

PROGRAMMES DELIVERY COMMITTEE PUBLIC

Tue 06 February 2024, 10:40 - 13:20

Microsoft Teams

Agenda

10:40 - 10:45
5 min

1. PRELIMINARY MATTERS

1.1. Welcome and introductions

For Noting

Chair

1.2. Apologies for Absence

For Noting

Chair

1.3. Declarations of interest

For Noting

Chair

1.4. Matters arising

For Noting

Chair

10:45 - 10:45
0 min

2. CONSENT AGENDA

2.1. Minutes of the Last Meeting

For Approval

Chair

 PDC Minutes PUBLIC November APPROVED.pdf (14 pages)

2.2. Forward Workplan

For Noting

Board Secretary

 2.2 Forward Workplan.pdf (4 pages)

 2.2 i Appendix A FWP.pdf (1 pages)

2.3. Committee Annual Cycle of Business

For Approval

Board Secretary

 2.3 Committee Cycle of Business.pdf (4 pages)

 2.3i Programmes Delivery Committee Annual Cycle of Business 23_24 24_25 V1.pdf (3 pages)

10:45 - 12:20
95 min

3. MAIN AGENDA

3.1. Action Log

For Discussion

Chair

 action log.pdf (1 pages)

3.2. Committee Development Session Feedback – Verbal Update

For Discussion

Executive Director of Strategy

3.3. Programmes Overview Report

For Discussion

Executive Director of Strategy

 3.3 Programmes Overview Report.pdf (6 pages)

 3.3i DPMO Programme Delivery Committee Feb 24 v2.pdf (17 pages)

3.4. Corporate Risk Register

For Discussion

Board Secretary

 3.4 Corporate Risk Register Report.pdf (8 pages)

 3.4i Appendix A DHCW Corporate Risk Register.pdf (8 pages)

Break - 15 minutes

12:20 - 13:20 4. ASSURANCE AGENDA

60 min

4.1. Welsh Intensive Care Information System

For Assurance

Executive Director of Strategy

 4.1i Welsh Intensive Care Information System Assurance Report.pdf (9 pages)

4.1.1. Welsh Patient Administration WPAS

For Assurance

Executive Director of Operations

 4.1ii Welsh Patient Administration Assurance Report.pdf (6 pages)

 4.1iii WPAS CTM Bridgend Transition.pdf (6 pages)

13:20 - 13:20 5. CLOSING MATTERS

0 min

5.1. Any Other Urgent Business

For Discussion

Chair

5.2. Committee Highlight Report to SHA Board

For Noting

Chair

5.3. Date of next meeting:14 May 2024

For Noting

Chair

PROGRAMMES DELIVERY COMMITTEE – PUBLIC

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

 09:30–12:30

 9 November 2023

 MS Teams

Present (Members)	Initials	Title	Organisation
Simon Jones	SJ	Chair	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
David Selway	DS	Independent Member	DHCW
Rowan Gardner	RG	Independent Member	DHCW

In Attendance	Initials	Title	Organisation
Chris Darling	CD	Board Secretary	DHCW
Ifan Evans	IE	Executive Director of Digital Strategy	DHCW
Sam Hall	SH	Director of Primary, Community & Mental Health Digital Services	DHCW
Simon Jones	SJ	Chair	DHCW
Matt Cornish	RG	DSPP Programme Director	DHCW
Laura Tolley	LT	Head of Corporate Governance	DHCW
Michelle Sell	MS	Director of Planning & Performance / Chief Commercial Officer (Until section 3)	DHCW
Rhidian Hurle	RH	Executive Medical Director, CCIO Wales, Consultant Urologist	DHCW
Sam Lloyd	SL	Executive Director of Operations (until section 3)	DHCW
Lee Mullin	LM	WCCIS Programme Director (for item 3.1)	DHCW
Rebecca Cook	RC	NDR Programme Director (for item 3.3)	DHCW

Confirmed minutes for the:
Programmes Delivery Committee- Public Nov 23

Skylar Green	SG	Corporate Governance Co-Ordinator (Secretariat)	DHCW

Apologies	Title	Organisation
Marian Wyn Jones	Independent Member	DHCW
Ruth Glazzard	Vice Chair (From 12pm onwards)	DHCW
Rowan Gardner	Independent Member (From 12pm onwards)	DHCW

Acronyms

SHA	Special Health Authority	DG&S	Digital Governance and Safety
NDR	National Data Resource	LINC	Laboratory Information Network Cymru
SRO	Senior Responsible Officer	BAU	Business as Usual
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information System
NHS	National Health Service	DHCW	Digital Health and Care Wales

Item No	Item	Outcome	Action to Log
PART 1 – PRELIMINARY MATTERS			
1.1	Welcome and Introductions The Chair welcomed everyone to Digital Health and Care Wales' Programmes Delivery Committee Meeting. SJ advised this was the first public meeting of the new Committee which had been established following an independent review into Programme Governance that DHCW commissioned, supported by Welsh Government. SJ advised the committee would report to the SHA Board and would provide assurance around all DHCW major programmes. The Chair also provided some housekeeping notices regarding the technical aspects of recording the meeting, the planned break, and etiquette.	Noted	None to note
1.2	Apologies for Absence Apologies for absence were noted from: 1. Marian Wyn-Jones, Independent Member DHCW and Chair of the Audit and Assurance Committee. 2. Ruth Glazzard – need to leave at 12pm due to pre-existing commitments. 3. Rowan Gardner – need to leave at 12pm due to pre-existing commitments.	Noted	None to note
1.3	Declarations of Interest There were no declarations of interest.	Noted	None to note
1.4	Matters arising There were no matters raised.	Noted	None to note
PART 2 – MAIN AGENDA			
2.1	DHCW Revised Governance Arrangements The Chair Simon Jones (SJ) informed everyone that there was still some work outstanding from Welsh Government perspective regarding this matter, for example the confirmation of change from Programme SRO's to Programme Chairs. There is continuing work with the Welsh Government on the transition of these arrangements.	Noted	

