

Contents

Introduction	3
1 - Improving public access to digital services	5
NHS Wales App.....	5
Digital Medicines.....	6
Dental Access Portal (DAP)	7
Digital Inclusion.....	8
2 - Delivery of enabling digital services: Primary Care	10
General Practice Systems	10
Pharmacy.....	11
Connecting Care.....	12
Vaccines / Welsh Immunisation System.....	13
Electronic Prescription Service (EPS)	14
2 - Delivery of enabling digital services: Secondary Care	15
Single Record Products	15
Welsh Clinical Portal (WCP).....	15
Welsh Patient Administration System (WPAS)	15
Welsh Nursing Care Record (WNCR)	16
Cancer	16
Welsh Intensive Care System (WICIS).....	17
Welsh Emergency Care Dataset (WECDS)	17
Diagnostics (LIMS, RISP).....	18
ePrescribing and Medicines Administration Programme (ePMA)	21
Microsoft 365	21
Maternity	22
Eyecare.....	23
Mental Health.....	23
3 - Supporting safe and effective digital solutions	25
Cyber Security and Resilience	25
National Infrastructure	25
Devices	26
National Digital Architecture	27
Information, Research and Knowledge Management	28
Data	28
4 - Strengthening the organisation:	31
Governance	31
Programmes Governance	32
Quality.....	33
Partnership and Engagement.....	34
People Strategy	36
Finance	39
Strategic Planning.....	40
5 - Digital Issues	42
Delivery of Collaborative National Programmes.....	42
Maintaining the digital estate	42
Rationalising the digital estate	43

Data sharing and migration to the NDR..... 43
 Rapid and responsible use of AI..... 44
 Strategic multi-year digital roadmap 44

This evidence pack has been produced by Digital Health and Care Wales in support of the Public Accountability Meeting between Welsh Ministers and the Board on 29 January 2026. It has been produced in line with the guidance from Welsh Government.

Date submitted: 15 January 2026

Date of meeting: 29 January 2026

Introduction

Digital Health and Care Wales (DHCW) was established as a Special Health Authority on April 1st 2021, directed by Welsh Government to:

- Design, develop and deliver digital platforms, systems and services
- Support others in the design, development and deliver digital platforms, systems and services
- Support the development and implementation of common standards for digital platforms, systems and services
- Advise and assist the Welsh ministers in relation to the security of digital platforms, systems and services
- Support the development of the digital workforce

DHCW provides national digital, data services to support health and care delivery in Wales. We are responsible for national digital infrastructure, national data, and most of the main digital services which are widely used across multiple organisations. However, there are several important parts of the digital estate which are managed by others:

- A significant number of smaller digital systems in use across NHS Wales are managed locally by other organisations
- All hospital devices, networks and infrastructure are managed locally
- Virtual and remote technology devices are managed locally, typically by health boards and local authorities
- Enterprise software systems (Finance, HR, etc) are managed by NWSSP
- The 111 Service is managed by WAST

More than three quarters of DHCW activity and resources is dedicated to delivery of operational services. Over a hundred DHCW operational services provide the core network, data, integration, and clinical service across NHS Wales, supported by cyber security, data sharing, service support, data centre management, and other key functions. We benchmark our performance against industry standards – for example our overall system availability was 99.974% through 2024/25.

About 70% of our people are technical, including software engineers, data analysts and digital architects. Since DHCW's establishment, the organisation has grown by around 30% in terms of employed staff, to April 2025. This reflects new and expanded responsibilities, such as the Cyber Resilience Unit, the Microsoft 365 Centre of Excellence, and major programmes like Diagnostics - Laboratory Information Management System (LIMS) and Radiology Imaging System Procurement (RISP).

In line with government policy set out in A Healthier Wales, DHCW is increasing investment in patient facing and community services which enable prevention and patient empowerment through digital. More detail is provided in sections 1 and 2 below.

DHCW is focused on the Ministerial digital priorities and working collaboratively with partners to drive the achievement of these priority areas, which include four strategic priorities:

- **Target Architecture** - Establishing a unified, modern digital architecture for NHS Wales, enabling interoperability and future-proofing systems
- **Electronic Health Record (EHR)** - Delivering a comprehensive, integrated electronic health record accessible across care settings
- **National Data Resource (NDR)** - Building and expanding the national data platform to support analytics, research, and improved patient care
- **Cyber Security** - Strengthening cyber resilience and security across all NHS Wales digital platforms and services

And four delivery priorities:

- **NHS Wales App** - Expanding and embedding the NHS Wales App as the digital front door for patients, supporting appointments, prescriptions, records, and waiting list management
- **Digital Maternity** - Implementing digital solutions for maternity services, including data standards and improved patient pathways
- **ePrescribing** - Rolling out electronic prescribing across primary and secondary care to improve safety, efficiency, and patient experience
- **Connecting Care** - Delivering integrated digital solutions to connect health and social care, supporting seamless patient journeys and information sharing

1 - Improving public access to digital services

Since being established in 2021, DHCW has expanded into patient facing digital services, primarily through the NHS Wales App. This new product has been developed using modern digital practice: cloud hosting, agile multidisciplinary teams, open digital architecture, and user centred design. We have engaged closely with the NHS England App to accelerate delivery and to share learning.

NHS Wales App

Development of the App started in 2021. The first 'minimum viable product' was tested in 2022. The first 'live' product was launched in 2023. Primary care features were developed in 2024, and in 2025 the development path widened to also include wider secondary care features. The number of registered users of the App is increasing steadily at a rate of around 25 thousand new users per month, currently just over 650 thousand in total, which is 20% of the adult population of Wales.

Use of App features is accelerating as more connected services are enabled, particularly in primary care. Currently there are around a million user logins per month, which we expect to increase in 2026. Welsh Government has recently reached agreement with the GP profession to universally enable key features (view appointments, request repeat prescriptions, view summary care record) and we expect this to drive user engagement. Prescriptions in primary care are on track to be fully digitally enabled by November 2026, which will enable further enhancements to medicines features in the App, which will also drive user engagement.

DHCW has driven this work through three major programmes - the NHS Wales App, GP System Migration, and ePrescribing Service (EPS Medicines). Together, this will deliver a fully digital medicines pathway throughout primary care, transforming patient access to medicines, and delivering major efficiency savings through the removal of paper, reduced travel, and time savings. Not including time saved for patients themselves, digital medicines benefits are estimated at £20m annually. This is in addition to other benefits from App features estimated at up to £17m a year (the benefits increase in line with App users and usage).

DHCW has recently delivered a feature displaying new outpatient appointments in the App. The first pilot was delivered in June 2025, six health boards went live in October 2025, and the last went live in January 2026. Over 250 thousand hospital appointments have been notified to users in the App so far, and we expect this volume to increase as the feature is expanded to include more types of appointments and as more users register to use the App.

Following the pilot the approach was changed from a 'clinic-by-clinic' rollout to a 'single switch on' across every health board. The change of approach and pace was enabled by collaborative working with health board delivery partners, through several weeks of daily 'team Wales' standups to quickly test functionality and resolve issues. Technically the National Data Resource platform provided access to all-Wales data at the scale required.

Welsh Government 'locked in' the change of approach and set expectations through correspondence to all NHS Wales organisations.

There is an exciting roadmap for the App, which is conceived as a platform for delivering services to patients digitally. New features will transform health and care services through simplifying access to services and enabling self-management of their health and wellbeing needs.

Public Engagement and Co-Design

The App programme works closely with patients and the public to prioritise, design, and develop new features and a future roadmap. This includes

- Patients and Public Assurance Group - which provides oversight, ensuring accessibility and equality across diverse needs
- User Research Panels – which involve patients and carers from varied backgrounds to test prototypes and inform design decisions
- In-App Feedback – which enables real-time suggestions, reviewed weekly to guide feature improvements and resolve issues
- Feature Workshops – which bring together users and stakeholders to prioritise enhancements based on surveys and expert input
- Dialogue with Ministers and Welsh Government – which aligns the App roadmap with policy priorities

This work is assured through regular programme governance and assurance, which ensures transparent accountability through an independently chaired Programme Board, the DHCW SHA Board governance arrangements, peer accountability through direct engagement with health board delivery partners, and independent assurance through internal and external audit reviews.

Digital Medicines

The Digital Medicines Programmes deliver a coordinated, system-wide transformation of how medicines are prescribed, dispensed and administered across Wales. Driven by the policy direction set in the 2021 Welsh Government review of e-prescribing, the programmes comprise the Primary Care Electronic Prescription Service (EPS), the Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme, and the development of the Shared Medicines Record (SMR). Together, these programmes aim to fully digitise medicines pathways, making medicines use safer, more efficient and more convenient for patients and professionals.

EPS is the patient facing element of the digital medicines portfolio. The programme coordinates development and integration connections for the digital systems used by every GP practice and community pharmacy in Wales, linked to central services provided by NHS England including the NHS Spine. It is a complex programme requiring close working with multiple commercial suppliers and hundreds of practices and pharmacies.

Since the first practice go-live in November 2023, more than 12 million prescription items have been claimed through EPS, with utilisation increasing rapidly (1.9 million items in December 2025, which is around 25% of total items). There is a phased managed rollout programme, EPS is currently live in all health board areas and in 135 GP practices (37 per cent), 545 community pharmacies (80 per cent) and all Dispensing Appliance Contractors. The volume of digital prescriptions will increase rapidly as the rollout reaches full geographical coverage. The programme is on track to complete rollout across Wales by November 2026, a year ahead of the original programme timetable.

Alongside rollout, the programme is working with patients, suppliers and partners to add new functionality, including prescription status in the App, pharmacy search, and barcode prescription collection from any pharmacy. Discovery work is also underway to extend EPS to dispensing doctors, non-medical prescribers and secondary care.

