and digital priorities.

DHCW's contributions have continued to emphasise the importance of national digital delivery, the development of the NHS Wales Digital Blueprint, and the role of digital services in supporting the wider system.

4.6 Audit Wales Digital Transformation Report

DHCW has input into the Audit Wales article highlighting themes from the Digital Transformation Audits carried out across NHS Wales bodies.

The review has provided a helpful opportunity to reflect on DHCW's role in supporting digital transformation, both internally and across the wider system.

We look forward to using the report to support learning and improvement applicable to

DHCW, and also discussing the findings during a joint webinar with Audit Wales in the coming months.

4.7 Executive Team Away Days

The Executive Team held away day sessions in September 2026, providing time to focus collectively on organisational priorities, the forthcoming accountability meeting, escalation arrangements, team development and One Way of Working.

The sessions provided a valuable opportunity for the Executive Team to reflect on progress, consider areas requiring further focus, and strengthen alignment around the organisation's response to Targeted Intervention.

Discussions also supported the continued development of shared leadership behaviours, clearer ways of working and the need to maintain delivery momentum during a period of increased external scrutiny.

4.8 Iaith ar Daith

During September, DHCW has been hosting Iaith ar Daith sessions with staff across all offices, linked to the launch of our Welsh Language Strategy and the organisation's responsibilities under the Welsh Language Standards.

The sessions provided an important opportunity to raise awareness, engage colleagues and encourage practical action to support bilingual ways of working across the organisation.

This work reflects DHCW's commitment to embedding Cymraeg in its culture, communications and services, and to supporting staff to understand the role we collectively play in meeting the Welsh Language Standards.

The launch of our Welsh Language Strategy marks an important and exciting milestone for DHCW. It reflects our commitment to inclusion, accessibility and promoting Cymraeg across our organisation. Together with the Executive Team, I look forward to championing this work and seeing it progress.

4.9 Social Care Wales Meeting

The DHCW / Social Care Wales six monthly catch up was planned to take place on 21 September, to update on the strategic agenda of each organisation, and discuss areas of joint working.

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
LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

Eitem ar yr Agenda: Agenda Item:	4.3i

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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	Local Partnership Forum
Cadeirydd y Pwyllgor Chair of Committee	Paul Evans, Head of Quality Assurance & Regulatory Compliance
Cyfarwyddwr Gweithredol Arweiniol Lead Executive Director	Samantha Morgan, Director of People and Organisational Development
Dyddiad y Cyfarfod Diwethaf Date of Last Meeting	03 September 2026
Paratowyd gan Prepared By	Belinda Mills, Corporate Governance & Risk Coordinator
Cyflwynwyd gan Presented By	Paul Evans, Head of Quality Assurance & Regulatory Compliance

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

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Be the trusted partner and a high performing, inclusive organisation
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
	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	03 September 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	• **Corporate Risk Register:** LPF members were alerted that the continuing recruitment pause has no confirmed end date and is contributing to delivery pressures and staff morale concerns. Funding uncertainty affecting fixed-term resources and digital service development remains an ongoing organisational risk. • **People and Culture Report**: The LPF forum was alerted that Workforce development investment is approximately £785 per employee compared with a UK benchmark of around £1,700. Succession planning and knowledge transfer require continued focus where critical roles and potential retirement risks intersect.
SICRHAU ASSURE	• **Internal Audit Report -Recruitment Processes:** The Local Partnership Forum received an update on the Internal Audit Report and were assured that significant progress had been made including a revised recruitment and resourcing policy, mandatory training for hiring for managers, enhanced guidance and the development of the recruitment question bank app, recruitment compliance spot checks and stronger scrutiny arrangement for vacancies. Additional administrative arrangements have been introduced to provide

	resilience around the recruitment question bank and stronger controls also around formal escalation. • **Corporate Risk Register:** The Local Partnership Forum received the Corporate Risk Register and discussed the risks which would have an impact on DHCW workforce. • **Workforce Performance Report:** The Local Partnership Forum noted that sickness absence was Increased to ~4.27%, the highest level in 12 months, with rises in stress/anxiety/depression and long-term sickness (~2.5%). Appraisal completion has improved to ~87.5% compliance, exceeding the 85% organisational target. Most statutory and mandatory training remained above target; and enhanced workforce dashboards are improving organisational oversight.
RHOI CYNGOR ADVISE	• **Trade Union Update**: The local Partnership Forum received a verbal update from Trade Union representatives. • **Financial Performance**: The Local Partnership Forum received an update on DHCW Financial Performance. • **Estates Updates:** The Local Partnership Forum received an update on the DHCW estate, The 2025–2028 Estates Plan has been approved. Main ground-floor development works are substantially complete, estate condition has improved, facility usage is strong and shared-occupation arrangements continue to maximise utilisation and generate income. • **Social Partnership Update:** The Local Partnership Forum received an update on Social Partnership noting that the progress includes revised terms of reference, a task and finish group for integrated impact assessments, an agreed 2026–27 Culture Roadmap, an action tracker and continued staff engagement activity. • **People and Culture Report**: The Local Partnership Forum received an update on the People and Culture Report noting that a structured workforce planning and capability framework is in place. Critical-role analysis has identified 22 roles, and the GDAD framework provides a consistent basis for role expectations, career pathways and workforce planning. • **All-Wales Workforce Partnership Forum (AWWPF):** The Local Partnership Forum received an update on the (AWWPF) noting that national discussions covered workforce sustainability, wellbeing and inclusion, workforce reform, financial pressures, the 2026 staff survey, Agenda for Change pay reform and the need for a consistent, supportive speaking-up culture. • **Escalation Update:** The Local Partnership Forum received an update on Escalation noting that DHCW remains at Level 4 targeted intervention under the Welsh Government Accountability Framework. An independent assessment is expected to begin in September, with a further Welsh Government review scheduled for early October and a public report potentially available by the end of 2026.

5.2 SESIWN BREIFAT / PRIVATE SESSION

RHYBUDDIO ALERT	N/A
SICRHAU ASSURE	N/A
RHOI CYNGOR ADVISE	N/A

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:
03 December 2026

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

Eitem ar yr Agenda: Agenda Item:	4.3ii

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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	06 August 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

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
	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	August 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	Committee members were alerted to the risks related to the funding and programme progression of the WICIS programme noting that the longer a decision is delayed, the greater the risk of losing clinical commitment and supplier capacity, as the supplier may need to stand down resources if there is no clear decision to proceed. The Committee were alerted of the DPIF pause and review risk for the Connecting Care Programme. And the uncertainty about the level of funding to be received. Work was carried out on the Care Director platform and mental health framework, but further progress is limited without funding clarity.
SICRHAU ASSURE	The Committee were provided with annual assurance reports for the following Major Programmes: • Digital Medicine Programme

	○ Electronic Prescriptions Service (EPS) ○ Electronic Prescribing and Medicines Administration (EPMA) • Microsoft Enterprise Agreement Committee members were assured that Welsh Government have now approved the DPIF allocation allowing digital programmes to progress. NDR, Cloud Transition and National Target Architecture funding have been received with a clear way forward. Committee members noted the LIMS Programme timeframe for transition by September 2026, with a closure report due by the end of the Calendar year. Committee members were assured that the final RISP go-live was successfully completed at the end of June marking positive progress. The programme has moved to green following successful completion, with the closure report approved by the programme board and due to come to the committee at its next meeting. Lessons learned are now being captured, particularly around the challenges of having one supplier operating across multiple individual contracts. Committee members were assured that all Health Boards in Wales are now live with EPMA, with Velindre Cancer Centre expected to go live by the end of 2026. Committee members were assured that primary care services migration to a single provider was completed by the May 2026 deadline with post go-live support in place through September 2026. Committee members were assured that the stakeholder advisory group session was also completed, with consideration now being given to its future role and place within the governance structure. Committee members were assured that since moving to level4, DHCW has worked closely with Welsh Government and the Performance and Improvement, three P&I accountability meetings were held in May, June and end of July, along with the first level 4 Escalation Board meeting with Welsh Government. A level 4 escalation principles document has been confirmed. The National target Architecture Strategic Investment plan milestone has been completed and submitted to Welsh Government with work continuing on the application strategy supporting the National Clinical services plan. Primary Care Services migration to a single provider was completed by the May 2026 deadline, with post-go-live support in place through September 2026. The Programme Typology approach, developed in response to enhanced monitoring escalation, is being introduced across DHCW programmes and socialised more widely across the system.

	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 Microsoft Enterprise Agreement and Welsh Intensive Care Informatics System.

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:
05 November 2026

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

Eitem ar yr Agenda: Agenda Item:	4.3iii

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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	20 August 2026
Paratowyd gan Prepared By	Julie Robinson, Corporate Governance and Risk Coordinator
Cyflwynwyd gan Presented By	Alistair Klaas Neill, 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

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
	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

Chris Darling, Director of Corporate Affairs/Board Secretary	Sept 26	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** assurance that the CANISC corporate risk (DHCW0300 had been significantly mitigated, with the system now read-only, historical data retained and live patient records transferred to the Welsh Clinical Portal document repository, therefore this would be removed from the Corporate Risk Register going forward. • **Incident Review and Organisational Learning Report:** The Committee received **assurance** on incident review and organisational learning arrangements, including confirmation that no patients came to harm following the data centre incident. The Committee **noted** the value of incident review and organisational learning, including the potential to further develop and extend this approach into other areas. • **Information Services Assurance Report:** The Committee received key **assurance** points from the work undertaken within the reporting period. • **Research, Innovation and Knowledge Assurance Report:** The committee **noted** positive progress and helpful updates from the

	report. • **WIAG Process Improvement:** The Committee supported the continued development of the WIAG process improvement pilot, including earlier **assurance** engagement and a proportionate, risk-based approach.
RHOI CYNGOR ADVISE	• **Wales Informatics Assurance Group Report / Technical Design Authority Assurance Report:** The Committee **noted** that future work will include consideration of AI assurance through WIAG, alongside agreed actions relating to TDA reporting and delegated authority arrangements.

