Cyfarfod Bwrdd Lechyd a Gofal Digidol Cymru - Cyhoeddus

Thursday 30 July 2026, 10:00 - 15:00

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 cyfarfodydd canlynol:

2.1.1. Cyfarfod y Bwrdd 28 Mai 2026

I'w Gymeradwyo *Cadeirydd*

2.1.1 DHCW SHA Board Minutes 280526 AI1-en-cy-C.pdf (17 pages)

2.1.2. Cyfarfod Arbennig 25 Mehefin

I'w Gymeradwyo *Cadeirydd*

i. Materion yn Codi

2.1.2 DHCW SHA Extraordinary Board Meeting Minutes 25 June 2026v1-en-cy-C.pdf (5 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. Adroddiad Blynyddol Uwch-berchennog Risg Gwybodaeth Uwch

I'w Nodi *Cyfarwyddwr Gweithredol Gweithrediadau*

2.4 DHCW-Board-and-Committee-SIRO Report-300726-SHA-Board.pdf (16 pages)

2.5. Adroddiad Blynyddol Cynllunio at Argyfyngau

I'w Gymeradwyo *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

2.5 DHCW EPRR Annual Report .pdf (5 pages)

2.6. Datganiad EFPMS 2025-26

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

2.6 DHCW EFPMS Return 2025-26.pdf (5 pages)

2.7. Adroddiad Ansawdd Blynyddol

I'w Gymeradwyo *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

2.7 July '26 SHA Annual Quality Report.pdf (5 pages)

2.8. Diweddariad Cynllun Gweithredu Risg Addasu

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

2.8 DHCW Adaptation Risk Action Plan June 26.pdf (5 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*

- Dysgu Gofal a Gynlluniwyd

3.1 SHARED LISTENING AND LEARNING PLANNED CARE.pdf (3 pages)

10:30 - 10:45
15 min

4. I'W ADOLYGU

4.1. Adroddiad y Cadeirydd a'r Is-Gadeirydd

I'w Drafod *Cadeirydd*

- Sêl Gyffredin

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

4.2. Adroddiad y Prif Swyddog Gweithredol

I'w Drafod *Prif Swyddog Gweithredol*

4.2 CEO Report July 2026.pdf (6 pages)

10:45 - 11:55
70 min

5. EITEMAU STRATEGOL

5.1. Adroddiad Iechyd Cynradd, Cymunedol a Meddwl

Er Sicrwydd *Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl*

5.1 SHA July 2026 Primary Community Mental Health Report.pdf (7 pages)

5.1.1. Egwyl - 10 munud 11:05-11:15

5.2. Adroddiad Gweithrediadau Strategol

I'w Nodi *Cyfarwyddwr Gweithredol Gweithrediadau*

5.2 -Operations-Strategic-Update 3007-2026-26-SHA.pdf (10 pages)

5.3. Adroddiad Grŵp Sicrwydd Strategaeth

I'w Nodi *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

5.3 Strategy Assurance Group Report.pdf (5 pages)

11:55 - 15:00
185 min

6. LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

6.1. Statws Uwchgyfeirio

Er Sicrwydd *Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd*

6.1 Escalation Status Report vdocx.pdf (7 pages)

6.2. Adroddiad Pobl a Diwylliant

I'w Drafod *Cyfarwyddwr Pobl a Datblygu Sefydliadol*

6.2 People and Culture Report Quarter 2 2026-2027 (1).pdf (7 pages)

6.2.1. Egwyl Ginio – 30 munud 12:45-3:15

6.3. Cylch Gwaith Diweddaredig 2026-27

I'w Drafod *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

6.3 DHCW SHA Brd IMTP 2029_2027 July N -.pdf (5 pages)

6.4. Adroddiad Cyllid

I'w Drafod *Cyfarwyddwr Cyllid Dros Dro*

- Diweddariad Cyllid CBBD

6.4 SHA Finance report cover July 2026.pdf (10 pages)

6.5. Y Gofrestr Risg Gorfforaethol

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

6.5 Corporate Risk Register.pdf (7 pages)

6.6. Adroddiad Caffael Strategol

I'w Gymeradwyo *Cyfarwyddwr Cyllid Dros Dro*

6.6 DHCW Board and Committee Strategic Procurement Report July 2026.pdf (6 pages)

6.7. Adroddiad Perfformiad

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

6.7 Performance Report.pdf (7 pages)

6.8. Adroddiadau ar Brif Bwyntiau'r Pwyllgorau

6.8.1. I. Fforwm Partneriaeth Lleol

Er Sicrwydd *Cadeiryddion y Pwyllgorau*

6.8i Local Partnership Forum Highlight Report 04 June 2026.pdf (5 pages)

6.8.2. II. Tâl Cydnabyddiaeth a Thelerau Gwasanaeth

Er Sicrwydd *Cadeiryddion y Pwyllgorau*

6.8ii RATs Highlight Report.pdf (4 pages)

6.8.3. III. Archwilio a Sicrwydd

Er Sicrwydd

6.8iii A&A Highlight Report.pdf (5 pages)

15:00 - 15:00
0 min

7. MATERION I GLOI

7.1. Unrhyw Faterion Brys Eraill

I'w Drafod *Cadeirydd*

7.2. Dyddiad y cyfarfod nesaf: Dydd Iau 24 Medi 2026

I'w Nodi *Cadeirydd*

Cyfarfod Bwrdd AIA IGDC – Cofnodion Cyhoeddus Heb eu Cadarnhau

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig (AIA) Iechyd a Gofal Digidol Cymru (IGDC) a gynhaliwyd ddydd Iau 28 Mai 2026 fel cyfarfod rhithwir a ddarlledwyd yn fyw dros Zoom.

10:00 - 14:40 | 28 Mai 2026 | ZOOM

Aelodau'n Bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Ruth Glazzard	RG	Cadeirydd Dros Dro'r Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
David Selway	DS	Is-gadeirydd Dros Dro	Iechyd a Gofal Digidol Cymru (IGDC)
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru (IGDC)
Paul Evans	PE	Aelod Cyswllt o'r Bwrdd – Undeb Llafur	Iechyd a Gofal Digidol Cymru (IGDC)
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	Iechyd a Gofal Digidol Cymru (IGDC)
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru (IGDC)
Marilyn Bryan Jones	MBJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Marian Wyn Jones	MWJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Moreton	CM	Cyfarwyddwr Gweithredol Cyllid Dros Dro	Iechyd a Gofal Digidol Cymru (IGDC)

Alistair Klaas Neill	AKN	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru (IGDC)

Yn bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Griff Williams (eitem 3.1 yn unig)	GW	Cyfarwyddwr Cyswllt Cynnyrch	Iechyd a Gofal Digidol Cymru (IGDC)
Julie Robinson	JR	Cydlynydd Llywodraethu Corfforaethol a Risg (Ysgrifenyddiaeth)	Iechyd a Gofal Digidol Cymru (IGDC)

Ymddiheuriadau	Teitl	Sefydliad
Samantha Morgan	Cyfarwyddwr Pobl a Datblygu Sefydliadol	Iechyd a Gofal Digidol Cymru (IGDC)

Acronymau			
Iechyd a Gofal Digidol Cymru (IGDC)	Iechyd a Gofal Digidol Cymru	AIA	Awdurdod Iechyd Arbennig
CEO	Prif Swyddog Gweithredol	Abl	Achos Busnes Llawn
AA	Aelod Annibynnol	CTCI	Cynllun Tymor Canolig Integredig
LIC	Llywodraeth Cymru	DG&S	Y Pwyllgor Llywodraethu a Diogelwch Digidol
A&A	Y Pwyllgor Archwilio a Sicrwydd	PDC	Y Pwyllgor Cyflawni Rhaglenni
NDR	Adnodd Data Cenedlaethol	POD	Pobl a Datblygu Sefydliadol
INPS	In Practice Systems	WICIS	System Wybodaeth Gofal Dwys Cymru

NTA	Y Saernïaeth Darged Genedlaethol	MT	Meddyg Teulu
RISP	Rhaglen y System Gwybodeg Radioleg	LIMS	System Rheoli Gwybodaeth Labordy
DM	Digwyddiad Mawr	Ch1, Ch2…	Chwarter 1, Chwarter 2…
AED	Adeiladu Ein Dyfodol	BIPCAF	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
CLGau	Cytundebau Lefel Gwasanaeth	EHR	Cofnod Iechyd Electronig
DDaT	Digidol, Data a Thechnoleg	AChA	Amcanion a Chanlyniadau Allweddol
DPA	Dangosyddion Perfformiad Allweddol	EPS	Gwasanaeth Presgripsiynau Electronig
BIP	Bwrdd Iechyd Prifysgol	AI	Deallusrwydd Artiffisial
GDaD	Digidol a Data'r Llywodraeth	RATS	Y Pwyllgor Tâl a Thelerau Gwasanaeth
LPF	Fforwm Partneriaeth Lleol	WPOCT	Profion Pwynt Gofal Cymru
MoU	Memorandwm Cyd-ddealltwriaeth	WIS	System Imiwneiddio Cymru
RADIS	System Gwybodaeth Radioleg Cymru		

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	Cam Gweithredu
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	**Croeso ac Ymddiheuriadau** Croesawodd y Cadeirydd Dros Dro bawb yn ddwyieithog i gyfarfod Bwrdd AIA IGDC a chadarnhaodd fod y cyfarfod yn cael ei ddarlledu'n fyw dros Zoom. Yn ogystal, byddai'r recordiad ar gael drwy wefan IGDC ar gyfer unrhyw unigolion na fyddent yn gallu cael mynediad i'r cyfarfod byw. Darparodd y Cadeirydd hysbysiadau cadw tŷ ynghylch agweddau technegol ffrydio byw'r cyfarfod, y seibiannau arfaethedig, a'r defnydd o'r agenda caniatâd ar gyfer eitemau 2.1 i 2.3.	Nodwyd	Dim i'w nodi
1.2	**Ymddiheuriadau am Absenoldeb** • Samantha Morgan, Cyfarwyddwr Pobl a Datblygu Sefydliadol • Alistair Neill, Aelod Annibynnol (presenoldeb rhannol)	AMHERTHNASOL	Dim i'w nodi
1.3	**Datganiadau o Fuddiant** Nid oedd unrhyw ddatganiadau o fuddiant.	AMHERTHNASOL	Dim i'w nodi

RHAN 2 – AGENDA GYDSYNIO			
2.1	2.1.1 Cofnodion heb eu cadarnhau o Gyfarfod y Bwrdd a gynhaliwyd ar 26 Mawrth 2.1.2 Cofnodion Heb eu Cadarnhau o Gyfarfod Preifat Byr 26 Mawrth 2026 2.1.3 Cofnodion Heb eu Cadarnhau o Gyfarfod Preifat Byr 02 Ebrill 2.1.4 Cofnodion heb eu cadarnhau o Gyfarfod Arbennig y Bwrdd ar 16 Ebrill i. Materion yn Codi Gellir gwylio cyfarfod y Bwrdd drwy ddilyn y ddolen yn y teitl. **Penderfynodd y Bwrdd:** **CYMERADWYO'r** pedair set o gofnodion o gyfarfodydd y Bwrdd ar 26 Mawrth, y Cyfarfod Cryno Preifat ar 26 Mawrth, y Cyfarfod Cryno Preifat ar 2 Ebrill a'r Bwrdd Eithriadol ar 16 Ebrill.	Cymeradwywyd	Dim i'w nodi
2.2	**Cofnod Gweithredu (0)** Nid oedd unrhyw gamau gweithredu yn y log. **Penderfynodd y Bwrdd:** **NODI'R** Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
2.3	**Blaengynllun Gwaith** **Penderfynodd y Bwrdd:** **NODI'R** Blaengynllun Gwaith.	Nodwyd	Dim i'w nodi
PRIF AGENDA			
I'W DRAFOD			
3.1	**Cyflwyniad Gwrando a Dysgu a Rennir** • **Adolygiad Pum Mlynedd o Gynhyrchion Cofnod Sengl** Cyflwynodd Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol (RH), drosolwg o'r Adolygiad Pum Mlynedd o Gynhyrchion Cofnod Sengl:- Nodwyd uchafbwyntiau allweddol: • Esblygiad Porth Clinigol Cymru (WCP) a chronfeydd data cenedlaethol. • Mwy o ddefnydd ar draws yr holl Fyrddau Iechyd ac Ymddiriedolaeth Gwasanaeth Ambiwlans Cymru. • Gwelliannau mewn diogelwch clinigol, effeithlonrwydd a gofal cleifion trwy gofnodion digidol integredig. • Dull strategol o gyfuno atebion 'prynu ac adeiladu' wedi'u cefnogi gan safonau cenedlaethol. • Roedd y datblygiadau allweddol yn cynnwys: o Twf yn y defnydd o'r system a mynediad at	Derbyniwyd a Thrafodwyd	Dim i'w nodi

	gofnodion cleifion. ○ Gweithredu swyddogaethau diogelwch allweddol (e.e. 'Blwch Coch' alergedd) ○ Storfeydd dogfennau a diagnostig cenedlaethol sy'n cefnogi gofal traws-sefydliadol. ○ Ehangu prosesau profi electronig a blaenoriaethu atgyfeiriadau. Nodwyd y meysydd canlynol o'r cyflwyniad:- • Cydnabu'r aelodau gynnydd sylweddol mewn aeddfedrwydd digidol, yn enwedig o ran defnydd systemau a gwerth clinigol. • Pwysleisiwyd bod yr 'un cofnod' yn cynnwys systemau lluosog, yn hytrach nag un platfform, sy'n gofyn am waith integreiddio sylweddol. • Tynnwyd sylw at enghreifftiau cryf o fudd: ○ Llai o ddyblygu profion ○ Llwybrau atgyfeirio gwell i driniaeth ○ Mynediad amser real i ddata crynodeb meddyg teulu yn gwella diogelwch ac effeithlonrwydd. • Cymhlethdod cynyddol integreiddio systemau, gyda dros 1,400 o systemau ar draws GIG Cymru. • Dibyniaeth barhaus ar brosesau papur, gan greu bylchau rhwng cofnodion digidol a ffisegol. • Heriau o ran sicrhau mabwysiadu cyson ar draws Byrddau Iechyd, wedi'i lywio gan bwysau gweithredol cystadleuol. • Pwysigrwydd dylunio ac ymgysylltu canolfannau defnyddwyr wrth lywio mabwysiadu a chryfhau safonau technegol a gwybodaeth i alluogi rhyngweithrediadau. Canolbwyntiodd trafodaethau pellach ar y canlynol: • Rhyngweithredu trawsffiniol – y flaenoriaeth yw datrys rhannu data o fewn Cymru cyn ehangu i Loegr. Nodwyd cofnodion a gedwir gan gleifion (e.e. drwy Ap GIG Cymru) fel ateb posibl. • Lleihau papur – mae hyn yn gofyn am newidiadau mewn llifau gwaith clinigol, seilwaith ac arferion y gweithlu. Mae'n debyg y caiff ei gyflwyno'n raddol, gyda ffocws ar ardaloedd effaith uchel yn gyntaf. • Heriau mabwysiadu – yn gysylltiedig â chyfyngiadau adnoddau mewn Byrddau Iechyd a blaenoriaethau cystadleuol. Mae'n gofyn am waith partneriaeth parhaus a chefnogaeth weithredu leol. • Cofnod digidol yn erbyn llwybrau digidol – mae cyflwyno cofnod digidol cyflawn yn gyraeddadwy yn y tymor canolig. Mae llwybrau digidol cwbl integredig ar draws sefydliadau yn llawer mwy cymhleth ac yn fwy hirdymor. **Penderfynodd y Bwrdd:** **DDERBYN** a **THRAFOD** yr Adolygiad Pum Mlynedd o Gynhyrchion Cofnod Sengl		

RHAN 4 – I'W HADOLYGU			
4.1	**Adroddiad y Cadeirydd Dros Dro a'r Is-gadeirydd Dros Dro** Adroddodd y Cadeirydd Dros Dro ar weithgarwch ymgysylltu diweddar, gan nodi mai dyma oedd cyfarfod cyntaf y Bwrdd yn dilyn etholiadau diweddar Llywodraeth Cymru. Roedd ymgysylltu cynnar â'r Llywodraeth newydd ar y gweill, gyda ffocws ar gyd-fynd â chynllun 100 diwrnod y Llywodraeth sy'n dod i'r amlwg. Disgwylid eglurder pellach dros yr wythnosau nesaf. **Penderfynodd y Bwrdd:** **DDERBYN** cynnwys adroddiad y Cadeirydd dros dro a'r Is-gadeirydd Dros Dro.	Derbyniwyd a Thrafodwyd	Dim i'w nodi
4.2	**Adroddiad y Prif Swyddog Gweithredol** Cyflwynodd Helen Thomas (HT), Prif Swyddog Gweithredol, adroddiad y Prif Weithredwr, gan ddarparu'r uchafbwyntiau canlynol: • Roedd statws uwchgyfeirio wedi cynyddu i Lefel 4 (Ymyrraeth Dargedig). • Cwblhau adolygiadau sylfaenol manwl o ran cyllid a gweithlu ar draws Cyfarwyddiaethau. • Cyflwyno cynadleddau staff a digidol mawr. Nododd yr aelodau'r pwyntiau canlynol:- • Cydnabuwyd y trefniadau goruchwylio cynyddol. • Yr ymgysylltiad cadarnhaol gan staff yn ystod yr adolygiadau a gweithgaredd y gynhadledd. • Y pwyslais parhaus ar gydweithio a thrawsnewid systemau. **Penderfynodd y Bwrdd:** **DDERBYN** cynnwys adroddiad y Prif Weithredwr.	Derbyniwyd a Thrafodwyd	Dim i'w nodi
RHAN 5 – EITEMAU STRATEGOL			
5.1	**Adroddiad Fframwaith Sicrwydd y Bwrdd** Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol/Ysgrifennydd y Bwrdd, adroddiad Fframwaith Sicrwydd y Bwrdd a oedd yn cynnwys yr adolygiad blynyddol o Archwaeth Risg a Goddefgarwch Risg. • Gwnaed diweddariadau i ddatganiadau perchnogaeth y Genhadaeth a'r archwaeth risg (gan gynnwys cyfeiriad penodol at ddiogelwch cleifion) • Roedd gwaith ar y gweill i ddiffinio goddefiannau risg ar lefel rhaglen. Rhoddodd arweinwyr y Genhadaeth ddiweddariadau ar bob un	Cymeradwywyd	Dim i'w nodi

o'u cenadaethau dynodedig.

Cenhadaeth 1 yn darparu llwyfan ar gyfer galluogi trawsnewid digidol – rhoddodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau (SL) y wybodaeth ddiweddaraf am y genhadaeth:-

Nododd yr aelodau:

- y safle risg Cenhadaeth 1 wedi'i adnewyddu a'r cynnydd yn statws Coch Melyn Gwyrdd o felyn i felyngoch, tra bod yr archwaeth risg yn parhau i fod yn ofalus.
- Y prif ysgogwyr yw llif data'r Adnodd Data Cenedlaethol a gwireddu gwerth, risg seiber, trefniadau rhannu gwybodaeth, trosglwyddo i'r cwmwl ac adnewyddu integreiddio.
- Ceisiwyd sicrwydd ynghylch achosion defnydd o'r Adnodd Data Cenedlaethol a dywedwyd wrth y Bwrdd y disgwylir arddangosiadau pellach ddechrau'r Hydref, gyda gwireddu gwerth yn parhau i fod yn hanfodol i fabwysiadu'n ehangach.
- Mae trefniadau llywodraethu gwybodaeth yn parhau i fod yn gyfyngiad ar gynnydd, gyda Llywodraeth Cymru a'r Adran Iechyd, Gofal Iechyd a Gofal Cymdeithasol yn datblygu atebion tymor byr a thymor hwy.
- Nodwyd effaith y seibiant recriwtio a'r cyllid DPIF a oedwyd, ynghyd â lliniariadau trwy adleoli mewnol ac uwchgyfeirio ar gyfer recriwtio critigol.

Cenhadaeth 2 Cyflwyno technoleg, cynhyrchion digidol a gwasanaethau o ansawdd uchel ar gyfer gweithwyr gofal iechyd a gweithwyr proffesiynol

Derbyniodd yr aelodau drosolwg o Genhadaeth 2; y diweddariad ar ddarparu technoleg, cynhyrchion digidol a gwasanaethau o ansawdd uchel ar gyfer gweithwyr gofal iechyd a gweithwyr proffesiynol. Adroddwyd bod archwaeth y sefydliad am risg wedi'i adolygu a'i addasu o ofalus i gymedrol, tra bod y statws cyffredinol Coch Melyn Gwyrdd yn parhau'n ambr. Nodwyd cynnydd wrth symud tuag at ddull mwy seiliedig ar gynnyrch, a chydnabuwyd bod gwaith pellach yn cael ei wneud i nodi bylchau lle byddai'r Bwrdd yn croesawu gweledegd cliriach o gynnydd.

Cenhadaeth 3 Darparu cynhyrchion a gwasanaethau digidol o ansawdd uchel i gleifion a'r cyhoedd

Rhoddodd Sam Hall, Cyfarwyddwr Gwasanaethau Digidol Iechyd Sylfaenol, Cymunedol ac Iechyd Meddwl, y wybodaeth ddiweddaraf am y genhadaeth:

- Canolbwyntio ar wella gwerth Ap GIG Cymru y tu hwnt i fetrigau defnydd.
- Angen mesur canlyniadau a phrofiadau cleifion o'r dechrau i'r diwedd.

	• System ddylunio wedi'i hamlygu fel galluogwr hanfodol ar gyfer cyflwyno cyson, graddadwy.
	• Porth Mynediad Deintyddol:
	  ○ Gwerth profedig wedi'i gydnabod.
	  ○ Datblygiad pellach wedi'i gyfyngu gan ddiffyg cyllid parhaus.
	Cenhadaeth 4 Ysgogi gwerthoedd a chanlyniadau gwell drwy arloesi
	Rhoddodd Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol, y wybodaeth ddiweddaraf am y genhadaeth:
	• Datblygiadau gweithredol yn y canlynol:
	  ○ Cymwysiadau Deallusrwydd Artiffisial (gan gynnwys offer diagnostig a gweinyddol)
	  ○ Dadansoddeg data ar gyfer gwella gwasanaethau.
	• Dibyniaeth barhaus ar drefniadau rhannu data gwell.
	Cenhadaeth 5 Bod yn bartner dibynadwy a sefydliad cynhwysol sy'n perfformio'n uchel
	Cyfarwyddwr Pobl a Datblygu Sefydliadol, Samantha Morgan (SM), sy'n arwain y genhadaeth, fodd bynnag, rhoddodd Helen Thomas, Prif Swyddog Gweithredol (HT), y wybodaeth ddiweddaraf am y genhadaeth yn absenoldeb SM:
	• Gostyngwyd yr archwaeth risg i ofalus.
	• Cododd statws Coch Ambr Gwyrdd i Goch.
	• Pryderon allweddol:
	  ○ Hyder rhanddeiliaid
	  ○ Seibiant recriwtio ac effaith ar gapasiti.
	Trafodwyd effaith y seibiant recriwtio, gan gynnwys a ellid gwneud eithriadau lle bo angen i gefnogi amcanion allweddol y sefydliad. Nodwyd bod prosesau mewnol wedi'u rhoi ar waith i symleiddio symud adnoddau ar draws y sefydliad, ochr yn ochr â llwybr uwchgyfeirio i Lywodraeth Cymru lle'r oedd angen brys i recriwtio'n allanol. Nodwyd ymhellach y gallai rhai rolau o fewn y maes seiberddiogelwch barhau i gael eu heffeithio gan y cyfyngiadau hyn. Mewn perthynas â DPIF, codwyd pryderon bod diffyg cyllid yn creu anawsterau ychwanegol.
	Penderfynodd y Bwrdd:
	GYMERADWYO'r newidiadau i Ddangosfwrdd Fframwaith Sicrwydd y Bwrdd 2026-27
	CYMERADWYO Archwaeth Risg IGDC ar gyfer 2026-27		

5.2	**Y Saernïaeth Darged Genedlaethol** Cyflwynodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE) yr adroddiad Saernïaeth Darged Genedlaethol. Derbyniodd yr aelodau'r wybodaeth ddiweddaraf am y gwaith	Nodwyd er Sicrwydd	Dim i'w nodi

	saernïaeth ddigidol a gomisiynwyd ac a ariannwyd gan Lywodraeth Cymru, gan nodi cynnydd da hyd yma gan gynnwys cwblhau asesiad o'r cyflwr presennol, datblygu saernïaeth darged a pharatoi fframwaith buddsoddi i gefnogi blaenoriaethu yn y dyfodol ar draws GIG Cymru. Nodwyd dwy risg: • Mae angen rhagor o fanylion o hyd gan sefydliadau lleol i gwblhau'r fframwaith buddsoddi a sicrhau bod penderfyniadau buddsoddi yn y dyfodol yn cael eu gwneud yn y drefn gywir; • Yr ansicrwydd presennol sy'n deillio o oedi ac adolygu cyllid DPIF gan Lywodraeth Cymru, sydd wedi arwain at oedi elfennau o gynllun cyflawni 2026/27 tra bod y cyllid yn cael ei gadarnhau. Yn ystod y drafodaeth, ceisiodd y Bwrdd sicrwydd ynghylch y risg o gostau ofer pe na bai cyllid yn cael ei gadarnhau. Nodwyd, mewn perthynas â'r rhaglen saernïaeth, y byddai'r gwaith a gwblhawyd hyd yma yn cadw ei werth ac nad oes disgwyl iddo arwain at ddileu swm sylweddol, er bod colli momentwm ac oedi i gynnydd pellach yn parhau i fod yn bryder. **Penderfynodd y Bwrdd:** **NODI'R** Adroddiad Saernïaeth Darged Genedlaethol er **SICRWYDD**		
5.3	**Diweddariad Cynllun Gweithredu Adolygiad y Rhanddeiliaid** Cyflwynodd IE y Cynllun Gweithredu Adolygiad Rhanddeiliaid. Derbyniodd y Bwrdd y wybodaeth ddiweddaraf am gyflawni cynllun gweithredu'r adolygiad rhanddeiliaid a ddeilliodd o asesiad annibynnol Atos o berthnasoedd IGDC ar draws GIG Cymru. Nododd yr aelodau fod y rhan fwyaf o'r camau gweithredu ar gyfer IGDC a'i bartneriaid wedi'u cwblhau, gan adlewyrchu cynnydd cryf o ran gwella tryloywder, ymgysylltiad a chydweithio. Yn y drafodaeth, pwysleisiodd y Bwrdd y bydd hyder rhanddeiliaid yn dibynnu ar ddarpariaeth barhaus ac ansawdd yr ymgysylltu o ddydd i ddydd. Nododd yr aelodau fod hyder yn parhau i fod yn amrywiol a bod rolau a chyfrifoldebau aneglur ar draws y system ehangach yn parhau i effeithio ar berthnasoedd, gan olygu bod angen gweithredu ar y cyd gyda phartneriaid. Nododd y Bwrdd gynnydd calonogol a chytunodd y dylai ymgysylltu â rhanddeiliaid barhau i fod yn flaenoriaeth busnes fel arfer. Daeth yr aelodau i'r casgliad bod cwblhau'r cynllun gweithredu yn gam pwysig ymlaen, ond y byddai angen gwaith pellach i fagu hyder a chefnogi trawsnewid tymor hwy. **Penderfynodd y Bwrdd:** **NODI'R** Cynllun Gweithredu Adolygiad Rhanddeiliaid	Nodwyd	Dim i'w nodi
5.4	**Diweddariad Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl** Cyflwynodd Sam Hall, Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, y diweddariad o'r maes	Nodwyd er Sicrwydd	Dim i'w nodi

gwasanaeth.