Public Engagement and Co-Design

Like the NHS Wales App Programme, the EPS Programme works closely with patients and the public to prioritise, design, and develop new features and a future roadmap. Given the focus on prescription there is a deeper engagement with clinical professionals, especially the pharmacy. This includes:

- User Research Panels – which work with patients and carers from diverse backgrounds to test prototypes and provide feedback
- Feature Workshops – which work with patients, clinicians, and digital teams to prioritise functionality based on user needs
- Surveys and Feedback – which gather suggestions through surveys and engagement channels to inform development of the roadmap
- Dialogue with Welsh Government – particularly the Chief Pharmacy Officer who acts as sponsor for EPS and other Digital Medicines Programmes, providing professional and policy direction

This approach ensures that patient feedback directly shapes design and functionality, creating a service that is inclusive, transparent, and responsive. By giving patients greater choice and visibility, Digital Medicines supports improved access, safety, and empowerment in managing healthcare.

The EPS Programme is also assured through regular programme governance and assurance, ensuring transparent accountability through an independently chaired Programme Board, the DHCW SHA Board governance arrangements, and independent assurance through internal and external audit reviews.

Dental Access Portal (DAP)

DHCW launched the Dental Access Portal (DAP) in 2024/2025 to improve how patients in Wales access routine NHS dental care. Built on the Microsoft Power Platform, the DAP provides a web-facing portal where patients can enrol online for access to an NHS dentist, replacing the previous inconsistent process that required contacting health boards or phoning multiple practices.

Impact and Uptake

Since going live across all health boards in February 2025:

- Over 83,000 patients have enrolled via the DAP website
- Nearly 48,000 patients have accepted an offer of a place at an NHS dental practice

This marks a significant improvement in accessibility and efficiency for patients seeking routine dental treatment.

Public Engagement and Feedback

DHCW engaged with patients and stakeholders throughout development to ensure the portal met user needs:

- **User-Centered Design:** Early prototypes were tested with patient groups to validate ease of use and clarity of information
- **Health Board Collaboration:** Dental administration teams provided feedback on back-end functionality to streamline allocation processes
- **Continuous Improvement:** Feedback from patients and health boards since launch has informed enhancements, including clearer status updates and improved communication features

Benefits for Patients and Services

- **Simplified Access:** Patients can register online without navigating complex or inconsistent processes
- **Equity and Transparency:** A standardised national system ensures fair allocation and reduces regional disparities
- **Operational Efficiency:** Health boards can manage demand and availability more effectively, improving service delivery

The Dental Access Portal demonstrates how DHCW uses public engagement and iterative feedback to design and deliver digital solutions that improve patient experience, accessibility, and confidence in NHS services.

Digital Inclusion

DHCW is committed to ensuring that its digital health services are accessible, inclusive, and responsive to the needs of everyone in Wales. Digital inclusion is a core responsibility, and over the past year, DHCW has strengthened its capability by appointing a Digital Inclusion Manager and developing a Digital Inclusion Action Plan (2026–2029) to embed inclusive design, skills support, and accessible pathways across NHS Wales.

DHCW has delivered a programme of work to support improved access, confidence and equity across communities:

- **Evidence-Led Improvements** - research commissioned with Cwmpas captured the experiences of seldom-heard groups, particularly around access to primary care.

These insights have informed more inclusive design and support models, ensuring services meet diverse needs

- **Targeted Community Pilots** - collaborations with the South East Cardiff GP Cluster and the Chinese Community in Wales have improved digital confidence and increased NHS Wales App uptake through translated resources and culturally tailored training
- **Strengthened Public Engagement** - the Patient and Public Assurance Group (PPAG) provides insight and assurance, shaping priorities so that service users' needs, expectations, and lived experiences guide product development and support pathways
- **Partnership-Driven Access** - DHCW has begun work with partners such as social housing providers, libraries, community groups, and local authorities, to see how we can support work aimed at reducing the barriers to digital inclusion
- **Growing Skills Capacity** - the expanding Digital Champions network has supported people across Wales to use NHS Wales digital tools safely and independently, building confidence and equity in digital health access

Our future roadmap and plan for Digital Inclusion includes:

- **Scaling Digital Champions** - training more champions in 2026–27 to extend reach and impact
- **Implementing the Digital Inclusion Action Plan** - embedding inclusion across all DHCW products and services
- **Enhancing Accessibility Guidance** - updating standards and support materials to ensure consistent inclusive design
- **Expanding Partnerships** - reaching more communities experiencing digital barriers through collaborative initiatives

2 - Delivery of enabling digital services: Primary Care

General Practice Systems

GP systems in Wales are delivered through a national framework contract. During 2024/25, In Practice Systems Ltd (INPS), one of the framework suppliers, announced its exit from the Welsh GP market, triggering a complex migration project for 196 practices to a single supplier by 2027. Migrations began in June 2024.

In December 2024, INPS entered voluntary administration, creating a significant risk for the 154 practices yet to migrate. Through strategic engagement with the administrator and collaboration with other UK nations, DHCW secured continuity of service by transitioning to a new supplier.

To mitigate risk, migration cadence was accelerated from October 2025 following rigorous planning to maintain clinical safety. Completion is now expected by May 2026. This acceleration also enables faster rollout of the Electronic Prescription Service (EPS), which is only available via the Optum GP Practice system in Wales, with full implementation planned by November 2026.

Audit+ is a GMS funded software tool deployed across all Welsh GP practices to support clinical care, data quality, national reporting and governance. Integration with the DHCW Primary Care Information Portal enables both patient-level and aggregate data reporting for direct care and population level planning.

The company supplying this software announced its withdrawal from the market in April 2024. With no comparative solution found in the marketplace DHCW is leveraging the capabilities available in the National Data Resource to enable the data flow out of GP practices into the national architecture. Development work using test data has been positive and we are actively working with our GP system partner to accelerate this work. A key dependency for this will be the required Information Governance legislative and policy frameworks to be in place to allow the processing of real patient level data from GP clinical information systems.

Engagement and Feedback

General Practice is where most people enter healthcare services. It creates critical links between patients and clinicians and gives us the greatest opportunity to influence healthy lifestyles and well-being. Feedback from clinicians in this space, practice support staff and patients can help drive improvements and create better outcomes:

- Patient and Public Assurance Group: providing insight into how digital services impact patient experience, informing priorities for features that support access to services
- Collaborative Testing: engagement with GP practices includes feedback loops on usability and workflow improvements, ensuring systems operate efficiently and any enhancements are identified.
- Alignment with National Policy: features are developed to meet Welsh Government objectives for digital health inclusion and patient empowerment.

Continuous Improvement

Feedback from clinicians and service users drives iterative enhancements to GMS products, ensuring they remain reliable, secure, and aligned with patient safety standards.

DHCW provide continuous support and have built strong relationships with GP practices. This approach supports:

- Reduced administrative burden for practices, freeing time for patient care
- Improved interoperability with national digital platforms, enabling seamless patient journeys across NHS Wales services

In October 2025, DHCW commenced a GP Discovery Project that will identify digital solutions to help improve the delivery of care within General Practice, aligned with Welsh Government Digital Standards and the Community by Design initiative. This work will identify issues and opportunities, to improve practice efficiency, and inform future service design.

Pharmacy

Community pharmacies are central to delivering NHS services in Wales, supported by the Choose Pharmacy digital platform developed by DHCW. Since its launch in 2013, the platform has expanded to meet the growing role of pharmacies in patient care. Choose Pharmacy is live in 100% of all accredited pharmacies in Wales.

Along with providing community pharmacists and pharmacy technicians with secure access to patient records it also sends a consultation summary back to the GP ensuring a joined-up primary care experience. Through a facility called The Common Ailment Service (CAS) local pharmacies can be considered as an alternative to visiting a GP. There are 27 different ailments covered by CAS, such as:

- Sore Throat Test & Treat
- Urinary Tract Infection
- Conjunctivitis
- Dermatitis
- Colic

Choose Pharmacy also supports independent prescribing. This enables Independent Prescribers to record clinical information and medications prescribed during a consultation. Since this function was launched in 2020 it has recorded over 450,000 consultations, with 96.5% of patients saying they would have visited another healthcare service had they not been helped by the pharmacy.

However, parts of the technology are now outdated, limiting flexibility, usability, and integration. DHCW is rebuilding Choose Pharmacy to create a modern, secure, and user-friendly system aligned with Presgripsiwn Newydd — A New Prescription, which sets the future direction for community pharmacy in Wales. The new platform will:

- Simplify the service for patients and pharmacy teams
- Support safe, high-quality clinical care through improved workflows
- Enhance integration with other NHS services
- Strengthen security, reliability, and compliance with national standards
- Enable faster, safer release of improvements
- Reduce paperwork through digital, data and automation

Public Engagement and Co-Design

The rebuild follows a user-centred design approach, engaging patients, pharmacy professionals, and stakeholders throughout planning and development. Research and discovery phases in 2025–26 included workshops, interviews, and feedback sessions to identify pain points and priorities. Insights from these activities have shaped the design principles and functionality roadmap, ensuring the platform meets real-world needs.

Feedback continues to influence development through iterative testing and stakeholder reviews, creating a service that is intuitive, efficient, and responsive. The new platform is planned to go live in 2026–27, delivering a future-ready solution that empowers pharmacy teams and improves patient experience.

Connecting Care

Connecting Care oversees the delivery and replacement of an existing Electronic Health Record (EHR), CareDirector, which enables the sharing of information between health and social care to deliver services and support for people in Wales. In addition, DHCW work in partnership with Social Care who are taking forward their own programme. Connecting Care implementation activities have been devolved to the Health Boards to manage. Due to some priorities in Health Boards, Welsh Government has funded Cwm Taf Morgannwg University Health Board and Betsi Cadwaladr University Health Board to proceed outside of the national programme for the implementation of their Mental Health Electronic Health Record (EHR).

Connecting Care will enable integrated health and social care across Wales. Consistency and sharing of information ensure services have a complete understanding of the needs of individuals accessing their services, reducing the need for people to have to repeat their story. The Connecting Care Programme has four workstreams:

1. Community and Mental Health Applications
2. Integrated Care Record
3. Digital Designs and Standards
4. Care Director business-as-usual and exit

Community and Mental Health Applications

Several Health Boards have begun procuring replacement EHRs, using an agreed national approach and specification. DHCW is supporting all remaining Health Boards to commence procurement in Quarter 4 25/26 and implement new systems across Community and Mental Health.