5.2 SESIWN BREIFAT / PRIVATE SESSION

RHYBUDDIO ALERT	• **Cyber Security Assurance Report:** Escalating cyber threats were **noted**, • **Corporate Risk Register:** A new risk (DHCW0361) was noted, with further mitigation updates requested.
SICRHAU ASSURE	• **Cyber Security Assurance Report:** No cyber incidents or breaches were reported, and no new high or critical vulnerabilities were identified. • **SIRO Annual Report:** Positive assurance was received on information risk management, cyber governance, ISO 27001 certification and IG training compliance. • **Corporate Risk Register:** Risk de-escalation was noted.
RHOI CYNGOR ADVISE	• **Cyber Security Assurance Report:** Continued focus in this area is required given the landscape. • **SIRO Annual Report:** Consideration for an annual Board development session on information governance and cyber security was supported. • **Corporate Risk Register:** Risk (DHCW0360) will be reviewed to confirm its appropriate risk register position.

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:
19 November 2026

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
STRATEGIC PRIORITIES UPDATE

Eitem ar yr Agenda: Agenda Item:	5.1

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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, Planned Care Portfolio Lead • Helen Thomas, Urgent and Emergency Care Portfolio Lead • Alison Maguire, Programme Director - Diagnostics • Marged Cother, Deputy Director Primary Care Digital Services
Cyflwynwyd gan: Presented By:	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and DISCUSS this paper providing an update on DHCW Strategic Priorities	

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)
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
Michelle Sell	04/09/26	Approved

Ifan Evans	04/09/26	Approved
DHCW Management Board	10/09/26	Reviewed

Acronymau Acronyms			
ABUHB	Aneurin Bevan University Health Board	PHW	Public Health Wales
BCUHB	Betsi Cadwaladr University Health Board	PTHB	Powys Teaching Health Board
CAVUHB	Cardiff and Vale University Health Board	RISP	Radiology Information System Programme
CTMUHB	Cwm Taf Morgannwg University Health Board	SBUHB	Swansea Bay University Health Board
DCP	Digital Cellular Pathology	SHA	Special Health Authority
DHCW	Digital Health and Care Wales	S2T	Straight to Test
ED	Emergency Department	UAT	User Acceptance Testing
HDUHB	Hywel Dda University Health Board	UEC	Urgent and Emergency Care
HIR	Hospital Initiated Referrals	VCC	Velindre Cancer Centre
IMTP	Integrated Medium Term Plan	WCRS	Welsh Care Records Service
LIMS	Laboratory Information Management System	WECDS	Welsh Emergency Care Data Set
NDAP	National Data and Analytics Platform	WICIS	Welsh Intensive Care Information System
NIAW	National Imaging Academy Wales		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 DHCW are delivering a number of Strategic Priorities across its portfolios. This paper provides an update on the progress and next steps made across the Planned Care, Urgent and Emergency Care and Diagnostics portfolios, as well as an update on Community by Design, and describes how activities in these areas are supporting national priorities.

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

4.1 PLANNED CARE

In June 2026, Welsh Government announced additional funding to support Planned Care recovery across Wales. This was followed by a letter to Chief Executives which set out the expectations of Welsh Government in relation to that investment. The expectations include the elimination of 104 week waits and waits over 8 weeks for

diagnostic tests, an overall reduction in the total waiting list at all stages and the delivery of a growth and demand management plan setting out how internal capacity will be fully utilised. Health Boards and Trusts have submitted plans to Welsh Government setting out their approaches to address these expectations. The letter also stated that Health Board plans should focus on national and regional approaches to delivering sustainable services in Planned Care.

DHCW is supporting this work in several areas:

Modernising Outpatient Datasets (Phase 1 – Referrals)– Following the approval of the Planned Care Referrals Data Set, software changes have been made to DHCW systems to facilitate the more effective reporting of referrals into Planned Care. Changes to support this reporting have been implemented into Health Board and Trust User Acceptance Testing (UAT) environments, engagement to schedule testing is ongoing, but it is anticipated that changes will be deployed to live over the coming months as Health Boards sign off on their UAT processes.

Modernising Outpatient Datasets (Phase 2 – Activity) - Changes required to support the delivery of the Planned Care Activity Data Set have been deployed as planned over the summer, this implementation introduces enhancements to the standard outpatient dataset within WPAS, strengthening the consistency and quality of information available for operational management, performance reporting and planned care oversight.

Hospital Initiated Referrals Pilot - DHCW has successfully completed the Hospital Initiated Referrals (HIR) pilot within Swansea Bay University Health Board. The pilot standardises the process for referrals between hospital specialties and ensures referral information remains within the patient's digital record, accessible through the Welsh Care Records Service (WCRS) platform. The new approach improves visibility of referral activity and enhances patient safety by creating a consistent digital workflow. The initiative is expected to contribute to improvements in pathway management and time-to-treatment performance, although enhanced identification and recording of patient pathways may initially result in increased reported waiting list volumes. DHCW are also engaging with Health Boards and Trusts to support rolling out Hospital Initiated Referrals in other organisations/specialties.

Regional Working – Discovery is underway to explore how DHCW can support NHS Wales Planned Care organisations to operate services more effectively at a regional level. Using the South East Wales Regional Ophthalmology Programme as an initial reference, DHCW are exploring methods to provide more consistent ways to support Health Boards to consolidate their waiting list information, support a unified view of pathways and allow patient management on a regional basis as services increasingly operate across regional boundaries.

Digital Peri-Operative Assessment – A business case is in development for a Peri-Operative solution across Wales. Potential benefits include improved patient experience, reduced duplication of data collection activities and enhanced pathway

efficiency. Further options appraisal work will determine the preferred strategic approach.

Straight to Test (S2T) - Straight to Test seeks to enable diagnostic investigations to be booked directly from information contained within GP referrals, reducing the need for some outpatient appointments prior to testing. Anticipated benefits include faster access to diagnostics (supporting the 8-week maximum wait for Diagnostics), reduced unnecessary clinic activity and more efficient pathway management that will support the overall reductions in waiting lists. Evaluation frameworks are being developed to evidence the impact of the initiative on patient waiting times and pathway performance.

Over the next quarter, DHCW will be completing discovery on approaches to regional working and developing a plan for software changes to support the further rollout of regional working initiatives, DHCW will also work with the Strategic Programme for Planned Care to complete the business case for Digital Peri-Operative System and will work with health boards to facilitate the testing and onboarding of the software changes for Modernising Outpatient Datasets.

DHCW representatives hold regular meetings with the Strategic Programme for Planned Care in NHS Wales Performance and Improvement and attend the Planned Care Board, the Planned Care Strategy and Operations Group, and the Strategic Outpatients Group to ensure that NHS Wales partner organisations are informed of DHCW products and services that can support the delivery against the Recovery Plan. DHCW is seeking to build on this engagement to facilitate closer relationships with stakeholders across Welsh Government and NHS Wales partner organisations to ensure these capabilities are deployed safely, measured effectively, and aligned to the wider objectives of reducing waiting times and improving outcomes for patients. To further this ambition, a Planned Care Prioritisation Workshop has been scheduled for 29 October, which will support the development of the 2026/27 IMTP and wider development of the Planned Care roadmap to ensure that DHCW activity continues to align with national Planned Care priorities.

4.2 URGENT AND EMERGENCY CARE

Urgent and Emergency Care services remain under sustained pressure across Wales. Patients must be directed to the right care first time; clinicians need timely access to reliable information; operational teams need better visibility of flow and system pressure; and Welsh Government needs consistent national data for planning, policy, funding and accountability. The urgent and emergency care digital agenda is therefore not a single product programme, but a cross-cutting transformation theme dependent on consistent data standards, modern clinical workflow, national architecture, implementation support, clinical safety assurance, and coordinated delivery across DHCW, Welsh Government and the Health Boards and Trusts.

DHCW supports this agenda in these areas:

- **Providing a connected digital and data foundation:** standardising urgent and emergency care data through Welsh Emergency Care Data Set (WECDS) so that activity, demand, acuity, outcomes and variation can be captured consistently across Wales. This will improve the quality and comparability of national reporting and give Welsh Government, Health Boards and operational teams better evidence for planning, policy, funding, accountability and service improvement.
- **Progressing the Urgent and Emergency Care (UEC) App:** developing and implementing a modern, cloud-hosted Welsh Clinical Portal module to support urgent and emergency care workflows, including patient search and registration, triage, observations, assessment, investigations, treatment, safeguarding, patient tracking, outcome and discharge. Powys remains the early adopter, with WECDS capture embedded in real time and local implementation dependent on successful UAT, clinical safety assurance, operational readiness and go/no-go controls.

- **Strengthening data flows and analytics:** developing FHIR APIs, Clinical Data Repository and National Data Resource alignment, National Data Analytics Platform (NDAP) reporting, secondary-use measures, dashboards and linked patient-level data. This will help connect urgent and emergency care data with wider flow information, including Emergency Department waits, admissions, ward flow, long stays, pathway delays and discharge outcomes, so that performance and improvement work is based on a fuller understanding of the patient pathway.