Roedd y cyflawniadau allweddol yn y cyfnod hwn yn cynnwys:

- Cwblhau mudo Meddygon Teulu (cyn yr amserlen)
- Parhau i gyflwyno'r Gwasanaeth Presgripsiynau Electronig.
- Lansio atgyfeiriadau gofal llygaid digidol.
- Datblygiad parhaus Ap GIG Cymru a Dewis Fferyllfa.
- Cynnydd wrth ddatblygu fframwaith agored ar gyfer technoleg llais amgylchynol i gefnogi ymarfer cyffredinol, gan alluogi ymgynghoriadau i gael eu cofnodi mewn amser real a gwella dogfennaeth glinigol.
- Roedd Ap GIG Cymru wedi newid i ffordd o weithio sy'n seiliedig ar gynnyrch gyda chymorth tîm ystwyth, a bod trafodaethau cadarnhaol wedi digwydd gyda Byrddau lechyd i egluro sut y gallai'r ap gefnogi anghenion lleol yn well.
- Roedd grŵp ymgynghorol ar gyfer gwasanaethau sy'n wynebu cleifion wedi'i sefydlu i gefnogi dull mwy cydlynol o ran y gwasanaethau sy'n cael eu darparu i gleifion ar draws GIG Cymru.
- Ymgysylltu â chydweithwyr gofal cymdeithasol i archwilio cyfleoedd ar gyfer cymorth digidol i wasanaethau gofal cymdeithasol.
- Gwaith parhaus i gefnogi rheoli moddion digidol.
- Roedd cyllid craidd wedi'i sicrhau ar gyfer yr ap, er bod hyn yn sylweddol is na'r lefel a ofynnwyd amdani drwy'r broses DPIF.
- Cynnwys y brechlyn Feirws Syncytiol Anadlol (RSV) yn rhaglen imiwneiddio Cymru am y tro cyntaf, gyda modelu'n dangos y gallai hyn arwain at tua 700 yn llai o fabanod yn cael eu derbyn i'r ysbyty.

Croesawodd Aelodau'r Bwrdd yr adroddiad a chanmolodd y tîm am gwblhau'r gwaith o fudo Meddygon Teulu cyn yr amserlen a gofynasant am i wersi o fodel cyflawni cynt y rhaglen gael eu cofnodi a'u cymhwyso, lle bo'n briodol, ar draws rhaglenni eraill.

Trafodwyd a oedd y sefydliad mewn perygl o greu disgwyliadau afrealistig ym maes iechyd cymunedol ac iechyd meddwl o ystyried y diffyg cyllid wedi'i gadarnhau, ac a ddylai'r meysydd hynny barhau i gael eu grwpio gyda'i gilydd. Ymatebodd SH fod uchelgais yn parhau i fod yn bwysig, ond bod Cymunedol o'r Cychwyn yn debygol o fod y prif gyfrwng ar gyfer trawsnewid ehangach, tra dylai blaenoriaeth IGDC mewn gofal cysylltiedig ganolbwyntio ar y cofnod gofal integredig a'r seilwaith data cenedlaethol.

Ceisiwyd sicrwydd pellach ynghylch canlyniadau'r gwaith darganfod meddyg teulu ac a oedd cyllid ar gael i gefnogi'r camau nesaf. Dywedwyd bod y gwaith wedi nodi amrywiad mewn gallu digidol a mynediad ar draws practisau meddygon teulu a byddai'n llywio map ffordd i wella cysondeb, gyda blaenoriaethau'n

	cynnwys technoleg llais amgylchynol a gwell blaenoriaethu a llywio gofal. Cadarnhawyd nad oedd y gwaith hwn yn ddibynnol ar gyllid DPIF. **NODWYD** y Diweddariad Iechyd Sylfaenol, Cymunedol a Meddwl er **SICRWYDD**		
RHAN 6 – LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD			
6.1	**Statws Uwchgyfeirio IGDC** Cyflwynodd CD ddiweddariad ar statws Uwchgyfeirio IGDC. Nodwyd, yn dilyn monitro gwell lefel 3 ym mis Mawrth 2025, fod Llywodraeth Cymru wedi cadarnhau cynnydd i Lefel 4 (ymyrraeth dargedig) ym mis Ebrill 2026, gan nodi pryderon ynghylch cyflawni, atebolrwydd ac arweinyddiaeth. Y gweithgareddau llywodraethu allweddol a'r cynnydd: • Cynhaliwyd cyfarfod Pwyllgor Cyflawni Portffolio a chyfarfod Bwrdd Cyflawni DDaT. • Effaith barhaus oedi ac adolygu'r DPIF. • Byddai Byrddau uwchgyfeirio bob deufis dan gadeiryddiaeth y Cyfarwyddwr Cyffredinol yn dechrau ym mis Mehefin 2026. Gofynnwyd i Uned Perfformiad a Gwella'r GIG gefnogi IGDC o safbwynt adferiad a gwella'r sefyllfa. • Parhawyd i fonitro cynllun gwella Cam 2 ac roedd eisoes wedi cyflawni nifer o gerrig milltir, gan gynnwys cyflwyno'r Achos Busnes Amlinellol Cofnod Gofal Integredig, cynnydd ar y Cynllun Buddsoddi Strategol Saernïaeth Darged a chwblhau mudo meddygon teulu i Optum. Pwysleisiwyd bod camau gweithredu eisoes ar y gweill mewn perthynas â'r materion a nodwyd a byddent yn parhau hyd nes y derbynnir y fframwaith Lefel 4 ffurfiol. Nodwyd bod disgwyl i'r cynllun gwella presennol ffurfio sail yr ymateb ymyrraeth dargedig, er y gallai gofynion pellach gan Lywodraeth Cymru ddilyn. **Penderfynodd y Bwrdd:** **NODI'R** Diweddariad Uwchgyfeirio IGDC a'r newid yn y lefel er **SICRWYDD**	Nodwyd er Sicrwydd	Dim i'w nodi
6.2	**Adroddiad Cyllid** Cyflwynodd Chris Moreton (CM), Cyfarwyddwr Cyllid Dros Dro, set o sleidiau yn tynnu sylw at sefyllfa ariannol IGDC: • Roedd IGDC wedi cyflawni'r holl ddyletswyddau statudol a thargedau ariannol yn 2025/26, • Yn adrodd tanwariant refeniw o £0.241m a gwariant cyfalaf o fewn y terfyn. • Cyflawnodd Taliad Perfformiad y Sector Cyhoeddus (PSPP) 99%. • Balans achos diwedd blwyddyn o £4.218m.	Derbyniwyd a Thrafodwyd	Dim i'w nodi

	• Cyflwynwyd cyfrifon drafft i Lywodraeth Cymru ym mis Mai ac roedd adolygiad Archwilio Cymru yn parhau i fod ar y trywydd iawn i'w gwblhau erbyn diwedd mis Mehefin. • Ym mis 1 2026/27, adroddodd IGDC sefyllfa adennill costau gyda thanwariant bach o £0.02m a rhagwelwyd sefyllfa gytbwys ar ddiwedd y flwyddyn, yn amodol ar gyflawni arbedion a lliniaru risgiau allweddol. • Roedd gwariant cyfalaf yn £0/722m yn erbyn dyraniad o £3.649m. Nododd y Bwrdd y prif risgiau sy'n ymwneud ag ansicrwydd cyllido DPIF, cyflawni'r targed arbedion o £5.74m a diffyg sylfaenol o tua £0.9m. Gofynnwyd am gymeradwyaeth i ddefnyddio cyfalaf dewisol o £2.9m dros dro fel cyllid pontio yn chwarter 1, gan aros am gadarnhad o gyllid Llywodraeth Cymru. Trafododd y Bwrdd yr ansicrwydd ynghylch cyllid DPIF a nododd fod y defnydd arfaethedig o gyfalaf dewisol yn fesur dros dro i gynnal parhad hanfodol y rhaglen gan osgoi ymrwymo i wariant newydd. Ceisiodd yr aelodau sicrwydd ynghylch cynnydd wrth nodi arbedion ychwanegol. Adroddwyd bod adolygiadau cyfarwyddiaethau wedi cynhyrchu opsiynau pellach, ond bod penderfyniadau'n parhau i ddibynnu ar gadarnhad o gyllid DPIF, cwblhau'r cynllun arbedion a chwblhau'r adolygiad sylfaenol. Cadarnhawyd y byddai dull dilyniannol yn cael ei gymryd wrth i benderfyniadau ariannu pellach gael eu derbyn, gan alluogi adolygiad o ba raglenni ddylai barhau, oedi neu leihau. Nododd yr aelodau fod y mecanwaith ariannu wedi dibynnu ar ddyraniadau rhaglenni unigol, gan leihau hyblygrwydd ar draws y portffolio. **Penderfynodd y Bwrdd:** **DDERBYN** A **THRAFOD** cynnwys yr adroddiad ariannol ar gyfer 30 Ebrill, y rhagolygon ar gyfer cyflawni targedau ariannol; **NODI'R** sefyllfa ariannol cyn archwiliad ar gyfer 2025/26 a **CHYMERADWYO'R** dull o reoli ariannol Cyfalaf Dewisol yn Ch1.		
6.3	**Adroddiad Caffael Strategol** Cyflwynodd CM yr adroddiad yn ceisio cymeradwyaeth ar gyfer cynnydd o £371k (heb gynnwys TAW) i **P982 Cymorth a Chynnal a Chadw Rhwydweithio –** cymorth a chynnal a chadw rhwydweithio Computacenter (UK) Ltd, gan gynyddu cyfanswm gwerth y contract o £742k i ddarparu digon o le ar gyfer gofynion ychwanegol dros y tymor tair blynedd hyd at fis Tachwedd 2028. Nodwyd y byddai'r cynnydd yn galluogi cydgrynhoi nifer o drefniadau cymorth a chynnal a chadw ar wahân i mewn i un cytundeb sylfaenol, gan leihau costau gweinyddol a symleiddio rheoli contractau, gyda chyllid i'w dalu o gyllidebau presennol. Yn ystod y drafodaeth, ceisiwyd eglurhad ynghylch pam nad oedd y gofynion hyn wedi'u nodi pan osodwyd y contract yn wreiddiol; cydnabuwyd y dylid bod wedi cydnabod y cyfle i gydgrynhoi yn gynharach a byddai hyn yn cael ei adolygu. Nododd y Bwrdd nad oedd y cynnig yn cynrychioli cynnydd net	Cymeradwywyd	Dim i'w nodi

	cyffredinol mewn costau, ond yn hytrach yn rhesymoli trefniadau presennol. **Penderfynodd y Bwrdd:** **GYMERADWYO'R** canlynol: Estyniad contract **Cymorth a Chynnal a Chadw Rhwydweithio P982** a chynnydd mewn gwerth		
6.4	**Y Gofrestr Risg Gorfforaethol** Cyflwynodd CD adroddiad y Gofrestr Risg Gorfforaethol gan hysbysu bod gan Gofrestr Risg Gorfforaethol IGDC 20 o risgiau ar y gofrestr ar hyn o bryd, ac roedd 16 ohonynt wedi'u manylu yn yr adroddiad a phedair risg breifat a ystyriwyd ym mhob Pwyllgor Llywodraethu Digidol a Diogelwch. Tynnodd CD sylw at y chwe risg newydd canlynol: - • **Risg IGDC 0354** Oedi ac Adolygu Cyllid DPIF. Roedd ansicrwydd ynghylch cyllid yn y dyfodol ar gyfer rhaglenni a ariennir gan DPIF sy'n gysylltiedig ag IGDC, gan gynrychioli risg ariannol sylweddol. • **Risg IGDC 0355** – Llythyr Cylch Gwaith Saib Recriwtio. Effaith bosibl y gallai hyn ei chael ar ddarpariaeth, morâl a lles staff. • **Risg IGDC 0357** - Rhaid prosesu Data Personol yn unol ag egwyddorion diogelu data. • **Risg IGDC 0358** – Efallai na fydd modd darparu datrysiad newydd o fewn amserlenni machlud Audit+ a PDES. Amlinellwyd y camau lliniaru ar gyfer y risgiau Audit+, gan gynnwys ymgynghori â Swyddfa'r Comisiynydd Gwybodaeth, datblygu dyluniad technegol amgen, ac ystyried ateb tactegol dros dro i leihau'r risg uniongyrchol sy'n gysylltiedig â'r system bresennol yn mynd i wasanaeth ym mis Ebrill 2027. • Trafodwyd dau risg breifat yng nghyfarfod DG&S. • **Risg IGDC 0333** Gofal Critigol – adroddwyd bod pedwar o'r pum bwrdd iechyd wedi ymrwymo i ddyddiadau gweithredu, gydag un bwrdd iechyd i gadarnhau eto. Roedd ymgysylltu parhaus yn digwydd i sicrhau'r ymrwymiad hwn. Nodwyd bod y mater wedi'i uwchgyfeirio trwy drefniadau llywodraethu digidol cenedlaethol i geisio cadarnhad o ddyddiadau gweithredu gan bob bwrdd iechyd. Yn y drafodaeth, ceisiwyd eglurhad ynghylch ystyr 'ymyrraeth lywodraethu' a eglurwyd fel y term a ddefnyddir o fewn ffurflenni misol i Fwrdd Cyflawni DDaT i nodi materion y mae angen eu huwchgyfeirio trwy lwybrau llywodraethu ffurfiol. Adlewyrchwyd ymhellach fod y cynnydd mewn risgiau yn gyson â'r pwysau cyflawni a chyllid cynyddol sy'n cael eu rheoli ar draws y sefydliad ar hyn o bryd a bod goruchwyliaeth y Bwrdd o'r risgiau hyn yn bwysig.	Derbyniwyd a Thrafodwyd	Dim i'w nodi

	Penderfynodd y Bwrdd: **DDERBYN** y Gofrestr Risg Gorfforaethol		
6.5	**Adroddiad Perfformiad** Cyflwynodd CD yr Adroddiad Perfformiad, gan dynnu sylw at y pwyntiau allweddol canlynol:- • Mae nifer y staff yn IGDC yn sefydlog, ond mae'n debyg y bydd oedi wrth recriwtio yn arwain at ostyngiad dros yr wythnosau/misoedd nesaf. • Mae trosiant staff ar hyn o bryd ar ei isaf ers 12 mis • Mae cydymffurfiaeth â gwerthuso wedi gostwng i isafswm o 80.38% ac mae wedi bod islaw'r targed o 85% ers mis Ionawr 2026. • Argaeledd gwasanaeth uchel (99.997%) ar gyfer cynhyrchion digidol a datrys digwyddiadau gwell o fewn y CLG • Mae boddhad y Ddesg Wasanaeth yn rhagori ar ei tharged o 95% o foddhad. • Mae nifer y defnyddwyr unigryw ar Borth Clinigol Cymru yn tyfu'n araf, bellach dros 47,000 o ddefnyddwyr unigryw • Mae Problemau Gweithredol gydag achos gwreiddiol wedi'i nodi yn parhau i fod islaw'r targed, bellach yn 56.9% yn erbyn targed o 60%. Mae adolygiad o'r broses bresennol ar gyfer ymdrin â Phroblemau mewn Pwynt Gwasanaeth yn cael ei gynnal. • Mae cyfrifon segur wedi dangos rhywfaint o welliant dros y misoedd blaenorol ond maent wedi cynyddu'r mis hwn, sy'n dangos diffyg gostyngiad cynaliadwy. Mae hyn yn parhau i wanhau rheolaethau mynediad a chynyddu'r risg o fynediad heb awdurdod a pheryglu data ac felly mae'n parhau i fod yn bryder seiberddiogelwch system gyfan sy'n gofyn am ffocws parhaus. • Mae gan Oedi ac Adolygu DPIF oblygiadau ar gyfer amseroldeb cyflwyno rhaglenni • Mae darpariaeth Rhaglen RISP wedi symud i 2026/27 • Mae rhaglen LIMS yn statws Coch Melyn Gwyrdd coch, wedi symud y ddarpariaeth i 2026/27 hefyd, gyda chostau ac oedi ychwanegol yn codi • Mae rhaglen mudo meddygon teulu ar y trywydd iawn i'w chwblhau ym mis Mai 2026, gyda 193 o feddygfeydd wedi mudo o Vision i Optom, cyn y cynllun amserlen gwreiddiol. • EPS - Mae'r defnydd o'r Gwasanaeth Presgripsiynau Electronig (EPS) yn parhau i ehangu, mae'r nifer sy'n cael presgripsiwn yn parhau i dyfu, gyda dros 20 miliwn o eitemau presgripsiwn EPS wedi'u prosesu hyd yn hyn, gyda nifer y safleoedd byw yn cynyddu (i 814, sy'n dangos). • Mae defnydd Ap GIG Cymru hefyd wedi parhau i dyfu, gyda mewngofnodiadau unigol yn cyrraedd dros 326,000. • Mae dangosfyrddau gwybodaeth IGDC yn parhau i dderbyn ymhell dros 1,300 o ymweliadau'r mis.	Derbyniwyd a Thrafodwyd	

	• Cyflawnwyd 360 o gerrig milltir CTCI (94%) ar gyfer 2025/26, mae IGDC bellach yn olrhain cyflawniad cerrig milltir ar gyfer 2026/27. Croesawodd yr aelodau'r perfformiad gweithredol cryf o ran argaeledd gwasanaeth a nodasant welliannau gwasanaeth a gynlluniwyd, gan gynnwys gweithredu tîm rheoli digwyddiadau mawr ac offeryn rheoli gwasanaethau TG newydd. Mewn perthynas â chyfrifon segur, roedd yr aelodau'n ceisio mwy o dryloywder drwy adrodd ar lefel sefydliadol a nodwyd bod fforymau presennol eisoes yn darparu goruchwyliaeth a chydlynu cyn cytuno'n ffurfiol i sefydlu Bwrdd Seiber Cenedlaethol. Nododd yr aelodau fod y trefniadau presennol yn gweithredu'n ymarferol fel strwythur seiberlywodraethu de facto, er y byddai ffurfioli yn fuddiol. **CAM GWEITHREDU 20260528-A01: Gwybodaeth am gyfrifon segur i'w hadrodd gan Gorff y GIG.** Trafododd yr aelodau hefyd yr angen am fwy o sicrwydd bod dangosyddion perfformiad allweddol seiber cenedlaethol y cytunwyd arnynt yn cael eu hadrodd yn gyson trwy fyrddau lleol a chefnogasant drafodaeth bellach gyda Chadeiryddion ac Is-gadeiryddion GIG Cymru ynghylch disgwyliadau adrodd seiber. **CAM GWEITHREDU 20260528-A02: Sesiwn friffio seiber i'w drefnu ar gyfer y Grwpiau Cyfoedion Cadeirydd ac Is-gadeirydd.** Mynegodd yr aelodau bryder ynghylch cydymffurfiaeth ag arfarniadau, a oedd yn parhau i fod islaw'r targed, a chytunwyd bod angen craffu pellach trwy adroddiad mwy manwl i'r Pwyllgor Archwilio, gan gynnwys dadansoddiad ar lefel tîm, meincnodi ar draws GIG Cymru ac ystyried effeithiau amseru ar adrodd. **CAM GWEITHREDU 20260528-A03: Gwahodd y Cyfarwyddwr Pobl a Datblygu Sefydliadol i'r Pwyllgor Archwilio a Sicrwydd nesaf a chyflwyno dadansoddiad o pam nad oedd targedau gwerthuso yn cael eu cyrraedd yn gyson.** Mynegodd yr aelodau **Penderfynodd y Bwrdd:** **DDERBYN** yr Adroddiad Perfformiad.		CAM GWEITHREDU 20260528-A01 CAM GWEITHREDU 20260528-A02 CAM GWEITHREDU 20260528-A01
6.6	[Adroddiad Uchafbwyntiau'r Pwyllgor Cyflawni Portffolio <https://dhcw.nhs.wales/about-us/board-committee-and-advisory-boards/portfolio-delivery-committee/>](#) Rhoddodd David Selway, Cadeirydd y Pwyllgor Cyflawni Rhaglenni, y wybodaeth ddiweddaraf am y cyfarfod a gynhaliwyd ar 30 Ebrill. Nodwyd cynnydd sylweddol yn nifer y rhybuddion ers y cyfarfod diwethaf, gyda saith wedi'u codi i gyd, chwech ohonynt yn ymwneud â'r oedi cyllido DPIF. Dywedodd DS, er bod y rhesymeg dros yr oedi wedi'i deall a'i chefnogi, fod ei amseriad wedi	Derbyniwyd er Sicrwydd	Dim i'w nodi

	effeithio'n andwyol ar gyflwyno rhaglenni mawr. Am ragor o wybodaeth am y Pwyllgor Cyflawni Rhaglenni, dilynwch y ddolen yn y teitl neu sganiwch y cod QR canlynol. **Penderfynodd y Bwrdd:** **DDERBYN** Adroddiad ar Brif Bwyntiau'r Pwyllgor Cyflawni Rhaglenni er **SICRWYDD**.		
6.7	'Adroddiad ar Brif Bwyntiau'r Pwyllgor Archwilio a Sicrwydd <https://dhcw.nhs.wales/about-us/board-committee-and-advisory-boards/audit-and-assurance-committee/> Rhoddodd Marian Wyn Jones, Cadeirydd y Pwyllgor Archwilio a Sicrwydd, y wybodaeth ddiweddaraf am y cyfarfod a gynhaliwyd ar 7 Ebrill 2026. Nododd y Pwyllgor:- • Y newidiadau diweddar mewn deddfwriaeth caffael, gan gynnwys y goblygiadau i IGDC ac ymateb y sefydliad i'r gofynion newydd. • Diweddariad ar gydymffurfiaeth â Safonau'r Gymraeg a'r cynnydd sy'n cael ei wneud i'w rhoi ar waith. • Roedd disgwyl adroddiad ar Drawsnewid Digidol gan Archwilio Cymru, fodd bynnag, roedd archwilwyr wedi cael anawsterau wrth symud y gwaith hwn ymlaen oherwydd pwysau ehangach ar draws y GIG. Hysbyswyd yr aelodau y byddai adroddiad drafft yn cael ei gyflwyno yn y cyfarfod nesaf ym mis Gorffennaf. I gael rhagor o wybodaeth am y Pwyllgor Archwilio a Sicrwydd, dilynwch y ddolen yn y teitl neu sganiwch y cod QR canlynol. **Penderfynodd y Bwrdd:** **DDERBYN** yr Adroddiad ar Brif Bwyntiau'r Pwyllgor Archwilio a Sicrwydd er **SICRWYDD**.	Derbyniwyd er Sicrwydd	Dim i'w nodi
6.8	Y Pwyllgor Llywodraethu a Diogelwch Digidol Rhoddodd Alistair Klaas Neill, Cadeirydd y Pwyllgor Llywodraethu Digidol a Diogelwch (AKN) y wybodaeth ddiweddaraf am y cyfarfod a gynhaliwyd ar 18 Mai 2026. • Adolygwyd y risgiau corfforaethol. • Ni adroddwyd am unrhyw ddigwyddiadau seiber sylweddol yn ystod y cyfnod. • Trafodwyd y ffocws sy'n dod i'r amlwg ar Lywodraethu Deallusrwydd Artiffisial.	Derbyniwyd er Sicrwydd	Dim i'w nodi

	Am ragor o wybodaeth am Bwyllgor Llywodraethu Digidol a Diogelwch IGDC dilynwch y ddolen yn y teitl neu fel arall sganiwch y cod QR canlynol. **Penderfynodd y Bwrdd:** **DERBYN** yr Adroddiad Uchafbwyntiau Llywodraethu Digidol a Diogelwch er **SICRWYDD**		
RHAN 7 – MATERION I GLOI			
7.1	**Unrhyw Faterion Brys Eraill** Ni chodwyd unrhyw faterion busnes brys eraill.	Trafodwyd	Dim i'w nodi
7.2	**Dyddiad y Cyfarfodydd Nesaf:** Dydd Iau 30 Gorffennaf 2026 Daeth y cyfarfod i ben am 14:40	Nodwyd	Dim i'w nodi

Cyfarfod Eithriadol Bwrdd AIA IGDC – CYHOEDDUS – Cofnodion heb eu cadarnhau

Cofnodion Cyfarfod Bwrdd Eithriadol Awdurdod Iechyd Arbennig (AIA) Iechyd Digidol a Gofal Cymru (IGDC) a gynhaliwyd ddydd Iau 25 Mehefin 2026 fel cyfarfod rhithwir a ddarlledwyd yn fyw dros Zoom.