Integrated Care Record

This is a system that will allow health and social care professionals to share important patient information safely. This means everyone involved in a patient's care can work together, so that patients get the right help at the right time.

Discovery work is underway and the results will be used to create a business case for submission to Welsh Government. Discovery is on track to deliver at the end of Quarter 4 25/26.

Digital Designs and Standards

These ensure that information is captured consistently, allowing for it to be shared more easily across services and organisations. Building on what has been developed in the National Mental Health Care Record and identify a common set of standards that can be applied across community services and GP clusters, with a delivery plan produced by Q4 25/26.

Care Director business-as-usual and exit

At this time the team will continue to support and maintain the system to ensure safe, secure access for all organisations until they exit the platform. Local Authority exit plans are being managed by the Social Care Connecting Care Programme supported by Welsh Local Government Authority.

Vaccines / Welsh Immunisation System

The 2025–26 vaccination season marks a step-change in how COVID-19, flu and RSV vaccinations are planned, delivered and managed across Wales. For the first time, all winter respiratory vaccination journeys are supported end-to-end by the Welsh Immunisation System (WIS), enabling person level monitoring of flu uptake and empowering national studies on uptake, equity and efficacy. WIS now supports over 26,000 users across more than 3,100 locations, with almost 13 million vaccinations recorded since launch in 2020 - demonstrating a maturing national capability rather than a time-limited project.

WIS is designed and operated as a single, end-to-end national service. It opens directly within GP clinical systems so vaccinations can be recorded without leaving the clinical workflow - improving data quality, strengthening data sharing and increasing point of care efficiency.

User-centred, iterative delivery: Regular engagement with clinicians, staff and service users drives continuous improvements, including during live vaccination campaigns, allowing rapid responses to policy change, operational learning and emerging risks.

Operating on internationally recognised health data standards, WIS enables eligibility-based recommendations within clinical workflows. This supports improved attendance, reduces missed appointments, optimises staff time and vaccine stock, and provides near real time insight to target delivery equitably across Wales.

WIS is currently the only clinical system in Wales that safely records multiple vaccinations in a single appointment without duplication; during this season, over 114,000 people received COVID-19 and influenza together via this co-administration capability.

National visibility now shows every flu vaccine in each fridge at every vaccination location, enabling proactive compliance monitoring, early identification of surplus and redistribution. This is critical to reducing wastage and delivering the value and efficiencies targeted by the Central Procurement of Flu programme, while maintaining safety.

By December 2025, WIS was updated to support the childhood immunisation schedule changes effective 1 January 2026, ensuring accurate recording and scheduling from day one and demonstrating the resilience to operationalise national policy at pace.

Overall, sustained investment in WIS provides a resilient, standards based, data driven national platform that advances prevention, value for money and reduction of unwarranted variation—strengthening public health resilience and enabling smarter, safer, more person-centred vaccination services year on year.

Electronic Prescription Service (EPS)

The Primary Care EPS Programme is described in more detail above under patient facing services.

The programme manages the design, integration and rollout of fully digital medicines pathways across primary care, including GP practices, community pharmacies, and dispensing contractors.

Rollout is proceeding at pace and is on track to complete a year ahead of the original programme timetable, in November 2026.

2 - Delivery of enabling digital services: Secondary Care

Single Record Products

The Single Record products are a suite of digital applications and services developed by and for NHS Wales, designed to unify patient information and support seamless care delivery across secondary healthcare. The Single Record suite provides a unified, authoritative patient record accessible to healthcare professionals across Wales, regardless of care setting. It underpins seamless care delivery and supports clinical safety.

Welsh Clinical Portal (WCP)

WCP is the national digital patient record platform, accessed by over 40,000 healthcare professionals. It provides:

- Secure, audited access to 68 million documents and 288 million test results, including imaging
- GP summary records for 3.3 million citizens
- Regular medication imports for 25,000 patients monthly, reducing transcription errors
- Allergy and warnings data for 58,000 patients, improving prescribing safety

Key benefits:

- Digital GP referrals save 5–7 days on treatment pathways
- Electronic messaging reduces unnecessary outpatient appointments
- Electronic Test Requesting (ETR) supports Straight-to-Test pathways, accelerating cancer diagnosis
- Supports 4,900 Multi-Disciplinary Team (MDT) meetings monthly, with 1,755 new cancer cases recorded digitally
- National Paediatric Growth Charts (FHIR-based) improve monitoring of obesity trends, with 24,000 charts created since March 2025
- Specialist functionality includes enhanced colposcopy imaging for cancer care, improving decision-making and continuity
- Supports transfer of care across health board boundaries, with 18% of all diagnostic results and 20% of clinical documents viewed by clinicians in a different organisation when the patient is transferred

WCP Mobile extends access to patient data and key features on iOS and Android, with over 1,000 regular users.

Welsh Patient Administration System (WPAS)

WPAS is the core hospital administration system across six Health Boards and Velindre NHS Trust. It is the national system that underpins the management of patient pathways in Secondary Care. WPAS is used daily by over 20,000 hospital administration and ward staff and plays a vital role in ensuring patients are in the right location at the right time,

supporting unscheduled care, referrals, waiting list management, clinic scheduling, and ward admissions.

WPAS manages up to 480,000 clinic appointments and 80,000 inpatient episodes monthly. Health Boards use WPAS to manage and report Referral-to-Treatment (RTT) times against Welsh Government Targets

The transition to digital patient administration has removed thousands of hours of manual effort each year, reducing the need to track paper notes and administratively prepare referrals, supporting increased patient volumes.

Welsh Nursing Care Record (WNCR)

WNCR has transformed nursing documentation by replacing paper records with a secure, standardised digital platform. This product is designed and continually shaped through strong clinical leadership, and ongoing engagement with the nursing community to ensure responsiveness to frontline needs.

Key benefits:

- WNCR is used on all adult wards, and now holds over 58 million digital risk assessments for more than 650,000 patients
- Used by 21,000 nurses monthly
- WNCR has standardised the risk assessment process used by nurses across all adult wards in Wales, enabling safer, more consistent care, and creating a unified national dataset, supporting compliance and reporting
- Proven to save 8 minutes per readmission, improving safety during transfers
- DHCW is in the process of extending WNCR functionality to cover Paediatric wards, with rollout planned post-April 2026
- On average 20% of nursing forms are read across health board boundaries, enabling immediate access to information on transfer of patients between organisations, and reducing time wasted completing the same form again

Cancer

The Cancer Informatics Programme (CIP) delivered:

- Transition of functionality into WCP and WPAS
- National rollout of Cancer MDT and dataset e-forms for consistent data capture
- Go-lives for Velindre Cancer Centre (November 2022), Palliative Care (December 2024), and Screening/Colposcopy (July 2025)
- Cancer Informatics Programme closure in October 2025, with underspend of £54k

While the core objectives have been met, a defined set of outstanding activities remains, primarily relating to further integration, reporting completeness, and expansion of treatment summaries (radiotherapy and systemic anti-cancer therapies) beyond Velindre

to other cancer networks. These items are dependent on local system readiness, supplier engagement, and prioritisation decisions.

The legacy CaNISC system was decommissioned in 2025, replaced with three core functions: patient administration system (PAS), electronic cancer care record, a progress and outcome data repository.

DHCW are working with the NHS Performance & Improvement Cancer Leadership Board chaired by the Deputy Chief Medical Officer on a cancer data road map.

Welsh Intensive Care System (WICIS)

The WICIS programme was established in 2019 to modernise intensive care by replacing varied paper-based systems with a single digital platform across all ICU beds in Wales. The programme was endorsed by the Wales Critical Care Network and supported by all Chief Executives through the NHS Wales Collaborative. Procurement and supplier selection involved all partners, and configuration was clinically led, supported by the national network.

There was an extended configuration period, with delays caused by changes to the configuration requirements. On completion of configuration, prior to go-live, user acceptance testing identified significant concerns, requiring a significant redesign and further configuration. At this stage there also emerged a difference of opinion between clinical groups on configuration requirements. Additionally, some organisations indicated their intention to withdraw from the programme in favour of alternative local options.

The programme was paused by Welsh Government in 2024. An external review concluded that although the system was not clinically acceptable in its current form, it could be remediated. The programme governance was refreshed in 2025, DHCW led joint working towards agreed requirements and configuration, and Welsh Government set out next steps and a timetable to reach agreement on requirements.

DHCW continues to work with health board delivery partners and Welsh Government to confirm a way forward, supported by options and recommendation submitted to Welsh Government in November.

Welsh Emergency Care Dataset (WECDS)

DHCW is leading and co-ordinating work to improve the collection and reporting of emergency care data across NHS Wales, on behalf of the Six Goals Transformation Programme. This includes:

- Developing a new 'Welsh Emergency Care Data Set' which has been mandated across NHS Wales
- Building a datastore and interfaces in the National Data Resource to receive data from health boards across Wales
- Building a new 'Urgent and Emergency Care Module' in the Welsh Clinical Portal which will enable the collection of data

- Co-ordinating and reporting on ‘vanguard sites’ across Wales which will be the first to report WECDS data

Historically the quality of emergency care data reporting has been unsatisfactory, in terms of timeliness, coverage, and detail. Welsh Government has mandated collection and reporting of WECDS data by health boards across NHS Wales. There are several different software systems used in emergency departments and minor injury units across Wales, including WPAS (built by DHCW and managed locally), Symphony (a commercial product), and EU Workstation (an in-house built product). All systems will need to provide data to the central NDR datastore through common interfaces.

It is intended that organisations using WPAS for emergency care will upgrade to using the new WCP module. Migrating to the WCP module is also an option for organisations currently paying for commercial systems. However, health boards are able to make their own decisions on software, and some are considering migrating from WPAS to commercial products, or retaining their existing commercial / in-house system.

From a Once for Wales perspective, the common data standard and datastore will provide data interoperability, even if there are different front-end systems in use across Wales.