- **Supporting Welsh Intensive Care Information System (WICIS):** maintaining the clinical, technical, commercial and Health Board engagement required to progress the Welsh Intensive Care Information System, while recognising that delivery remains dependent on a clear Welsh Government decision, funding envelope, contractual route and mobilisation plan. Phase 1 scope and assurance work has been completed, but any restart will need safe remediation, re-baselining, training, testing, readiness assessment and formal go/no-go controls.

- **Coordinating delivery nationally and across DHCW:** bringing together Welsh Government, NHS Wales Performance and Improvement, Six Goals, clinical groups, Health Boards and DHCW teams across strategy, service transformation, product, software, infrastructure, cyber, information governance, clinical safety, architecture, finance, communications, data and analytics. This coordination is essential because the urgent and emergency care digital agenda is a cross-cutting transformation programme rather than a single product delivery.

- **Building implementation evidence and readiness:** using Powys UAT, patient safety workshops, service readiness activity, training preparation, readiness sessions, Minor Injury Unit/Emergency Department/Same Day Emergency Care visits and joint flow review work with NHS Wales Performance and Improvement to test the practical application of digital solutions. This work is helping validate workflows, understand variation across Wales and distinguish genuine product gaps from local process or change-management issues.

- **Developing a prioritised five-year roadmap:** bringing together WECDS, the UEC App, WICIS, UEC data and analytics, patient flow and bed management, digital navigation and referral,

frailty, falls and community pathways, shared records, NHS Wales App opportunities, interoperability, Single Patient Record dependencies and future innovation. The roadmap will need to be prioritised against national architecture, funding, governance, delivery capacity and Health Board readiness so that ambition is translated into a realistic sequence of delivery.

- Corridor care data and digital support – support the emerging national corridor care action group by identifying mechanisms to capture and report data on the scale and impact of corridor care across Wales, contributing to the development of an agreed national data standard, and providing ongoing digital, data and informatics expertise to support the work of the national group and inform future improvement activity.

Next-quarter update

- **UEC App assurance and early-adopter readiness** – complete the revised build and testing window, close priority defects, progress clinical safety and cyber assurance activity, and complete training and operational readiness evidence to support an early-adopter implementation decision in Powys.
  - WECDS implementation and data maturity – continue work to establish a clear national implementation route for WECDS, including confirmation of Health Board delivery approaches, accountable ownership, funding and resource dependencies, integration requirements, and evidence gates towards compliance by 31 March 2027, alongside continued development of urgent and emergency care data flows and reporting.
  - Corridor care support – Identify existing data items relevant to identification of potential corridor care, system collection capability. Engage with internal DHCW teams, including data standards to establish a comprehensive understanding of current data items and recording capability, identify gaps.
  - SDEC discovery and CAVUHB engagement – complete the Same Day Emergency Care (SDEC) discovery to define minimum national requirements, clinical workflows, information standards and opportunities for digital support, and undertake a gap analysis with Cardiff and Vale University Health Board to assess alignment between its existing urgent and emergency care system and the DHCW UEC Module. The findings will inform future roadmap priorities, implementation options and the potential adoption of the UEC Module within CAVUHB.
  - WICIS planning and readiness – continue engagement with Welsh Government to secure a definitive decision and funding route for WICIS and, subject to approval, progress the planning required for a controlled remobilisation of the programme, including contractual, technical, operational and implementation readiness activities.

4.3 DIAGNOSTICS

Diagnostic services in Wales are facing challenges due to increasing demand, changes in clinical care, lack of standardisation and scarce expertise. NHS Wales aims to improve service efficiency and effectiveness by reconfiguring services and providing diagnosis closer to the patient. Digital technology is being used to realise improvements in service

delivery, patient safety, communication, error rates, costs and use of data which in turn supports artificial intelligence.

DHCW are supporting this in a number of areas which include:

Procurement of a **Wales Point of care system** which supports the delivery of diagnostic tests closer to the patient, enabling rapid access to results, improving clinical decision-making, and enhancing the efficiency of patient pathways across NHS Wales. An outline business case has been developed and is with the Health Boards and Trusts for consideration and approval

Supporting the **Digital Cellular Pathology project (DCP)** which is modernising pathology services through digital slide management, supporting faster diagnosis and improved clinical collaboration. Procurement activity has commenced and the intention is to award a contract in Jan 2027 and implementation to commence April 2027 and complete October 2028.

Expansion of **Electronic Test Requesting and Results (ETR)** to additional diagnostic specialties such has endoscopy, cardiology and cervical screening. Alongside digitising more diagnostic workflows, the programme is enhancing result notification and clinician sign-off capabilities, with integrated workflow support to reduce paper-based processes for clinicians and administrative staff. Radiology test requesting is being rolled out in primary care across Wales following successful go lives in all health boards in secondary care.

Implementation of the **Radiology Infomatics System (RISP)** and the **Laboratory Information Management System (LIMS)**

In particular the LIMS and RISP Programmes support the Welsh Government's strategic ambitions for diagnostics, aligning with both the *Pathology Statement of Intent*, which seeks to develop high-quality, effective and resilient pathology services, and the *Imaging Statement of Intent*, which sets out a new strategic approach to delivering high-quality, effective and sustainable imaging services across NHS Wales.

Radiology Informatics system Programme (RISP)

The RISP programme has now formally closed and a detailed closure report was presented at the RISP Service Management Board on the 21st July this was accepted by all Health Boards and Trusts. The programme was established to modernise radiology services across Wales, improving diagnostic capability, standardisation, and patient outcomes through the implementation of new digital systems and supporting processes.

Overall, the programme has successfully achieved its core objectives, including the deployment of a national radiology solution, improved image sharing and reporting capabilities, and strengthened integration across Health Boards and Trusts. These changes have enhanced service resilience, enabled more efficient workflows, and

supported improved access to diagnostics for patients.

Throughout delivery, the Programme managed a complex landscape of clinical, technical, and Organisational challenges. While the majority of functionality has been implemented as planned there are a number of residual issues to be resolved by the supplier. These will be managed via the ongoing contract management process.

All remaining risks and ongoing activities have been transitioned to business-as-usual arrangements within DHCW and Health Board/Trust operational teams with continued benefits realisation expected as services are further optimised. The DHCW Programme team will remain in place until the end of September 2026 to support the smooth transition to Business as Usual.

The deployment dates are detailed in the table below

Deployment	Contract/Deployment Order Operations date	Revised Stable2023	July Revised by Supplier March 2024	Achieved
PHW	April 2025	Nov 2024	Feb 2025	Feb 2025
BCUHB	Sept 2024	Jan 2025	April 2025	Sept 2025
ABUHB	Dec 2024	Oct 2025	Nov 2025	Jun 2026
NIAW	Dec 2024	May 2025	June 2025	Jan 2026
HDUHB	Jan 2025	July 2025	Sep 2025	Dec 2025
CTMUHB	Feb 2025	Mar 2026	Mar 2026	Mar 2026
VCC	Mar 2025	May 2025	Jun 2025	Apr 2026
SBUHB	May 2025	Aug 2025	Oct 2025	Mar 2026
CAVUHB	Jun 2025	Feb 2026	Feb 2026	May 2026
PTHB	Sept 2024	Jan 2025	Apr 2025	July 2025

Laboratory Information Management System (LIMS2)

The LIMS Programme has experienced delays against its original delivery timeline; these reflect the complexity of implementing a national digital service across Wales. Key contributing factors have included the availability of specialist resources, the volume and resolution of system defects, changes required to the solution during delivery, and the complexity of legacy data migration.

Despite these challenges, the programme has successfully delivered the Cellular Pathology solution across Wales and has recently completed the implementation of the All-Wales Microbiology discipline. The knowledge and lessons gained from these implementations are now being used to inform and optimise the remaining deployments, improving readiness, reducing implementation risk and supporting successful adoption of the remaining disciplines across NHS Wales.

The remaining LIMS deployments are Blood Sciences and Blood Transfusion, both of which present significant complexity. Blood Sciences is the highest-volume laboratory discipline across NHS Wales, while Blood Transfusion is a highly regulated service that requires the migration of substantial volumes of legacy data and robust assurance processes to support

patient safety and service continuity.

The programme's objective remains to complete these deployments by the end of the calendar year. However, delivery is subject to a number of risks, including delivery of final software developments, resolution of outstanding defects, operational pressures during the winter period and the need to ensure organisations are fully prepared for transition. Given the critical nature of these services, stakeholders are rightly focused on achieving the right balance between pace and safety.

The programme team is working closely with Health Boards, operational teams and the supplier to manage these risks and deliver the remaining implementations as quickly and safely as possible. While there are challenges associated with completing the final deployments, there are also increasing risks associated with continued reliance on legacy systems. Transitioning to the national LIMS solution remains a key priority to support service resilience, standardisation and the long-term sustainability of laboratory services across Wales.

4.4 COMMUNITY BY DESIGN

Community by Design (CbD) is a national transformation programme reshaping how health and care services are delivered across Wales. Its purpose is simple but ambitious: to help people stay well in their communities, access care more easily, and only go to hospital when it's truly needed.

The programme is centred on three transformational shifts:

- Strategic Shift 1: Prevention & Population Health
- Strategic Shift 2: Chronic Conditions
- Strategic Shift 3: Urgent & Same Day Care.