09:30 – 09:50 | 25 Mehefin 2026 | ZOOM

Aelodau'n Bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Ruth Glazzard	RG	Cadeirydd Dros Dro'r Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
David Selway	DS	Is-gadeirydd Dros Dro	Iechyd a Gofal Digidol Cymru (IGDC)
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	Iechyd a Gofal Digidol Cymru (IGDC)
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	Iechyd a Gofal Digidol Cymru (IGDC)
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a Gofal Digidol Cymru (IGDC)
Marilyn Bryan Jones	MBJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Marian Wyn Jones	MWJ	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Chris Moreton	CM	Cyfarwyddwr Cyllid Dros Dro	Iechyd a Gofal Digidol Cymru (IGDC)
Alistair Klaas Neill	AKM	Aelod Annibynnol	Iechyd a Gofal Digidol Cymru (IGDC)
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru (IGDC)

Yn bresennol	Llythrennau Cyntaf	Teitl	Sefydliad
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru (IGDC)
Paul Evans	PE	Aelod Cyswllt o'r Bwrdd – Undeb Llafur	Iechyd a Gofal Digidol Cymru (IGDC)

Yn arsylwi	Teitl	Sefydliad
Jenilee Cardy	Uwch Swyddog Cyfathrebu	Iechyd a Gofal Digidol Cymru (IGDC)
Julie Robinson	Cydlynydd Llywodraethu Corfforaethol/Risg	Iechyd a Gofal Digidol Cymru (IGDC)
Laura Tolley	Dirprwy Ysgrifennydd y Bwrdd | Pennaeth Llywodraethu Corfforaethol	Iechyd a Gofal Digidol Cymru (IGDC)

Ymddiheuriadau	Teitl	Sefydliad
Sam Lloyd	Cyfarwyddwr Gweithredol Gweithrediadau	Iechyd a Gofal Digidol Cymru (IGDC)

Acronymau			
Iechyd a Gofal Digidol Cymru (IGDC)	Iechyd a Gofal Digidol Cymru	AIA	Awdurdod Iechyd Arbennig
CEO	Prif Swyddog Gweithredol	IM	Aelod Annibynnol
LLC	Llywodraeth Cymru		

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	Cam Gweithredu
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	**Croeso ac Ymddiheuriadau** Croesawodd y Cadeirydd Dros Dro bawb i Gyfarfod Bwrdd Eithriadol AIA Iechyd a Gofal Digidol Cymru a gynhaliwyd i gymeradwyo Cyfrifon Blynyddol Terfynol 2025/26 ac Adroddiad Blynyddol 2025/26 IGDC. Cadarnhaodd y Cadeirydd fod yr	Nodwyd	Dim i'w nodi

	Adroddiad Blynyddol a'r Cyfrifon drafft wedi'u hadolygu'n fanwl gan y Pwyllgor Archwilio a Sicrwydd ym mis Mai 2026, a'u bod wedi bod yn destun goruchwyliaeth reolaidd drwy gydol eu datblygiad gan y tîm Gweithredol. Cadarnhaodd y Cadeirydd fod y cyfarfod yn cael ei ddarlledu'n fyw drwy Zoom ac yn ogystal, byddai'r recordiad ar gael drwy wefan IGDC i unrhyw un na allai gael mynediad i'r cyfarfod yn fyw.		
1.2	**Ymddiheuriadau am Absenoldeb** Cafwyd ymddiheuriadau gan: • Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau	Nodwyd	Dim i'w nodi
1.3	**Datganiadau o Fuddiannau** Nid oedd unrhyw ddatganiadau o fuddiannau i'w nodi.	Nodwyd	Dim i'w nodi
BUSNES Y CYFARFOD			
RHAN 2 – PRIF AGENDA			
2.1	**Adborth gan Gadeirydd y Pwyllgor Archwilio** Dywedodd Cadeirydd y Pwyllgor Archwilio a Sicrwydd fod y Pwyllgor wedi adolygu'r cyfrifon drafft a'r adroddiad blynyddol ym mis Mai 2026 ac wedi hynny wedi cymeradwyo'r cyfrifon wedi'u harchwilio, yr Adroddiad Blynyddol a'r Llythyr Cynrychiolaeth ar gyfer 2025/26, ac wedi argymell y rhain i'r Bwrdd i'w cymeradwyo yn ei gyfarfod Pwyllgor eithriadol a gynhaliwyd ar 24 Mehefin 2026. Nododd y Bwrdd:- • Yr adborth cadarnhaol gan Archwilio Cymru, gan gynnwys y farn archwilio ddiamod a gynlluniwyd, dim problemau sylweddol na chamddatganiadau heb eu cywiro, a chanmoliaeth i ymgysylltiad a chydweithrediad IGDC drwy gydol yr archwiliad. • Barn Pennaeth Archwilio Mewnol, a roddodd sicrwydd sylweddol o ran llywodraethu, rheoli risg a rheolaeth fewnol, gan gydnabod yr angen i gynnal ffocws ar argymhellion heb eu cwblhau a meysydd sy'n gysylltiedig â chyflawni rhaglenni mawr. • Bod IGDC wedi symud o lefel uwchgyfeirio 3 i ymyrraeth dargedig Lefel 4 mewn perthynas â chyflawni rhaglenni mawr. Cydnabu'r Bwrdd fod rhai canfyddiadau archwilio yn ddibynnol ar bartneriaid ehangach GIG Cymru ac nad oeddent yn gyfan gwbl o fewn rheolaeth uniongyrchol IGDC. • Y ddwy risg hysbys a nodwyd gan Archwilio Cymru mewn perthynas â darpariaethau a rhwymedigaethau amodol sy'n deillio o fater TAW Microsoft, a balansau asedau'r rhaglen, y ddau ohonynt yn destun monitro gweithredol. **Penderfynodd y Bwrdd:** **NODI'R** Adborth gan Gadeirydd y Pwyllgor Archwilio a Sicrwydd.	Nodwyd	Dim i'w nodi

2.2	**Cyfrifon Blynyddol Terfynol Iechyd a Gofal Digidol Cymru 2025/2026** • **Datganiadau Ariannol (wedi'u cynnwys yn eitem 2.3 ar yr agenda)** • **Archwiliad Cyfrifon Archwilio Cymru (ISA260) (gan gynnwys Llythyr Cynrychiolaeth)** Cyflwynodd Chris Moreton, Cyfarwyddwr Cyllid Dros Dro (CM) y cyfrifon, gan nodi'r flwyddyn heriol a gafodd IGDC, gan gynnwys pwysau ychwanegol ar y tîm cyllid ac absenoldebau allweddol yn ystod y flwyddyn. Diolchodd i'r Tîm Gweithredol a'r Bwrdd am eu cefnogaeth yn dilyn ei benodiad yn Gyfarwyddwr Cyllid Dros Dro, a chydnabu gyfraniad cydweithwyr ar draws IGDC wrth gynhyrchu'r cyfrifon blynyddol. Gofynnwyd i'r Bwrdd nodi'r canlynol: • Roedd IGDC wedi cyflawni'r ddwy ddyletswydd ariannol statudol ar gyfer 2025-26, gan adrodd tanwariant refeniw o £0.241m a thanwariant cyfalaf o £0.095m, ac wedi cyflwyno ei Gynllun Tymor Canolig Integredig. Roedd y tîm cyllid hefyd wedi cyflawni gofynion ychwanegol, gan gynnwys adolygiad sylfaenol Llywodraeth Cymru ac asesiad gafael a rheolaeth. • Bwriad Archwilio Cymru i gyhoeddi barn ddiamod, heb unrhyw faterion arwyddocaol i'w hadrodd a dim camddatganiadau heb eu cywiro. Amlygwyd canlyniad yr archwiliad fel un a roddodd sicrwydd i Fwrdd yr AIA ynghylch sefyllfa ariannol IGDC yng nghyd-destun ei statws uwchgyfeirio Lefel 4. **Penderfynodd y Bwrdd:** **GYMERADWYO** Cyfrifon Blynyddol Terfynol IGDC 2024/2025; • Datganiadau Ariannol (wedi'u cynnwys yn eitem 2.3 ar yr agenda); • Adroddiad ISA260 Archwilio Cymru (gan gynnwys Llythyr Cynrychiolaeth)	Cymeradwywyd	Dim i'w nodi
2.3	**Adroddiad Blynyddol IGDC 2025-26 (gan gynnwys Adroddiad Atebolrwydd, Adroddiad Perfformiad a Datganiadau Ariannol)** Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd grynodeb o drosolwg yr adroddiad blynyddol ar gyfer 2025-26, gan dynnu sylw at yr adroddiad perfformiad, yr adroddiad atebolrwydd a'r datganiadau ariannol. Nodwyd y pwyntiau canlynol: • byddai'r adroddiad yn cael ei gyhoeddi fel un ddogfen, yn cynnwys yr Adroddiad Perfformiad, yr Adroddiad Atebolrwydd a'r Datganiadau Ariannol, ac yn darparu cyfrif teg, cytbwys a dealladwy o weithgareddau IGDC yn ystod y flwyddyn . • Roedd adborth gan Lywodraeth Cymru, Archwilio Cymru, Archwilio Mewnol a'r Pwyllgor Archwilio wedi'i ymgorffori yn y drafft terfynol a gyflwynwyd i'w gymeradwyo.	Cymeradwywyd	Dim i'w nodi

	• Yn amodol ar gymeradwyaeth, byddai'r adroddiad yn cael ei gyhoeddi a'i gyflwyno gyda'r cyfrifon i Archwilydd Cyffredinol Cymru, cyn y Cyfarfod Cyffredinol Blynyddol/cyfarfod cyhoeddus ar 30 Gorffennaf . • Er mwyn caniatáu mwy o hygyrchedd ac i gynrychioli IGDC fel sefydliad digidol, bydd yr adroddiad hefyd yn cael ei gyhoeddi mewn fformat HTML a fydd yn cael ei hyrwyddo'n weithredol. **Penderfynodd y Bwrdd:** **GYMERADWYO** Adroddiad Blynyddol IGDC.		
RHAN 3 – MATERION I GLOI			
3.1	**Unrhyw Faterion Brys Eraill** Ni chodwyd yr un mater brys arall.	Trafodwyd	Dim i'w nodi
3.2	**Dyddiad ac Amser y Cyfarfod Nesaf** • Dydd Iau 30 Gorffennaf 2026; • Fe'i dilynir gan y Cyfarfod Cyffredinol Blynyddol Daeth y cyfarfod i ben am 09:52	Nodwyd	Dim i'w nodi

Title	Date of Meeting	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status	Business Area	Session Type
28-052026-PUB-A01	28/05/2026	Dormant account information to be reported by NHS body - related to Performance report	Sam Lloyd (DHCW - Executive Director of Operations);#1281	29/06/2026	A Task & Finish group was established to remediate weak passwords and dormant accounts, with a target completion of end September 2026. The first meeting was on the 29th May with cyber leads from all organisations involved, and will meet monthly or as more frequently if required. During the meeting the following was discussed and agreed: T&F group scope and timelines Identification of quick wins Standardisation of approach and definitions Standard reporting approach National coordination and communications		Underway		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 arrnaged for this		Underway		Public
28-052026-PUB-A03	28/05/2026	Director of People and OD to be invited to the next Audit & Assurance Committee to present a deep dive on why appraisal targets are not being met.	Chris Darling (DHCW - Director of Corporate Affairs / Board Secretary);#20	04/06/2026	Director of People and OD invited to the next A&A meeting on 14/07/26		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:	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:	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	July 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 30 July 2026:

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

4.2 In addition, the following items have been added to the Forward Workplan 2026-27 and are scheduled to be presented to the 24 September 2026 meeting:

Item	Executive Lead	
2026/27 Q1 & Q2 SDP CAP Full Return	Director of Corporate Affairs/Board Secretary	
Action log	Director of Corporate Affairs/Board Secretary	
AI Governance Framework	Executive Director of Operations	
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 Report	Director of Corporate Affairs/Board Secretary	
Declarations of interest	Chair	
DHCW Quantitative Decarbonisation Return 2025-26	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	
Minutes	Director of Corporate Affairs/Board Secretary	
National Target Architecture (alt main agenda & CEO report)	Executive Director of Strategy	
Perfomance Report	Director of Corporate Affairs/Board Secretary	
Shared Listening & Learning Annual Review	Executive Medical Director	
Shared Listening and Learning	Executive Medical Director	
Strategic Primary, Community and Mental Health Update	Director of Primary, Community and Mental Health Digital Services	
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
SENIOR INFORMATION RISK OWEE ANNUAL REPORT 2026

Eitem ar yr Agenda: Agenda Item:	2.4

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:	Sam Lloyd, Executive Director of Operations
Paratowyd gan: Prepared By:	Mark Edwards, Chief Information Security Officer
Cyflwynwyd gan: Presented By:	Sam Lloyd, Executive Director of Operations

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE 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
	DHCW has a duty to ensure information is safe
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	DHCW has a legal duty to protect its data
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
Mark Edwards, Chief Information Security Officer	15/7/2026	Approved
Sam Lloyd, Executive Director of Operations	15/7/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CSRB	Cyber Security Resilience Bill	SOC	Security Operations Centre
NCSC	National Cyber Security Centre	CRU	Cyber Resilience Unit
IG	Information Governance	OES	Operator of Essential Services

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

This report has been prepared for the DHCW board to provide assurance relating to the policies and procedures that the Special Health Authority has in place to manage information risks.

In particular, the report provides:

- Introduction to the Information Risk Management Approach in DHCW.
- A summary of key developments relating to improving Information Risk Management in the financial year 2025-26.
- Information on relevant audits which provide assurance relating to Information Risk Management
- Information and data relating to Information Risk Management

The report concludes with the forward plan of activities which aim to deliver further improvements in Information Risk Management.

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

APPROACH TO INFORMATION RISK MANAGEMENT IN DHCW

This section describes the approach for Information Risk Management in DHCW.

1. Structures

The structure for Information Risk Management within DHCW is as follows:

- The Accountable Officer for Information Risk Management is the Chief Executive Officer (CEO)
- The Senior Information Risk Owner (SIRO) is the Executive Director of Operations. The SIRO acts as an advocate for information risk on the board and in internal discussions.
- The Caldicott Guardian is the Executive Medical Director. This position is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.
- Information Asset Owners. These are responsible for:
    - identifying information assets,

  - ensuring these are recorded on the Information Asset Register,
  - understanding and addressing risks to these information assets.
- Data Protection Officer – This is the Associate Director for Information Governance and Patient Safety. This role is responsible for carrying out certain tasks in relation to personal data (as defined in Article 39 of the UK General Data Protection Regulation).
- Information Governance Team – supporting the work of the Data Protection Officer.
- Cyber Security Team - Providing advice, guidance, tools and services to identify cyber vulnerabilities and coordinating the response to cyber-attacks.
- Cyber Resiliency Unit (CRU) – DHCW host the NHS CRU under delegated authority from Welsh Government who are the Competent Authority. The CRU audits all Operators of Essential Services (OES) against NIS Regulations, which includes all health boards, trusts and special health authorities.
- Corporate Power BI Team. Responsibility for ensuring compliance with the Power BI Assurance Framework.

2. Oversight and Assurance

Oversight and assurance for Information Risk Management is provided by the following:

- Digital Governance and Safety (DG&S) Committee. The committee provides oversight and assurance for the following:
  - Information Governance,
  - Information Services,
  - Cyber Security,
  - Notifiable Events, including those relating to Clinical, Technical, Cyber-Security, Information Governance, Health and Safety and Business Continuity,
  - Incident Review and Learning,
  - Welsh Informatics Assurance processes.
- Audit and Assurance Committee (A&A) Committee. In this context (Information Risk Management) the Audit and Assurance Committee provides oversight and assurance for the following:
  - DHCW Risk Management,
  - Outcomes of various audits – tracking the progress of any audit actions. These include ISO27001 (Information Security Management) and BS10008 (Evidential Weight and Legal Admissibility of Electronic Information),
  - DHCW Quality Management Systems.

3. Processes and Controls

Within DHCW, there are a number of processes and controls that are in place to assist with Information Risk Management.

- Information Governance Strategy for DHCW
- Data Protection Impact Assessments, linking with the DHCW Welsh Informatics Assurance Group (WIAG) process
- Information Asset SOP
- Information Sharing Agreements
- Submission of the annual Welsh Information Governance Toolkit

- Cyber Security Policies, Processes and Controls
- Information Governance Policies, Processes and Controls, including management of personal data breaches using the Once for Wales CMS system, Datix
- Power BI Assurance Framework
- Annual CAF assessment by the CRU

4. Tools

The following digital tools are used to help reduce risks relating to information assets.

- The National Integrated Intelligent Auditing Service (NIIAS) is a proactive monitoring tool, which identifies potential inappropriate access to clinical records for many national systems.
- Cyber security tools. DHCW utilise several cyber security tools to identify vulnerabilities and to detect intruders/attacks on our systems.
- Secure File Sharing Portal. This is a system which allows the secure transfer of sensitive information to recipients inside or outside the NHS Network.

5. Risk Appetite

The risk appetite for the domains relating to Information Risk Management are as follows.

Domain	Definition	Appetite	Articulated Statement
Information – Storing and maintaining	Impacts upon the organisation's ability to safely store, maintain and transform data.	Adverse	DHCW recognise the importance of an adverse approach to the safety of data stored and managed by the organisation and will accept little to no risk impact in this area.
Information – Access and Sharing	Impacts upon the organisation's ability to transform, access, share and use data.	Cautious	Access and sharing of data will enable further benefit and value from data. DHCW will accept a small amount of risk to allow access and sharing of data for potential wide reaching and transformational benefits
Compliance	Impacts upon the organisation's conformance with legal obligations and statutory duties and its compliance with regulatory requirements	Adverse	DHCW must be averse to risks that could impact upon its compliance with law and regulation. It will ensure robust processes and systems are in place to ensure

			obligations are appropriately managed and risk reduced to the lowest practical level.
Service Delivery	Impacts upon the intended/expected/contracted delivery of the organisation's services.	Cautious	Delivery of DHCW's core operational services must be protected from adverse impact from risks, while recognising that pursuing certain activities may result in some minor or short-term disruption to those services.
Reputational	Impacts upon the organisation's reputation amongst all or some of its stakeholders including the general public.	Cautious	Damage to the DHCW's reputation can undermine stakeholder confidence and be costly to remedy, so only risks with a low reputational impact will be acceptable.

The tolerance level for risks are detailed in the table below. The risk rating is determined using the formula:

- Impact [1 – 5] x Likelihood [1 – 5]

PORTFOLIO TOLERANCES

Approach	Tolerance
Adverse	Risks with rating 9 or above are reported to the Board
Cautious	Risks with rating 12 or above are reported to the Board
Moderate	Risks with rating 15 or above are reported to the Board
Open	Risks with rating 20 or above are reported to the Board
Hungry	Risk with rating 25 of above are reported to the Board

UPDATES ON KEY DEVELOPMENTS RELATING TO INFORMATION RISK MANAGEMENT

This section provides summary of progress on plans detailed in the 2024/25 report and other related initiatives.

1. National Security Information and Event Monitoring (SIEM) Automation

Deployment of the NHS Wales National SIEM has been formally completed and the platform continues to provide centralised cyber security monitoring across Health Boards, Trusts and Special Authorities. The service is ingesting 90 terabytes of data and more than 12 billion log items per month from security devices and relevant systems across NHS Wales.

Over the last year, progress has continued on the development of national SIEM automation rules within existing staffing and funding resources. This has included further work to define automation scope, standardise detection logic, and develop automated workflows to support the investigation, enrichment and escalation of high-priority cyber security events.

The automation work is being progressed in a proportionate and controlled manner, with human oversight retained for higher-impact response actions. This ensures that automation improves consistency, speed and efficiency without introducing unacceptable operational risk.

The SIEM also supports national cyber monitoring and escalation arrangements, including out-of-hours response where organisations have adopted the national service through an SLA. This provides a more consistent capability to identify, triage and escalate cyber security events across NHS Wales.

AI-driven analytics rules remain planned as part of the continued development of the SIEM and wider SOC capability. However, implementation is dependent on the outcome of national Microsoft licensing agreements and the availability of appropriate tooling. Once licensing and enabling capabilities are confirmed, priority use cases will be assessed for alert triage, investigation support and analyst decision support.

2. Cyber Governance & Strategic Planning

Terms of Reference for National Cyber Security Board were submitted to Welsh Government over a year ago with several discussions since, and DHCW is awaiting authorisation to formally establish the board. Interim regular meetings with Caldicott Guardians and Senior Risk Information Officers are ongoing and monthly reports sent to National DDaT Leadership board.

3. Cyber Resilience & Compliance

Significant enhancements have been made to audit capability, alignment with regulatory expectations has improved, and preparatory work has commenced for forthcoming changes associated with the Cyber Security and Resilience Bill (CSRB).

The CRU continues to engage with key stakeholders to shape and implement the Bill and its secondary legislation.

Completed the Full 2025 CAF audit programme and Reported to Welsh Government: The 2025 CAF audit programme was delivered in full and the consolidated Welsh Government report was submitted in December 2025.

CAF Profiles, starting with the baseline profile were implemented across all OES and included in the 2025 assurance reports.

Developed a CAF 4.0 self-assessment toolkit and Implemented CAF Profiles Across NHS Wales, embedding the Cyber Assessment Framework (CAF) into national processes.

DHCW underwent a full recertification audit to the revised ISO27001:2022 standard.

DHCW Cyber Security Team continue to support key groups such as WIAG, TDAG and TDA to provide ongoing cyber assurance for new and existing systems.

4. Incident Response & Testing

A National Incident Response exercise facilitated by PwC with all Health Boards, Trusts and SHAs was conducted in September 2025. A report and recommendations document was submitted by PwC.

5. Sensitivity Labelling Pilot

ISO27001 states that "Organisations must apply controls to address identified information security risks. Sensitivity labelling is one such control to manage risks related to data confidentiality and integrity." A project was initiated to define the scope, requirements and design for implementing Microsoft Purview sensitivity labelling for newly created documents within DHCW. The project successfully demonstrated the feasibility of implementing a basic sensitivity labelling scheme and has provided a foundation for future initiatives.

6. Access & Privilege Management

An Endpoint Privilege Manager (EPM) and Password Vault solution with limited Privileged Access Management (PAM) licenses (due to budget constraints) has been procured for DHCW and is awaiting deployment.

7. Network & Perimeter Security

National firewall rule rationalisation is ongoing and has been completed for six Health Boards, Trusts and SHAs, with all other organisations in progress. Progress is dependent on the availability of resources from the participating organisations.

8. Third-Party Supply Chain Compliance

A third-party supply chain management tool Risk Ledger has been deployed to DHCW and is providing important real-time information on supply chain compliance. DHCW have recommended other NHS organisations use the same tool or similar to centrally manage the security of the third-party supply chain.

9. ISO27001:2022 Surveillance Audit

DHCW underwent its first surveillance audit with new provider BSI in June 2026 against ISO/IEC 27001:2022. This 5-day audit resulted in only two minor non-conformances. These related to root cause analysis not consistently recorded for internal audit findings recorded on the i-Passport system and the resolution times for Low and Medium penetration test vulnerabilities. The assessment confirmed that the Information Security Management System (ISMS) remains effective, with strong leadership commitment, mature operational controls, and a robust cyber resilience posture. The audit achieved its objectives, and continued certification was recommended.

10. Retirement of legacy infrastructure

DHCW continues to retire, replace and consolidate legacy infrastructure to reduce technical debt, improve cyber resilience and lower the risk of data loss or service interruption from unsupported or ageing platforms. Where legacy systems must remain in operation, risk is managed through compensating controls, vulnerability management and procurement of Extended Security Updates or equivalent vendor support where appropriate. This remains an ongoing lifecycle activity as further infrastructure reaches end of life.

11. Accreditation with NHS Digital's Secure Email Standard

In October 2025, DHCW successfully renewed the accreditation with NHS Digital's Secure Email Standard (DCB1596). This means that users of the NHS Wales email service can continue to exchange sensitive information, including Patient Identifiable Information, with users of NHSmail (NHS England's email service).

12. Embed and Promote a national Information Governance Framework to enable safe and secure sharing of patient information

DHCW continues to embed the IG Strategy 23/26 across those delivering NHS Wales Services – The IG Framework components described below have all advanced in maturity to create the foundations for safe and secure sharing – A new Strategy for 27/30 is currently being drafted.

13. Finalise a Wales Accord on the Sharing Personal Information (WASPI) Code of Conduct following public and stakeholder consultation

WASPI as a Code of Conduct has been submitted to ICO for approval – Awaiting outcome which is expected in August 2026.

14. Define a procurement for a tool which proactively detects unauthorised access to patient data in NHS IT systems

The National Intelligent Integrated Audit Solution (NIIAS) contract will be renewed in the Autumn of 2026 – Suppliers have been engaged and bids received – DHCW Commerial and IG Teams are working on an outcome and preferred supplier for contract award August 2026.

15. Extend and expand the Information Governance Toolkit to those organisations that want to access patient data in order to deliver efficient health and care services

New versions of the IG Toolkit have been released through 25/26 to allow for a wider range of organisations to demonstrate IG assurance where they already or intend to deliver NHS Services.

16. Establish of a programme to support Welsh Government identified actions in the wider engagement and communication activities of the Data Promise

DHCW stand ready to assist Government on its IG Policy and Framework approaches – WG makes a commitment via various papers and groups on engagement and communication of the use of patient information and wider information sharing.

17. Configure a once for Wales Digital tool for Data Protection Impact Assessments and Information Agreements (DPIA)

DHCW has procured an Information Sharing Gateway (ISG). In the first phases the product will assist on the establishment of information agreements supported by the WASPI Framework. Phasing through 26/27 will support the hosting of national DPIA.

AUDITS

This section provides summary information on audits related to Information Assets / Information Risks.