The current position is:

- **Data Standards** – complete
- **NDR Datastore and Interfaces** – complete (although data is not yet flowing from local systems which has limited real-world testing)
- **WCP UEC App Development** – initial build completed, demonstrated to Six Goals Programme leads, well received by users, and is now entering final iteration ahead of ‘user acceptance testing’ phase by March
- **Health Board Vanguard Sites** – for sites using Symphony, technical integration testing is making progress, user acceptance testing has been completed in Aneurin Bevan and is scheduled for other sites by March 2026

Diagnosics (LIMS, RISP)

Over the past years NHS Wales has delivered several major programmes to consolidate digital diagnostics systems to all Wales solutions. Key systems include:

- All Wales radiology imaging (PACS), enabling images to be viewed in any organisation
- All Wales laboratory system (LIMS), supporting tests across 38 laboratories and almost 8000 locations
- The Welsh Clinical Portal, which is a user front end to the national Welsh Results Reporting Service (WRRS), all-Wales electronic test requesting (ETR), and GP test requesting into secondary care (GPTR)
- All Wales Point of Care Testing (POCT), which is a single interface layer through which almost 3000 devices are connected to national digital diagnostics services

NHS Wales is in an exceptional position - national coverage across organisations at this scale is highly valued by clinicians and professionals and is very difficult to achieve in a multi-organisation health system. These are essential services – a health system cannot operate without diagnostics.

Diagnostics Programmes

NHS Wales is currently in the final stages of the largest and most ambitious digital diagnostics replacement programme in Europe. We are replacing both the national LIMS and the national PACS at the same time, across all organisations, in a compressed timetable with go-lives across all organisations planned over a 12 month period. There are two key programmes:

- LIMS 2.0 – replacement of the national LIMS system.
- RISP – replacement of the national PACS system and the national radiology information system.

These are complex collaborative programmes, involving all health board and NHS Trust partners, multi-year procurement, external commercial suppliers, and very challenging data migration, configuration, and user testing phases.

Both programmes were established and managed by the NHS Wales Collaborative, from 2019 onwards, through procurement phases, before being transferred to DHCW in January 2023. Both programmes required remediation work to recover their implementation timetables, to reset programme governance, and in one case to renegotiate the commercial contracts, which resulted in changing supplier. As a result of delays in earlier phases, the implementation phase for both programmes - which covers configuration, technical testing, user testing, user readiness and go-live – was heavily compressed. This has also resulted in running both programme implementations at the same time, which was not the original intention.

Laboratory Information Management System (LIMS 2.0)

LIMS 2.0 is a complex programme which has five phased implementation ‘tranches’:

1. Technical Readiness
2. Cellular Pathology
3. Microbiology
4. Blood Sciences
5. Blood Transfusion

Each of these tranches requires extensive testing by laboratory users, to provide assurance on user experience but also and more importantly to provide assurance on quality and accuracy. This is a large scale challenge – across Wales there are 2332 configured tests, 16,292 defined ranges, 13,102 results calculations. There is also significant work required to validate data migration from previous systems, particularly for Blood Transfusion.

A supplier contract was awarded in 2021, with a plan to implement by September 2023. This timetable was not achieved, which led to a programme transfer to DHCW and a new supplier contract, resulting in a new timetable. The new timetable was recognised by all partners to be extremely challenging, and it has come under extreme pressure through 2025, particularly around user acceptance testing and the resolution of issues identified by testing.

Currently the programme is forecasting as follows:

1. Technical Readiness - complete
2. Cellular Pathology – first go live January 2026, forecast complete Q4 (March)
3. Microbiology – forecast complete Q4 (March)
4. Blood Sciences – key component delivery due January 2026, completion date under review, anticipated Q1 (Apr-Jun)
5. Blood Transfusion – completion date under review, anticipated Q2 (Jul-Sep)

There is intense reporting, assurance and scrutiny of the LIMS 2.0 Programme, reflecting the complexity and intensity of delivery in the final stages of implementation. As well as regular programme and DHCW Board governance, LIMS 2.0 has been discussed at every monthly Digital Directors Peer Group and Chief Executives Peer Group since mid-2025.

The delivery challenge has driven a highly collaborative response, including for example joint user acceptance testing where one organisation acts on behalf of all.

Radiology Information System Procurement (RISP)

There are three main elements to the RISP Programme:

- Replace the national Picture Archiving and Communications System (PACS)
- Replace the national Radiology Information System (RIS)
- Replace Patient Dose Management System (PDMS) systems

Four organisations have gone live with RISP in 2025, with the remainder to follow this year. During 2025 the programme timetable has come under increasing pressure. Key drivers have been delays to user acceptance testing and data migration. Several organisations have requested changes to their planned implementation date, including two requesting a move to April and May 2026.

The challenges are driven first by the need to transition from the current PACS supplier to the new supplier, which requires both migration of historic imaging data and a period of ‘dual running’ during which organisations need access to both old and new archives. Secondly, the commercial contract for the RISP programme is a master services agreement, under which each organisation enters into a direct commercial relationship with the supplier, through a deployment order – this allows organisations to unilaterally move their go-live date, which has an impact on other organisations because the series of implementations is already tightly sequenced, and the supplier has limited capacity to manage parallel implementations in separate organisations.

Like other collaborative programmes, the RISP Programme has robust governance and assurance, and transparent reporting. The programme board is externally chaired by a health board digital director, the programme escalates upwards through DHCW Board governance and reports in public through the DHCW Programmes Delivery Committee, the digital directors peer group receives a monthly report. Welsh Government receive monthly reports and attend programme board meetings as an observer.

ePrescribing and Medicines Administration Programme (ePMA)

EPMA is part of a portfolio of digital medicines programmes, focussed on hospital systems, which sits alongside the primary care EPS programme which is described above. Collectively, the digital medicines programmes will digitise prescribing and medicines management across NHS Wales, delivering against government policy set out in 2021.

A Ministerial statement in May 2022 set a five year expectation for completion of digital medicines programmes, including EPMA. The programmes are on track to complete during 2026.

DHCW manages the National EPMA Programme, which is responsible for establishing a multi-vendor procurement framework, delivering a common Shared Medicines Record on the NDR platform, and supporting local implementations through knowledge transfer and other mechanisms.

There are Local EPMA Programmes in each organisation, separately funded by Welsh Government against local business cases. Through the procurement framework, local organisations select their preferred supplier and manage their local implementation, through configuration, integration, testing, go-live and rollout phases. Health boards are directly accountable to Welsh Government for the delivery of their programmes.

Current position:

- All health boards have selected a preferred supplier. There will be three different suppliers of EPMA systems across Wales when all programmes are complete
- Swansea Bay is live with EPMA, having been a pathfinder organisation prior to the establishment of the current digital medicines programmes
- Cardiff & Vale (using Nervecentre) and Betsi Cadwaladr (using Better) UHBs are live and in rollout phase
- Betsi Cadwaladr / Better is the only system connected to the Shared Medicines Record
- Other organisations are scheduled to go live through 2026

Microsoft 365

DHCW runs the national Microsoft 365 Centre of Excellence, which supports how NHS Wales staff work together every day. Microsoft 365 includes familiar tools such as Windows 11, Word, Excel, PowerPoint, Teams, email, and AI products such as CoPilot. All NHS Wales organisations — including GP practices and community pharmacies — use a

single, shared Microsoft 365 system. This makes it easier for staff across Wales to communicate, share information, and work securely.

The Microsoft 365 Centre of Excellence supports collaboration and security across NHS Wales via:

- Single Microsoft 365 environment for all NHS Wales organisations, including GP practices and pharmacies
- Independent review ranks NHS Wales amongst the best configured installations globally
- The Centre of Excellence leads strategy, negotiates national agreements (~£34M annually), drives adoption, pilots innovations (AI, automation), and manages security for 130,000+ devices
- DHCW and the Centre of Excellence are currently leading the re-procurement of the Microsoft Enterprise Agreement, on behalf of all NHS Wales organisations with a total contract value of over £170m over the 5-year term

Maternity

Across NHS Wales all health boards have been directed to implement the same digital maternity system, by March 2026.

Two health boards (Aneurin Bevan, Cardiff & Vale) are live on the new digital system. Five health boards are in their implementation phase, working through configuration, integration, testing, and user acceptance, prior to go-live. Health boards are directly accountable to Welsh Government for their maternity implementations.

DHCW is supporting local health board implementations by:

- Developing a common Maternity Data Recording Standard – this was published in October 2025, based on NHS England DAPB 3066, ensuring consistent clinical data capture
- Developing a common Maternity Data Reporting Standard – this has been developed and assured, and is currently undergoing impact assessment by health boards and the supplier, with publication planned for March 2026
- Providing technical integration to the Welsh Birth Notifications Service – available to live health boards, user acceptance testing is in progress for the five organisations in their implementation phase
- Providing technical integration to national Admission/Discharge/Transfer (ADT) data – made available to all health boards within 6 weeks following an urgent priority request in early October 2025

On completion of this phase all health boards will have the same level of integration across Wales. Health boards have requested further integrations, which are not essential for go-live, and these are being planned for 2026-27.

Eyecare

In June 2025, Welsh Government commissioned DHCW to procure a tactical solution for Optometry e-referrals.

Key milestones:

- Rapid procurement completed by October 2025; contract awarded
- Implementation coordinated by DHCW Primary Care team, supported by an Oversight Delivery Group with Health Board representation
- Rollout scheduled for early 2026, with first Health Board planned to go live by March 2026

This cloud-hosted solution will enable secure, digital referrals between optometrists and hospital eye care services, reducing delays and improving patient experience.

As part of DHCW continuous improvement work has been undertaken to modernise the referrals engine within the central architecture. This service will support the safe and efficient transfer of referrals from optometry practices into secondary care.