The shifts should operate as a single integrated community model supported by common foundations, standards and information flows, with service design used to connect the care model to the digital and data requirements.

This update aims to create an understanding of how DHCW is an enabling partner for the delivery of the CbD Programme through digital, data and service design initiatives.

The Community by Design Opportunity

Community by Design offers a vehicle for a joined-up, system-wide response — and an opportunity to move beyond piecemeal digital solutions that may solve local problems, while creating system-wide complexity. Designing the digital and data experience holistically, for both clinical users and patients, is how we achieve genuine efficiency: less duplication, less administrative burden, less time lost to poor information flows, a more coherent patient experience and a reduction in cost burden.

How DHCW is engaging

DHCW has engaged and aligned with the overall governance structure led by Welsh Government and NHS P&I from the outset, to help shape the digital and data foundations that will underpin future models of integrated community care in Wales.

- Helen Thomas, CEO is in the **Community by Design Transformation Board**, chaired by Isabel Oliver, Chief Medical Officer for Welsh Government. Sam Hall, Director of PCMH is Deputy.
- Sam Hall is our named lead on the **Reference & Advisory Group**, chaired by Ceri Philips Vice Chair, Cardiff and Vale UHB, with Marged Cother, Deputy Director for Primary Care, as Deputy.

These forums provide strategic oversight, governance assurance and direction for the programme.

The three shifts have dedicated groups, with varying levels of DHCW support embedded. We expect responsibilities to evolve over time.

DHCW supports this agenda in these areas:

- **Prevention and Population Health** – we are supporting the development of a consistent national approach to population health management, bringing expertise in analytics, data sharing and information standards to enable prevention-focused and proactive models of care. There is an established Task and Finish Group structure – with DHCW fully embedded and co-chairing the Population Health Management Workstream.

- **Chronic Conditions** - we expect DHCW's role to be focused on integrated care records, remote monitoring and patient-centred digital solutions (including the NHS Wales App) that support coordinated care across organisational boundaries and improve continuity of care.

- **Urgent and Same Day Care** – we expect DHCW is to advise on the digital and data infrastructure required to enable real-time access to data, effective care navigation, triage and coordination at the point of care, again with alignment to the NHS Wales App.

There are two related supporting groups: the **Primary Care Digital & Data Collaborative Working Group and** the **NHS & Social Care Data Use & Sharing Group**. The 'Collaborative' is a system-wide group created by DHCW and NHS P&I, co-chaired by Marged Cother, Deputy Director, PCMH. Its role will be discussed and potentially repurposed to directly support CbD. The 'Data Use' group has been recently paused by Welsh Government, and the future approach for Information Governance for CbD is to be determined.

As the services are designed, we expect the solutions and supporting groups to evolve.

How We Are Co-ordinated Across DHCW

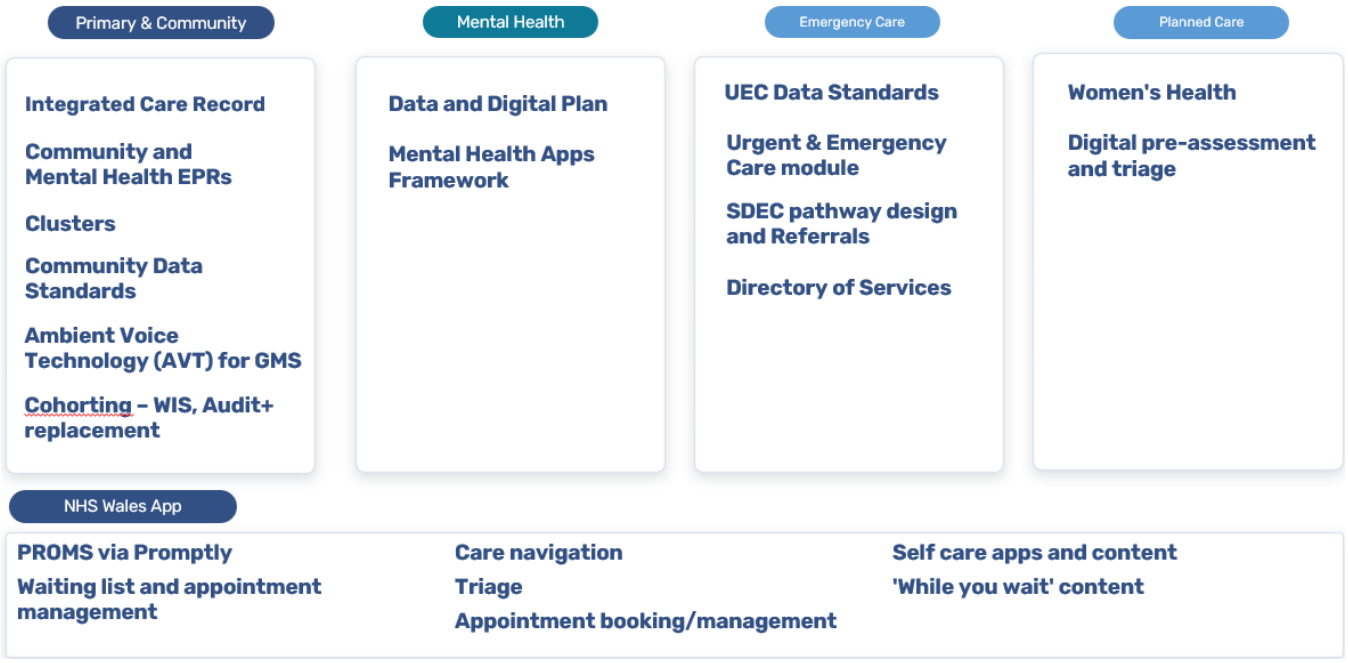
DHCW has established a Community by Design (CbD) Steering Group to provide a single organisational mechanism for coordinating our growing involvement in the national CbD programme. The Steering Group will act as the central point for coordinating engagement, managing resource commitments, aligning activity across directorates, and providing oversight of risks, dependencies and opportunities arising from the programme.

It is intended to mitigate the risks of fragmented representation, duplication of effort and unplanned impacts on existing IMTP and business-as-usual priorities as demand for digital and data support continues to grow.

The group will also ensure that intelligence, decisions and actions from national Community by Design forums are brought back into DHCW, enabling effective organisational planning and supporting executive oversight.

Progress and What Are We Working on Next

A number of digital and data initiatives are already in place or in development that will form the building blocks of a system-wide approach. The delivery for the existing work is aligned to programmes, services or products already in progress, with designated funding routes and timelines where known. The list is high level and not exhaustive but shows key work in progress or on roadmaps across DHCW currently related to Community by Design.



The Need for Service Design

For CbD to succeed it requires system-wide collaboration to fully transform services to meet the ambitions of the Programme, in the context of the wider health and care system not solely through the lens of individual technical solutions.

Designing new and reimagined services, system-wide, from the patient lens experience is essential - ensuring data is embedded into the evidence and decision making for new service designs, with digital and data needs flowing from the design of services based on the patient and clinical experience. This is the way to ensure transformation is achieved. Boundaries shouldn't be barriers in care — CbD is our collective opportunity to tackle this.

In order to continue progress into the next phase DHCW have proposed to the CbD Programme Board in September the following considerations:

1. Note the core foundations to use existing digital and data as the basis for CbD digital and data planning
2. Embed service design early - define care pathways and end to end journeys before committing to digital and data solutions – understand what we don't know.
3. Embed digital and data into shift teams to ensure a multi-disciplinary and collaborative approach to development of next phase.

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

LIMS2

5.1 Although the programme remains committed to achieving completion by end of the calendar year, there is a material risk that the timetable may extend into 2027. This reflects the complexity of the remaining deployments, supplier delivery , operational pressures across NHS Wales, and the need to ensure that implementation is undertaken safely, with appropriate clinical, technical and organisational readiness.

Community by Design

5.2 Community by Design is a new programme which is not explicitly included in our current IMTP. However, the principles of the programme are transformational for NHS Wales, and we anticipate that this will lead to a significant requirement for digital and data service design and delivery activities, which we will need to accommodate in this year's delivery and to plan and/or make provision for in our next IMTP.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and **DISCUSS** this paper providing an update on DHCW Strategic Priorities	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
DPIF PAUSE & REVIEW UPDATE AND IMPACT ON DELIVERY

Eitem ar yr Agenda: Agenda Item:	5.2

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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:	Meghann Morris, Asst Director of Planning
Cyflwynwyd gan: Presented By:	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	SHA Board is being asked to
Receive and Discuss: the material impact of the IMTP reprioritisation exercise, DPIF Pause and Review and associated workforce constraints on the 2026/27 delivery plan. **Note:** the increasing concentration of delivery in Quarter 4 and the associated risk to delivery confidence. **For Assurance:** that further delivery challenge, re-baselining and organisational capacity assessment are being progressed through established governance arrangements.	