1. DHCW Cyber Compliance Team standard ISO27001:2022 (Information Security Management System)

In June 2026, DHCW successfully underwent external audit of the ISO27001:2022 standard with only 2 minor non-conformities identified. The DHCW Cyber Compliance team are responsible for the application of ISO27001. The standard provides DHCW with guidance for establishing, implementing, maintaining and continually improving its information security management system (ISMS). To support the ISMS and prepare for surveillance visit the team undertook 16 risk based internal audits.

2. NHS Wales Cyber Resilience Unit – Cyber Assessment Framework Report

In August 2025, DHCW received an assurance report from the NHS Wales Cyber Resilience Unit, into its compliance with the required standards in the NIS Directive [The NIS Regulations 2018 - GOV.UK (www.gov.uk)]. DHCW is scheduled to undergo re-audit in August 2026. The

scope of this Assurance Assessment will be a full review covering the NCSC's CAF 4.0 in its entirety. Following standard practice, the results of the audit will be presented to a DHCW private board meeting with any appropriate actions included in the 3-year cyber plan.

3. Audit Wales Cyber Security Audit

DHCW Cyber Security was audited by Audit Wales in April 2025, with a further audit undertaken in March 2026. These audits evaluated the effectiveness of cyber security controls implemented across national IT infrastructure and networks.

The scope of the audits included:

- a review of the Business Continuity Plan and supporting documentation
- an evaluation of the Cyber Incident Response Plan, including operational procedures and readiness
- an assessment of progress against the Cyber Security Three-Year Plan
- consideration of alignment with current Integrated Medium-Term Plan (IMTP) objectives.

During the March 2026 audit, DHCW demonstrated progress made since the previous review, including amendments to the Cyber Incident Response Plan and supporting operational processes. These updates were made to address audit recommendations and align with recognised good practice.

DHCW also demonstrated continued progress against the Cyber Security Three-Year Plan and relevant IMTP objectives. Improvements have been implemented where they are within DHCW's control and can be delivered without additional funding or resource. Areas requiring further investment or additional capacity will continue to be considered through existing planning, risk management and prioritisation routes.

4. NWSSP Audit - Cyber Resilience Unit

In March 2025, NHS Wales Shared Services Partnership (NWSSP) Internal Audit team conducted an audit of the NHS Wales Cyber Resilience Unit (CRU) hosted by DHCW. The objective of the audit was to review the implementation of the CRU, as the Delegated Authority, Strategy and Target Operating Model. The improvement actions identified were incorporated into the 2025/26 work plan for the CRU and have been implemented where possible. The areas which remain outstanding relate mostly to the maturity of the newly established all Wales Cyber Board, the proposed Cyber Security and Resilience Bill (CSRB) and a governance review by Welsh Government which was intended to provide clarity to the interaction between and itself, the CRU and NHS Wales.

5. NWSSP Audit – Cyber Security Governance

In January and February 2026 NHS Wales Shared Services Partnership (NWSSP) Internal Audit team conducted an audit of the governance process for cyber security, associated risk statements and the management and delivery of improvement plans. The audit concluded reasonable assurance in this area with one key finding having a medium priority risk and one

having a high priority risk.

The medium priority risk was that there was no explicit risk in the corporate risk register for a major cyber-attack such as ransomware. A risk has now been added as recommended. The high priority was that high-risk suppliers did not have the Cyber Essentials Plus accreditation as required in the Welsh Health Circular 2017. It is not feasible for some suppliers to achieve this standard so we accept other risk-based compliance such as ISO27001 as an alternative. DHCW believe that the Welsh Health Circular is out of date and should be updated to reflect modern approaches to supplier management.

6. BS1008

The DHCW Information Governance team manages application of British Standard 10008 (BS10008): Evidential Weight and Legal Admissibility of Electronic Information. The scope of the standard currently covers the DHCW's national data repositories, namely the Welsh Care Records Service (WCRS) and Welsh Results Reporting Service (WRRS). The standard was initially achieved in November 2019, with external surveillance audits annually and reaccreditation granted via external audit in 2025 following a three-year cycle.

7. Welsh Information Governance Toolkit

DHCW continues to meet its Statutory obligations and demonstrable IG compliance via the IG Toolkit – Compliance achieved following completion of the 25/26 audit year.

INFORMATION / DATA

This section provides additional information and statistics relating to Information Governance and Security.

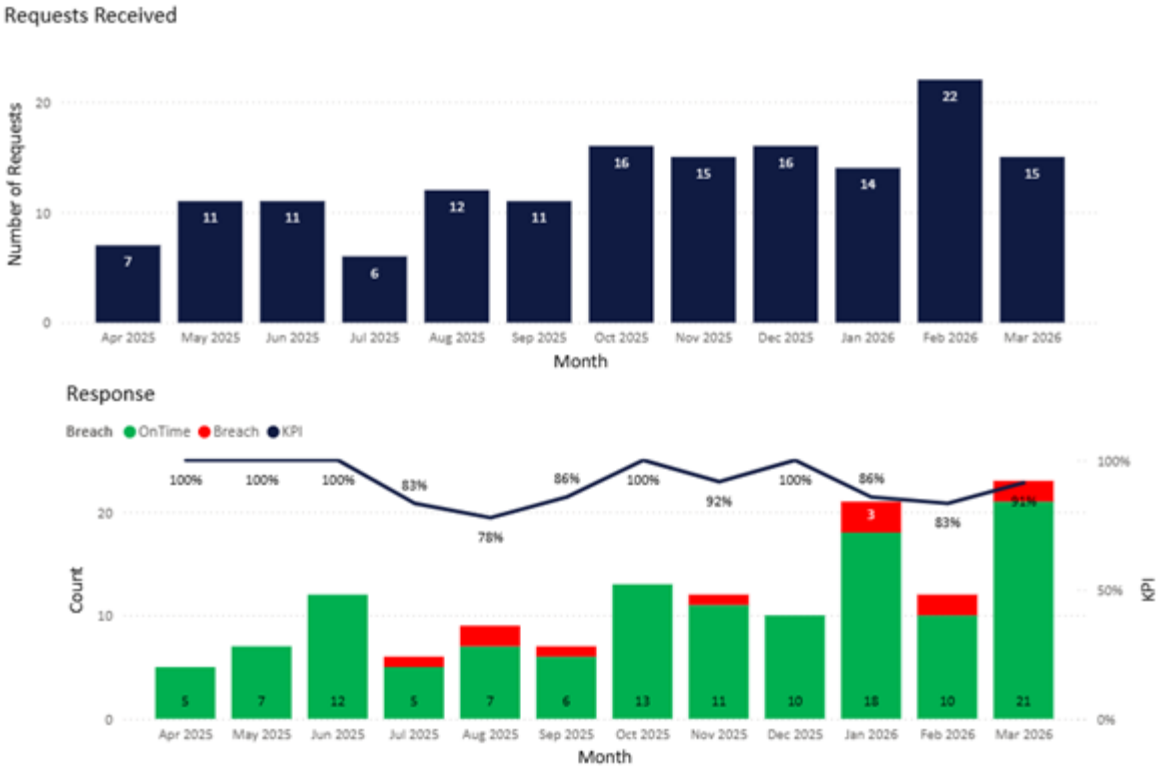
1. Freedom of Information Requests

Under the Freedom of Information Act 2000, members of the public can request information held by public authorities. The DHCW Information Governance team manage the process for handling these requests and ensure DHCW responds to any requests in line with the requirements of the legislation.

A summary of the number of requests received per month and the response rates for 2025/26 are provided below:

2. Individual Rights Requests (including Subject Access Requests) and other Information Governance related requests for information

Between April 2025 and March 2026, DHCW responded to 137 requests made under the Freedom of Information Act. 125 requests were responded to within the statutory timeframes.



Between April 2025 and March 2026, DHCW also responded to 60 Subject Access Requests, 1 request made under the Environmental Information Regulation, 4 Schedule-2 requests and 8 Individual Rights requests. All of these requests were responded to within the relevant statutory timeframes.

3. Incidents / Breaches relating to Information

Between April 2025 and March 2026, DHCW recorded 33 Information Governance incidents on Datix. None of these incidents were deemed reportable to the Information Commissioner's Office.

4. Complaints relating to Information

Four data protection complaints were received between April 2025 and March 2026.

5. Information and Cyber Risks

The following information and cyber risks are on the corporate risk register.

Risk ID	Title	Reported	Reviewed	Status Summary
DHCW0320	Citizen and stakeholder trust in uses of Health and Social Care data	12/05/2023	12/06/2026	DHCW is committed to working with Policy leads on associated action

DHCW0263	Establishment & Functions of DHCW	26/01/2021	12/06/2026	DHCW is committed to working with Policy leads on associated actions.
DHCW0359	Successful Ransomware Attack	09/04/2026	16/06/2026	National Permission to Act in the event of a cyber security attack has been granted to the cyber security team.
DHCW0356	Supply chain compromise	09/04/2026	22/06/2026	Third party risk management tool deployed and active.
DHCW0342	Disaster Recovery of critical applications (eg WPAS) and infrastructure has not been tested and is not documented	27/02/2025	24/06/2026	Proposal to design suitable environment received from KPMG. No budget currently allocated so are seeking funding. Please note corporate risk DHCW0341 has been merged with this risk.

6. Training Statistics for DHCW

Below are the compliance levels for Information Governance training and Fraud awareness at the end of March 2026. Both training modules are mandatory for DHCW employees, and the Welsh Government target is 85%.

Fraud Awareness - 97.87%
Information Governance (Wales) – 88.94%

PLANNED ACTIVITY FOR THE COMING YEAR

Below is a list of the key activities relating to Information Risk Management, for the coming year. This includes several key initiatives aimed at enhancing cyber security and resilience across DHCW and NHS Wales. These initiatives include:

Incident Response & Testing

- Run a DHCW-specific cyber incident response exercise.
- Deliver an **All-Wales** national cyber incident simulation to test response and coordination.

Access & Privilege Management

- Deploy **Bastion Hosts** to secure remote access by third-party suppliers.
- Roll out a **Privileged Access Management (PAM), Endpoint Privilege Management (EPM)** and Password Vault solution for DHCW.

SIEM Automation & AI Analytics

- Continue enhancing the SIEM platform with automated actions and **AI-driven analytics** to strengthen detection and response.
- Deploy automation and advanced analytics across DHCW and NHS Wales to enhance national threat detection

Cyber Governance & Strategic Planning

- Establish a national senior Cyber Security Governance Board, reporting into Welsh Government.
- Continued visible leadership through the Chair and Senior Leaders forum to ensure all Health Boards and Trusts understand the risks associated with cyber vulnerabilities for patients and staff, to include cyber security in AI.

Third Party Supply Chain Management

- Continue to onboard DHCW suppliers to the Risk Ledger platform
- Prepare supply chain management to be compliant with changes in the upcoming Cyber Security Resilience Bill.

NCSC SPARTAN

- NHS Wales organisations have been invited by the National Cyber Security Centre (NCSC) to participate in their new SPARTAN (Special Purpose Access for Remote Threat Analysis & Notification) programme
- SPARTAN is a prototype capability that enables NCSC analysts to conduct threat hunting within government and private sector critical systems, supporting earlier detection and response to high impact cyber threats.
- DHCW will work with other NHS Wales Organisations to lead on the implementation of the SPARTAN service to enhance the security posture of the NHS in Wales.

Cyber Resilience & Compliance

- Prepare for the upcoming **Cyber Security and Resilience Bill** (CSRB) to ensure NHS Wales readiness.
- Support and assess Health Boards against current **NIS Regulations**, with reporting via the Cyber Resilience Unit.
- Further integrate CAF 4.0 and CSRB within existing NHS Wales compliance practices.
- Deliver 2026 audit program & report to WG.
- Explore accreditation of the CRU to NCSC cyber resilience audit standard.
- Complete the roll out the new NHS Wales CAF self-assessment toolkit.
- Maintain DHCW's ISO27001:2022 accreditation and support work to align further with the other quality standards.
- Ongoing cyber assurance for new and existing systems.

Network & Perimeter Security

- Continue review and remediation of legacy national firewall rules.

Information Governance

- **WASPI 20th Anniversary** recognition with the culmination of publishing as the first ICO Conduct of Conduct in Wales
- Publication of the procurement for a new **National Intelligent Integrated Audit Service** in FY 25/26
- Expansion on question sets and functionality of the **IG Toolkit for Wales**
- Roll out of the **Information Sharing Gateway**, as a digital tool for information sharing
- DHCW taking the lead on the updating of NHS Wales Statutory and Mandatory **IG and**

Cyber training

- Creation of a **Joint Data Controller Agreement** for the operation and data sharing requirements within the National Data Resource.

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

There are no key risks and matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
EMERGENCY PREPARDENESS RESILIENCE RESPONSE ANNUAL REPORT 2025/26

Eitem ar yr Agenda: Agenda Item:	2.5

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:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Sally Butler-Rice, Emergency Planning Lead
Cyflwynwyd gan: Presented By:	Michelle Sell, Director of Programmes and Engagement

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE 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	Yes, please see detail below
	Civil Contingencies Act 2004, NHS Wales Act 2006.
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.
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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	10 June 2026	Approved
Ifan Evans	12 June 2026	Approved

DHCW Management Board	18 June 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
EPRR	Emergency Preparedness Resilience Response	EPAG	Emergency Planning Advisory Group
RPG	Resilience Planning Group	LRF	Local Resilience Forum
BCRG	Business Continuity Review Group	ISO	International Organisation for Standardisaiton
NHSPI	NHS Wales Performance & Improvement	BC	Business Continuity
BCM	Business Continuity Management	JESIP	Joint Emergency Service Interoperability Principles
BCMS	Business Continuity Management System	NIST	National Institute of Standards and Technology
ISO:27001	International Standard for Information Security Management Systems	ISO:20000	International Standard for IT Service Management

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 Digital Health and Care Wales (DHCW) must complete and submit the Emergency Preparedness, Resilience & Response (EPRR) Annual Report to NHS Performance & Improvement (NHSPI) on a yearly basis. The purpose of the EPRR Annual Report is to provide assurance that NHS Wales organisations have the required EPRR arrangements in place. This includes arrangements for risk assessment, emergency planning, business continuity and training & exercising. This provides NHSPI with a national oversight of EPRR arrangements across the system to identify good practice, current gaps, and areas requiring further support.

3.2 NHS Wales organisations have duties to comply with the Civil Contingencies Act 2004, the NHS Wales Act 2006, and the NHS Wales Emergency Planning Core Guidance. Welsh Government has formally directed DHCW, under the powers of the NHS Wales Act (2006), to:

- undertake risk assessments
- maintain and regularly test emergency response and business continuity management arrangements in line with relevant standards; and
- collaborate with other organisations on emergency preparedness and response arrangements.

3.3 The EPRR Annual Report 2025/26 details the arrangements that DHCW has in place to comply with legislative and statutory duties for emergency planning and business continuity. It highlights areas for improvement and explains the measures DHCW is taking to ensure gaps in arrangements are addressed. DHCW received feedback from

the 2024/25 Annual EPRR Report on the 1st of June 2026. Please see Appendix 1 to view the response from NHSPI.

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

EPRR Annual Report Summary

Current arrangements

4.1 Emergency planning arrangements are coordinated within DHCW by the Resilience Planning Group. This includes arrangements to risk assess organisational threats to support incident response, business continuity and disaster recovery arrangements. Key risks are recorded on the Resilience Risk Register and managed via DHCW's Risk Management System. The Resilience Planning Group provides an in hours response capability for non-IT related incidents.

4.2 DHCW maintains a Business Continuity Management System (BCMS). This is governed by the Business Continuity Policy and includes arrangements detailed within the Overarching Business Continuity Plan, and department/service level Business Continuity Plans. BCMS compliance performance is reported to the Management Board on a quarterly basis. The BCMS supports alignment to ISO:22301 for Business Continuity Management Systems and the maintenance of ISO:27001, ISO:20000, and managing compliance against the NIST Cybersecurity Framework.

4.3 DHCW maintains a 24/7 command and control capability to respond to incidents, including cyber security measures. This is structured on the Gold, Silver, Bronze (GSB) model. GSB manage relevant escalated incidents and coordinate technical support teams to ensure the continuity of critical products and services. DHCW has a newly formed IT Major Incident Management Team who coordinate the response to escalated IT incidents in working hours.

Improvements

4.4 NHS Wales Shared Services Partnership have audited Business Continuity Management in DHCW, providing a 'reasonable assurance' rating, with minor actions to address. Implementation of the 2026-29 Business Continuity Strategy will address these actions and improve business continuity management within DHCW, including full alignment to ISO:22301.

4.5 DHCW has facilitated a Kaizen event to review organisational incident response arrangements. The event was represented by key internal stakeholders with actions identified to improve current arrangements. DHCW are in the process of developing an Overarching Incident Response Plan which is due to be tested in August 2026. The final version will be presented to the Board in Q3/2026.

4.6 There is a current risk on DHCW's risk register relating to the lack of training for on-call staff. Ad hoc training is available to new staff joining an on-call rota whilst the training programme is developed. Delivery of the training & exercise programme will commence in Q3/2026 on approval of the Overarching Incident Response Plan, which will include internal command and control training.

2026/27 Priorities

DHCW have identified the following priorities for the year of 2026/27

- Delivery of the 2026-27 training and exercise programme
- Approval and testing of the Overarching Incident Response Plan
- Implementation of the DHCW Business Continuity Strategy
- Achieving full alignment to ISO:22301

The full DHCW EPRR Annual Report for 2025/26 is available here

The deadline for submission to NHSPI this year is the 1st of August 2026, with evidence that it has been considered by the Board. The report will be presented to the SHA Board in July 2026.

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

5.1 Risk 18885 – relates to the lack of on-call training. This presents a risk to DHCW as new staff are not appropriately trained before joining an on-call rota, and current staff are not receiving refresher training. It is suggested that training does not start until improvements have been made to DHCW's incident response structure. The following mitigations are on-going;

The on-call review Kaizen event has concluded with a summary report being presented to Management Board in June detailing the required actions and timeline for the implementation of improvements. This includes implementation of a new Overarching Incident Response Plan and delivery of a new training and exercise programme from October 26.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
ESTATES AND FACILITIES MANAGEMENT RETURN 2025/26

Eitem ar yr Agenda: Agenda Item:	2.6

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:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Michael McGrath, Operational Estates Projects and Compliance Lead
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 Estates and Facilities Performance Management System 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	Yes, please see detail below
	Whole Systems Approach
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	Yes, please see detail below
	The report requires inclusion of financial data related to Estates and Facilities
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
Weekly Executives Meeting	3 June 2026	Approved
Management Board	18 June 2026	Noted

Board	30 July 2026	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
EFPMS	Estates and Facilities Performance Management System	SESN	Specialist Estates Services Notification
NWSSP-SES	NHS Wales Shared Services Partnership Specialist Estates Services		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The DHCW EFPMS Return 2025–26 Report requires information at both organisation and site levels. For sites, our three largest sites (Ty Glan-yr-Afon, Media Point and Technium 2) are reported upon individually as they meet the minimum threshold of 500m2. All other sites would normally be reported under "Other Reportable Sites"; however, as we now only have one remaining site below the threshold (Bocam Park), this is now reported individually rather than within a grouped category. Castlebridge 2 was vacated in March 2025 and is therefore not included in this report.

3.2 Specialist Estates Services Notification 26/06 (received 10 April 2026) advised that, building on feedback and experience from previous submission cycles, a revised two-stage submission process will be implemented for this year's EFPMS return. This approach is designed to strengthen data validation, improve data quality, and enable earlier review of critical estate risk information.

Stage 1 Core Estate Data (Deadline: 16 June 2026) Organisations are required to submit all data up to and including Trust/Estate profile and asset data (T01-T05) and Building condition and Quality of Buildings (S01-S04a). This early submission will allow for enhanced national level validation and support improved consistency in backlog reporting.

Stage 2 - Full Dataset Completion (Deadline: 21 July 2026):All remaining EFPMS data fields must be completed and formally submitted by this date, including facilities management metrics, performance, cost and workforce data, and any outstanding or amended returns.

DHCW has already completed the Full Dataset, which includes the Core Estate Data, earlier than anticipated. NWSSP-SES will therefore be able to extract both the Stage 1 core dataset and the full Stage 2 dataset from the EFPMS portal. This report notes approval of the full dataset submission (Stages 1 and 2) by Executive Directors at their meeting on 3 June 2026.

3.3 The report is in the form of a spreadsheet with calculations built in. Data directly entered by DHCW is highlighted in green.

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

4.1 DHCW's third annual submission of EFPMS data for 2025-26 is attached following approval by Executive Directors at their meeting on 3 June 2026, prior to on-line submission by the Core Data deadline of 16 June 2025. The return was shared with June 2026 Management Board for noting. As in the previous years, good support and advice was provided by NHS Shared Services Partnership Specialist Estates Services.

4.2 There has also been invaluable support from our Finance colleagues enabling the Estates and Compliance team to complete the organisational financial profile associated with the Estate.

4.3 Reporting at site level requires data in the following categories (some of which are not applicable to DHCW):

Size	Quality
Estate Maintenance	CHP (Combined Heat and Power)
Energy (including Renewable)	Environmental
Water	Waste
Car Parking	Cleanliness
Food Services	Laundry and Linen
Security Services	Portering Services

4.4 The 2024-25 edition of the NHS Estate 'Dashboard' Report was published in December 2025 via Specialist Estates Services Notification (SESN) 25/10. The report was based upon the estate data returns submitted to the online EFPMS and covered the period April 2024 to March 2025. The report has also been made available on the NWSSP-SES intranet and internet sites and may be viewed HERE.

4.5 On 24 April 2026, DHCW received SESN 26/07 informing us that we now have access to the Estates Performance Intelligence Dashboard (EPID), developed as an enhancement to the Estates and Facilities Performance Management System (EFPMS). EFPMS, governed by NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES), provides a structured approach to the collection, validation, analysis and reporting of estates data across NHS Wales and supports both organisational and national decision-making. The EPID builds on the existing EFPMS dataset and provides an enhanced analytical tool to support benchmarking, assurance and performance improvement activities across NHS Wales. The dashboard enables a consolidated all-Wales view of estates and facilities performance, supports validation and interrogation of submitted data, and facilitates comparative analysis across organisations and sites. It will also support discussions with Health Boards, Trusts and Special Health Authorities regarding performance, risk and improvement opportunities, and strengthen the evidence base for national reporting and Welsh Government advice.

4.6 The return is positive following the same profile as the 2024-25 submission, with one area (physical condition) improving following Estates Development work in 2025-26. Once the 2025–26 data is available within the Estates Performance Intelligence Dashboard (EPID), it will enable benchmarking against other organisations to identify potential areas for improvement.

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

5.1 There are no risks or other matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE the Estates and Facilities Performance Management System Return for 2025-26	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
ANNUAL QUALITY REPORT 2025-26

Eitem ar yr Agenda: Agenda Item:	2.7

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:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Alex Lawrence, Quality Management Systems Manager
Cyflwynwyd gan: Presented By:	Michelle Sell, Director of Programmes and Engagement

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the Annual Quality Report 2025-26.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services for patients and public
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
	Annual Quality Report to be published, capturing where the Duty of Quality has been embedded throughout the Organisation.
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	11th May 2026	Approved
Ifan Evans	12th May 2026	Approved
DHCW Management Board	18th May 2026	Endorsed

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DoQ	Duty of Quality		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The Annual Quality Report is a regulatory requirement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Duty of Quality (DoQ) statutory guidance requires NHS organisations to publish an Annual Quality Report demonstrating how they have tried to improve the quality of health services.

Each directorate within DHCW has provided evidence on how they had complied with the aim of the Duty of Quality and to identify which of the Health and Care Quality Standards it related to.

The Health and Care Quality Standards are:

The report is split into sections:

- Message from Ruth Glazard (Chair) and Helen Thomas (CEO)
- Executive Summary
- Key Achievements 2025-26
- Strategic Priorities 2025-26
- Purpose of the report
- Benefits Realisation Framework
- Look back at 2025-26

- Annual Quality Plan Achievements 2025-26
- Looking Forward – Priorities in 2026-27
- Our Key Achievements and Alignment to DoQ 2025-26

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

The Annual Quality Report 2025–26 has been presented to Management Board in draft for approval prior to submission to the Audit and Assurance Committee and the Special Health Authority Board. Following Board approval, the report will be finalised and published in an accessible format.

The report has been substantially refreshed this year to reflect the 2025–26 reporting period. It includes an updated executive summary, a revised statement of purpose, an overview of the Organisational quality management system, and description of how quality is embedded through the Organisational Strategy 2024–2030, the Integrated Medium-Term Plan and the Benefits Realisation Framework.

The report also explains how DHCW has looked back over 2025–26, including progress in establishing the Quality Framework and the early rollout of Team Quality Plans to support a more continuous and data-informed approach to quality reporting over time. It summarises achievements delivered through the Quality Team's Annual Quality Plan across quality planning, control, assurance and improvement, including development of the Quality Framework, continued enhancement of iPassport as the Organisational eQMS, strengthening of Duty of Quality governance arrangements, document control improvements, validation and regulatory assurance activity, quality improvement training, legislative assurance improvements and work to build Organisational capability in areas such as AI governance and quality practice.

Looking forward, the report sets out key priorities for 2026–27 and beyond across the four components of the quality management system. These include increasing adoption of Directorate and Team Quality Plans, formalising the DHCW quality management system in line with national expectations, developing a dynamic quality data monitoring framework, establishing a Quality Improvement Group, strengthening evidence of closed improvement cycles, and rolling out supporting frameworks and training for Quality Impact Assessments, Kaizen and Software as a Medical Device. Together, these priorities demonstrate a more structured and mature approach to embedding quality as part of normal business activity across the organisation.

The appendix has also been fully updated and now presents a broader range of 2025–26 Organisational achievements mapped against the Duty of Quality domains and enablers. These examples demonstrate how quality has been embedded across DHCW's services, programmes and corporate functions, including digital inclusion, cyber security, national standards, service management, workforce development, stakeholder engagement, information governance, research and innovation, clinical systems, estate improvements and

external quality certification.