Mental Health

DHCW is a strategic partner in transforming mental health services, working with Welsh Government, the Strategic Programme for Mental Health, and Health Education and Improvement Wales. The work spans four key areas:

1. National Digital and Data Delivery Plan

- Leading development of a national plan aligned to the Mental Health and Wellbeing Strategy 2025–2035
- Informed by digital maturity assessments currently being completed by Health Boards, covering governance, leadership, EPR capability, and data literacy
- Recognised internationally: DHCW received a leadership award at the e-Mental Health Global Congress (Nov 2025)
- Following extensive engagement across the system the Delivery Plan is set for final review by the Strategic Programme for Mental Health Board in March 2026, with an aim to commence work in earnest this year

2. Electronic Patient Records and Connecting Care

- Implementing modern Community and Mental Health EPR systems under the Connecting Care Programme
- Replacing legacy platforms to improve compliance with the Mental Health Act and enhance clinical efficiency

3. Mental Health Apps Framework

- Developing a framework for safe integration of patient-facing mental health apps

- Discovery phase scheduled for Q4 2025/26

4. Data Standards and National Mental Health Dataset

- Establishing national data standards and a Mental Health Dataset to support reporting, planning, and service evaluation
- Aligning with the National Mental Health Care Record (NMHCR) to enable secure data sharing across services

These initiatives drive a cultural shift towards digital-first mental health care, improving accessibility, compliance, and evidence-based decision-making. By combining governance, technology, and data insights, it empowers clinicians, enhances patient experience, and supports compliance with legislation. Ultimately, DHCW's work underpins a future where mental health care in Wales is more integrated, accessible, and data driven.

3 - Supporting safe and effective digital solutions

DHCW's technology, infrastructure, data, and standards services collectively underpin the safe, efficient, and resilient management of NHS Wales— to enable care delivery, robust security, and continuous improvement across the health system.

Cyber Security and Resilience

The cyber threat to the NHS in Wales remains at a very high level, with the UK National Cyber Security Centre (NCSC) calling for urgent action to strengthen resilience. DHCW plays a critical role in safeguarding NHS Wales against these threats, protecting 135,000 staff accounts and the data of 3.2 million citizens. Our cyber security services ensure patient data, clinical systems, and essential services remain secure and available.

Cyber security in NHS Wales is managed on a shared responsibility basis, with DHCW responsible for the national products and services, including the Security Operations Centre. Each NHS Wales organisation oversees their own systems, infrastructure and resilience planning. NHS Wales organisations are also responsible for their local business continuity planning, in the event of digital systems not being available due to a cyber incident.

Coordinated national activity is required to manage the cyber posture of NHS Wales as a whole. Key Components include:

- **NHS Wales Security Operations Centre (SOC)** - The SOC is the frontline defence, providing 24x7 monitoring and rapid response. It processes 12 billion security events and over 100 terabytes of data monthly, giving real-time visibility of threats across NHS Wales
- **Cyber Resilience Unit (CRU)** - Audits security posture across all NHS Wales organisations, reports incidents to Welsh Government, and supports remediation to strengthen resilience
- **Cyber Security Assurance**- Provides assurance for over 100 critical services, ensuring systems and third-party suppliers meet stringent security standards
- **Cyber Security Compliance** - Maintains compliance with ISO27001 and NIS regulations, embedding best practice and regulatory adherence, reporting to the DHCW Board and Digital Governance and Safety Committee
- **National Cyber Incident Response** - Coordinates national exercises to rehearse responses to major incidents, improving readiness and recovery times

National Infrastructure

DHCW provides the digital backbone that underpins NHS Wales services. This infrastructure supports 135,000 NHS staff and millions of citizens interacting with digital systems such as the Welsh Clinical Portal, Welsh Nursing Care Record, and NHS Wales App.

- **Cloud, Data Centres and Database Services** - DHCW commission the two national data centres for the NHS In Wales and provide the underpinning infrastructure services (servers, databases, backups, etc) that deliver DHCW's National Digital Services. Hosting 2,400 servers and 900+ databases storing critical patient data, including diagnostics and imaging
- **Networking Services** - Secure remote access, resilient internet connectivity, and cross-border links with other UK nations
- **Authentication and Auditing** - Ensures only authorised users access systems, with real-time auditing to detect suspicious activity
- **Monitoring and Alerting** - Continuous monitoring of services to maintain high availability and rapid incident response

Integration Services

Facilitates secure data exchange between GP practices, hospitals, and diagnostic services, making results accessible and enabling healthcare systems to communicate effectively, handling 200 million messages annually.

GP Messaging

Supports the ability for GPs to request tests electronically and receive results directly back into their practice systems. Delivers pathology and radiology results for c.300,000 patients every month, directly to GP systems.

Document and Results Services

Stores 780,000 care documents and 1.6 million test results monthly, ensuring timely access for clinicians across Secondary and Primary Care

The Welsh Demographics Service

Supports 7 million monthly lookups and 1.7 million demographic queries, enabling accurate patient identification across systems and organisations.

Standardised Interfaces

Application Programming Interfaces (APIs) provide secure access for internal and authorised third-party systems to patient information and functionality, supporting innovation and interoperability.

These services form the resilient foundation for a modern, digital NHS, ensuring continuity, security, and efficiency.

Devices

DHCW provides a comprehensive Managed Desktop Service, ensuring secure, reliable, and standardised IT infrastructure across NHS Wales including NHS Wales Shared Services Partnership, Health Education and Improvement Wales, and Primary Care settings. This service underpins clinical and administrative operations, supporting effective delivery of patient care.

The scope of this key service includes:

- Fully managed devices, deployed nationally for around 16,500 users
- Support to 369 GP practices across Wales, ensuring consistent technology standards and performance
- Support to Welsh prisons, with 173 managed devices supporting healthcare delivery in secure environment

The GP Managed Desktop Service ensures all primary care hardware remains current, secure, and high-performing through an iterative refresh model that replaces around 3,000 devices each year, reducing downtime and protecting continuity of care.

National Digital Architecture

In 2025 DHCW was commissioned by Welsh Government to lead work on national digital architecture. This has focussed on:

- Strengthening the digital architecture profession across NHS Wales, through a 'community of practice', which has been strongly supported by all organisations
- Recording the 'current state' of digital systems and services, using a single repository and consistent approach across all organisations
- Drafting a 'target state' digital architecture describing how digital systems and services could be optimally designed
- Drafting 'transition roadmaps' describing the move from current state to target state architecture
- Drafting a 'strategic investment plan' which will provide a framework for prioritising and sequencing business cases and investment decisions over several years

There has been strong engagement from all partners in this work, which has provided evidence and granular detail to support what was already in some cases widely assumed. For example, it has exposed the number of separate digital systems in use (over 1400), how the patient record is fragmented and duplicated (across 300 separate systems) and helped to identify legacy systems which are at or near end of life.

Work on target architecture has reinforced a collective commitment to work towards a shared architecture which is more consistent, through the adoption of common standards and stronger architecture governance, and better understood, through a common repository for architecture, designs, and specifications.

The target architecture will deliver significant benefits. Less complexity, fragmentation, duplication, and variation of digital systems will reduce the time needed for technical and user testing and will reduce the running cost of 'integration overhead'. Fully understanding the digital estate across Wales will help to make systems and data more reliable and secure, and easier to support and manage. Consolidating data and imposing standards through common interfaces will drive a 'collect, store, share, use' approach, and will support and enable the safe, responsible, controlled, use of new AI technologies.

The project is on track to deliver a draft strategic investment plan by March 2026. The project plan for 2026-27 is being developed with partners and will include further development of the profession, more detail into the shared repository, and support for establishment of national governance for architecture and standards.

Information, Research and Knowledge Management

Our Information, Research and Knowledge Management services combine Value-Based Healthcare, advanced analytics, statistical expertise and official statistics publications, knowledge management, and research & innovation, to inform decision-making and service transformation across NHS Wales. We provide a coordinated intelligence offer that includes: PROMs/PREMs infrastructure, outcomes benchmarking, a range of dashboards spanning various clinical areas, population health insights and forecasting. Our knowledge management services ensure evidence and organisational learning are captured and mobilised for leaders and care providers, whilst our research & innovation function supports the development and adoption of new methods and better care. Together, these capabilities create a robust intelligence ecosystem that strengthens strategic planning, drives performance improvement, and maximises value and outcomes for the population.

Data

The National Data Resource

The NDR is a major collaborative programme led by DHCW involving all NHS Wales organisations and Social Care Wales as federated partners. Over ten years, the programme will design, develop, assure and deploy a new cloud data platform for direct care, analytics and research use, migrate historic data to the new platform, and support systems to read and write live data to the new platform. The NDR platform will enable large scale data storage and use, in a scalable and secure cloud infrastructure, which ensures data privacy and control over how data is shared and used. This data platform will enable patients to access their own data, through the NHS Wales App, enable professionals to see the whole patient record supporting better quality care, and support management and performance information to improve how services are planned and delivered.

The NDR Programme manages more than twenty delivery projects, which is governed and assured through regular arrangements, including independent audit and regular reporting to Welsh Government. The main elements of the programme are:

- **The Care Data Repository (CDR)** – which is a national platform holding the patient record and other data relating to direct care, intended to replace existing national datastores like the Welsh Care Records Service and Welsh Demographic Service
- **The National Data and Analytics Platform (NDAP)** – which is a national analytics platform enabling advanced analytics, forecasting and modelling, including AI tools, intended to replace existing national Data Warehouse platform
- **A secure data environment (SDE)** – which will be an anonymised service supporting research and innovation activity, complementing existing services like Swansea University's SAIL Databank

- **An API Management service (API-M)** – which will provide connections to external digital services as part of the national digital architecture
- **The Advanced Analytics Learning Platform (AALP)** – which will develop the capability and capacity of the data and analytics profession across Wales, in order to maximise benefits from the NDR platform and services

Around one third of the annual NDR programme budget is disbursed to federated partner organisations to support local project delivery, particularly focussed on data readiness and migration from existing data infrastructure to the new NDR platform. The NDR Programme has completed design, development, test, assure and deployment phases.

The current phase four of the programme is focussed on building the whole digital record particularly through migration of historic data to the new platform. Some new live services have already been built on the NDR platform, for example the ‘Wales Growth Chart Module’ in WCP, the Shared Medicines Record, hospital appointments viewed in the NHS Wales App, and ADT data feeds to local maternity systems.

In the analytics space during 2025 key products using AI technologies have been developed and tested, to be deployed in 2026 – for example an automated clinical coding app, bed management forecasting and modelling tools, and a ‘conversational insights’ tool using natural language prompts.

Data Standards

DHCW leads the development and assurance of national data standards, including their submission to Welsh Government (through the Welsh Information Standards Board) for formal approval. This mechanism confirms data standards as ‘Data Standards Change Notices’ which are then issued as requirements to all organisations.