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 The paper does not identify a direct quality or safety impact arising from the governance action itself. However, any further reprioritisation or reallocation of resource must consider service continuity, patient safety, cyber security and the consequences of delaying or stopping activity.
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 Yes. The DPIF Pause and Review introduced conditional funding arrangements and further assurance requirements. Milestone 2 represents approximately £9.11m of annual DPIF funding and remains dependent on Welsh Government acceptance of revised delivery, milestone, benefits and BAU transition plans. A further £1.49m is linked to sufficient progress by the end of Quarter 3.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Yes. Resource constraints are a major contributor to movement in the delivery profile and have resulted in 11 NDR/CDR milestones being placed on hold. Delivery confidence is being assessed against confirmed workforce capacity and known resource availability. Workforce constraints remain a significant factor in the delivery profile and continue to be reflected in planning and forecasting assumptions.
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
Michelle Sell, Director of Programmes & Engagement	04/09/26	Reviewed
Ifan Evans, Executive Director of Strategy	04/09/26	Approved
DHCW Management Board	10/09/26	Received and discussed
SHA Board	24/09/26	Updated for discussion

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CDR		NDR	National Data Repository
DHCW	Digital Health and Care Wales	PPMG	Planning and Performance Management Group
DPIF	Digital Priorities Investment Fund	SHA	Special Health Authority
IMTP	Integrated Medium Term Plan	SROG	Strategic Resource Oversight Group

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In July 2026, the DHCW SHA Board received an update on the review and reprioritisation of DHCW's IMTP 2026–29 in response to feedback from Welsh Government. The review informed decisions on organisational priorities, scope and sequencing, to better align delivery commitments with available capacity and resources.

3.2 Separately to feedback on the IMTP, Welsh Government communicated the outcome of the DPIF Pause and Review, following which DHCW undertook further programme-level review and re-planning activity. This assessed the impact of Welsh Government funding decisions and request to pause recruitment on the 2026/27 delivery plan. This activity has been progressed through established governance and change control arrangements.

3.3 The IMTP reprioritisation exercise, DPIF Pause and Review and associated workforce constraints have resulted in changes to 28 of the original 220 IMTP milestones. Of these, nine milestones were removed through the IMTP reprioritisation exercise, four were re-baselined following the DPIF Pause and Review, four were placed on hold in connection with the DPIF position, and eleven were placed on hold due to NDR/CDR resource constraints.

This year's DPIF funding is phased as three staged 'funding milestones'. Funding has not yet been fully confirmed across all programmes.

3.4 On 1 September, Welsh Government requested further information in relation to five DPIF-funded programmes, linked to their second funding milestone. DHCW is coordinating the additional programme information and providing further clarification to Welsh Government as required.

3.5 Corporate risks also remain in relation to the milestone-based release of DPIF funding. In particular, the third and final funding milestone is dependent on programmes demonstrating 'sufficient progress against agreed delivery plan milestones by the end of Quarter 3'. We are seeking clarification from Welsh Government on the definition of sufficient progress for each programme. PPMG will continue to monitor milestone delivery and escalate to Management Board where further mitigation is required.

3.6 The changes to the plan have been considered alongside the wider delivery position. At the end of August, 53% of planned delivery was forecast for Quarter 4, with the majority of milestones reporting Reasons for Concern also due for delivery in the final quarter. Resource constraints remain a significant contributor to the movement of milestones and continue to affect delivery confidence across the plan.

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

Impact on the Delivery Plan

4.1 The IMTP reprioritisation exercise, DPIF Pause and Review and associated workforce constraints have resulted in changes to 28 of the original 220 IMTP milestones, equivalent to 13% of the plan:

- 9 milestones removed through the IMTP reprioritisation exercise;
- 4 Cloud Transition Programme milestones re-baselined due to funding uncertainty;
- 2 milestones placed on hold in relation to Connecting Care due to no confirmed funding;
- 2 milestones placed on hold in relation to Electronic Prescription Services due to a reduction in funding; and
- 11 NDR/CDR milestones placed on hold due to resource constraints.

4.2 The position remains subject to further review. The Connecting Care funding letter has now been received and is undergoing internal review, while the NDR/CDR milestones have not yet been fully re-baselined to reflect current capacity. Further changes may therefore be required as the outstanding funding and delivery implications are resolved.

Delivery Profile and Capacity

4.3 The principal assurance concern is the concentration of delivery in the final quarter. At the end of August, 53% of planned delivery was forecast for Quarter 4 and 10% of

milestones within that quarter are reporting Reasons for Concern. This concentrates risk in the period with the highest level of planned activity.

4.4 Resource constraints affect both lead delivery teams and specialist services on which programmes depend. Delivery confidence is therefore being assessed against confirmed capacity and secured support, rather than assumed future recruitment.

4.5 Milestone movement also affects dependencies. Twenty-eight milestones with downstream dependencies have moved to later quarters, and successor milestones have not consistently moved with their predecessors. Further review is being undertaken to confirm that consequential impacts are fully reflected in the plan.

Assurance through PPMG

4.6 Planning and Performance Management Group considered the position on 3 September 2026 as part of its routine assurance of delivery against the IMTP. It concluded that further organisational action was required to support the deliverability of the Quarter 4 profile and align available skills and capacity with the highest-priority areas.

PPMG will lead an urgent assessment to:

- identify priority delivery areas affected by material capacity or skills constraints that we have been unable to address through the existing resource management and outsourcing considerations;
- revisit activity previously identified through the IMTP reprioritisation exercise as capable of being paused, reduced or stopped and then extend to review all other possible activity;

then

- establish where the required capability currently sits within DHCW;
- identify short term tactical options for temporary movement of people, external support through defined work packages, and over the medium-term options for redeployment and/or upskilling.

4.7 The assessment will be coordinated through the Planning and Performance Management Group and aligned with the existing Strategic Resource Oversight Group process. Any options arising will be assessed for their operational, workforce and delivery consequences before being progressed through the appropriate governance route for decision.

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

Delivery Confidence

5.1 The plan remains forecast for delivery within the financial year, however the concentration of delivery in Quarter 4 presents a material risk to delivery confidence. Particularly where recovery, capacity or dependency assumptions have not yet been fully evidenced.

5.2 Further challenge is required to test the achievability of the Quarter 4 profile and ensure that current resource constraints and IMTP milestone dependencies are fully reflected.

DPIF Funding

5.3 The timing and conditions of the DPIF funding decisions have affected several programmes and more broadly across the organisation due to existing dependencies. Further assurance has been requested for five programmes in connection with the second funding milestone, and there is a corporate risk in relation to the third funding milestone requirement to demonstrate sufficient progress against agreed delivery plans by the end of Quarter 3.

DHCW will continue to engage with Welsh Government to clarify the assurance requirements and monitor the associated delivery and financial risks.

Mitigation

The following actions are being progressed:

- complete the additional programme assurance requested by Welsh Government;
- clarify the evidence required for the funding milestone requirements;
- challenge of Quarter 4 delivery confidence and associated dependencies;
- review and re-baselining of the NDR/CDR milestones currently on hold; and
- assess options to align organisational capacity with the highest-priority areas of the plan.

Any further material changes will be managed through established governance and change control arrangements.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
Receive and Discuss: the material impact of the IMTP reprioritisation exercise, DPIF Pause and Review and associated workforce constraints on the 2026/27 delivery plan. **Note:** the increasing concentration of delivery in Quarter 4 and the associated risk to	

delivery confidence.
For Assurance: that further delivery challenge, rebaselining and organisational capacity assessment are being progressed through established governance arrangements.

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:	30 July 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 regarding DHCW's escalation status.	

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	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
NHSWP&I	NHS Wales Performance and Improvement	PDC	Portfolio Delivery Committee

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 (to Level 3) related 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.

3.6 The NHS Wales Accountability Framework changed from the 1 April 2026, with the introduction of new arrangements for overseeing NHS bodies in enhanced levels of escalation.

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

4.1 DHCW Escalation Activity

Since the last SHA Board meeting, work has continued to prepare for the Independent Well-led review. The Terms of Reference for the review were issued on the 10 August 2026. The Terms of Reference confirms the three questions to be considered:

> Question 1: Is the organisation well led with the clarity and ability to meet the requirements of its remit letter?
> Question 2: Is the organisation effective at delivering what it is required to deliver (aligned to its organisational plans and remit letter)?
> Question 3: Is what the organisation is delivering effective and delivering value to NHS Wales?

The core output of the review is a report including recommendations and required actions. Welsh Government are the owner of the output with NHSWP&I being responsible for its production.

The Terms of Reference confirm three key methods to gather evidence for the review, including:

- Document review and analysis
- Conservations/Focus Groups
- Observations

On the 28 August 2026 the Managing Director of NHSWP&I confirmed that two Independent Assessors had been secured to undertake the revie work – Patricia Wright (Lead Reviewer) and Anthony Upshall, along with biographies to support organisational and stakeholder communications.

Since this confirmation, DHCW have worked with NHSWP&I to:

- Share organisational communication and stakeholder communication regarding the Independent Review and sharing the purpose of the review, the approach, and details of the Independent Reviewers

- A Chief Executive Briefing session has taken place with DHCW staff to discuss the Independent Review in more detail and answer staff questions
- A DHCW Senior Leadership call with the Chief Executive has taken place to discuss the Independent Review and run through the draft panel self-assessment against the three questions set out in the Terms of Reference
- A meeting has been arranged for the 23 September for the Chair and Chief Executive to meet the Independent Reviewers to discuss the approach to the review
- A panel self-assessment Board session with the Independent Reviewers is scheduled to take place on the 24 September, to allow the Board to set out where they think the organisation is against the three core questions included in the Terms of Reference
- Interviews are being arranged with the Independent Reviewers to undertake interviews with DHCW staff and stakeholders
- Identifying additional documentation and evidence to share with the Independent Reviewers, supplementing the evidence and independent reviews previously undertaken and shared with NHSWP&I

The Independent Review final report will be submitted to NHSWP&I by the end of November 2026.