Taken together, the report provides a comprehensive account of DHCW's quality activity during 2025–26 and gives a clear line of sight between statutory Duty of Quality requirements, organisational priorities, governance arrangements and evidence of improvement.

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

5.1 There are no key risks and matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the Annual Quality Report 2025-26.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
ADAPTATION RISK ACTION PLAN

Eitem ar yr Agenda: Agenda Item:	2.8

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:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Julie Ash, Head of Estates and Compliance
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 Adaptation Risk Action Plan	

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 legislation and Climate Change 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 activities
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	30 June 2026	Approved

Corporate Affairs		
Management Board	16 July 2026	Endorsed
Board	30 July 2026	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WHC	Welsh Health Circular		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 On 21 February 2025, Welsh Government hosted the inaugural Climate Emergency Spread and Scale Leadership Day. This event brought senior leaders together from across NHS Wales and showcased innovative initiatives proven to help meet climate change commitments, alongside also improving patient outcomes, reducing costs and improving staff engagement.

3.2 Much of the leadership day focused on activity to help decarbonise NHS Wales, however it did not lose sight of the need to also ensure the NHS builds its climate resilience. The recent weather is a stark reminder of how communities and NHS services are directly affected, with the science showing that these events will continue to become more pronounced and frequent over the coming years and decades.

3.3 WHC/2025/005 *Climate emergency leadership day and adaptation* was issued to all Chief Executives in March 2025. It set out the expectation that all organisations will have completed scoping, current and future risk assessment (sections 1 to 3 outlined in the Toolkit) and to have plans in place prioritising what short and longer term actions will be taken (sections 4 and 5) by 31 December 2025. The health and social care climate emergency national programme will continue to collaborate with organisations to provide guidance on this work as required.

3.4 DHCW utilised the Toolkit to undertake a Risk Assessment and developed an Adaptation Plan which included short and longer term actions. The assessment and plan were approved by the Executive Team on 10 December 2025. As a result of a recent Resilience Survey of our Data Centres by NHS Wales Shared Services Partnership, we have updated our Adaptation Risk Action Plan which is attached for approval following endorsement at July 2026 Management Board.

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

4.1 The risk assessment undertaken to inform the Action Plan considered factors such as:

Description	Stakeholder	Impact
Risks to health and wellbeing from high temperatures	Health Boards, Contractors, Public Health Wales, NHS Wales staff, Patients	Increased emergency admissions impacting on the IT system
Risks to health and wellbeing from high temperatures	Health Boards, Contractors, Public Health Wales, NHS Wales staff, Patients	Increased demand on primary care access (GP appointments, pharmacies) impacting on the IT system
Risks to health and wellbeing from high temperatures	Health Boards, Contractors, Public Health Wales, NHS Wales staff, Patients	Higher temps impacting on infrastructure, equipment and digital medicines - causing vital equipment to stop working
Risks to people, communities and buildings from flooding	Health Boards, Local Authorities, Estates Teams, IT Infrastructure Teams	Risk of IT infrastructure being damaged
Risks to business from reduced employee productivity due to infrastructure disruption and higher temperatures in working environments	DHCW Management, HR Departments, Operational Teams, Staff	Risk of essential work not being carried out
Risks to business from disruption to supply chains and distribution networks due to extreme weather	Procurement Teams, Suppliers, Logistics Partners, IT Service Providers	Supply chains being disrupted (including digital)
Risks to high energy usage from high and low temperatures, high winds, lightning	Facilities Management, Energy Providers, IT Infrastructure Teams	Increased energy usage due to extreme weather

Risks to transport and subsequent IT delivery from high and low temperatures, high winds, lightning	Transport Providers, Health Boards, IT Equipment Suppliers, Contractors	Occurrences of primary care facilities not being able to get the IT equipment needed

4.2 The Plan identifies mitigating actions that will reduce these risks.

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

5.1 Progress against actions in the DHCW Adaptation Plan will be monitored by the Decarbonisation and Energy Working Group.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE the Adaptation Risk Action Plan	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
SHARED LISTENING AND LEARNING – PLANNED CARE

Eitem ar yr Agenda: Agenda Item:	3.1

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:	Rhidian Hurle, Executive Medical Director
Paratowyd gan: Prepared By:	Alex Percival, Head of Planned Care Programmes
Cyflwynwyd gan: Presented By:	Rhidian Hurle, Executive Medical Director

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 – Planned Care Learning.	

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	July 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 digital solutions to support planned care recovery.

3.2 The presentation will focus on the impact that digital services and solutions can have in supporting Planned Care pathways and improving outcomes for patients, clinicians and healthcare organisations. The session aims to demonstrate how digital capabilities are enabling more timely access to care, supporting service transformation and contributing to improvements in patient experience.

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 Planned Care presentation and reflect on how digital services can continue to support improvements in Planned Care pathways.

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 – Planned Care Learning.	

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:	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:	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; APPROVE the use of the Common Seal.	

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	July 2026	Reviewed

David Selway	July 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

.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

The DHCW Chair and Independent Member vacancies have both been advertised since the last SHA Board meeting, with both roles due to be short listed and interviewed through the summer, with the aim for these roles to be filled during quarter 3 2025/26, allowing the non-officer element of the SHA Board to get back to full complement.

4.2 Meeting with Welsh Ambulance Services NHS Trust Chair 10th June

Since the last SHA Board meeting, I have had useful meetings with a number of NHS body Chairs to discuss topical issues, better understand partners challenges, priorities and areas DHCW may be able to support as well as their digital focus areas. Meetings have included with the Aneurin Bevan University Health Board Chair and Hywel Dda University Health Board Chair.

4.3 Senedd Drop-in Session: Meet Welsh NHS Leaders 16th June

I am grateful to Board members who attended the NHS Wales Conference Welsh NHS Leaders drop in session. This provided a good opportunity to meet new Members of the Senedd (MS) and help explain the role and remit of DHCW in the Welsh NHS system.

4.4 Chairs Development Session 23rd June

The Chairs Peer Group had a development session in the 23 June, allowing the Peer Group to consider the Terms of Reference for the Group, consider themes and opportunities for future focus of the Peer Group. The session also included a helpful update from Welsh Government colleagues on the Community by Design work.

4.5 Extraordinary Board Meeting 25th June

It was pleasing to hold the DHCW Extraordinary Board meeting on 25 June to approve the 2025/26 Annual Report, including the Annual Accounts and Financial Statements. This followed endorsement by the DHCW Audit and Assurance Committee and allowed the Annual General meeting to take place on 30 July to showcase the annual report and work over the past twelve months.

4.6 Board Development Day 25th June

The last Board Development Day had a focus on DHCW's escalation status, feedback to date from Welsh Government and NHS Wales Performance and Improvement and how the Board would respond to escalation, Level 4 Targeted Intervention.

In addition, the Board considered the DHCW IMTP 2026/27 – 2028/29 and Welsh Government feedback on the IMTP, considered priorities for 2026/27 and the impact the Digital Priorities Investment Fund (DPIF) pause and review would have on delivery for 2026/27.

4.7 Introductory meeting with Tom Haslam, Audit Wales, 30th June

It was helpful to have an introduction meeting with the new DHCW Engagement Director from Audit Wales, Tom Haslam, who took over from Dave Thomas, who recently retired from Audit Wales. I look forward to future discussions with Tom, and am grateful for the input and feedback provided by Audit Wales.

4.8 Welsh Government Health and Care Ministers and NHS leader's at DHCW Offices ,8th July

It was good to see the new Ground Floor Digital Futures space at DHCW's Ty Glan yr Afon's being used to host the NHS Leaders (Chair and Chief Executive) session with the new government's Ministers and Deputy Ministers.

4.9 Board Briefing, NDR Programme, 9th July

The Board held a Board Briefing on the work of the National Data Resource (NDR) Programme, including the work undertaken by the programme to date, the challenges faced, future road map, and potential benefits as a result of the programme. I look

forward to the follow up discussions to ensure the programme maximises the benefits realisation.

4.10 Common Seal

The Board are asked to approve the use of the Common Seal on 28th May 2026 for a 5 year lease for the occupation of Units 4 and 5 and the Madoc Room within Technium 2, Kings Road, Swansea.

Vice Chair:

4.11 Vice Chair Peer Group Meeting 17th June

The Vice Chair Peer Group met on the 17th June, and this included a very helpful update from the DHCW Executive Director of Operations and Senior Information Security Officer (SISO) on Cyber resilience and the key cyber related threats for NHS Body board to be aware of and ensure there is a Board focus on.

4.12 Meeting with NHS Body Vice Chairs 10th June

Since the last SHA Board meeting the DHCW Vice Chair and a number of NHS body Vice Chair meetings have taken place to better understand partner challenges, priorities, risks and digital focus, these have included with Aneurin Bevan University Health Board, Betsi Cadwaladr University Health Board, Powys teaching Health Board, Health Education and Improvement Wales SHA Vice Chairs.

4.13 Programme Risk Tolerance meetings June and July

Over the past month I have been meeting with Programme Leads, to include the Executive lead, Programme Oversight Chairs and Programme staff for each of the major digital programmes to agree the escalation / early warning alerts for programme risks, issues and deviations from quality, budget, delivery. An escalation process has been agreed, with agreed high risk areas identified as requested via the DHCW Remit Letter for 2026/27.

4.14 Independent Member Digital Network (IMDN) Meeting, 15th July

The IM Digital Network met to discuss the NHS Wales Digital Blueprint work, this was supported by colleagues from Tektology. The network had a really useful discussion, and provided feedback on the work to date and discussed future priorities and next steps.

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

5.1 There are Independent Member vacancies within the SHA Board. Work is progressing

with Welsh Government to address these.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and **DISCUSS** the Chair and Vice Chair Report; **APPROVE** the use of the Common Seal.	

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:	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:	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	July 2026	Reviewed
Helen Thomas, Chief Executive Officer	July 2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

4.1 DHCW Escalation Status

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, provide information for the mobilisation phase, and support the development of the terms of reference for the independent assessment.

Activity has focused on strengthening confidence in delivery, system leadership and organisational improvement. Staff and senior leaders have also been engaged through dedicated escalation discussions to ensure a shared understanding of the challenges and improvement priorities facing the organisation.

4.2 Executive Team Away Days

During June 2026, the Executive Team held two dedicated development and planning sessions to consider the organisation's strategic priorities, escalation response, leadership approach and future delivery model. The sessions provided valuable time for reflection on organisational challenges and opportunities, ensuring collective Executive

alignment around delivery, improvement, staff engagement and organisational resilience.

4.3 Stakeholder Advisory Group

The Stakeholder Advisory Group met on 15 June to consider the future role and purpose of the Group as a strategic advisory forum. Discussions reflected support for continuing stakeholder engagement arrangements whilst recognising the opportunity to further develop membership, remit and governance arrangements. Feedback highlighted the importance of ensuring diverse stakeholder perspectives contribute to DHCW's strategic direction and organisational development.

4.4 Primary Care Summit

On 18 June, Sam Hall, Director of Primary, Community & Mental Health Digital Services and I attended the Primary Care Summit hosted by Welsh Government, which brought together senior leaders from across Wales to discuss shared priorities and opportunities for transformation within primary care services. Discussions reinforced the importance of digital and data-enabled services in supporting sustainable primary care, improving access, enhancing patient experience and enabling integrated models of care. The event provided an important opportunity to strengthen relationships with key stakeholders and ensure alignment with national priorities.

4.5 Digital Blueprint Work

Work has continued at pace on the development of the NHS Wales Digital Blueprint. Recent activity has focused on refining the emerging operating framework and clarifying roles, responsibilities and actions to take forward. Discussions have involved NHS Wales Chief Executives and NHS Wales Directors of Digital, all Executive Peer groups, Welsh Government officials and wider stakeholders. This work is intended to support greater clarity of system leadership, delivery responsibilities and decision-making across NHS Wales and remains an important component of future digital transformation plans.

4.6 Staff Briefing

The July Staff Briefing provided colleagues with an update on a range of organisational matters including the move to Level 4 Targeted Intervention, Welsh Government feedback on the Integrated Medium-Term Plan, the organisation's financial position and savings programme, progress on the Digital Priorities Investment Fund pause & review, and updates on workforce and organisational development activity.

The briefing also recognised the exceptional efforts of our staff involved in responding to the recent major incident affecting the national data centre and highlighted the resilience demonstrated across the organisation in maintaining services for frontline care.

4.7 Chief Executive Management Team Meetings

The NHS Wales Chief Executive Management Team Meeting continues to provide a forum for collective leadership and system alignment across NHS Wales. Recent discussions have included national digital priorities, development of the Digital

Blueprint, planned care improvement, workforce matters and implementation of the National Mental Health Strategy. The meeting also considered progress on the National Clinical Services Plan and a number of national transformation programmes supporting delivery of NHS Wales priorities.

These meetings remain an important mechanism to support engagement, discuss system-wide risks and ensure alignment between organisational and national priorities.

4.8 Quarterly Senior Leadership Day

The most recent in-person Quarterly Leadership Day brought together senior leaders from across the organisation to reflect on organisational performance, priorities and leadership responsibilities. A dedicated session focused on escalation and improvement activity, providing leaders with an opportunity to discuss the implications of targeted intervention, organisational priorities and the role of leadership in supporting change and improvement. The day also reinforced the importance of collaborative leadership, agile ways of working and organisational alignment.

4.9 Staff Recognition Awards 2026

I was delighted to host the DHCW Staff Recognition Awards 2026 on the 9 July, which celebrated the exceptional achievements of colleagues and teams from across the organisation. The awards provided an opportunity to recognise excellence, innovation, collaboration and commitment to improving health and care services across Wales. The event showcased the significant contribution our staff make every day and reinforced the importance of recognising and celebrating success, particularly during a period of organisational challenge and change. I would like to congratulate all nominees, finalists and winners and thank everyone involved in organising such a successful event.

4.10 NHS Wales Performance & Improvement Review Meeting

As part of DHCW's escalation and oversight arrangements, members of the Executive team and I attended an NHS Wales Performance and Improvement Review Meeting on 23 July 2026. The meeting provided an opportunity to discuss progress against escalation requirements, review improvement activity and consider the organisation's response to emerging priorities.

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

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	5.1

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:	Sam Hall, Director of Primary, Community and Mental Health Digital Services
Paratowyd gan: Prepared By:	Lee Mullin, Associate Director Community and Mental Health Digital Services Marged Cother, Deputy Director Primary Care Digital Services
Cyflwynwyd gan: Presented By:	Sam Hall, Director of Primary, Community and Mental Health Digital Services

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE & DISCUSS the contents of the Primary Community and Mental Health Update for ASSURANCE.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services for patients and public
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	16 July 2026	Approved
Sam Hall, Director of Primary, Community and Mental Health Digital Services	10 July 2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CBD	Community by Design	WIS	Welsh Immunisation System
MenB	Meningococcal B	PROMS	Patient-reported outcome measures

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

4.1 COMMUNITY BY DESIGN

Community by Design (CBD) is a Welsh Government-sponsored national transformation programme, led by NHS Wales Performance & Improvement, which aims to improve health and care services by supporting more integrated, community-based care across Wales. DHCW has established a structured engagement approach to ensure we are actively contributing to the work in the development of the programme and aligning our digital, data, service design and clinical informatics expertise with its objectives. Our DHCW CEO and Director of Primary, Community and Mental Health digital services are supporting the national Transformation Board and Reference & Advisory Group. DHCW Deputy Directors and representatives are participating in the governance and delivery groups for the three pillars of:

- Prevention and population health management
- Urgent and same day care
- Chronic conditions management

We are providing both clinical and digital perspectives to the system-wide conversations, while an internal coordination and reporting process is being developed, alongside the development of the external governance, to ensure knowledge, risks, opportunities and actions are shared across the organisation. This approach allows DHCW to maintain effective engagement with partners, supporting the development of national services and solutions, and positioning digital and data as key enablers of Community by Design ambitions.

4.2 EYECARE E-REFERRAL SYSTEM

By the end of Quarter 1, the new Eye Care Referral system (OPERAi) was live across all Health Boards with the exception of Aneurin Bevan University Health Board. To date, 8,475 referrals have been processed through the service, supporting digital referral pathways between primary and secondary care.

Cohort 2 Health Boards - Powys Teaching Health Board and Cwm Taf Morgannwg University Health Board- successfully went live on 24 June 2026 in line with the agreed deployment sequence. Aneurin Bevan University Health Board go-live has been delayed while local assurance activities are completed. Regular implementation and engagement sessions involving Health Boards, National Clinical Leads and the supplier have supported deployment readiness and maintained delivery momentum.

A secondary care discovery workshop was held with stakeholders from across all Health Boards and partner organisations to map existing and future service requirements. Agreement was reached to prioritise adoption of standard OPERAi triage functionality, with further enhancements to be delivered through subsequent phases. Work has also commenced to streamline referral forms, reducing page numbers and supporting organisations that currently print referral documentation. This is an interim phase until the secondary care triage has been implemented.

Work has begun with General Medical Services colleagues to enable deployment of Docman Connect to GP practices across Wales, allowing OPERAi referrals to be received through national messaging services.

Delivery remains dependent on continued Health Board engagement, agreement of a pan-Wales approach to secondary care triage and completion of detailed implementation planning.

Engagement with Health Boards, clinicians and key stakeholders has continued throughout the quarter to support implementation and rollout. Planned activity for Quarter 2 includes supporting newly-live organisations, progressing the secondary care deployment approach, developing GP referral functionality, and continuing targeted stakeholder engagement to support service adoption across Wales.

4.3 NHS WALES APP

By the end of quarter 1, 811,392 patients had registered with the NHS Wales App, with over 325,000 distinct users each month, achieving targets set for September 2026. The NHS Wales App has been used to order over 4.3 million repeat prescriptions and more than 240,000 GP surgery appointments have been booked. Over 850,000 waiting list referral notifications and over 780,000 hospital appointment notifications have been sent from across the 7 Health Boards.

The inaugural meeting of the patient-facing digital services advisory group was held in May 2026, initiating new product governance arrangements for the NHS Wales App as part of a new system wide conversation about the digital patient experience nationally.

An initial agile, value-driven roadmap that can evolve in response to user needs and policy intent has been prepared. However, escalations have been raised aligned to ongoing risks for sustainable and capital funding for the app, dependencies on other teams such as NDR and CDR and the recruitment freeze – with a related impact on delivery. Funding has recently been secured, so the initial delivery plan 2026/27 will now need to be reassessed. An update will follow when this is available.

Engagement sessions have concluded with Health Boards to better understand collective priorities for the NHS Wales App roadmap and opportunities for collaborative working, with extension of waiting list referrals and digital documents highlighted as key requirements, aligned to the roadmap.

As part of our patient engagement approach, in-app surveys have been used to improve understanding of the user experience and to inform future design – low cost and easy to scale. Over 1400 responses have been received to surveys covering:

- Test results
- Waiting list referrals
- Hospital appointments
- Welsh language use

User research with Practice managers and GPs has helped the development of a proposal for the GMS digital working group to support wider availability of GP surgery enabled capability (test results, immunisations and problems). An approach is being refined for changes to the GP systems, as well as engagement activity (including pathology services), as well as new guidance for practices and App users.

Delivery workstreams have progressed in Q1 focussing on:

- Prototype work has been initiated with NHS England on Welsh Language screens for the NHS login service, used by the App to verify and authenticate users.
- Completing App development for PROMs notifications and working with Value Transformation, Health Boards, NHS login and the PROMs system supplier to finalise operational process and integration assurance requirements
- New onboarding journey design based on user research to improve the experience for new App users
- Bug fix and designs for an initial enhancement of primary care test results
- New designs for nominated pharmacy capability to improve user experience, based on constraints relating to online pharmacies and withdrawal of consent for EPS.
- Technical debt priority activity to progress migration to new, fully supported software development framework. The App development plan has been reviewed for Q2, aligned to the conclusion of migration activity October 2026 – to be verified with the new funding position.

A workshop has been facilitated to identify engagement and communications objectives and measures to increase user awareness, adoption and collaborative design. This will form a strategic communications and engagement plan, which will use agile methodology for ongoing delivery.

4.4 UCD DESIGN SYSTEM

Work on the DHCW design system began in November 2025 with a small multidisciplinary team, including a user researcher, content designer and an interaction designer. The aim was to develop a Figma-based design system, bringing together the UI libraries of the DHCW products that were already in Figma. The phase was tightly scoped, with a clear goal to deliver a minimum viable product (MVP) by the end of January 2026. The MVP successfully brought together existing components and patterns from across DHCW products into a single, clear system.

In January 2026, the team expanded to include three interaction designers. The focus then moved towards understanding how design currently moves into development across different products. We wanted to answer the question, 'how could a design system support greater consistency and efficiency?', and spoke to people across the spectrum of design and development at DHCW. This user research also identified the need for a coded prototyping approach to complement Figma, supporting both usability testing and a smoother design-to-development pipeline.

In May 2026, the work entered its most significant phase: developing a coded design system. In close collaboration with developers, core components are being translated into reusable HTML and CSS snippets, with accessibility and best practice built in. This phase also included wider engagement with the executive team and senior leadership to build awareness, confidence and organisational buy-in.

Our goal is to complete coding of the components and to test them by the end of the summer. This will coincide with the release of the design system website as a portal for easy navigation through components and patterns. We continue to engage colleagues through fortnightly sprint notes and monthly show and tell sessions.

4.5 VACCINES

On 29 June, the Vaccine Service became the first NHS Wales service to complete a Welsh Government Digital Service Assessment. The panel's early reflections were positive on user research, the multidisciplinary teams and working in the open. As the first service through the process, DHCW treated it as a joint learning exercise with the Digital Public Services team, and already knows where it wants to improve, mainly how it monitors feature usage and service performance. The full report is expected shortly.

The main decision this period concerned the cloud migration. Before the Welsh Immunisation System (WIS) can move to the cloud, the secure foundations it will run on have to be built first (the landing zone), unfortunately, this was not available in time due to Cloud Programme funding slowing that groundwork against the planned timeline. Following a balanced appraisal of risk, including to downtime during the winter

campaign, the judgement was that migrating WIS during the autumn and winter campaign would place the busiest and highest-stakes period under avoidable pressure. The migration has been rebaselined to Q4, keeping WIS on its current, stable platform through the months when demand is highest and leaving the campaign clear of migration risk.

The capacity that decision freed went directly into onboarding the Meningococcal B (MenB) vaccination programme into WIS. From July, vaccinators can record MenB in WIS. The record flows into the national warehouse and will also write back to the GP record. Children are protected against meningitis B sooner, and the digital service is brought into step with immunisation policy for the school-age programme rather than catching up later. The first release records and reports MenB, with future releases including eligibility, booking and stock management. It is the first building block of the wider school-age programme, which moves into beta over the autumn with a September target. Separately, ninety parents have now contributed to testing the e-consent prototype, shaping the design around real family needs ahead of wider build.

An AI-powered migration tool has carried out the heavy work of moving WIS off its Oracle database and onto open-source foundations, saving an estimated 3,000 work hours. This is slow, painstaking engineering that would otherwise fall to skilled staff, who can instead spend their time on design, clinical safety and the decisions that need human judgement. While the full migration will need to wait until we can move to Cloud, this acceleration, and additional assurance puts us in a good position as we head into the final half of the financial year.

Delivery is in good health, with one clear constraint. The service does not have data specialists embedded in the team, and this is the main limit on what comes next: reporting that can be reused and shared across health boards, continuous improvement, and the vaccination data feeds into the National Data Resource. It is also the monitoring gap identified through the assessment. When the recruitment position allows, these data roles are the first priority.

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

5.1 There are no risks/matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

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

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

Eitem ar yr Agenda: Agenda Item:	5.2

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:	Sam Lloyd, Executive Director of Operations
Paratowyd gan: Prepared By:	Bryony Clark, Associate Director of Digital Delivery
Cyflwynwyd gan: Presented By:	Sam Lloyd, Executive Director of Operations

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.
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	Yes, please see detail below Initiatives require financial investment – which is largely already budgeted. The Cloud Transition Programme receives DPIF funding.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below Workforce impacts are expected through the transition to cloud ways of working, AI-infused engineering and agile delivery practices, supporting the efficiency assumptions and benefits identified within the Cloud Transition Programme business case. These impacts will be supported through a structured communication, training, coaching and change management to ensure staff are equipped to adopt new ways of working successfully.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Sam Lloyd, DHCW Executive Director of Operations	08/07/26	Approved
Portfolio Oversight Management Board	16/07/26	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
AVT	Ambient Voice Technology		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Operations Directorate is a foundational, business-critical function within DHCW, enabling the organisation to operate safely, securely and reliably in support of its statutory functions. We build and support the national digital services for secondary healthcare across NHS Wales and provide cross-cutting capabilities that underpin the wider organisation. Our portfolio includes over **100 live digital services** supporting approximately **135,000 users** and around **2,400 servers** across the NHS Wales estate.