DHCW supports this formal governance process with key services, including:

- **The NHS Wales Data Dictionary** – which publishes all confirmed data standards
- **The Data Quality service** – which promotes the importance of data quality, supports the profession, and reports on data quality performance for secondary use datasets
- **The Welsh Reference Data & Terminology Service (WRTS)** – which maintains national reference value-sets in digital format to support consistent use across Wales
- **The Clinical Classifications & Terminology Standards Service** – which supports Welsh Government and NHS Wales in the development of policy, standards, and guidance related to clinical coding services and the use of clinical classifications. This clinical coding service includes a helpdesk, dashboards, audit tools, and other professional support.

DHCW also represents NHS Wales on UK and international groups relating to data standards, such as INTEROPen and UK FHIR.

Data Sharing

DHCW is responsible for several key functions that promote safe and effective Data Sharing – This is more generally described as the Information Governance Framework.

The Wales Accord for Sharing Personal Information (WASPI) is pan public sector and creates a standard set of protocols, Information Sharing Agreements and assurance activities that allow organisations to understand their responsibilities when sharing information across multiple agencies. WASPI has recently formally applied for Information Commissioners Office (ICO) Code of Conduct status – the first public sector initiative in the UK to do so under this arrangement.

The Information Governance Toolkit for Wales provides organisations with a mechanism to measure themselves against good Data Protection compliance using a digital platform (created by DHCW). It is used by all providers of NHS Services to demonstrate compliance with the law.

The Data Protection Officer (DPO) Service run by DHCW is available to all GP, Community Pharmacy and Optometry Services in Wales. It provides expert advice and support on Information sharing and Data Protection compliance for those contractors who are unable to provide this for themselves.

The National Intelligent Integrated Audit Solution (NIIAS) is a system that is best described as a Privacy Enhancing Technology (PET). It promotes secure information sharing through those digital systems described above, and monitors users access to patient data to ensure those who have privileged access are doing so appropriately. NIIAS was instrumental in reaching agreement with GPC Wales to allow a view of the summary of the GP record (WELSH GOVERNMENTPR) in secondary care through WCP. It enhances the trusted model of information sharing through our national digital services.

4 - Strengthening the organisation

DHCW is committed to continually strengthening both the organisation and system leadership through robust governance, quality assurance, collaborative partnerships, agile people strategies, and financial resilience - ensuring NHS Wales is equipped and supported to deliver safe, effective, and sustainable digital health and care services for the future.

Governance

DHCW was established on 1 April 2021 as the national digital delivery organisation for the NHS in Wales, established by the Welsh Government to deliver national (All Wales) digital systems and services, develop the digital health profession, and provide expert support and advice.

DHCW is accountable to Welsh Government, with leadership and direction provided by the DHCW Board, which has oversight in ensuring sound governance arrangements.

In primary care, DHCW delivers a fully managed service including hardware and IT support to all GP practices in Wales, alongside digital services for managing care, making referrals and requesting tests.

DHCW delivers over a hundred digital services across secondary care, including core national systems for patient care, managing health services, diagnostics and the national Microsoft 365 tenancy. Other NHS Wales bodies, for example health boards, manage their own hardware (e.g. hospital computers, Wi-Fi, printers) and also host various local computer systems themselves which are not All Wales systems.

DHCW's Board governance structure includes a number of Sub-Committees of the Board which includes:

- **Audit & Assurance Committee** – audit, financial information, counter fraud, risk management, medical devices regulation, governance and internal control
- **Digital Safety & Governance Committee** – patient safety, organisational learning, information governance, digital and information assurance, cyber resilience and security, patient safety, organisational learning
- **Programmes Delivery Committee** – portfolio oversight, major programme delivery, delivery against plan
- **Remuneration & Terms of Service Committee** – remuneration outside the agenda for change scope, voluntary early release scheme

In addition to these Sub-Committees of the Board, DHCW also have an Advisory Group to the Board, the DHCW Local Partnership Forum which ensures dialogue between the Executive Directors and staff organisations and early engagement on issues affecting the workforce.

The latest Head of Internal Audit opinion (2024/25) of DHCW concluded:

Reasonable Assurance - The DHCW Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

In reaching this opinion the Head of Internal Audit identified that the majority of reviews during the year concluded positively with robust control arrangements operating in some areas. The Internal Audit Plan included audits over key operational objectives, digital deliverables and associated risks. From the opinions issued, two were allocated Substantial Assurance, nine were allocated Reasonable Assurance and no reports were allocated a 'limited' or 'no assurance' opinion.

DHCW's Structured Assessment 2025 concluded that:

- DHCW has an effective Board supported by good governance arrangements. It has strong financial management processes and a clear long-term plan, including the Integrated Medium-Term Plan (IMTP). However, its reliance, in part, on short-term funding and savings from job vacancies continue to present some financial risks.
- DHCW's corporate governance systems are effective, and current actions are helping to reduce key risks. The Programmes Delivery Committee is rightly focused on major digital programmes, but it should concentrate more on what DHCW can control and work better with partners to support wider delivery. While DHCW is responding positively to its recent escalation by Welsh Government, stronger performance reporting and better tracking of organisational strategies would help it to assess and demonstrate its impact and value to partners.

The Structured Assessment made four recommendations which are being tracked and monitored by the Audit & Assurance Committee.

Programmes Governance

DHCW is responsible for managing several major national collaborative programmes and has worked with Welsh Government and the DHCW Board to strengthen governance, assurance and reporting.

In 2023 Welsh Government made changes to the SRO and Programme Chair role to clarify accountability, which was supported by DHCW through the establishment of a new Board sub-committee (the Programmes Delivery Committee (PDC)), and a new DHCW Portfolio Oversight Management Board, which meets monthly, supported by a dedicated Portfolio Management Office. Throughout 2024 and 2025 these arrangements have standardised programme reporting and professional training, developed new digital tooling for risk management and programme management, and enabled DHCW to increase the

cadence of programme reporting to Welsh Government from quarterly to monthly returns. The PDC meets quarterly, in public, which has increased transparency and accountability.

These new arrangements work with programme boards and Welsh Government appointed chairs, through formal escalation and assurance mechanisms. They also feed into recently established national Digital, Data and Technology (DDaT) Governance arrangements established by Welsh Government in 2025. The new arrangements in DHCW, as well as individual programmes managed by DHCW, are externally reviewed by NHS Wales Internal Audit, providing independent assurance.

DHCW was escalated in March 2025 under the NHS Wales oversight and escalation framework, from level 1 routine monitoring to level 3 enhanced monitoring, relating to the 'performance and outcomes' domain of the escalation framework and specifically to 'the delivery of major programmes'. The escalation reflected ongoing challenges with the pace of delivery of major national collaborative programmes, such as LIMS, RISP, and NDR.

Working with the Welsh Government, DHCW has agreed an escalation improvement plan containing actions and delivery milestones. Progress against this plan is overseen and assured by the DHCW PDC sub-committee of the Board, which has increased its cadence to six weekly meetings, and is reported to the DHCW Board at each of its meetings. Progress is also reported to Welsh Government monthly through regular Integrated Quality and Performance Delivery (IQPD) meetings.

DHCW shares learning and resources relating to the delivery of digital programmes with other NHS Wales organisations through individual programmes (many of which include local implementation projects), and through peer networks supported by DHCW, such as the NHS Wales Programme Leads Network, and the All-Wales Benefits Management Framework. DHCW also promotes templates and tools, including the standardised RAG Framework for assessing delivery confidence, to encourage a consistent approach to programme governance across NHS Wales.

Quality

Duty of Quality

DHCW remains committed to its statutory duties under the Health and Social Care (Quality and Engagement) (Wales) (Act). DHCW have published two Annual Quality Reports to date. These reports provide transparent evidence of our maturing approach to quality management.

Strengthening Quality and Standards

DHCW has a proven track record of defining, adhering to, and independent auditing of our internal processes. To further embed these requirements, the DHCW Quality Framework is now fully approved and in adoption phase. This framework will lead to the development of specific Quality Plans for each directorate, demonstrating how all products and services meet the Duty of Quality. These plans will place a significant emphasis on Quality Improvement (QI), moving beyond compliance to foster a culture of proactive enhancement across our critical services.

Our commitment is underpinned by a robust Quality Management System (QMS), iPassport, which is fully adopted across the organisation to ensure strict process adherence and auditability. DHCW maintains a suite of independent certifications, including:

- ISO 9001 (Quality), ISO 14001 (Environmental)
- ISO 20000 (Service Management)
- ISO 27001 (Information Security)
- BS 10008 (Evidential Weight of Electronic Information).
- BS 76000 and ISO 30415 (Valuing People and Diversity & Inclusion) workforce standards. Noting that DHCW are the only NHS Wales organisation to hold these to workforce standards

Informatics Assurance

System-wide assurance is provided through the Wales Informatics Assurance Group (WIAG). Acting as a national standards board, WIAG provides rigorous informatics assurance for digital health and care products by leveraging internal expertise. For example, the Technical Design Authority (TDA) reviews the technical architecture of products requiring assurance, providing expert validation to WIAG as part of the approval process.

WIAG ensures all national digital developments are subject to review across twenty domains including Cyber Security, Information Governance, Clinical Safety, and Finance. DHCW are also evolving its approach to User-Centred Design (UCD); discussions are currently underway to explore formalising UCD within our assurance processes to ensure products meet user needs effectively. This systematic approach aligns our digital delivery with national health standards, ensuring quality remains a core component of our planning and delivery for the 2026-27 cycle.

Partnership and Engagement

DHCW works with a wide range of partners, stakeholders and users. The importance of building trust and confidence through engagement is reflected in the DHCW long-term strategy and IMTP – DHCW has five strategic missions, one of which is to be a “trusted strategic partner and a high quality, inclusive and ambitious organisation”.

Independent Stakeholder Review

Recognising that improvement was needed in this area, soon after publishing its long-term strategy in 2024, DHCW commissioned an independent review of stakeholder engagement and relationships, from an external supplier. The review used surveys and interviews to gather views from stakeholders, resulting in 27 recommendations for improvement. DHCW drafted an improvement plan in response to the recommendations, with 75 identified actions, 44 of which were for DHCW internally and 31 were system actions for DHCW and partners together.