4.2 Targeted Intervention, Level 4 Escalation Farmwork

The Level 4 DHCW Escalation Framework confirms the roles and responsibilities:

Welsh Government
- provide structured oversight and challenge
- direct NHS P&I and intervention support
- promote best practice and shared learning
- work with DHCW to support key system enablers (e.g. national architecture, financial sustainability)

DHCW
- appoint Senior Responsible Owner (RO)
- ensure strong Board oversight and governance
- deliver a credible Level 4 improvement plan
- provide regular evidence-based progress reporting

DHCW have confirmed the Responsible Owner for Escalation is the Director of Corporate Affairs / Board Secretary, and Board oversight and governance has been discussed and agreed by the SHA Board.

4.3 DHCW Welsh Government Accountability Review Board / Escalation Board Meeting 5 October 2026

DHCW had an Escalation Board with Welsh Government on the 9 June 2026, no further Escalation Board meetings have taken place since moving to Level 4 Targeted Intervention. However, DHCW do have an Accountability Meeting with Welsh

Government planned for the 5 October 2026. The meeting guidance for this meeting confirms that the Accountability Review Meeting will not include an Escalation Board as part of this meeting, this is because the NHSWP&I (Independent Well Led Review) is currently on-going and therefore will wait until the Independent Review has reported to Welsh Government, before holding a further Escalation Board meeting with DHCW.

The Accountability Review Meeting will cover the five pillars of the new Accountability Framework for NHS Wales:

- Leadership (well-led)
- Delivery/performance
- Quality
- Workforce
- Finance/planning

The next Public Accountability Meeting for DHCW is scheduled for the 22 April 2027.

4.4 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 2026, 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 2026. The PDC Committee continue to oversee and monitor deliver of this plan, which focuses on the Level 3 Enhanced Monitoring areas of concern: major programme delivery and stakeholder relations. The most recent Portfolio Delivery Committee took place on the 6 August 2026 to review progress against the plan.

4.5 NHS Wales Digital Blueprint and Ways of Working

It should be noted that the work commissioned by the NHS Wales Chief Executives continues to progress on developing a NHS Wales digital system blueprint (framework for digital services). Although not formally part of the escalation work, DHCW continue to be a key part of driving this work forward, to address a number of areas of concern highlighted in the independent reviews shared with NHSWP&I, including better clarity of roles and responsibilities across the NHS Wales digital health landscape.

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 NHSWP&I 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 regarding DHCW's escalation status.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FINANCIAL REPORT FOR THE PERIOD END 31 AUGUST 2026

Eitem ar yr Agenda: Agenda Item:	6.2

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 September 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
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 August 31st, the forecast achievement of financial targets.	

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	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	10/9/2026	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 August 31st 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 at year end.

This report presents DHCW's financial performance to 31 August 2026 and provides SHA Board with an assessment of the forecast year-end position, delivery of statutory financial duties, key financial risks and emerging issues requiring continued oversight.

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

4.1 2026/27 Financial Performance Overview

4.1.1 SHA Board Summary:

DHCW is currently forecasting a balanced position at year end, subject to the successful delivery of savings plans, resolution of funding assumptions and implementation of mitigating actions against identified risks.

The financial position to date remains on plan. A small revenue underspend of £0.109m is reported for the period to date 31st August 2026, Public Sector Payment Policy performance remains above the 95% target with 99% of non-NHS invoices paid within 30 days, and cash balance is £1.885m. Capital expenditure to 31st August 2026 totals £3.156m against a capital expenditure limit of £14.802m.

DHCW has now received confirmation of a further £11.3m to support the Connecting Care programme with the letter milestones and deliverables being assessed before Chief Executive approval. The main residual uncertainty in the financial plan relates to the requested capital investment of £3.8m from Welsh Government to support the progression of the Digital Intensive Care programme.

The confirmed funding allocation has resulted in an assessed DPIF committed revenue spend risk of £0.4m over the financial year (relating to schemes where funding has not been allocated). DHCW will need to maintain close monitoring of DPIF commitments, strengthen programme-level impact assessment, and ensure that no further commitments are made without appropriate funding assurance. DHCW are working with Welsh Government digital leads to clarify the criteria and requirements to release milestone 2 & 3 funding for several DPIF funded programmes.

The report also highlights the continuing wider financial sustainability work, including

the development of a revised Service Level Agreement charging framework, continued engagement with Welsh Government on programmatic funding arrangements, and actions arising from the Financial Grip and Control self-assessment. These workstreams are intended to strengthen transparency, value for money, benefits management and commercial oversight while supporting DHCW's transition towards a more sustainable operating model.

Other matters for Board attention include the ongoing position of HMRC assessments relating to Microsoft VAT recovery, ongoing funding risks associated with WICIS and LIMS 2.0, and the need to manage fixed-term funded resources where programme funding remains uncertain.

SHA Board is asked to receive and discuss the report, noting the reported financial position to 31st August 2026, the forecast achievement of statutory financial duties, the key risks to delivery of the balanced year-end position, and the proposed actions to strengthen financial governance, risk reporting and sustainability during 2026/27.

4.1.2 **Revenue**: DHCW reported a small revenue underspend to period with the full-year forecast remaining at breakeven. The net position reflects offsetting directorate variances: vacancy-related underspends, particularly within Primary Care & Mental Health, are partly offset by overspends in Operations, Strategy & Engagement, Clinical and People & Organisational Development.
Most variances relate to timing, expenditure profiling and one-off pressures and are expected to be managed during the year. Management will continue to monitor delivery of the directorate savings plans with a focus session scheduled for October Management Board.

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 **£1.885m** at the 31st August. DHCW has returned cash to Welsh Government as part of the management of HMRC VAT transactions and paid the further HMRC assessment reducing the cash balance from last month.

4.1.5 **Capital**: Capital expenditure to date presents a **£0.113m** underspend against plan. This variance is wholly within discretionary capital, where expenditure was held back during Q1 pending confirmation of funding for priority digital schemes. Following the review, DHCW is progressing its reprofiled capital programme. DHCW's Capital Expenditure Limit is currently **£14.802m**. The full capital plan is **£19.332m**, however, **£4.530m** remains subject to funding confirmation, comprising the remaining Cloud allocation and Critical Care funding. Delayed approval, particularly for Critical Care, presents a delivery risk and may affect implementation timescales. Funding decisions and programme delivery will therefore remain under close review.

4.1.6 **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. DHCW is reporting a small underlying deficit of **£0.154m** (0.07% of anticipated funding). The position will be reviewed on an ongoing basis an updated in line with material spend plans and savings scheme confirmation. The focus remains on identifying and delivering recurrent savings to reduce and remove the small underlying deficit position.

4.1.7 **Savings:** DHCW has identified savings of £5.740m, meeting the IMTP requirement and representing approximately 7% of core managed expenditure. The plan is predominantly recurrent, with £4.741m (83%) from recurrent schemes and £0.999m (17%) from non-recurrent measures.
Delivery remains on track; however, directorates must complete the supporting actions required to ensure recurrent savings are delivered. The principal risk is that delays in formally removing vacant posts may reduce savings once the recruitment freeze ends. A further **£0.220m** of potential opportunities (identified as part of the baseline review exercise) to go beyond breakeven is also under review.

4.2 Developments Since June SHA Board

4.2.1 DPIF Pause and Review

Following the Welsh Government DPIF Pause and Review, DHCW has now received confirmation of a further **£11.3m** to support the Connecting Care programme. The letter milestones are being assessed before approval. The main residual uncertainty relates to approval to proceed with the Digital Intensive Care programme. DHCW is working with programme teams to complete impact assessments, confirm milestones and respond to assurance queries, but delivery, contractual and benefits risks remain until approval is confirmed.

Funding Letter Milestones and Financial Implications: The DPIF funding position remains subject to Welsh Government milestone approval processes, with 26% (£10.5m) of the 2026/27 allocation conditional upon acceptance of revised delivery and benefits plans and (£2.6m) on the demonstration of "sufficient" progress against agreed milestones.

Welsh Government has requested further assurance and supporting information for a number of programmes, and the release of associated funding remains dependent on satisfactory responses. Until outstanding queries are resolved and milestone criteria are confirmed, there remains a risk that payments may be delayed or withheld, creating associated financial, delivery and benefits realisation risks for DHCW. We will continue to work with Welsh Government and programme teams to provide the required assurance and minimise funding uncertainty.

As a consequence of confirmation of Connecting Care funding the DPIF committed spend risk has been reduced from £1.742m to £0.372m. It is anticipated that as part of the mid year review mitigating plans will be put in place to fund the spend and formally incorporate within the outturn position.

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

1. Efficiency & Value:
   The organisation is currently researching methods 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). The Service Level Charging Refresh exercise has made progress, with the programme moving from initial scoping into active stakeholder engagement and methodology development. Initial feedback to the proposed approach has been received with Health Board finance nominations also put forward. During September we will look to pilot the approach and review with finance leads prior to Director of Digital engagement.

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 and Oversight Group (SROG) continues to build on its initial findings to inform a view on future capacity requirements to meet pipeline projects and review the potential financial impact of fixed term funded positions.