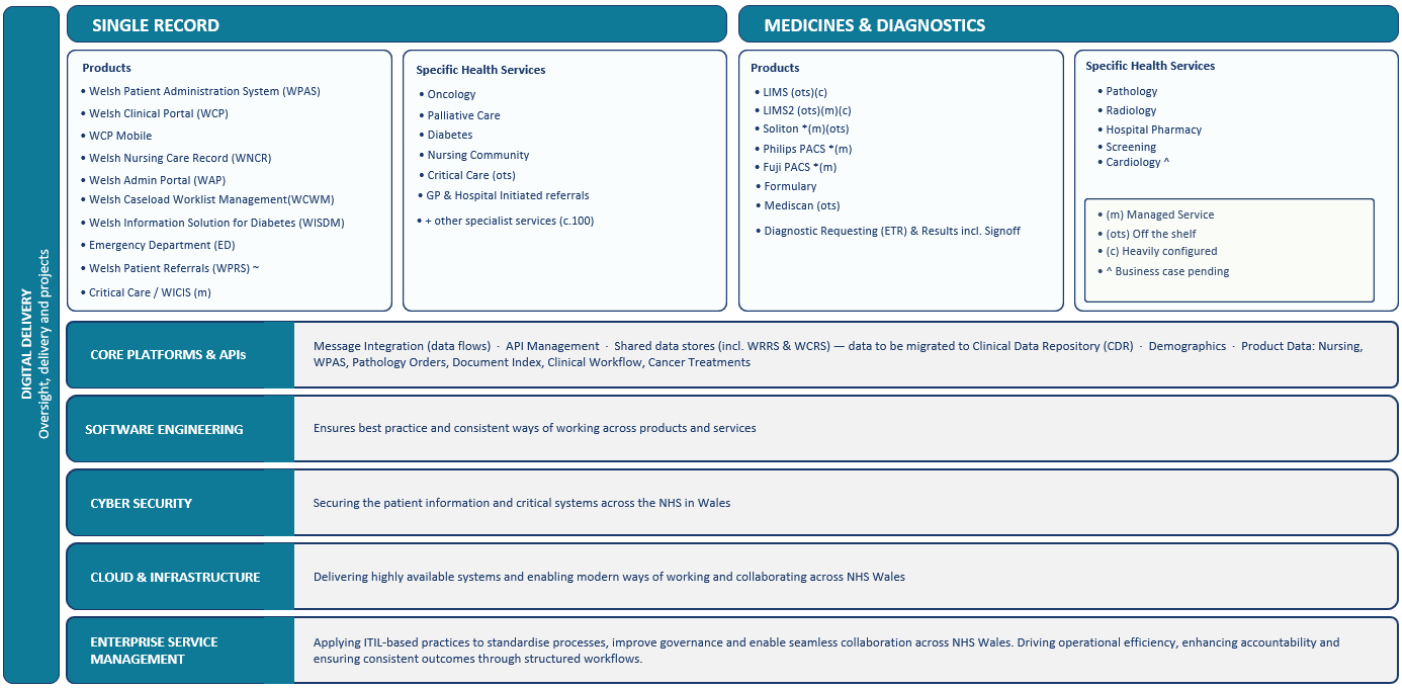
3.2 At its core, the Directorate ensures the continuity of live services. This includes maintaining resilient and high-performing platforms, delivering safe and secure cyber operations, and providing effective monitoring, incident response and service recovery. The Directorate also delivers a responsive service desk, ensuring issues are triaged and resolved promptly to minimise disruption to clinical and operational users.

3.3 Beyond service continuity, Operations plays a critical role in ensuring DHCW's platforms and products are developed, transformed and operated **in line with user needs, architectural principles and technical standards**. This provides assurance around functionality, technical integrity, sustainability, interoperability and future scalability, while reducing risk and long-term cost.

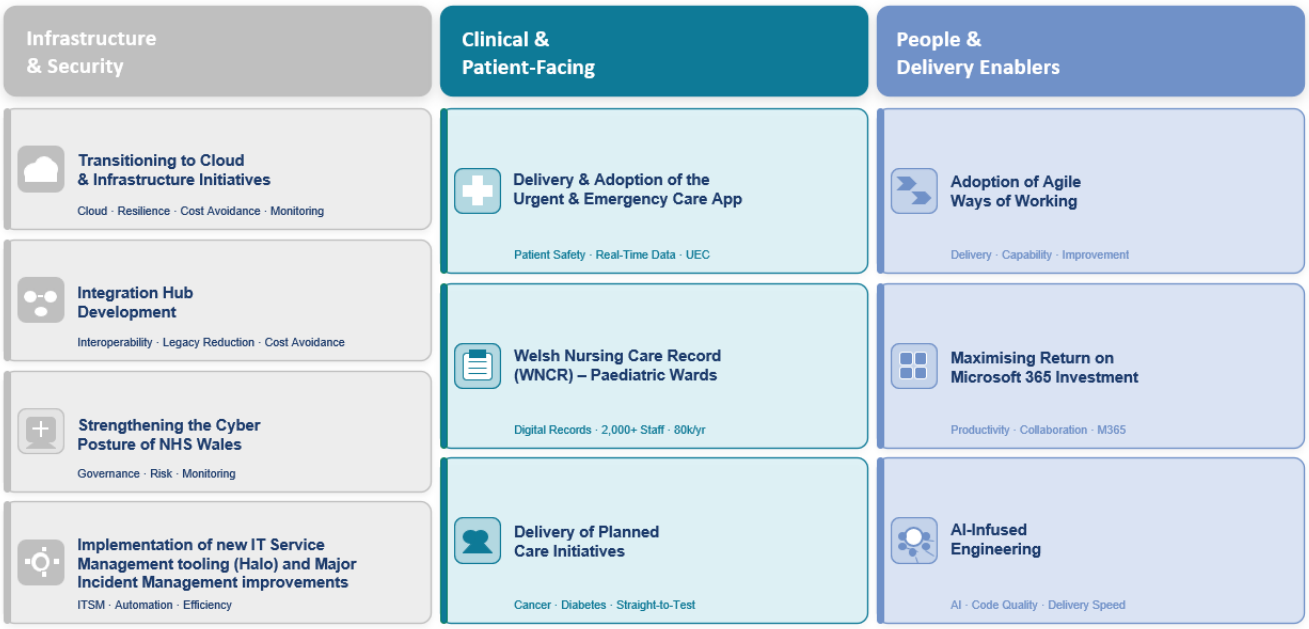
3.4 The Directorate is accountable for the delivery of a significant proportion of IMTP milestones and supports a broader portfolio of operational and transformational activity across DHCW. Key areas referenced within the remit letter include **Cyber Security, Cloud Transition, Urgent and Emergency Care, Planned Care, Cancer and Diabetes**, alongside the adoption and maintenance of national operational standards.

3.5 To ensure we continue to operate and support critical live services whilst transforming the organisation for the future, we have identified 10 strategic outcomes and associated deliverables for the Operations Directorate. Together, they support or complement DHCW's 12 protected priorities.

Directorate Context



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



Area	Outcome	Deliverables This Year	Progress
Transitioning to Cloud & Infrastructure Initiatives	Deliver a secure, resilient and modern cloud platform for NHS Wales, improving scalability, reliability and operational efficiency while delivering long-term cost avoidance. The SolarWinds replacement will maintain critical monitoring capabilities, reducing operational risk and avoiding increased licensing costs.	• Cloud-enablement works completed across Azure and GCP platforms. • WPAS Phase 1 (Users & Most Databases) and Waves 1–2 migrated to the cloud. Waves 3–4 migrated to the cloud (subject to funding). • New Google Cloud contract was established before November 2026 expiry. • Sandpit environments delivered. • SolarWinds replacement was procured and implemented before October 2026 expiry.	• Azure Landing Zone readiness achieved. • GCP High level design underway. • Wave 1 and Wave 2 build activity underway. • KPMG Migration and Modernisation discovery completed, with plan in review for 3–8. • WPAS options considered, re-planned and build commenced for 1st health board. • Contract awarded for replacement for Monitoring System in June; implementation being agreed with supplier.
Integration Hub Development	Provide a modern, standardised and sustainable national integration capability, reducing complexity, rationalising legacy interfaces, improving interoperability across NHS Wales systems and reducing reliance on the Fiorano platform by contract extension date.	• Maximum number of Integration workstreams rationalised and migrated in collaboration with health boards. • Legacy interfaces replaced with APIs where appropriate. • Fiorano decommissioning approach agreed.	• Migration to the latest Fiorano platform completed across all health boards, enabling focus on Integration Hub flow delivery. • Key skills onboarded and team upskilling underway. • First product flow live. • Build prerequisites completed. • Health board engagement initiated. • Phasing and rationalisation work commenced.
Strengthening the Cyber Posture of NHS Wales	Improve the security and resilience of NHS Wales digital services through enhanced governance, improved visibility of cyber risks, proactive remediation of vulnerabilities and stronger security monitoring capabilities.	• National cyber governance was established. • Cyber KPI reporting and risk remediation implemented. • SIEM service re-procured and transitioned.	• National Cyber Governance Board ToR submitted to WG; interim SIRO/Caldicott Guardian group established. • National Cyber KPIs agreed and reported through the National DDaT Board; remediation activity ongoing. • SIEM re-procurement on track for December.

		• Implement management of 3rd party supply chain security assurance compliance.	• Third-party supply chain management tool deployed. • Task and finish group established to remediate dormant account and weak password risks.
Implementation of new IT Service Management tooling (HaloITSM) and Major Incident Management improvements	Provide a modern Enterprise Service Management platform, improving user experience, service efficiency, automation and reporting while enabling more consistent and effective management of IT services across DHCW, alongside enhancements to Major Incident Management to strengthen incident response, coordination, communications and service restoration.	• Implementation of HaloITSM core platform (incident, request, change, problem, CMDB) • Migration from ServicePoint to Halo, data transition and service catalogue alignment • Design and rollout of improved Major Incident Management process and framework • Development of enhanced reporting and dashboards for operational and executive insight • Stakeholder engagement, training and adoption activities across service teams	• HaloITSM procured • Core Halo ITSM platform configured and progressing through build and validation phases • MIM revised process now live and embedded across teams with continual improvement as an embedded tool • Early automation opportunities identified and delivered (e.g. ticket routing, notifications) • Reporting capability improving
Delivery and adoption of the Urgent & Emergency Care App	Improve patient safety and clinical decision-making through standardised, real-time information capture, reducing reliance on fragmented manual processes. Create a nationally consistent dataset on patient flow, acuity, outcomes and demand, supporting service improvement and operational planning.	• Solution containing all Welsh Emergency Care dataset, Minor Injury Unit then Emergency Department and Same Day Emergency Care. • Solution coupled to Welsh Clinical Portal for easy navigation. • Targeting deployment of the module across three Health Boards (Powys, Cwm Taf Morgannwg and Swansea Bay) by 31 March, with Hywel Dda expected to implement their own solution within the same timeframe.	• Solution progressed to launch in Powys Minor Injury Unit 3rd week of August 2026. • Scheduled attendance to be completed allowing launch in first Emergency Department.

Delivery and adoption of Welsh Nursing Care Record (WNCR) - Paediatric Wards	Improve patient safety, data quality and clinical efficiency by enabling over 2,000 paediatric ward staff to transition from paper to digital. Capture approximately 80,000 records annually across nine clinical datasets, reducing administrative burden and improving clinical decision-making.	Solution available for rollout on paediatric wards this financial year.	• Nationally approved paediatric risk assessments have completed development. • Testing on the main paediatric version of the inpatient assessment underway.
Delivery of Planned Care Initiatives	Improve patient outcomes and operational efficiency by digitising key Cancer and Diabetes pathways, reducing administrative burden and enabling earlier intervention, diagnosis and treatment. Improve data quality through nationally consistent datasets and streamlined referral processes.	• Modernised Cancer and Diabetes pathways delivered • Outpatient datasets and referral processes standardised • Straight-to-Test and Pre-Operative Assessment capabilities implemented • Ambient Voice Technology (AVT) piloted in outpatient settings.	• Roadmaps for Cancer and Diabetes agreed. • Outpatient datasets, MODS2 live in 2 Health Boards and Velindre; remaining deployments by August. MODS1 later this year. • Urology referrals standards proposed. • Discovery underway for regional working to define case acquisition, scheduling, outcomes across regional hubs and working groups. • S2T targeted for October. • Pre-Op Assessment Business case underway. • AVT trial planned with clinicians, to reduce effort and time to produce clinic letters.
Adoption of Agile Ways of Working	Improve delivery predictability, quality and responsiveness by establishing consistent ways of working, developing internal capability and enabling product teams to continuously improve and deliver value more effectively.	• Agile framework, playbook and delivery metrics established. • Agile coaching and training delivered across product teams. • Internal Agile capability developed through knowledge transfer.	• Agile Coaching delivered to multiple teams and functions to guide and improve practices. • Agile Playbook developed setting out practices for teams to follow

		• Product backlogs, stakeholder engagement and delivery oversight strengthened.	aligned with Scrum and related agile frameworks. • Procurement underway to deploy additional coaching and support. • Product reporting improvements and capture of metrics and customer feedback for some products.
Maximising Return on Microsoft 365 Investment	Maximise value from the Microsoft ecosystem through implementation of strategic recommendations, improved support arrangements and enhanced productivity, collaboration and user experience.	• Implement priority recommendations arising from the ATOS Microsoft 365 review to improve governance, adoption, support arrangements and value realisation across NHS Wales. • Procure and transition to a replacement Microsoft Unified Support Contract ahead of contract expiry in June 2027, ensuring continuity of support for critical Microsoft services and platforms.	• Ongoing refresh of the operating model and service offering, delivering improved transparency in prioritisation and flow of work in line with Atos recommendations, alongside continued adoption of agile practices supported by coaching. • ~5,500 users trained on CoPilot Chat with 35,000 users in the last month • Early market engagement commenced with Microsoft and alternative providers to replace the expiring Unified Support Contract.
AI-Infused Engineering	Improve software delivery productivity, quality and speed by embedding AI-assisted development practices across product teams, reducing time on routine activities, improving code quality and accelerating delivery cycles.	• AI-Infused Engineering Operating Model deployed through trailblazer teams. • AI-enabled engineering tooling and practices implemented. • Engineering capability uplift delivered across software and test communities. • Proof of value completed and scaling recommendation produced.	• Validated the use of devcontainers and exercised locally with GitHub Codespaces, providing isolation for AI agents to run within. • Prototype MacBook (M1) configured and being tested, which looks positive. • Access to GitHub Copilot enabled for software and test engineers, subject to budget.

			• Claude AI licence procurement progressing. • Multiple and frequent awareness and training sessions on AI engineering complete and planned.

Other Areas of Focus

- **Future of Single Record Products** – Providing the roadmap for the next generation of Single Record capabilities.
- **Regional working** – Supporting more consistent and efficient health service delivery across Wales.
- **Improving transparency of delivery and value** through a refreshed service catalogue, enhanced roadmap management, product reporting and the introduction of modern metrics such as DORA.
- **Evolving governance arrangements** to better reflect how services and products are delivered, ensuring clear decision-making and engagement of the right stakeholders.
- **Making data easier to collect, store and share**, simplifying processes and improving access to information, including modernisation of WCRS and WRRS.
- **Advancing the API Strategy** by providing secure, modern and accessible APIs through a managed API platform.
- **Expanding Electronic Test Requesting** to further digitise clinical processes, improve efficiency and reduce the risk of manual errors.
- **Supporting partners and programmes**, including the digital enablement of the new Velindre Cancer Centre.
- **Developing workforce capability** through upskilling in modern digital, engineering and delivery practices.
- **Actively supporting DHCW's savings and efficiency objectives** by identifying opportunities to reduce costs, simplify processes, optimise resources and maximise value from digital investments.

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

5.1 There are no key risks / matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
STRATEGY ASSURANCE GROUP REPORT

Eitem ar yr Agenda: Agenda Item:	5.3

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:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Vickie Saunders, Head of Strategy
Cyflwynwyd gan: Presented By:	Michelle Sell, Director of Programmes and Engagement

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE the Strategy Assurance Group 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
Ifan Evans, Executive Director of Strategy	17/07/2026	Approved
Management Board	16/07/2026	Noted

Strategy Assurance Group	10/07/2026	Noted

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SAG	Strategy Assurance Group		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Strategy Assurance Group (SAG) was established for three purposes:

- To report on delivery of the organisational strategy and progress against the organisation's strategic objectives
- To review existing strategies, sub-strategies and strategic plans, assuring progress against their objectives, aims and priorities, and ensuring they remain current, relevant and proportionate
- To assure new strategies prior to submission to Management Board, ensuring they are aligned to the organisational strategy and use consistent language and terminology.

3.2 Following endorsement of revised Terms of Reference in April 2026, SAG clarified its role in providing assurance of strategies prior to submission by strategy owners to Management Board and, where appropriate, SHA Board. The revised arrangements also introduced six-monthly omnibus reporting to provide Management Board and SHA Board oversight of assurance activity, emerging themes and the forward work programme. This is the first report under those revised arrangements.

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

4.1 Since the previous SAG report to Management Board in April 2026, SAG has provided assurance on three sub-strategies, which have now been approved:

- Welsh Language Strategy – updated to reflect new statutory Welsh language requirements (approved by Management Board in June 2026).
- Business Continuity Strategy – refreshed to strengthen organisational resilience and business continuity arrangements (approved by Management Board in July 2026).
- Environment Strategy – refreshed, supporting delivery of DHCW's environmental responsibilities (approved by Management Board in July 2026).

4.2 SAG provided assurance on the **end-of-strategy closure report for the Clinical Informatics and Business Change Strategy**, noting that despite the significant impact of external funding changes during the strategy period, the strategy had successfully established key organisational capabilities, including the Clinical Informatics Framework, strengthened clinical leadership and assurance arrangements, and

increased maturity of clinical informatics and business change practices. SAG also reflected on lessons learned regarding strategic dependencies, organisational change and funding resilience, which will inform future strategic planning and capability development.

SAG also considered refreshed Cloud, Communications and Engagement strategies, which are currently undergoing organisational consultation.

4.3 SAG has noted improvement in the consistency, brevity and strategic alignment of new sub-strategies. Most strategies reviewed during this period have been developed using the DHCW Strategy Playbook, contributing to shorter, clearer and more outcome-focused documents.

4.4 Across the strategies reviewed, common themes during strategy development and assurance have included the need to strengthen outcome measures, improve cross-organisational alignment and reduce duplication between related strategies. In response, the DHCW Strategy Playbook has been enhanced with additional guidance on outcome measurement to support greater consistency across future strategies.

4.5 SAG has also noted that the organisation continues to maintain a large number of sub-strategies (currently more than 20), many of which are team-focused rather than cross-organisational in scope. Opportunities to consolidate and rationalise related strategies will continue to be explored to strengthen organisational coherence, reduce duplication and improve strategic oversight.

4.6 SAG assurance and review activity ahead of the January 2027 report to SHA Board is expected to include:

- Update on delivery against the of the organisational strategy and progress against the organisation's strategic objectives
- Regular performance reporting on strategy development and assurance processes
- Commercial and Social Value Strategy
- Cloud, Communications and Engagement Strategies (finalisation of new strategies currently under consultation and first progress reports against the new strategies)

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

5.1 There are no key risks or matters for escalation

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to

NOTE the Strategy Assurance Group report.

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

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

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

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

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

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, a number of activities and meetings have taken place regarding DHCW's escalation status including:

- NHS Wales Performance and Improvement Unit Accountability Meetings – 28 May, 24 June and 23 July 2026
- Welsh Government Escalation Board Meeting – 9 June 2026
- NHS Wales Performance and Improvement Unit Managing Director and Director of Intensive Support, Recovery and Turnaround meeting with DHCW Chief Executive and Chair (attended by DHCW Vice Chair) – 16 June 2026
- DHCW Board Development Session on Escalation – 25 June 2026
- DHCW Senior Leadership Day Session on Escalation – 9 July 2026
- DHCW internal Escalation Implementation Group meetings – weekly

The focus of the above activity has been on understanding the focus of Targeted Intervention, Level 4 and responding to address the areas of concerns identified, this has included: agreeing the Escalation Framework for Targeted Intervention, Level 4 with Welsh Government, supporting the DHCW Intervention Core Principles document and work to support intervention. Reflecting on the discussions and feedback from the Welsh Government Escalation Board meeting and developing actions and approaches in response, as well as continuing to monitor the deliver of the Level 3 Enhanced Monitoring Phase 2 Improvement Plan.

4.2 Targeted Intervention, Level 4 Escalation Farmwork

Since the last SHA Board meeting the framework has been developed by Welsh Government, and reviewed and accepted by DHCW, with the roles and responsibilities discussed by the SHA Board, to include:

<u>Welsh Government</u>

- 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 (SRO)
- 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. The Level 4 improvement plan will be developed and regularly reported to the SHA Board.

4.3 NHS Wales Performance and Improvement Unit Intervention Work

The NHS Wales Performance and Improvement Unit (NHSWP&I) will support Welsh Government to provide intervention support to DHCW. DHCW and NHS Wales Performance and Improvement have agreed a set of Core Principles. A two-phase approach to escalation has been agreed with Phase 1 being an evaluative review. The core principles agreed focus on Phase 1, as the outcome of Phase 1 will inform Phase 2, the delivery phase. An external independent advisor is expected to be commissioned by NHSWP&I to support this review. To support NHSWP&I in this work, a summary of the external reviews into DHCW undertaken over the past few years have been shared with NHSWP&I and the recommendations and themes from these reviews. The reviews include:

- *Independent Report into Digital Programme governance arrangements and how they relate to Digital Health and Care Wales (DHCW),* Steve Combe, Independent Governance Advisor, March 2023
- *NHS Wales Digital System Government (DDaT) Review,* Tracey Breheny, Director of Strategy and Corporate Business, Welsh Government on behalf of the Director General, December 2024
- *A Report from the Ministerial Advisory Group on NHS Wales Performance and Productivity,* Sir David Sloman (Chair of Ministerial Advisory Group), April 2025
- *Digital Health Governance In Wales AN INTERNATIONAL PERSPECTIVE ON DIGITAL HEALTH SYSTEMS,* Tektology, October 2025
- *Digital Health Governance In Wales CURRENT STATE ANALYSIS,* Tektology, November 2025
- *Thematic Review of Independent Programme Reviews,* DHCW PMO (Summarising and theming independent reviews into specific programmes), October 2025
- NHS Wales Digital Blueprint: System-wide Action Response Plan, Tektology, July 2026

On agreement of these core principles, NHSWPI will issue draft terms of reference (ToR) to Welsh Government for approval. Once the Terms of Reference are approved an external Independent Advisor will be commissioned and funded through NHSWPI to undertake the review. A mobilisation phase will commence on agreement of the Terms of Reference whereby NHSWPI will work with the organisation and Welsh Government to obtain all relevant evidence, baseline assessments and other intelligence to support the review. The mobilisation phase will last up to 4 weeks.

DHCW have shared evidence and documentation with NHSWPI over the past month to support the baseline assessment work.

4.4 DHCW WG Escalation Board Meeting 9 June, 2026 Next Steps

The Escalation Board on the 9 June was clear that DHCW is expected to operate as a national delivery organisation, leading digital services and system transformation across Wales. This feedback is a clear opportunity for DHCW to show the leadership required to address the areas of concern. The DHCW Executive Team and Board have since reflected on areas where a change of approach, and system leadership can be demonstrated, areas being worked on include:

- Cyber Resilience
- Data Standards
- Architecture
- AI
- Digital Workforce Profession
- Usage and Adoption of Digital Products
- Patient facing digital services
- Cloud
- Digital Investment / Sustainable Funding
- Digital Maturity

This work will continue to progress over the coming weeks and months, to demonstrate a change of approach and leadership.

4.5 Enhanced Monitoring Improvement Plan – Phase 2

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

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

The Phase 2 plan was discussed and endorsed at the PDC Development session held on the 3 March, which considered the priorities for the plan. This Enhanced Monitoring

Phase 2 plan was shared with Welsh Government and discussed at the Integrated Quality, Performance and Delivery (IQPD) meeting held on the 16 March 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. DHCW teams continue to work to address the actions set out within the plan.

4.6 NHS Wales Digital Blueprint and Ways of Working

It should be noted that the work commissioned by the NHS Wales Chief Executives to develop an NHS Wales Digital Blueprint and action plan has been progressing over the past few months, with a draft action plan, blueprint framework and roles and responsibilities documented and discussed by Chief Executives on 7 July 2026, 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 referenced in section 4.3 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 NHS Performance and Improvement to confirm next steps in relation to escalation.

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
PEOPLE AND CULTURE REPORT
QUARTER 2 2026-2027

Eitem ar yr Agenda: Agenda Item:	6.2

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:	Samantha Morgan, Director of People and Organisational Development
Paratowyd gan: Prepared By:	Jo Jamieson, Head of Strategic Business Partnering, Jo Fitzpatrick, DDaT Profession Development Lead
Cyflwynwyd gan: Presented By:	Samantha Morgan, Director of People and Organisational Development

Pwrpas yr Adroddiad: Purpose of the Report:	Provide an update on progress against the People Strategy and Strategic Workforce Planning Framework.
Argymhelliad: Recommendation:	SHA Board is being asked.
NOTE the progress for ASSURANCE and next steps set out in the report.	

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)
	The report is for assurance only and has no adverse impact on protected groups. It supports equitable access to reskilling, upskilling, apprenticeships and talent opportunities.
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Strengthened workforce planning, capability development and succession planning reduce workforce-related risks to quality, safety and delivery.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
	The Framework supports workforce governance and aligns with national workforce strategies and GDaD.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Targeted investment in critical skills, recruitment, learning, talent pipelines and succession planning will reduce reliance on contingent labour and support workforce sustainability.
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Positive workforce impact through strategic workforce planning, segmentation, future skills, succession planning, workforce intelligence and talent development.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	Positive socio-economic impact through investment in apprenticeships, graduate programmes and reskilling, supporting skills growth, employability and prosperity in Wales.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	Yes, please see detail below
	Positive impact through future-focused capabilities including AI, digital and data literacy, cloud, cyber, user-centred design and product delivery.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Sam Morgan, Director of People and Organisational Development	08th July 2026	Approved
Management Board	16th July 2026	Approved
SHA	30th July 2026	

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
GDaD	Government Digital and Data		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 This report provides assurance that DHCW is taking a more strategic, evidence-based and future-focused approach to workforce planning. It sets out progress to date, and the next steps needed to embed a deliberate approach that ensures DHCW has the right people, with the right capabilities, in the right roles, at the right time

3.2 The People Strategy provides the framework for delivering DHCW's workforce ambition through six interconnected pillars, covering attraction and retention, future skills, collaboration, culture, leadership, and workforce modelling. Together, these pillars support a sustainable, skilled, engaged and future-ready workforce, ensuring DHCW has the capacity and capability to deliver its strategic objectives and respond to evolving organisational priorities. Progress continues across all pillars, with a detailed update on delivery against the People Strategy Action Plan provided in Appendix 1.

3.3 Strategic Workforce Planning is a key enabler of the DHCW People Strategy, supporting the organisation to align capacity and capability with strategic priorities, anticipate future skills needs and strengthen organisational resilience. To support this, DHCW has developed a Strategic Workforce & Capability Planning Framework Appendix 2. providing a structured, evidence-based approach to workforce risk, capability development and future workforce planning.