The review, recommendations, action plan and progress reports are shared with stakeholders, and with Welsh Government. DHCW has also established a Stakeholder

Advisory Group chaired by the Chief Executive which oversees actions against the improvement plan. The DHCW Board reviews progress regularly in its public meetings. 75% of the actions in the improvement plan have been completed, achieving the same level for both DHCW actions and system actions.

Engagement with partners, stakeholders, suppliers is supported more widely through regular communication, meetings, workshops, and networking activities. In 2025 DHCW has established a new User Centred Design team to strengthen how we work directly with users, moving to modern digital practice, as part of our shift to product ways of working. DHCW has also increased internal comms and guidance to staff on engagement and partnership working, and improved co-ordination and support for engagement activity within collaborative programmes.

Regional Working

DHCW is working closely with health board partners to ensure that digital technologies can support and enable regional working, delivering more consistent, joined-up services to patients. There are significant challenges, particularly around separate digital systems and different ways of collecting data in organisations. For example, following a boundary change between Swansea Bay and Cwm Taf Morgannwg University Health Boards, the migration of data and referral pathways from one instance of the WPAS system to another took several years, costing millions of pounds.

DHCW is working with leaders from the earliest stage to build a common understanding of needs, align governance, and to use national enablers like the National Data Resource to improve access, interoperability and operational efficiency. This coordinated approach strengthens collaboration and will accelerate delivery ensuring digital investment delivers greater impact for patients and staff across regions.

NHS Wales Digital Blueprint

An example of our stakeholder engagement is work on an 'NHS Wales Digital Blueprint'. This work is commissioned and led by DHCW, collectively endorsed and supported by all NHS Wales chief executives, demonstrating trust and confidence. With external support, this work will describe how digital can support service transformation across NHS Wales, at the strategic level. A key part of the work is consideration of 'ways of working' that need to create the environment needed to work collaboratively at a system level in NHS Wales. Addressing this is key to overcoming the challenges faced by several major collaborative digital programmes over recent years.

This work complements the National Target Architecture work, described above, which will deliver a strategic investment plan for digital. The investment plan will draw on the strategic transformation opportunities in the blueprint, which must be prioritised against essential investment driven for example by cyber security, technology replacement, and contract expiry timetables. The Architecture Community of Practice has demonstrated notably effective collaborative working which shows how trust and confidence in DHCW has improved since 2024.

UK and International Engagement

From a strategic and operational perspective working with UK and international partners is important to NHS Wales. We use parts of the UK digital infrastructure maintained by NHS England, the supplier market generally addresses UK needs, interoperability standards are stronger when they are agreed at international or UK level, and digital professional development operates at UK level.

A key part of this engagement is through a regular biannual meeting of the four UK nations and Ireland, which brings together senior digital leaders from each country to discuss shared digital priorities and learning, and to identify areas where joint working could add clear value. The group last met in Cardiff in September, hosted by DHCW. There was strong alignment on interoperable architectures, common data standards, and approaches to the European Health Data Space (EHDS), as well as discussion of shared opportunities and challenges. Over previous meetings, DHCW has benefitted from Ireland's understanding of the EHDS agenda, and NHS England's 'platform' approach to developing the NHS App and development of vaccine features. DHCW are meeting soon with Scotland to share our learning and experience from delivering the NHS Wales App, supporting their development of the MyCare app.

People Strategy

Our People Strategy continues to strengthen how we work together and how we show up across the system. It places collaboration, inclusion and shared accountability at the centre of our organisational approach. Staff Engagement is reflected in a 76% Staff Engagement score (compared with a 72% NHS Wales average), reflecting top quartile engagement levels.

Importantly, staff experience measures show movement. Our 2025 WRES data highlights an above 10 percentage point improvement in perceptions of equal progression for minority ethnic staff compared with 2024, significantly outperforming the NHS Wales position. These shifts indicate that our cultural work is creating a more confident, supported workforce - an essential foundation for stronger system relationships and more reliable delivery.

Organisation Structure

Our Target Operating Model is reshaping how we deliver by moving to agile, multidisciplinary product teams aligned to value streams that mirror clinical and user journeys. This structure is beginning to improve clarity, reduce duplication, and support faster decision making. It also strengthens accountability through single accountable delivery units, enabling more predictable performance and more coordinated engagement with Health Boards and national partners. While full embedding is still underway, early indicators show improved cross-team alignment and better visibility of priorities and progress.

Modernising Leadership and Culture

Culture change is central to building stronger system relationships. Our Culture Framework sets clear expectations around collaboration, openness, and respect, helping

create a more consistent way of working internally and externally. Leadership Days, Senior Leadership Days and our Executive Development Programme are strengthening shared leadership capability, with leaders reporting improved clarity of purpose and more constructive joint working.

Independent assurance reinforces this progress: DHCW has maintained accreditation for BS 76000 (Valuing People) and ISO 30415 (Diversity & Inclusion), with NHS Shared Services Internal Audit highlighting compassionate leadership and hybrid working as strengths. These results show that we are building the cultural and behavioural foundations required for more confident system leadership and better partnership working.

Actions in Place to Support Improved Digital Leadership

We are strengthening digital leadership as a systemwide enabler. This includes adopting the Government Digital and Data Professional Capability Framework, establishing clearer role expectations, and building a shared digital professional identity across NHS Wales.

Investment in skills - including cloud, data, cyber, AI, and agile - through the Digital Learning Platform and partnerships with Google and Microsoft is helping leaders navigate complex digital delivery environments.

Work on the NHS Wales Digital Profession, including a national visioning session in January, reflects DHCW's commitment to collective digital leadership rather than organisational silos.

These actions are already improving alignment, interoperability and shared planning with partners, while building a more confident, capability led digital leadership community.

Resilience Through Recruitment, Retention and Staff Wellbeing

Strengthening organisational resilience is essential to improving how we deliver and collaborate. Recruitment and retention actions have broadened routes into DHCW, supported internal progression, and increased engagement with underrepresented groups. Workforce diversity remains strong, with 12–13% minority ethnic representation (above NHS Wales averages and the population level).

Currently 53% of the workforce have Welsh language skills at level 1 or above. The Welsh Language Commissioner is currently reviewing our response to proposed Welsh Language Standards, and we are expecting a final compliance notice in the coming months. Our refreshed bilingual skills strategy will aim for 60% of staff reaching level 1 and an increase in staff with level 2 skills from 16% to the population level of 20% through recruitment and training initiatives.

Staff wellbeing remains a core driver of stability and delivery continuity. Sickness absence remains low at 3–4%, compared with the NHS Wales average of 6.3%, helping ensure consistent capacity and reducing operational pressure. Wellbeing resources, including mental health support, flexible working, peer networks, and targeted training are integrated into workforce planning, supported by routine data through pulse surveys and wellbeing dashboards.

Reducing Reliance on Interims, Agency and Locum Staff

DHCW operates in a highly specialised digital environment. To meet national expectations and maintain delivery momentum, we supplement our core workforce with targeted supplier and partner expertise when needed. This strengthens resilience, supports knowledge transfer, and provides continuity during peaks in demand.

We have strengthened governance to ensure this approach is controlled, cost effective, and aligned to strategic priorities. A tiered model and clear approval routes mean all temporary, interim, and partner engagements are justified, time bound, and supported by planned exit strategies. Oversight is reviewed monthly through the Strategic Resourcing Group, covering contingent labour, supplier activity, spend, risks, and workforce impact.

Over the past 12 months we have tightened contractor usage, shortened assignments, and made our non-clinical contractor framework the default route for requests, aligned to AfC pay bands, using the Public Sector Resourcing Framework only where essential. This has improved cost control, transparency, and conversion from temporary to substantive roles.

In parallel, we have strengthened substantive recruitment and internal mobility. We prioritise fixed term opportunities, secondments, and acting up arrangements to retain skills and build internal capability, and have reduced fixed term contracts by 30%, improving stability in critical areas.

Our internal staff bank provides a flexible, cost-effective alternative to agency staffing, helping services manage short term pressures while retaining organisational knowledge and continuity. This blend of a stable core workforce and a tightly governed contingent model give DHCW the agility to deliver complex national digital programmes while maintaining grip, governance, and long term capability.

Actions taken following the most recent Staff Survey

Following a 76% response engagement score from the NHS Wales Staff Survey, we have implemented targeted, evidence-based actions that strengthen leadership visibility, team cohesion and local engagement. Directorate level accountability plans ensure feedback leads to tangible improvements, with progress monitored through People & OD governance.

Engagement events led by the Chief Executive and Director of People & OD across all sites have strengthened transparency and two-way communication. The ‘What Matters to You’ programme supports compassionate and inclusive leadership, with early pilots informing wider rollout. A “Showcasing Best Practice” initiative is fostering cross organisational learning and reinforcing behaviours that strengthen collaboration with each other and the wider system.

Finance

Statutory financial duties

DHCW has a forecast revenue outturn of £188.2m and is projecting a breakeven position for the year end 2025/26. Capital spend is forecast to be in line with the capital resource limit, which is £12.821m (as at end of December 2025). We are on track to meet the Public Sector Payment Policy target of 95% as the latest outturn shows we are at 98%.

Financial Sustainability

DHCW are forecast to deliver our savings target of £4.2m for 2025/26, which will help to further reduce our small underlying deficit of £0.4m (0.2% of anticipated income) by the end of year. Further, we have contributed to help alleviate financial pressures across the system. For example, in addition to Welsh Government funding, we have contributed £2.9m to enable a smooth transition of digital services for GP practices across Wales, whilst managing financial sustainability challenges in the supply chain.

Increasingly digital spend is shifting towards revenue as more products switch to a cloud-based delivery. DHCW has worked with Welsh Government to begin transition towards a sustainable funding model with £5m additional revenue being added to DHCW's core funding position in 2025/26. We will continue to work with Welsh Government to provide visibility of funding requirements as programmes transition into products / services as part of business as usual.