4.2.3 **Microsoft VAT Recovery:** On 9 July 2026, DHCW received confirmation that, following the statutory review outcome issued on 7 July 2026, the assessments and associated default interest assessments issued to Digital Health and Care Wales had been cancelled. HMRC also confirmed, however, that the conclusion "*does not prevent HMRC from making new decisions, subject to relevant time limits*".
HMRC issued a new assessment on 28 July 2026 covering the period July 2024 to July 2025 in line with the 2-year rule. DHCW have paid the assessment and returned the difference received in cash in the interim. DHCW has worked with its VAT advisors to submit an independent review request challenging the assessment and continues to engage with Welsh Government and Audit Wales regarding the associated cash, accounting and disclosure implications. Updates will continue to be provided through DHCW Board and the appropriate NHS Wales Finance and Welsh Government forums.

4.2.4 **Microsoft Renewal:** The new Enterprise Agreement has now been approved by all

participating organisations and the SHA Board. All organisations have settled payment of the All Wales licence invoice.

4.2.5 Financial Grip and Control: DHCW has completed the Financial Grip and Control self-assessment issued by the Financial Planning and Delivery Unit within NHS Wales Performance and Improvement. The findings were presented to Executive Directors on 13 May 2026 and were reported to the Audit and Assurance Committee on 14 July 2026. In line with the request, the completed assessment has also been shared with the FP&I team. The next phase will focus on delivering the identified opportunities for improvement which include embedding the investment appraisal and lifecycle approach, strengthening benefits management arrangements, and further developing the supplier performance control framework. An update on progress is to be provided to DHCW Audit and Assurance Committee scheduled for October 6th.

4.2.6 Financial Baseline Review: In line with the requirements set out in the Remit Letter, DHCW completed and submitted its Financial Baseline Review to Welsh Government by the 30 June deadline. The review provided further clarity on DHCW's funding sources and the application of funds, distinguishing between costs administered (or ring-fenced) on behalf of NHS Wales and areas of expenditure within DHCW's organisational discretion. The review identified £0.220m of opportunities to move beyond breakeven in 2026/27 and is currently awaiting feedback from WG. Since the baseline review DHCW has identified possible further in-year non-recurrent opportunities related to developments in VAT and recruitment freeze. These will be assessed over the forthcoming months and reported once confirmed.

4.2.7 Digital Inflation: 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 wider factors that may impact on suppliers' costs. Progress is being reported via Directors of Digital and other appropriate stakeholder forums.

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

5.1 Key Issues & Risks

5.1.1 **2026/27 Forecast:** DHCW is forecasting a balanced position at year end subject to successful achievement of savings plans and actions to mitigate the identified risks. Following the outcome of the DPIF Pause and Review process, DHCW has undertaken an assessment of the committed costs with a potential exposure of £0.372m revenue in relation to spend on committed schemes. There will be focus on clarifying the Welsh Government requirements regarding the assurance needed to release funding for the DPIF Milestones and WICIS programme.

5.1.2 **Non-Recurrent Funding and Resource Management:** DHCW retains a number of staff working within non-core programmatic areas such as Digital Priority (DPIF) schemes, which have time-limited funding arrangements. If DPIF funding for 2026/27 is not confirmed for programmes or schemes finish in line with delivery timelines, DHCW will be required to either manage the reassignment or exit of staff leading to a possible financial pressure. To address this, we will continue to work with Welsh Government to manage the resourcing risk by improving the visibility of resourcing requirement in line with the future digital pipeline of work.

5.1.3 **WICIS:** Future funding for WICIS for 2026/27 and beyond remains subject to further assurance and confirmation by Welsh Government. DHCWs Chief Executive has written to Welsh Government leads to outline the current position and request feedback. We continue to liaise with WG Policy and Finance leads (via the Capital & Estates Team sessions) to provide updates and ensure all are sighted on financial implications.

5.1.4 **LIMS 2.0**: The programme has identified a mitigation plan to identify funding to support LIMS2.0 overrun extension into Q3. This is highly reliant upon reaching a satisfactory agreement with the supplier regarding the contract change notice. Should this not be resolved or the Programme runs into the new calendar year additional costs are expected to be funded by Health Boards; however, this has not yet been formally agreed and remains a financial risk. DHCW is working with the programme to identify mitigations, reduce any additional resource requirement and highlight potential cost implications, including any need for access to legacy data.

5.1.5 **Savings Delivery:** If there is a delay in formal removal of cost pressure vacancies from the establishment there is a risk of not delivering the required recurrent savings once the recruitment freeze has been lifted. This will be mitigated by Directorates reviewing the position on a monthly basis with support from Finance Business Partners and a detailed focus session is planned for Management Board in October.

5.1.6 **Digital Priority Investment Fund- Milestone financial Implications**: The DPIF funding

position remains subject to Welsh Government milestone approval processes, with 26% (£10.5m) of the 2026/27 allocation conditional upon acceptance of revised delivery and benefits plans and (£2.6m) on the demonstration of "sufficient" progress against agreed milestones.
Release of associated DPIF funding remains dependent on satisfactory responses to Welsh Government assurance queries. Until these are resolved and milestone criteria confirmed, there remains a risk of payment delay or withholding, with associated financial, delivery and benefits realisation impacts. DHCW continues to work with Welsh Government and programme teams to reduce this uncertainty and receive clarity on what constitutes "sufficient" thresholds.

5.1.7 **Risks:** The current organisational financial risks reflect DPIF committed expenditure and funding conditions totaling £13.5m (as detailed in section 5.1.6):

- Committed Expenditure £0.372m
- DPIF Milestone 2 (Conditional Payment) £10.466m
- DPIF Milestone 3 (Conditional Payment) £2.617m

We will look to meet the additional Welsh Government information requirements and gain clarity on milestone criteria in order to release payment.

5.1.8 **Opportunities:** Potential opportunities may emerge later in the year, although their scale and timing remain uncertain. Recruitment controls are generating short-term pay underspends and the Microsoft 365 VAT position may provide future benefit, however the potential benefit is not currently included in the forecast as correspondence continues with HMRC and the technical dispute remains unresolved. Any financial flexibility remains dependent on DPIF milestone assurance and confirmation of the WICIS funding position. Once outcomes are confirmed, DHCW will review the combined impact of recruitment controls, VAT, funding decisions and delivery risk mitigation to assess the final opportunity quantum.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and **DISCUSS** the contents of the financial report for August 31st the forecast achievement of financial targets.	

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

Eitem ar yr Agenda: Agenda Item:	6.3

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	24 Sept 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	/09/2026	Approved

Secretary		

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).

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 structure and presentation of the Performance Report has been worked on over the last few months. Further work to refine the revised approach with input from external independent advisors and stakeholders will continue over the coming months.

The SHA Performance Report provides an integrated view of organisational performance across four domains:

- People and Culture
- Finance
- Operational Excellence
- Quality and Value

Each domain presents three priority performance measures, supported by an explanation of why each measure is important, the latest performance narrative and identified management actions. Additional domain-specific measures and exception reporting provide further detail on performance trends, emerging risks and recovery activity.

3.1 Changes to Key Performance Indicators:

The SHA Performance Report has been redesigned to provide a more focused view of organisational performance across four domains. Each domain presents three priority performance measures, supported by additional measures, exception narratives and clearly defined management actions. Further work is under way with Executive Leads and metric owners to ensure the priority measures provide an appropriate balance and overview of organisational performance.

3.2 Organisational Escalation Status

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 Overall Performance Position

The September 2026 SHA Performance Report presents organisational performance across four domains. Finance is assessed as green, with People and Culture, Operational Excellence, and Quality and Value assessed as amber.

4.1.1 People and Culture

Workforce capacity remains stable despite the recruitment pause, with headcount reducing marginally from 1,277 in July to 1,270 in August and whole-time equivalent staffing reducing from 1,236.53 to 1,230.98. Turnover dropped to 6.01%, while Statutory and Mandatory Training remained above the 85% target at 93.85%.

Appraisal compliance stood at 85.0% in August, meeting the organisational target. Continued monitoring is required because appraisal performance is cyclical and can fluctuate as annual renewal dates are due.

Sickness absences increased to 4.27% at the end of July, with anxiety, stress and depression identified as contributing factors. Additional monitoring and support arrangements are being implemented, including closer oversight of sickness trends, support for managers, support for colleagues who are absent, and enhanced dashboard reporting.

Compassionate Leadership compliance increased to approximately 37%, with scheduled September training expected to improve performance further.

The People and Organisational Development Directorate will continue targeted reminders for appraisals, monitor areas of high or increasing sickness absence and promote Compassionate Leadership training. A review of the wider People and Culture KPI set is also due by 30 September 2026, including measures that are not currently being reported.

4.1.2 Finance

DHCW reported a £109,000 year-to-date underspend at the end of August 2026, reflecting vacancy slippage and the delivery of planned savings. A break-even year-end position continues to be forecast, subject to delivery of remaining savings, recruitment controls, resolution of funding assumptions and completion of the HMRC Microsoft VAT assessment and Financial Baseline Review.

Contract Management to Plan and Contracts Awarded to Plan both remained at 100%, while Public Sector Payment Policy performance was 99.0%, exceeding the 95.0% target. Agency

and third-party contractor expenditure remains below the equivalent position in 2025/26, reflecting the reduction in contracted agency capacity.

Capital expenditure reached £3.16 million by the end of August, against a capital resource profile of £14.8 million. Delivery is below the planned profile due to delays in programme mobilisation and approvals, creating a risk of under-utilisation of the available capital allocation and delayed delivery of planned benefits. Recovery activity is focused on reprofiling expenditure, accelerating delivery where feasible and strengthening programme-level oversight.