3.4 Aligned to organisational priorities, national workforce strategies and the Government Digital and Data (GDaD) Profession Framework, the Framework will be embedded across DHCW to support consistent, evidence-led workforce decisions.

3.5 DHCW has made progress against the People Strategy, particularly in workforce planning, future skills, capability development and talent pipeline activity. Strategic Workforce Planning

is becoming a core organisational tool to anticipate workforce demand, manage workforce-related risk and support delivery priorities.

3.6 The recently developed Strategic Workforce and Capability Planning Framework brings together workforce planning, capability development, skills insight and workforce risk management into one coherent approach.

3.7 Alignment to the Government Digital and Data (GDaD) Profession Capability Framework provides a consistent structure for defining digital and data roles, skills and career pathways. Together, these developments will strengthen DHCW's understanding of the capacity and capability needed to deliver current priorities and prepare for future organisational needs.

3.8 Currently, 844 colleagues, representing 66.7% of DHCW's workforce, sit within the Digital, Data and Technology profession. Of these roles, 93% now have standardised GDaD role descriptions, supporting greater role clarity, consistency and career pathway development.

3.9 The Framework is helping DHCW identify critical roles, scarce skills, future skills requirements, retirement risks and areas where reskilling or upskilling will be needed. The next phase will embed the Framework through workforce risk assessments, succession planning and workforce intelligence dashboards, ensuring workforce risks are understood, investment is targeted and future capability requirements are addressed in support of delivery.

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

4.1 In the context of organisational escalation and continued focus on delivery performance, Strategic Workforce Planning is critical to strengthening organisational resilience. It will help ensure DHCW has the capacity, capability and agility to deliver transformation priorities, maintain high-quality products and services, and respond to increasing demand.

DHCW is operating in an environment of significant change, with growing demand for digital, data and cyber skills, rapid adoption of emerging technologies such as artificial intelligence, and changing workforce demographics. These trends reinforce the need for proactive workforce and capability planning, ensuring the organisation has the skills and capacity needed to deliver its strategic ambitions.

4.2 The transition to Scrum, Kanban and product-and service-based delivery models is improving clarity on the capabilities needed for future delivery. Alignment to GDaD provides a consistent, nationally recognised framework for defining roles, skills and career pathways, supporting more targeted workforce development, recruitment and succession planning.

4.3 Demographic trends, including anticipated retirements in critical roles, alongside ongoing reskilling and upskilling needs, underline the importance of sustainable workforce pipelines and organisational resilience. Supporting analysis in Appendix 3 reinforces the need for a proactive, evidence-led approach to workforce planning.

4.4 This is supported by external evidence, including the World Economic Forum (2025), which highlights that employers are increasingly prioritising upskilling and recruitment for emerging

skills. This reinforces the importance of building an adaptable, future-ready workforce to maintain delivery capability.

4.5 The Framework will now move from design into delivery, applying workforce segmentation to identify where DHCW is most exposed to workforce risk and where targeted action will have greatest impact. Roles will be grouped by strategic criticality, operational criticality, scarcity of skills and enabling workforce contribution, creating a clearer basis for prioritising investment, succession planning and capability development. Further details on GDaD progress is provided in Appendix 4.

4.6 Developing strong talent pipelines is critical to DHCW's long-term workforce sustainability and delivery ambitions. Through apprenticeships, graduate programmes, reskilling initiatives and partnerships with academic institutions, DHCW is adopting a "grow our own" approach to build capability in key digital, data and cyber professions, reduce reliance on external labour markets and strengthen organisational resilience.

4.7 This aligns with the Well-being of Future Generations (Wales) Act by taking a long-term, preventative approach to workforce development and investing in the skills needed to meet future health and care needs.

4.8 As part of the Strategic Workforce & Capability Planning Framework, an Emerging Talent programme has been developed to coordinate work experience, apprenticeships and graduate pathways. This provides a structured approach to developing future talent and aligning emerging talent activity with workforce planning priorities. The next phase will focus on aligning these pathways to priority professions, critical skills requirements and training provision, supported by implementation of the new Learning Management System.

4.9 As part of the Strategic Workforce & Capability Planning Framework, DHCW is developing a future skills model to identify the capabilities needed to deliver its strategic ambitions. This includes digital and data literacy, cloud technologies, artificial intelligence, cyber security, product delivery, user-centred design and Welsh language skills. Aligned to the Government Digital and Data (GDaD) Profession Framework, this will provide a consistent approach to identifying current and future skills needs, informing workforce planning decisions and targeting investment in workforce development.

4.10 As emerging technologies continue to reshape health and care delivery, continued investment in future-focused capability will be essential to ensure DHCW can respond to rapidly evolving digital and technological demands.

4.11 Next steps for implementation

- The next phase of implementation will focus on:
- Strengthening Scrum, Kanban and product management capability;
- Completing workforce risk assessments for critical roles;
- Implementing targeted succession planning;
- Embedding workforce intelligence dashboards and reporting;
- Undertaking future skills assessments aligned to GDaD capability levels.

4.12 SHA Board can take assurance that the following actions are underway:

- 93% of Digital, Data and Technology roles have now been aligned to the Government Digital and Data Profession Framework, providing greater role clarity, consistency and career pathway development.
- The Strategic Workforce & Capability Planning Framework has been established and is being implemented to strengthen workforce intelligence, workforce risk management and capability planning.
- Workforce segmentation is being used to identify critical roles, scarce skills and areas requiring targeted succession planning and investment.
- An Emerging Talent Pipeline programme is being developed, bringing together apprenticeships, graduate pathways, reskilling and work experience opportunities to support a sustainable "grow our own" approach.
- Future skills assessments and workforce intelligence dashboards are being developed to support evidence-based workforce investment decisions.

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

5.1 Critical skills and capability gaps
Demand for specialist digital, data, cyber, cloud and product delivery skills continue to increase across NHS Wales and the wider market. Failure to develop and retain these capabilities could impact DHCW's ability to deliver strategic programmes, maintain service resilience and respond to emerging technologies such as AI.

5.2 Workforce resilience and succession
Indicates potential vulnerability in several critical roles due to retirement risk, scarcity of expertise and limited succession pipelines. Without targeted workforce planning and succession activity, there is a risk of loss of organisational knowledge and reduced delivery resilience.

5.3 Workforce planning maturity
Whilst the Strategic Workforce & Capability Planning Framework has been developed, it is not yet fully embedded across all directorates. Inconsistent application could limit DHCW's ability to identify workforce risks early, prioritise investment effectively and align workforce decisions to organisational priorities.

5.4 Reliance on external labour markets
Continued reliance on external recruitment to meet future skills requirements may increase costs, extend recruitment timescales and affect workforce sustainability.

SHA Board is asked to:

- Support the continued embedding of the Strategic Workforce & Capability Planning Framework across all directorates.
- Endorse the focus on succession planning and workforce risk assessment for critical roles.
- Recognise the strategic importance of investment in future digital, data and cyber capabilities.

- Continue to receive updates on workforce sustainability risks, particularly relating to critical skills, emerging technologies and leadership

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
NOTE the progress for ASSURANCE and next steps set out in the report	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
REMIT LETTER UPDATE 2026-27

Eitem ar yr Agenda: Agenda Item:	6.3

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:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Meghann Morris, Asst Director of Planning
Cyflwynwyd gan: Presented By:	Michelle Sell, Director of Programmes and Engagement

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

- NOTE the formal response submitted to Welsh Government on 30 June 2026.
- NOTE the review and prioritisation exercise undertaken to assess the deliverability of the IMTP and align planned activity with organisational capacity.
- NOTE the actions taken to address the areas where further assurance was requested by Welsh Government as detailed in Appendix A.
- NOTE the ongoing risks relating to workforce capacity, DPIF funding uncertainty and Welsh Government's assessment of DHCW's response.

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
Michelle Sell, Director of Programmes & Engagement	02/07/2026	Approved

Ifan Evans, Executive Director of Strategy	10/7/2026	Approved
DHCW Management Board	16/07/2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 On 28 May 2026, Welsh Government confirmed that DHCW's IMTP 2026-29 was not currently supportable and requested additional assurance regarding deliverability, prioritisation, organisational capacity, governance and benefits realisation. Welsh Government requested a formal response by 30 June 2026, aligned to the Quarter 1 Baseline Review.

3.2 In response, DHCW undertook a structured review of the IMTP alongside the Quarter 1 Baseline Review. The review utilised the same prioritisation methodology, governance arrangements and stakeholder engagement approach as the Baseline Review to ensure a consistent and transparent assessment process across both exercises.

3.3 A series of cross-organisational workshops and review sessions were undertaken involving Executive Directors, Mission Owners, Portfolio Leads, Programme and Service Leads, milestone owners and corporate support functions. Each delivery milestone was reviewed against agreed prioritisation criteria including alignment to Welsh Government Remit Letter priorities, statutory and policy requirements, service continuity considerations, patient safety, cyber security, delivery dependencies and the organisational impact of delaying or stopping delivery activity.

3.4 The outputs from the review were consolidated through Executive governance arrangements and informed the formal response submitted to Welsh Government on 30 June 2026. The review provided an evidence-based assessment of deliverability and informed decisions on organisational priorities, scope and sequencing to better align delivery commitments with available capacity and resources.

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

Prioritisation and Organisational Focus

4.1 A key requirement arising from Welsh Government's review of the IMTP was for DHCW to demonstrate clearer prioritisation and a reduced delivery footprint. The review and

prioritisation exercise provided the mechanism through which this was assessed. The outputs informed decisions on protected organisational priorities and identified delivery milestones that would not be progressed as part of the 2026-27 delivery plan. Further detail is provided in Appendix A.

Governance and Delivery Assurance

4.2 The formal response set out improvements to governance and oversight arrangements intended to strengthen accountability, escalation and organisational visibility of delivery performance.

Dependencies, Risk and Benefits Realisation

4.3 Additional actions were identified to strengthen the management of dependencies, sequencing, delivery risk and benefits realisation – to provide confidence in delivery and improve the demonstration of outcomes and impact.

Workforce and Financial Sustainability

4.4 Prioritisation decisions were considered alongside current workforce controls, affordability assumptions and the wider Quarter 1 Baseline Review. The response acknowledged ongoing uncertainty relating to Digital Priorities Investment Funding (DPIF) and recognised that further prioritisation decisions may be required as funding positions become clearer.

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

Welsh Government Assessment

5.1 There remains a risk that Welsh Government may conclude that the actions undertaken do not provide sufficient assurance to move the IMTP to a supportable position. Future discussions with Welsh Government will inform the next stage of the planning and escalation process.

Delivery confidence

5.2 Whilst the review has strengthened prioritisation and reduced the overall scope of activity, delivery confidence remains dependent on maintaining focus on agreed priorities and operating within current workforce and financial constraints.

Workforce and funding constraints

5.3 Uncertainty regarding future DPIF funding allocations and ongoing workforce constraints continue to present risks to organisational capacity and delivery planning. Further prioritisation decisions may be required as funding assumptions become clearer.

Benefits realisation

5.4 Further work is required to strengthen benefits management and demonstrate measurable patient, professional and system outcomes resulting from digital

investment. This remains a key area of organisational focus.

Escalation and accountability

5.5 Welsh Government's assessment of the IMTP response, together with Quarter 1 performance and baseline review information, will inform future escalation and accountability arrangements.

Mitigation

5.6 DHCW submitted its formal response to Welsh Government on 30 June 2026. Actions arising from the review and prioritisation exercise are being progressed through existing governance arrangements and will continue to be monitored through routine performance, portfolio and financial reporting.

Any material impacts arising from future funding decisions, workforce constraints or further reprioritisation activity will be managed through established governance, assurance and change control processes and reported to Management Board and Welsh Government as appropriate.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to

- NOTE the formal response submitted to Welsh Government on 30 June 2026.
- NOTE the review and prioritisation exercise undertaken to assess the deliverability of the IMTP and align planned activity with organisational capacity.
- NOTE the actions taken to address the areas where further assurance was requested by Welsh Government as detailed in Appendix A.
- NOTE the ongoing risks relating to workforce capacity, DPIF funding uncertainty and Welsh Government's assessment of DHCW's response.

Appendix A – DHCW Response to Welsh Government – IMTP 2026–29 (submitted 30 June 2026)

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FINANCIAL REPORT FOR THE PERIOD END 30 JUNE 2026

Eitem ar yr Agenda: Agenda Item:	6.4

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:	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 June 30th, 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	16/07/2026	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 The purpose of this report and presentation is to present DHCWs financial performance against annual plans and issues to June 30th 2026. It also assesses the key financial projections, risks and opportunities.

3.2 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.

3.3 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

3.4 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.

3.5 This report presents DHCW's financial performance to 30 June 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 £0.042m is reported for the period to date in June-26, Public Sector Payment Policy performance remains strong with 99% of non-NHS invoices paid within 30 days, and cash balance is £11.131m. Capital expenditure to 30 June totals £1.826m against a capital expenditure limit of £9.152m, with further funding anticipated for NHS Wales App and Cloud Transition subject to approval of funding letters.

The principal area of financial risk relates to the outcome of the Welsh Government DPIF Pause and Review exercise, which concluded in July. The revised assumed DPIF funding envelope is £55.4m total funding including capital and revenue. This includes £14.6m funding that has been "Agreed in Principle" and is subject to further assurance before being allocated by Welsh Government. The confirmed funding allocation has resulted in an assessed DPIF revenue risk of £1.7m over the financial year. This relates to committed spend on schemes where funding has either been withheld pending further assurance or 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.

The report also highlights 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 cancellation of HMRC assessments relating to Microsoft VAT recovery, the implementation of the new Microsoft Enterprise Agreement from 1 July 2026, 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 30 June 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**: A small revenue underspend of **£0.042m** is being recorded for the period to date. The position incorporates the current assumption that following the DPIF Pause and Review process DHCW will receive sufficient revenue funding to support committed[1] spend for schemes "Approved in Principle". This assumption has been identified as a financial risk.

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 **£11.131m** at the 30th June.

4.1.5 **Digital Priority Investment Fund (DPIF)**: DHCW has recorded **£4.605m** cumulative revenue spend to date. Following the outcome of the DPIF Pause and Review exercise from Welsh Government, the next steps are to work through the administrative requirements to review the funding letters so that the funding can be confirmed and delegated.

4.1.6 **Capital**: Spend to 30th June totals **£1.826m** for the period against a capital limit of £9.152m. Since May reporting, the DPIF Capital limit has been adjusted for:

- LIMS2.0 £2.825m
- EPMA £2.532m
- RISP £0.146m

Pending approval of funding letters we anticipate further funding to be issued ahead of July reporting covering:

- NHSWalesApp £4.900m
- Cloud Transition £1.400m

At present matching funding is being allocated to the previously agreed discretionary capital bridging funding support (Cloud Transition & NHSWalesApp) which will be released back to enable completion of the DHCW capital plan. Any formal funding support for the WICIS programme will be subject to Executive discussion and progression through established governance processes.

4.1.7 **Underlying Position:** The "underlying deficit" describes the gap between the recurrent funding DHCW receives and the recurrent cost of delivering its services, after

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

accounting for non-recurrent funding boosts or one-off savings. Our position is impacted by pressures resulting from the exclusion of an inflationary uplift to our core funding. The classification of incremental pay pressures has now been clarified and removed from the underlying deficit position which has reduced from £0.9m to £0.1m following discussions with the NHS Performance and Improvement team. The focus will be on identifying and delivering recurrent savings to reduce and remove the revised underlying deficit position. To support this endeavor finance representatives will seek to meet with NHS Performance & Improvement team with any progress presented within future reports.

4.1.8 Savings: The IMTP presented a gross savings requirement of £5.740m (7% of core managed expenditure). DHCW's savings plan presents a mix of £4.741m (83%) recurrent schemes identified and non recurrent schemes of £0.999m (17%). As part of the Financial Baseline Review exercise, DHCW identified £0.220m of opportunities to go beyond breakeven. These will be reviewed alongside feedback from WG on the Baseline Review and an impact assessment of the recent outcome of the Pause & Review Exercise alongside the current recruitment freeze.

4.2 Developments Since May SHA Board

4.2.1 DPIF Pause and Review

Overview: The Welsh Government review was undertaken to assess affordability, strategic alignment, delivery confidence and value for money across national digital programmes.

Outcome: The outcome has resulted in a revised assumed funding envelope of £55.4 million (total capital and revenue), including £14.6 million currently classified as "Agreed in Principle" and subject to further assurance.

This is a reduction of £5.0 million in revenue from the original programme planning assumptions with the breakdown as follows:

a) £1.4m Reductions in approved schemes compared to request including:

- National Data Resource £0.5m
- National Target Architecture £0.1m
- Cloud Transition £0.2m
- EPS BAU £0.5m
- EPMA BAU £0.1m

b) £3.6m Funding schemes not progressed including:

- LIMS 3.0 Business case £0.8m
- Cardiac PACS Business case £0.3m
- WPOCT Business Case £0.3m
- Integrated Care Record Business Case £0.9m
- Pre-Operative Assessment Business Case £0.6m
- Digital Health AI Delivery Unit £0.2m
- Welsh Emergency Care Data Set £0.5m

Of the unfunded schemes, the Integrated Care Record is named as a priority deliverable in the Remit Letter to support the outcomes for Integrated Health and Social Care. An assessment of the impact on deliverables is being carried out by programme leads with a view to assuring stated milestones prior to approval of offer letters.

As a consequence of the Pause & Review exercise outcome, an assessment of committed spend for the year against schemes which are currently unfunded presents a revenue risk of £1.742m, made up of:

- Connecting Care: £1.370m
- Welsh Emergency Care Data Set £0.203m
- EPMA BAU £0.086m
- Integrated Care Record £0.061m
- Digital Intensive Care - Option1a £0.022m

Further Actions: A number of actions were identified to be undertaken by DHCW to assure delivery against the Remit Letter requirements and mitigate financial risk:

- Initiate programme-level impact assessments for all funding reductions and programmes not taken forward, including impacts on benefits, resources, milestones and disbursements.
- Conduct monthly financial risk and delivery impact assessments covering all remit letter priorities and nationally significant programmes, consistent with Audit Wales Remit Letter Delivery Review (June 2026) recommendations.
- Require all "Agreed in Principle" programmes to present clear assurance plans and evidence submissions to Welsh Government before further commitments are made.
- Initiate an executive-led review of contingency/mitigating actions for unfunded priority schemes deemed to be required to progress this year.

Summary: Whilst the Pause & Review outcome provides greater funding certainty than was available at the time of the Audit Wales review; material risks remain. The requirement for further assurance on £14.6 million of “agreed in principle” investment, the removal of funding from several programmes, continued workforce constraints and Audit Wales' observations regarding financial risk reporting and the organisation’s escalation status will mean enhanced scrutiny and governance throughout 2026/27.

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 review has progressed during Q1 from initial scoping into active development of the proposed approach.

   The next phase will focus on Executive review of the emerging proposal, refinement of the methodology in response to feedback, and preparation for external engagement with NHS Wales organisations. This will include further testing of the proposed charging approach, consideration of implementation impacts and development of a clear route to agreement for revised Service Level Agreement charging arrangements.

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*". Consequently, DHCW will continue to assess the potential implications in consultation with its VAT advisors and seek further clarity on the next steps. Updates will continue to be provided through 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. The new enterprise agreement contract commenced on 1st July 2026. DHCW is currently working with all participating organisations to ensure the necessary cash balances are in place to manage settlement 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 self-assessment provided assurance that DHCW's financial control framework is operating effectively and supports the organisation's ability to deliver

sustainable financial performance. It identified opportunities to strengthen consistency and maturity in some areas which fall into three broad areas:

- Business Case Governance
- Value & Benefits Management
- Supplier Performance & Commercial Oversight

These findings will be translated into a targeted improvement plan. The focus will be on strengthening business case governance, embedding benefits realisation arrangements, enhancing supplier performance management and continuing to drive consistency in the application of controls across the organisation.

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. These opportunities will be considered alongside Welsh Government feedback on the Baseline Review, the outcome of the DPIF Pause and Review exercise, and the impact of the current recruitment freeze. There is a risk that a delayed response from WG to the Baseline Review submission will lead to a continuation of the recruitment freeze and potentially impact delivery of Remit Letter requirements.

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

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 **£1.742m** revenue materially linked to schemes "Agreed in Principle" but not yet with confirmed funding. There will be focus on clarifying the Welsh Government requirements regarding the assurance needed to release funding. Where programme funding has been agreed, funding letter terms and conditions need to be reviewed and letters signed as soon as possible with resource committed to enable delivery against the agreed Remit Letter

requirements. We will monitor WG response to the Baseline Review submission as delay will mean a continuation of the recruitment freeze, which could potentially impact delivery of Remit Letter requirements.

5.1.2 **Non-Recurrent Funding and Resource Management:** There are a number of staff working within non-core programmatic areas such as Digital Priority (DPIF) schemes, which have time-limited funding arrangements. 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 work with Welsh Government to manage the resourcing risk and seek to improve visibility on the resourcing needs 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. DHCW will continue to work with Welsh Government Policy and Finance leads, including through the Capital and Estates Team sessions, to provide the required information to support funding release. Until confirmation is received, DHCW will continue to monitor and report any potential financial implications.

5.1.4 **LIMS 2.0**: The planning deadline for the delivery and end of the programme is September 2026. Should overrun activity extend beyond Q2, the Programme Board has been advised that the expectation would be for Health Boards to meet the associated costs. This position has not yet been formally agreed by Health Boards and therefore remains a financial risk for DHCW until funding responsibility is confirmed. DHCW will continue to liaise with the programme and highlight potential costs related to any slippage and additional requirement 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 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.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
RECEIVE and **DISCUSS** the contents of the financial report for June 30th, the forecast achievement of financial targets	

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

Eitem ar yr Agenda: Agenda Item:	6.5

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:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Bethan Walters Corporate Governance and Risk Manager Laura Tolley, Deputy Board Secretary, Head of Corporate Governance
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs/ Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	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; and **NOTE** the Programme Risk Tolerance & Escalation Arrangements, in response to DHCW's Remit Letter Requirements.	

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
Management Board	13/07/2026	Discussed and

		verified
Laura Tolley	July 2026	Reviewed
Chris Darling	July 2026	Approved

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

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

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

4.1 DHCW's Corporate Risk Register currently has 17 risks on the Register, 13 of which are detailed at item 6.5i Appendix A. There are 4 Private risks which are considered at every Digital Governance and Safety Committee.

4.2 Board members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) for the period 1 May 2026 to 30 June 2026:

NEW RISKS (2) 2 Private 0 Public

There were two new risks entered onto the register during the period.

RISK TITLE	RISK DESCRIPTION	EXECUTIVE OWNER	COMMITTEE ASSIGNMENT
DHCW0360 PRIVATE	PRIVATE	Executive Medical Director	Digital Governance and Safety Committee
DHCW0361 - PRIVATE	PRIVATE	Executive Director of Operations	Digital Governance and Safety Committee

RISK REMOVED (5) 3 Public - 2 Private

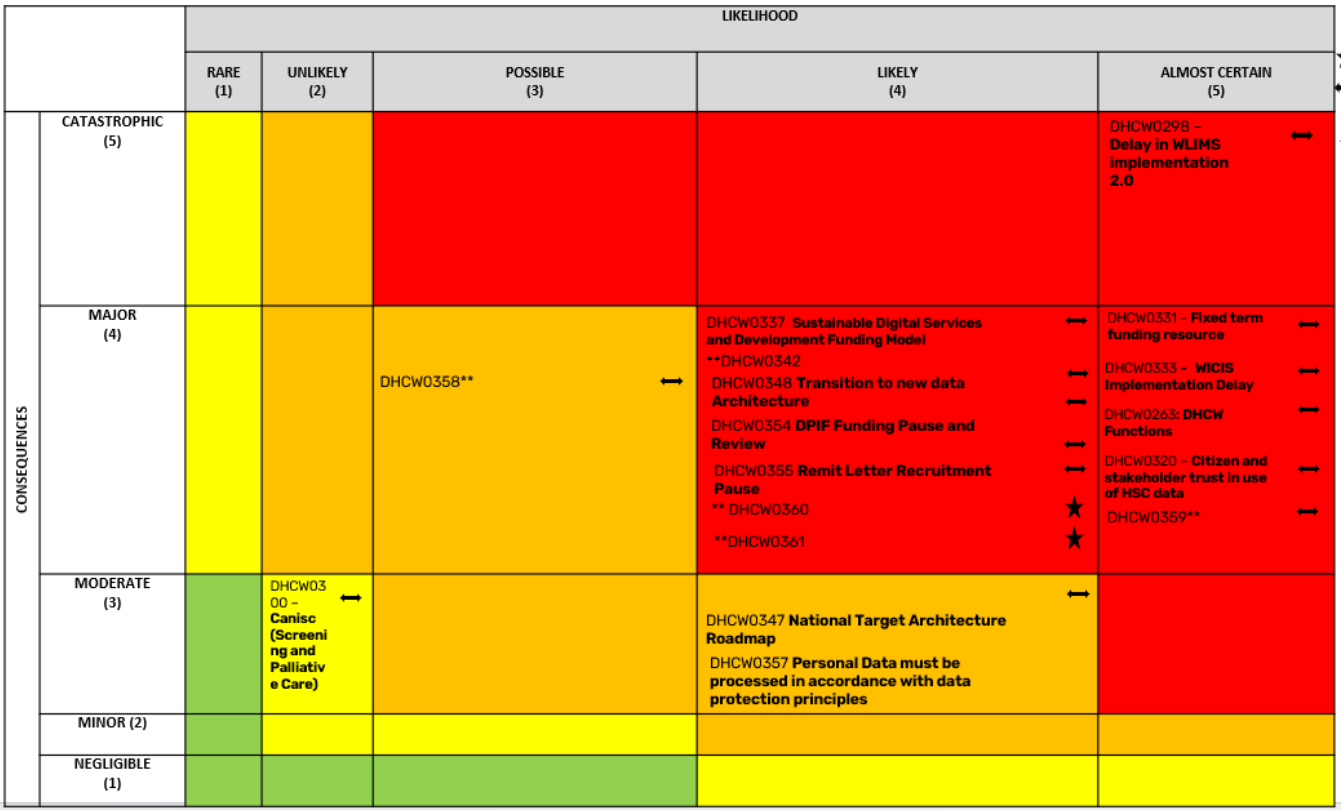
There were five risks removed during the period.