We have developed a 5-year financial model to support DHCW's longer term financial sustainability. This model will form the foundation of our planning assumptions as we enter the forthcoming IMTP planning cycle for 2026-29. The team have developed a national approach to the digital benefit process including a national digital benefits group, guidelines, training and system to capture and report. This is a part of the programme playbook and is being embedded in all national programmes.

Commercial Services and Supplier Management

DHCW's Commercial Services Team supports the full range of commercial activity from pre-procurement advice and activities through to large scale procurements and consistent contract management approaches for both DHCW and the wider NHS in Wales. It has been a challenging year with some key unforeseen changes in the market place which has resulted in a need to find replacement solutions to ensure continuity of services in the primary care space (highlighted earlier in the document) and tough negotiations with suppliers threatening significant price increases for existing services (see below).

Digital Inflation

Digital inflationary pressures are industry wide and remain a key risk on our risk register. DHCW has faced potentially major price increases from key suppliers who have shifted from a perpetual licensing model to cloud-based subscription models. By leveraging our national negotiating position and running a competitive, technology-agnostic procurement covering the whole of Wales we have secured national agreements that help mitigate some of the price pressures. Sector analysts forecast digital costs inflation at 15-20% for the forthcoming year and will be very challenging to offset.

Strategic Planning

IMTP and Remit Letter

Through its Integrated Medium Term Plan, DHCW submits a detailed delivery plan to Welsh Government for assurance and approval, on an annual basis. The IMTP responds to the Welsh Government Planning Framework, DHCW Remit letter, statutory requirements, wider policy priorities, and DHCW's own strategic priorities set out in its long term strategy.

The IMTP is the primary document setting out our delivery plans as an organisation, including major collaborative programmes managed by DHCW. DHCW works closely with the Welsh Government planning and digital teams to improve how the IMTP is structured and presented. Over recent years we have made iterative changes to the IMTP in response to feedback from Ministers, external stakeholders, and delivery partners. The IMTP is also assured and approved through the DHCW Board.

The IMTP is structured across five strategic missions, under which there are thematic delivery portfolios, describing delivery roadmaps and milestones. Milestones are specific and time bound, providing a very transparent view of our delivery plan and a clear framework for accountability. To manage delivery through the year, each milestone has an identified owner and tracked resource requirements, with a change control governance and real time reporting.

There is always a need for in-year changes to the plan, in response to new requirements from health board delivery partners and Welsh Government, to unforeseen issues, or external dependencies. Changes to the delivery plan are managed through a prioritisation approach, on a monthly basis. In 2025-26 there was an unusually large number of additional priorities, reflecting in-year requirements from the DHCW Remit Letter, the DHCW Escalation Improvement Plan, the Ministerial Advisory Group and Winter Pressures action plans, and urgent health board requirements relating to the NHS Wales App and local maternity implementation programmes. The submitted and approved 2025-26 IMTP included 345 defined delivery milestones, and during the year 98 additional milestones have been added to the plan. To absorb this additional work other milestones have to be de-prioritised. Our current reported position includes 411 delivery milestones, reflecting the large number of additional milestones, with 33 milestones removed.

Since the beginning of 2025, DHCW has increased the cadence of reporting IMTP delivery to Welsh Government from quarterly to monthly. This ensures that the Welsh Government digital and planning teams are aware of changes, and enables joint working to understand pressures, resolve issues, assure prioritisation decisions, and manage expectations. Our completion rate against delivery milestones for the past four years shows an improving trajectory:

- 2021-22: 76% milestone completion
- 2022-23: 83% milestone completion
- 2023-24: 87% milestone completion
- 2024-25: 91% milestone completion

We are currently working with Welsh Government teams to understand DHCW Remit Letter expectations for 2026-27, so that they can be included in our submitted IMTP.

5 - Digital Issues

Delivery of Collaborative National Programmes

As described above, several large collaborative digital programmes have not delivered to their original timetable, including: LIMS, RISP, Intensive Care and Connecting Care. Concerns around the delivery of major programmes has resulted in DHCW's escalation.

DHCW has strengthened programme governance, assurance, transparency and oversight since 2023, but this has not resolved issues around the pace of delivery. Working with Welsh Government, DHCW has increased reporting cadence from quarterly to monthly, and Welsh Government has established new national governance arrangements. However, programmes continue to experience delays to delivery timetables.

Notwithstanding continuing delays, in 2026 we anticipate completion and closure of the LIMS, RISP, EPMA and EPS programmes managed by DHCW, and the EPMA and Maternity programmes which are managed locally. This will relieve some of the pressure on national and local digital teams, which we expect to support progress on other continuing major programmes, including Intensive Care and Connecting Care.

As part of its escalation improvement plan, DHCW has applied learning from recent delivery challenges to develop a 'typology' of programme and commercial models, aligned to the Once for Wales approach. This has been widely shared and welcomed, for example by the digital directors peer group. The NHS Digital Blueprint work, supported by all Chief Executives, will include recommendations on 'ways of working' which address collective decision making.

This is part of wider work to ensure that future digital programmes are easier to deliver, through an 'intentional design' approach, from business case to programme delivery. Collective decision making, data readiness, stable requirements, standard configuration, co-ordinated implementation, supplier selection and management, user engagement, testing capacity - these are the issues which have typically impacted delivery, and which we will seek to address through improved business case assurance and programme design.

Maintaining the digital estate

DHCW has worked closely with delivery partners to understand the current digital estate across Wales – meaning the condition of network hardware, devices, software, management controls, etc. The Microsoft 365 Centre of Excellence, the Cyber Resilience Unit, and the National Target Architecture programme have deepened our understanding of the very complex digital architecture across NHS Wales, and the mixed local and national ownership and accountability of different parts.

Maintaining and improving the quality of the digital estate is important because it strengthens cyber resilience and improves user experience. End-of-life hardware and out-of-date software can be audited, investment can be prioritised, and improvement tracked

and reported. The shared national and local digital architecture across NHS Wales means this is a collective challenge. With Welsh Government support, DHCW would want to act as a system leader in this area.

Rationalising the digital estate

The National Target Architecture has evidenced general assumptions about duplication of systems, fragmentation and variation of data, and extremely complex integrations across the digital estate. There are more than 1400 different digital systems in use resulting in fragmentation and duplication.

Making many different systems work together safely and reliably is hard – for users as well as digital professionals. More systems means more suppliers, more customisation, more configuration, more integration and more data management – all of which costs more time and money. By working with users to rationalise and simplify the digital estate across Wales we can deliver efficiency savings, improve the user experience, and raise the quality of care.

The experience of almost every major digital programme is that technical testing and user acceptance testing turns out to be much more complicated than expected, uncovering issues such as data consistency, dependencies between systems, and unexpected variation in how systems perform. Addressing this is beyond the scope of any individual programme – it requires a collective commitment to consolidate to fewer systems, work to a defined rules-based architecture, and conform to common data and interoperability standards.

With Welsh Government's continued support through the National Target Architecture project and new governance arrangements for architecture and standards, DHCW would want to act as a system leader in this area.

Data sharing and migration to the NDR

Quality care depends on sharing data across different settings and across organisational boundaries. There is all-Wales access to several national data repositories through WCP, which compares well with shared care record initiatives elsewhere, but NHS Wales is still a long way from a single digital health record at the national level. Through the National Data Resource, we have built a fit-for-purpose data platform, enabling safe and secure data sharing at scale. The Integrated Care Record will provide an opportunity to extend this data architecture to social care and other domains.

However, the pace of migration to the NDR platform is slower than we would want. There is an abundance of caution and some resistance to sharing patient data to the national platform. As a collaborative system, we have been unable to resolve these issues in order to enable data sharing at scale.

With Welsh Government support, DHCW would want to act as a system leader in this area, which is fundamental to improving the quality of care, using data to drive

improvement at every level, supporting clinical decisions, helping patients to manage their own care, and using new AI technologies responsibly, in a safely controlled way.

Rapid and responsible use of AI

The pace at which AI technologies are evolving is unprecedented, particularly large language models and Generative AI. In a health and care context this presents challenges as well as opportunities. Enthusiastic adoption of new AI must be balanced against safety, security and ethical concerns. Many AI technologies are poorly understood – how they work can be hard to describe, cyber vulnerabilities may not be understood or contained, data sovereignty and privacy may not be guaranteed.

In 2025, Welsh Government has issued guidance for the responsible adoption of ambient voice technologies in clinical settings, DHCW has led collective agreement on ten principles for responsible use of AI generally. Welsh Government has also revised national governance through an AI Leadership Group. Nevertheless, there is a risk that new AI technologies are introduced to NHS Wales in a relatively uncontrolled way, for example through new supplier features, local or individual purchasing decisions, and potentially the use of ‘shadow AI’.

Managing AI adoption will require dedicated resources – to provide guidance, frameworks, and training; to maintain a register of AI technologies; to provide assurance to patients and the public through communication and engagement; to manage how AI is implemented and used; to manage access to data and integration to other digital systems, to identify use cases and track benefits; and in some cases to manage larger scale investment through centrally managed digital programmes, as we do for other digital technologies.

DHCW would want to engage closely with Welsh Government to understand what role we should play in accelerating the adoption of new AI technologies across NHS Wales, to provide expert technical advice to Welsh Government, and to provide assurance on responsible use of AI, as we do for example for cyber resilience and information governance.

Strategic multi-year digital roadmap

Digital transformation takes time and costs money, as reflected in investment cases and major digital programmes. Typically, digital change initiatives in one organisation will have a three to five year lifecycle; collaborative multi-partner transformation programmes will take longer. The level of investment required for digital continues to increase, driven by ‘digital inflation’ cost increases as well as new technology opportunities.

All partners (DHCW, other NHS organisations, Welsh Government) acknowledge the challenge of committing multi-year funding in the current financial and performance context. Equally, we recognise the impact of year-to-year funding, which introduces uncertainty to programme delivery. For example: this can lead to delivery partners losing confidence in the strategic programme, switching to alternative short-term options; or

programme professionals may seek other employment opportunities which offer them longer certainty.

DHCW would want to work with Welsh Government to support and advise on the development of a strategic investment roadmap, which would help all organisations to plan their digital transformation activity with more certainty over the next 3-5 years.