4.1.3 Operational Excellence

Core digital services remained stable during August, with combined service availability of 99.98%, exceeding the 99.90% target. National service incidents and requests resolved within SLA achieved 97.5% against the 95.0% target, while major incidents resolved within SLA remained at 100%. Change Success performance was also above target at 98.90%. It has been noted that there had been a dip during June, similar to an issue experienced in June 2025, both associated with data centre failures. However, mitigations identified through investigations were being implemented in collaboration with suppliers and this work is progressing well.

Welsh-language abandoned calls deteriorated during August and remain above the 5.0% target. The Service Desk currently has five Welsh-speaking analysts, with capacity further affected by long-term sickness absence. Demand for Welsh-language support represents only a small proportion of calls, but limited analyst availability reduces the resilience of the service and increases the risk of callers abandoning before receiving support.

Management action is focused on reviewing Welsh-language Service Desk provision, monitoring demand and analyst availability, considering staffing and contingency arrangements, and identifying opportunities to strengthen Welsh-language support capacity. Operational Excellence will also review its three priority measures to ensure they continue to provide the most meaningful assessment of service performance.

4.1.4 Quality and Value

The overall Quality Management Compliance Score fell to approximately 82% during the reporting period. This was driven by overdue non-conformity findings, delays in progressing findings within the required timescales and incomplete mandatory quality training. Quality Business Partners are working with finding owners to close overdue findings and improve training compliance by 30 September 2026.

Freedom of Information requests responded to on time improved to 100%. However, performance has fluctuated during the preceding year and the suitability of this measure as one of the domain's three priority KPIs is being reviewed.

Three clinical incidents remain under review, relating to pathology result visibility, a gastroenterology referral pathway configuration issue and unexpected laboratory system

activity. Investigations and mitigating actions remain ongoing, with no patient harm identified to date. Progress on one investigation is constrained by external supplier resource availability.

Open audit actions remain high at 69, including three actions that have not been completed on time. A targeted review of overdue audit actions and wider compliance gaps is planned, with recovery plans and monitoring arrangements to be agreed with action owners. Oversight of audit actions will continue to be monitored by the Audit and Assurance Committee.

4.2 Principal Performance Exceptions

The principal performance exceptions identified within the reporting period are:

- Welsh-language abandoned calls remain above the 5.0% target, reflecting limited Welsh-speaking Service Desk capacity.
- Quality Management Compliance has deteriorated due to overdue non-conformities and incomplete mandatory quality training.
- Open audit actions remain high, with 69 actions recorded at the end of August.
- Capital expenditure is below the planned profile, creating a risk of under-utilisation of the capital allocation and delayed delivery of planned benefits.
- Sickness absence has increased, with workforce wellbeing and future workforce sustainability requiring continued attention.
- Several priority KPIs are under review to ensure they provide a meaningful assessment of organisational performance and value.

4.3 Management Actions

Management actions have been identified for each priority measure and include:

- targeted monitoring and intervention for sickness absence and appraisal compliance;
- promotion of Compassionate Leadership training across Directorates;
- review of Welsh-language Service Desk capacity and contingency arrangements;
- closure of overdue quality findings and audit actions;
- recovery and reprofiling of capital expenditure;
- review of the three priority KPIs within each domain, including replacement of measures that no longer provide sufficient organisational insight.

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

No individual performance measure has been identified for formal escalation beyond the management actions described in the report for the principle performance exceptions.

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
CORPORATE RISK REGISTER REPORT

Eitem ar yr Agenda: Agenda Item:	6.4

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	10 September 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	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)
	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 PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Laura Tolley	September 26	Reviewed

Chris Darling	September 26	Approved
Management Board	10/09/2026	Discussed and Verified

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

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 Members are asked to consider both opportunity and threat-based risk, in the context of assurance 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.

3.5 In considering environmental and international factors members should note the World Economic Forum Global Risk Report 2026. This report considers risk from an international perspective. The report highlights a number of highly relevant areas for consideration by DHCW.

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

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

3.7 The HM Government National Risk Register includes a section on the cyber-attack: health and care system.

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

4.1 DHCW's Corporate Risk Register currently has 15 risks on the Register 11 of which are detailed at item 6.4i Appendix A, 4 are identified as private. These are discussed at the relevant Committees.

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 01 July to 31 August 2026:

NEW RISKS (2) 1 Public 1 Private
There were two new risks escalated to the Corporate Risk Register this month.

REF / TITLE	DESCRIPTION	EXECUTIVE OWNER	COMMITTEE ASSIGNMENT
DHCW0362 PRIVATE	PRIVATE	Director of Strategy	Portfolio Delivery Committee
DHCW0363 LIMS 2 Further Delays	IF testing, validation and implementation of the new LIMS service is delayed beyond the planned timetable THEN the existing LIMS service and its supporting infrastructure will need to be maintained beyond its intended life, and Health Boards may need to activate contingency arrangements RESULTING IN additional costs to DHCW and Health Boards, continued reliance on legacy technology, and potentially more fragmentation duplication and complexity in the future LIMS service across Wales	Director of Strategy	Portfolio Delivery Committee

RISKS REMOVED (4) 3 Public 1 Private

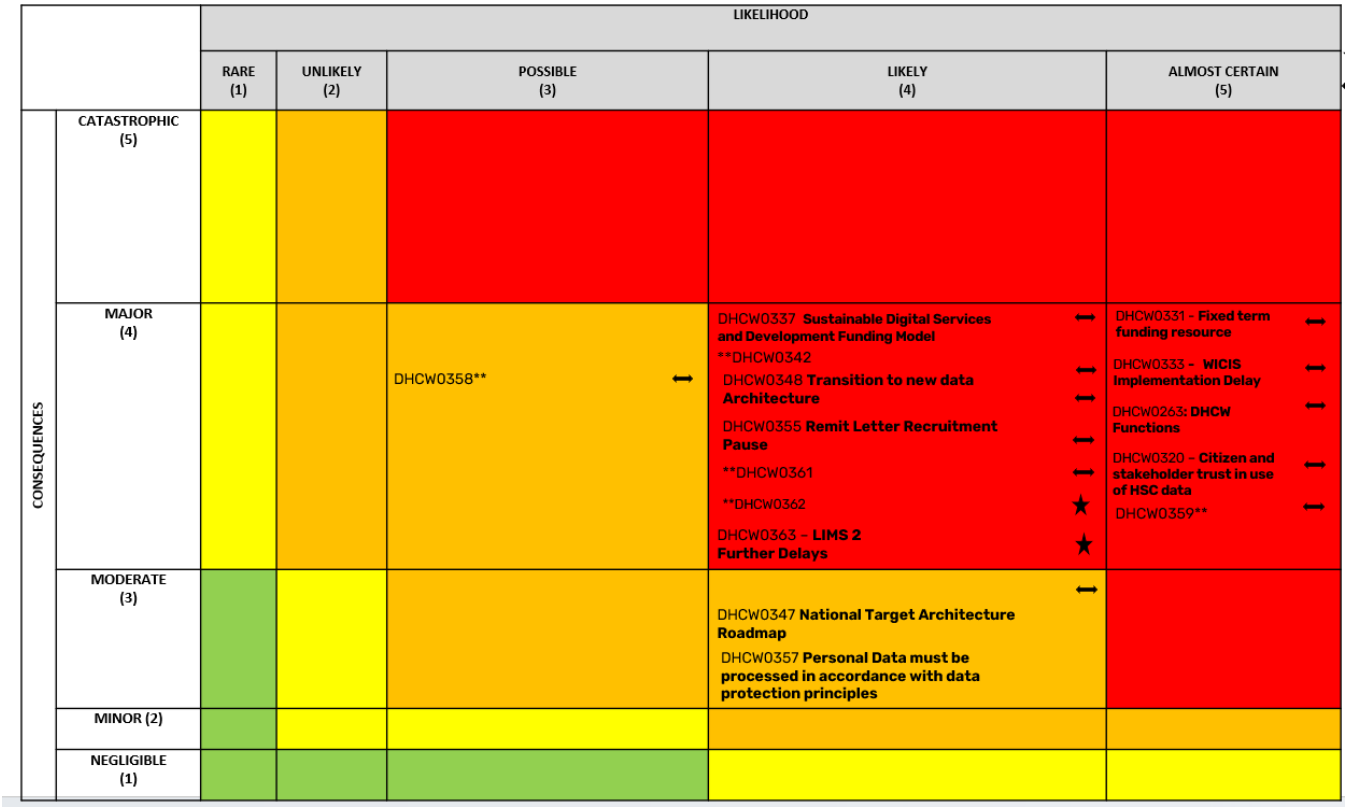
There were four risks removed from the Corporate Risk Register this period.

REF/TITLE	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, re-scope, 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 even; and delay or dilution of digital transformation benefits.	Director of Strategy	Portfolio Delivery Committee

DHCW0300 Canisc	IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	Executive Medical Director	Digital Governance and Safety Committee
DHCW0298 Delay in the Implementation of LIMS 2.0	IF the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS extension expires on 31st March 2026 THEN operational delivery of pathology services may be impacted RESULTING IN additional costs, continued support of a legacy system on ageing infrastructure , lack of ability to apply patches, security updates ,potential requirement to upgrade the underlying platform	Director of Strategy	Portfolio Delivery Committee
DHCW360 PRIVATE	PRIVATE	Executive Medical Director	Digital Governance and Safety Committee

RISKS WITH A CHANGE IN SCORE (0)
There were no changes in scores 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 two risks, and the removal of four risks during the period.

6 ARGYMHELLIAD / RECOMMENDATION

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