RISK TITLE	RISK DESCRIPTION	EXECUTIVE OWNER	COMMITTEE ASSIGNMENT
DHCW0237 – New Requirements Impact on	IF new requirements (additional work or new services) do not come via the	Director of Digital Strategy	Portfolio Delivery

Plan	approved processes and receive adequate prioritisation, THEN staff may be diverted from other agreed deliverables in the plan RESULTING in non delivery of our IMTP objectives, delays to delivery and potential reputational damage.		Committee
DHCW0351 - Changes in political landscape in Wales	IF there is a change in political landscape in Wales that brings about revised priorities or interpretations regarding health policy, digital transformation, or the allocation of healthcare resources, THEN DHCW may need to adapt to evolving funding arrangements, regulatory expectations, or procurement procedures, RESULTING IN the possibility of adjustments to project timelines, a period of uncertainty for stakeholders and staff, and the need to carefully manage the continuity and quality of digital health services delivered across NHS Wales.	Director of Corporate Affairs/ Board Secretary	Audit and Assurance Committee
DHCW0341 PRIVATE	PRIVATE	Executive Director of Operations	Digital Governance and Safety Committee
DHCW0349 – RADIS Team scaling back	IF RISP Implementations are delayed by local Boards and there is increased reliance on RadIS and it's support function for a longer period or for more instances than has been planned THEN the planning and decisions already in place for the support of the service and the management of the exit of the RadIS team may result in a reduction in the numbers of, along with the loss of key, experienced members of the team RESULTING IN a risk to service delivery and provision		Portfolio Delivery Committee
DHCW0356 PRIVATE	PRIVATE	Executive Director of Operations	Digital Governance and Safety Committee

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

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



CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)					DHCW0298 – **Delay in WLIMS implementation 2.0** ⟷
MAJOR (4)			DHCW0358** ⟷	DHCW0337 **Sustainable Digital Services and Development Funding Model** ⟷ **DHCW0342 ⟷ DHCW0348 **Transition to new data Architecture** ⟷ DHCW0354 **DPIF Funding Pause and Review** ⟷ DHCW0355 **Remit Letter Recruitment Pause** ⟷ ** DHCW0360 ★ **DHCW0361 ★	DHCW0331 - **Fixed term funding resource** ⟷ DHCW0333 - **WICIS Implementation Delay** ⟷ DHCW0263: **DHCW Functions** ⟷ DHCW0320 – **Citizen and stakeholder trust in use of HSC data** ⟷ DHCW0359** ⟷
MODERATE (3)		DHCW0300 – **Canisc (Screening and Palliative Care)** ⟷		⟷ DHCW0347 **National Target Architecture Roadmap** DHCW0357 **Personal Data must be processed in accordance with data protection principles**	
MINOR (2)					
NEGLIGIBLE (1)					

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.

4.5 Programme Risk Tolerance & Escalation Arrangements

In response to the Welsh Government Remit Letter requirement for DHCW to strengthen programme risk management arrangements, DHCW has reviewed its portfolio governance and reporting processes and introduced a clearer programme risk tolerance and escalation process.

DHCW has worked with the Chair of the Portfolio Delivery Committee, Programme Board Chairs and Programme leads to review programme risks and introduce the new process, ensuring a consistent understanding of risk tolerance thresholds and escalation requirements across the portfolio.

The Programme Risk Tolerance and Escalation Process will be shared formally through the Portfolio Delivery Committee and also with Welsh Government.

The approach builds on existing governance structures and introduces defined escalation thresholds linked to delivery confidence ratings. This strengthens early warning mechanisms, improves consistency and transparency of escalation, and provides assurance that significant delivery risks and issues are identified, assessed and escalated in a timely and proportionate manner.

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 five risks during the period.

5.2 DHCW's Remit Letter sets out the requirement to strengthen programme risk management arrangements.

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; and NOTE the Programme Risk Tolerance & Escalation Arrangements, in response to DHCW's Remit Letter Requirements.	

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

Eitem ar yr Agenda: Agenda Item:	6.6

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:	Chris Moreton, Interim Director of Finance
Paratowyd gan: Prepared By:	Laura Panes, Strategic Commercial Manager Rachel Stirrup, Strategic Commercial Manager
Cyflwynwyd gan: Presented By:	Chris Moreton, Interim Director of Finance

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

APPROVE one (1) Contract Award paper and one (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")

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Julie Francis, Head of Commercial Services	08/07/2026	APPROVED
Chris Moreton, Interim Director of Finance	09/07/2026	APPROVED
DHCW Management Board	16/07/2026	APPROVED

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
MOU	Memorandum of Understanding	NIIAS	National Intelligent Integrated Audit Solution
SFIs	Standing Financial Instructions	ICO	Information Commissioners Office
WPOCT	Welsh Point of Care Testing	PCR2015	Public Contracts Regulations 2015

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

3.2 In accordance with the scheme of delegation in DHCW's Standing Financial Instructions ("SFI's"), Contracts to be awarded with a total contract value which exceeds £750,000 (excl. VAT) will be presented for the Board's approval. In addition, the Board will also be required to approve any contracts which are to be extended either outside their initial term and/or in excess of the executed contract value.

3.3 For special Agreements such as Memorandum of Understanding ("MOU"), and other inter Authority Agreements, these are Approved by the Management Board and presented to the SHA Board for Noting. In the event of these Agreements over £750,000 excl. VAT, these will also require SHA Board Approval.

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

1. Contract Award and Contract Extension and Value Increase Papers

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

i. P655 National Intelligent Integrated Audit Solution (NIIAS)

Contractor: Maxwell Stanley Consulting
Term: 24th November 2026 to 23rd November 2030 with an option to extend for a further period of four (4) years in increments of two (2) years up to 23rd November 2034.
Value: Total contract value of **£4,900,000.00 excl. VAT**. A breakdown is

	provided below: Years 1 – 4 = £1,398,323.00 excl. VAT Years 5 – 8 = £1,374,086.04 excl VAT Optional call off value = £2,127,591.00 excl VAT (no obligation to spend this value throughout the term)
Funding Position:	Funding of £612,500.00 excl VAT per annum (total £2.45m excl VAT) has been approved for years 1-4 under the existing revenue budget. Funding for years 5-8 to be approved in advance of executing the extension options. DHCW is not contractually committed to utilising the optional extensions and call off contract values. However, there may be a need to connect NIIAS to new national clinical solutions throughout the contract term which will be funded out of the existing approved revenue budget.
Approval Requested:	Contract Award

Context/Background:

NHS Wales is responsible for the protection of data relating to its patients. Digital Health and Care Wales ("DHCW") are required to ensure adequate measures are provided to maintain the privacy of data held about its patients by ensuring only appropriate access to such records is undertaken. Failure to undertake this process fails the patient, breaches data protection guidelines and exposes NHS Wales organisations to financial penalties as levied by the Information Commissioners Office ("ICO"). This investment seeks to build on the benefits and success of the previous National Intelligent Integrated Audit Solution ("NIIAS") currently deployed centrally across Wales which is due to expire on 23rd November 2026.

DHCW is seeking approval for a new NIIAS agreement to commence from 24th November 2026 for an initial period of four (4) years with the option to extend for four (4) years in increments of two (2) years. The agreement is for a cloud hosted solution which includes license, support/maintenance, training and allows DHCW the ability to call off new connections to integrate NIIAS with new national clinical solutions throughout the term of the agreement.

The procurement was undertaken via the Open Procedure under the new Procurement Act 2023.

Please Note: Funding is within the existing budget set for NIIAS under cost code 7033, as agreed with Finance Business Partners.

ii. P384 Welsh Point of Care Testing ("WPOCT"):

Contractor:	Siemens Healthcare Diagnostics
Original Term:	19th September 2016 to 18th September 2023, with the option to extend for a further three (3) years, up to 18th September 2026.
Original Value:	Total Contract Value of **£1,856,911.00 excl. VAT**.
Funding:	WPOCT is funded via the Health Boards/ Trusts SLAs. Please see the detail below with regards to the current position.

Approval Requested: Contract Extension for a further three (3) years and a further increase to the value of up to £400,000.00 excl. VAT.

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 in accordance with the contract modification provisions under the Public Contracts Regulations 2015 ("PCR 2015"). The modification was agreed on the basis of there being no changes to the annual service charges and remaining on the current software solution, POCcelerator. However, following subsequent discussions with the incumbent supplier, it became evident that there were additional technical and financial implications that were outside of what the Board had approved.

As a result, the modification for the two-year extension was never executed meaning that the original contract expiry date of 18th September 2026 still applies. To date, the extension provision has not been executed due to the following reasons:

- Notification of the sunsetting of POCcelerator in April 2028
- Complexities of upgrading to V6.4 and Atellica Connect
- Suitability of current infrastructure to underpin the upgrade
- To ensure DHCW and the wider NHS achieves appropriate value for money from the upgrade over a reasonable operational period
- Continuity of service whilst the OBC, procurement and exit/implementation (if required) are undertaken

DHCW is now seeking approval to modify the contract to ensure continuity of service across NHS Wales for a period of up to three (3) years, on a 2+1 basis, to enable the following activity to be undertaken:

- To allow DHCW, with the support of NHSP&I, to finalise and seek approval of the business case from Health Board Executives, WG and DHCW, including funding commitment from Health Boards and Trusts
- To finalise high-level requirements needed to undertake a robust and thorough market assessment
- To allow time to develop the strategic approach and market analysis which requires subject matter expertise.
- To allow time for the WG Scrutiny Panel to confirm funding for the replacement solution
- To provide sufficient time to ensure that other digital services such as LIMS are implemented and embedded before a replacement POCT digital solution is procured and migrated off the existing solution.

Under the proposed request for modification there is no change to the existing scope of services to be delivered i.e., DHCW is seeking to extend the provision of the POCT software and support. The Public Contracts Regulations 2015 ("PCR2015") permits such contract modifications in this case via Regulation 72(1)(e), which allows modification of existing contracts where the modification is not substantial. This request is not substantial in terms of change to scope or scale.

DHCW is also seeking to increase the value by up to £400,000 excl. VAT, based on the charges for the provision of the software upgrade to Atellica Connect and support for the additional three (3) year period taking into consideration any potential growth and inflation, bringing the total contract value to £2,256,911.00 excl. VAT.

The service charges for WPOCT are re-charged by DHCW to the Health Boards/ Trusts across Wales and in February 2026, Health Boards/ Trusts were advised that DHCW would be uplifting the SLA by circa £15,000 for FY 2026/27 to cover the period from September 2026 to end of March 2027. At that time, Health Boards/ Trusts were also notified that there would be a further uplift in FY 2027/28 to cover the full year at the new rates.

Due to this recent uplift, the proposed costs to upgrade to Atellica Connect will not result in a cost pressure for DHCW in FY 2026/27, however, there will be an uplift applied for next FY. The value of the uplift cannot yet be fully calculated as it will depend on the rate of inflation, however, it is expected to be circa £11,000 based on the current SLA and inflation rate of 3%.

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

5.1 P384 Welsh Point of Care Testing ("WPOCT") – the risks with regards to the contract modification are set out in section 6 of Appendix ii P384 Welsh Point of Care Testing ("WPOCT") Contract Extension and Value Increase Request Paper.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	SHA Board is being asked to
APPROVE one (1) Contract Award paper and one (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")	

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

Eitem ar yr Agenda: Agenda Item:	6.7

Enw'r Cyfarfod: Name of Meeting:	SHA Board
Dyddiad y Cyfarfod: Date of Meeting:	30th 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:	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	DYDDIAD	CANLYNIAD

PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Director of Corporate Affairs / Board Secretary	07/2026	Approved
SHA Board		

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 Executive Summary is structured as follows:

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

Information, and training, on Statistical Process Control Charts can be found here, acronyms here and the dashboard version of this report here.

3.1 Changes to Key Performance Indicators:

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

3.2 Accountability Conditions

During 2025/26 we operated under a set of 13 Welsh Government defined accountability conditions following agreement of our IMTP with the intention of providing assurance that our key risks were being managed and national priorities delivered. These required us to deliver the objectives set out in the Cabinet Secretary's objectives; the March 2025 Remit Letter; full

compliance with the NHS Wales Oversight and Escalation Framework and any de-escalation criteria linked to our escalation status; and deliver agreed IMTP milestones, including those arising from in year additional priorities. We made full progress throughout the year in delivering against these Conditions, with ongoing oversight via the monthly Integrated Quality, Performance and Delivery (IQPD) meetings with Welsh Government.

The Phase 2 Improvement Plan is now being implemented and incorporates a range of actions designed to support continued organisational improvement. Progress against these actions is being monitored through established governance arrangements and has informed recent Escalation Board discussions.

3.3 Mission Achievements

Information on the key update and achievements across each mission are detailed in the Q1 Strategic Performance Report

3.4 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 Key Performance Messages

DHCW's workforce remains stable, with headcount at 1,281, supporting organisational resilience and continuity of service delivery despite the ongoing recruitment pause. Positive progress has continued across workforce diversity indicators, while Statutory and Mandatory Training remains above target, providing assurance on regulatory compliance. Appraisal compliance has also improved significantly, exceeding target for the first time since February 2026 and strengthening organisational assurance around performance and development conversations.

Across operational services, performance remains robust despite increasing demand and service complexity. National service request resolution and change management performance continue to exceed target.

Adoption of national digital services continues to grow, demonstrating increasing utilisation of digital channels by healthcare professionals and the public. The Electronic Prescription Service (EPS) is now live across more than 900 sites, while NHS Wales App registrations have increased to over 817,000 users, with sustained growth in appointments booked, prescriptions ordered and overall platform usage. This continued uptake reflects the increasing role of digital services in supporting the delivery of healthcare across Wales.

4.1.1 Stakeholder

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

- increased adoption of national digital platforms (e.g. EPS rollout and NHS Wales App usage);
- high service availability (99.76%);
- strong change success rates (97.32%), indicating mature and safe deployment practices.

Engagement with digital services remains strong across both healthcare providers and the public. Use of the Electronic Prescription Service (EPS) continues to expand, with the number of live sites increasing to over 900, demonstrating ongoing rollout and adoption across primary care. NHS Wales App usage has also continued to grow, with distinct logins reaching over 348,000, alongside high levels of activity including over 4.4 million total repeat prescriptions ordered and more than 10,400 GP appointments booked via the App, indicating increasing reliance on digital channels by the public. This overall position demonstrates sustained adoption, ongoing use, and continued value realisation from digital investment across NHS Wales.

4.1.2 Organisational Capacity

DHCW's workforce remains broadly stable, with headcount increasing by 13 during June to 1,281 due to the ongoing recruitment pause. The organisation continues to focus on retaining key skills, maintaining workforce stability and ensuring resources remain aligned to strategic priorities.

Workforce diversity indicators continue to demonstrate positive progress despite the ongoing recruitment pause. Female representation has increased marginally to 44.89%, remaining well above the long-term average of 43.78%. Representation of staff from an ethnic minority group has risen to 14.05%, continuing its upward trajectory and exceeding the long-term average of 12.86%, while the proportion of staff with a declared disability remains high at 9.68%, above the long-term average of 8.89%. These results indicate that, despite limited workforce movement, DHCW has maintained and continued to build upon the progress made against its equality, diversity and inclusion objectives.

Statutory and Mandatory Training has fallen slightly to 93.91%, however this continues to exceed the 85.0% target. Appraisal compliance has improved significantly to 86.49%, exceeding the 85% target for the first time since February 2026 and marking a strong recovery following a sustained period of underperformance.

4.1.3 Internal Processes

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

Service Availability decreased to 99.76% in June, falling below the 99.90% target for the first time in 12 months. This reduction was primarily driven by a major power outage, which

affected multiple national services and resulted in a temporary loss of resilience. As a result, Major Incidents resolved within SLA has fallen sharply to 75%, due to one of four Major Incidents breaching SLA.

National Service Request resolution continues to perform above target at 96.26%, while Change Success remains broadly in line with expectations at 97.32%. Together these measures indicate continued operational stability and maturity across service management processes.

4.1.4 Financial Stewardship

DHCW continues to manage public resources responsibly, maintaining a strong focus on affordability, value for money and financial control. The organisation remains on course to deliver against its financial plans. Capital resource expenditure stands at £6.474m year to date (Month 3 2026/27 – June 2026), remaining well within the approved capital limit (£12.470m). Public Sector Payment Policy performance remains strong at 99.0%, exceeding the 95% target and providing assurance regarding effective financial stewardship.

4.2 Ongoing Areas of Concern

Problem Management performance has improved, with 66% of active problems now in the Error Control Phase, exceeding the 60% target. During June, the KPI was revised to better reflect DHCW's problem management process through the inclusion of the "Workaround Found" status, providing a more accurate view of progress in managing known issues. Work continues to review and strengthen problem management processes as part of the new I.T. Service Management tool implementation, with revised functionality and processes currently under development.

Appraisal compliance has improved significantly to 86.49%, exceeding the 85% target for the first time since February 2026 and marking a strong recovery following a sustained period of underperformance. This improvement reflects the positive impact of targeted actions undertaken by the People and Organisational Development Directorate and Directorate management teams, including focused engagement with managers and enhanced oversight of compliance. The achievement of target performance provides increased assurance that performance and development conversations are taking place across the organisation. Continued attention will be required to maintain this positive trajectory and ensure appraisal compliance remains embedded across all Directorates, supporting staff development, engagement and organisational assurance.

Business Change engagement activity continues to sit below the long-term average with 32 contact events delivered across meetings, workshops and stakeholder engagement sessions during June. While this is below the long-term average of 37, engagement continues to be supported by a high volume of stakeholder interaction, with 579 individual contacts recorded during the month, significantly above the long-term average of 428.78.

4.3 New Areas of Concern

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

4.4 Resolved Areas of Concern

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

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

5.1 There are no performance matters requiring escalation this month. Positive progress has been demonstrated in several previously escalated areas, including appraisal compliance and the reduction of dormant accounts across NHS Wales.

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
LOCAL PARTNERSHIP FORUM HIGHLIGHT REPORT

Eitem ar yr Agenda: Agenda Item:	6.8i

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 state the reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Enw'r Pwyllgor Name of Committee	Local Partnership Forum
Cadeirydd y Pwyllgor Chair of Committee	Samantha Morgan, Director of People and Organisational Development
Cyfarwyddwr Gweithredol Arweiniol Lead Executive Director	Paul Evans, Head of Quality Assurance & Regulatory Compliance
Dyddiad y Cyfarfod Diwethaf Date of Last Meeting	04 June 2026
Paratowyd gan Prepared By	Belinda Mills, Corporate Governance & Risk Coordinator
Cyflwynwyd gan Presented By	Samantha Morgan, Director of People and Organisational Development

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

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

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

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

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

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

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

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL	No, there are no specific financial implications related to the

GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	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	04 June 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 of the DPIF pause which could impact staff and programs if funding is not secured.
SICRHAU ASSURE	• **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 2.58%, its lowest level in 12 months. Appraisal completion stands at 81%, below the Welsh Government target of 85%, and a root cause analysis is underway to address ongoing gaps
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, including new collaborative space and improvements at Tŷ Glan-yr-Afon, continued estate rationalisation to support hybrid working, and a reduced-footprint lease at Technium 2. Partnership working across sites continues, with future desk demand under review. • **Developing the Digital Profession – Update**: The Local Partnership Forum received an update that of 153 roles identified, 130 (around 85%) have been completed and 8 remain in progress, supported by Heads of Profession. LPF members were also notified that MY LMS went live at the end of April 2026 with MY LEARN now available across the organisation. • **Social Partnership Update**: The Local Partnership Forum received an update on Social Partnership noting that the Social Partnership Duty Report has been finalised and included in the annual report, while collaboration continues with the Future Generations Commissioner's Office and communications teams. • **NHS Staff Survey Update**: The Local Partnership Forum received an update on the NHS Staff Survey noting that DHCW had 855 staff participate, an increase from last year; overall NHS Wales saw higher engagement, partly due to incentives and improved comms collaboration.

5.2 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 September 2026

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
REMUNERATION & TERMS OF SERVICE COMMITEE HIGHLIGHT REPORT

Eitem ar yr Agenda: Agenda Item:	6.8ii

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

Enw'r Pwyllgor Name of Committee	Remuneration and Terms of Service Committee
Cadeirydd y Pwyllgor Chair of Committee	Ruth Glazzard, Interim Chair of DHCW SHA Board
Cyfarwyddwr Gweithredol Arweiniol Lead Executive Director	Helen Thomas, Chief Executive Officer
Dyddiad y Cyfarfod Diwethaf Date of Last Meeting	2 July 2026
Paratowyd gan Prepared By	Laura Tolley, Head of Corporate Governance/Deputy Board Secretary
Cyflwynwyd gan Presented By	Ruth Glazzard, Interim Chair of DHCW SHA Board

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

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

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

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW services provided.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.

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

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

PERSON NEU GRŴP PERSON OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Chris Darling, Director of Corporate Affairs | Board Secretary	July 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 BREIFAT / PRIVATE SESSION

RHYBUDDIO ALERT	There were no items to alert to the SHA Board.
SICRHAU ASSURE	The Committee received for assurance the 2025/26 end of year performance summaries for the Executive team.
RHOI CYNGOR ADVISE	The Committee reviewed and discussed the draft 2026/27 objectives for the Executive team.

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

The Committee:
APPROVED the extension of the interim Executive Director of Finance arrangements to 31 December 2026, subject to Welsh Government approval.

Dyddiad cyfarfod nesaf y pwyllgor: Date of next committee meeting:
TBC

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

Eitem ar yr Agenda: Agenda Item:	6.8iii

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

Enw'r Pwyllgor Name of Committee	Audit and Assurance Committee
Cadeirydd y Pwyllgor Chair of Committee	Marian Wyn Jones, Independent Member
Cyfarwyddwr Gweithredol Arweiniol Lead Executive Director	Chris Moreton, Interim Director of Finance
Dyddiad y Cyfarfod Diwethaf Date of Last Meeting	14 July 2026
Paratowyd gan Prepared By	Julie Robinson, Corporate Governance Coordinator
Cyflwynwyd gan Presented By	Marian Wyn Jones, Independent Member

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

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

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

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

GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER	Information
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Datganiad: Statement: There is no requirement for an EQIA.	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
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2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

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

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

3 ACRONYMAU / ACRONYMS

DHCW	Digital Health and Care Wales	SHA	Special Health Authority

4 DIFFINIADAU / DEFINITIONS

RHYBUDDIO ALERT	Rhoi gwybod i'r Bwrdd/Pwyllgor am feysydd o ddiffyg cydymffurfio neu faterion y mae angen mynd i'r afael â nhw ar fyrder. Alert the Board/Committee to areas of non-compliance or matters that need addressing urgently.
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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	• **Remit Letter Delivery Report** – The Committee noted the funding decisions relating to the Digital Priorities Investment Fund (DPIF) resulted in reductions to some programme funding and delays to programme delivery.
SICRHAU ASSURE	• **Internal Audit Progress Report** the Committee **received** assurance that the 2025/26 internal audit programme had been completed and that delivery of the 2026/27 programme was progressing well. • **Internal Audit Review Report – Welsh Intensive Care Information Programme** – **assurance** was provided that governance, oversight and stakeholder engagement arrangements had strengthened significantly since the independent review, with the majority of audit actions completed. • **Audit Wales Committee Update** the Committee received assurance from the Digital Transformation Audit Report and Remit Letter Delivery Report. • **Audit Action Tracker** Members **noted** and **approved** the request for five extensions to target dates where revised delivery timescales were considered appropriate. • **Local Counter Fraud Report 2025/26** The Committee received the report which outlined that DHCW had achieved full compliance against all 12 Government Counter Fraud Functional Standards and maintained the highest mandatory counter fraud training compliance rate in NHS Wales (>98%) • **Quality & Regulatory Compliance Report –** Members noted strong compliance performance across quality and regulatory areas with quality improvement activity continuing to expand across the organisation. • **Finance & Procurement Update** – the Committee received the Financial Grip and Control Assessment which provided reasonable assurance over DHCW's financial control environment. Procurement controls remained effective, with high value-expenditure and single tender actions subject to appropriate governance processes. • **Board Assurance Framework Deep Dive – PADR** - The Committee received assurance that PADR compliance had improved from 80.38% to 87.6%, exceeding the 85% target. Enhanced controls are being implemented to sustain compliance. • **Corporate Risk Register** Members **reviewed** the three risks assigned to the Committee and noted the continued funding uncertainty. • **Welsh Language Report** – Members **noted** the risks associated with workforce capability, targeted recruitment and embedding Welsh language requirements within organisational processes. The Committee also received **assurance** that no complaints relating to Welsh Language Services were received in 2025-26.

RHOI CYNGOR ADVISE	• **Local Counter Fraud Update** The Committee were advised by the Local Counter Fraud Manager on the emerging concerns to secondary employment and dual working. The Committee were advised on the work ongoing across DHCW to monitor secondary employment arrangements.

5.2 SESIWN BREIFAT / PRIVATE SESSION

RHYBUDDIO ALERT	There were no items to alert to the SHA Board.
SICRHAU ASSURE	• **Internal Audit Review** The Committee **received** the **Recruitment Process** audit review and **noted** that whilst the assurance rating is Limited, there had been progress on actions to date. The Committee will continue to review this area for assurance throughout 2026-27.
RHOI CYNGOR ADVISE	• There were no items to advise the SHA Board.

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

Approved the following policies and strategy:-

- DHCWPOL-11 Counter Fraud, Bribery and Corruption
- DHCWPOL-40 Smoke/Vape Free Policy
- DHCW-STR-3 Welsh Language Strategy

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