	Chris Darling (CD) Board Secretary summarised the following: ➤ The internal DHCW Management Board terms of reference had been strengthened to ensure Portfolio oversight of DHCW's major programmes. ➤ The programmes included within the scope for portfolio oversight would be reviewed on an annual basis, and more regularly if needed, particularly considering projects and programmes in development. ➤ The Programme Delivery Committee would provide assurance and scrutiny on delivery of major DHCW hosted programmes in an open and transparent manner. ➤ Welsh Government will hold DHCW to account for the delivery of DHCW hosted programmes, using existing performance management arrangements e.g., Joint Executive Team (JET) reviews and Integrated Operational Planning and Delivery (IOPD) Reviews. ➤ The Committee consisted of five Independent Members including the Chair. The Programmes Delivery Committees resolved to: NOTE the DHCW revised governance arrangements.		
2.2	Committee Terms of Reference and Committee Forward Workplan. Chris Darling (CD) Board Secretary presented the two documents and highlighted the following: ➤ The purpose of the committee was to provide the Board and the Chief Executive with assurance that effective arrangements are in place around the delivery of major programmes. The Committee would also advise the Board regarding development, implementation, and further improvements of the programmes. ➤ The Programmes Delivery Committee Terms of Reference had been drafted in collaboration with key leads within DHCW and are presented to the Committee for approval. ➤ The Committee would provide a written annual report to the SHA Board on the work in support	Approved & noted	ACTION A01: Discuss scope of Committee in a future Board / Committee Development session with a paper confirming proposal at the next Committee meeting

	of the annual governance statement to include the programmes that are within the scope of the committee. ➤ The Programmes Delivery Committee would meet on a quarterly basis. ➤ The forward workplan for the Committee had been developed, noting that an annual cycle of business would be developed for 2024-2025. ➤ The standing items included in the forward work plan included a programme highlight report which covered all the programmes within in the scope of the committee, assurance reports for each programme over the course of 12 months, corporate risk register and learning from the LINC and RISP and governance arrangements. After discussion, the Committee agreed that should the non-major programmes become red or amber, they would be escalated to this group of Committees. ACTION A-01 In addition, a Committee Development session would take place to discuss and confirm the scope of the Programmes that the Committee would initially oversee, recognising this would change over time, and this list would be brought back to the next Committee meeting for noting. The Programmes Delivery Committee resolved to: APPROVE the Committee Terms of Reference and NOTE the forward workplan.		
2.3	Programmes Overview Report SJ made Committee members aware that since the original publication of papers, there has been one amendment to the overall RAG status of the Digital Medicines Transformation Portfolio. This was originally published with an overall RAG status of GREEN; this has since been corrected to be an AMBER/GREEN status. Programmes overview: 1. Dashboard summary: Ifan Evans (IE) Executive Director of Digital Strategy provided the following update. There were currently 11 identified programmes which classify as major and included within the dashboard. The dashboard showed the individual scoring on timeline, scope, resources, and an overall rating. It used	Discussed	None to note

four color bandings to indicate the movement of the programmes. These were confirmed as Red, Amber, Amber/Green, Green. IE confirmed that the programmes do their own RAG self-assessment, there was some inconsistency in RAG approach to scoring, however work would be undertaken by the portfolio management office to provide clear guidance to programmes going forward.

2. Sam Hall, Director of Primary, Community & Mental Health Digital Services (SH) provided an update on the Welsh Community Care Information System:

The Welsh Community Care Information System (WCCIS) was the key digital enabler of fundamental transformation in health and social care, in line with government policy:

Overall RAG: Amber

Phase two preparations for the platform replacement continued to progress. The programme was in the planning/discovery phase. A few current milestones within the programme were challenging. Preparing for Phase two was the key deliverable for the next period. The internal programme was adequately resourced for current operational activity.

3. IE provided an update on Digital Maternity Cymru (DMC)

The objective of the programme was to deliver a digital maternity solution across Wales that supports clinicians and empowers women and birthing people to participate in high-quality, safe care that supports improved outcomes and experiences.

Overall RAG: Amber Green.

This programme was in the discovery/development stage, with an outline business case (OBC) being developed, to support the procurement start and to also ensure all HB/Trust requirements are included.

High-level programme plan has been understood, but overall timescales are dependent on procurement start. The programme scope has been well defined during the discovery work.

The programme has secured funding for 4 years, however, there are some gaps identified for 25/26 and 26/27 for national team and local implementation resources. Development of the business case will

determine resource requirements in more detail.

The programme will be taken to the SHA Board for a discussion regarding the long-term funding plan.

4. SH provided an update on Eye care.

The objectives of the programme are to support the delivery of the Optometry reform bill (Sept 2022) and new regulations (Sept 2023), including the provision of shared care between optometry and ophthalmology services, and across health board boundaries through the provision of digital systems and IT data. The major deliverables of which are email, O365, electronic referrals for Optometrists and an EPR for Ophthalmology services.

SH reminded Committee members that this programme transferred from Cardiff & Vale UHB to DHCW on 1 June 2023.

Overall RAG: Red.

The reason for the RAG being red was due to the programme being still in pause and reset stage was initially anticipated to be completed by the end of October, following the transfer of the programme from Cardiff and Vale UHB to DHCW on the 1 June 2023, however an extension with Welsh Government was agreed until the end of November. The Audit & Assurance Committee have requested Internal Audit carry out an urgent review of the programme, this was being initiated by CAV and DHCW would be working closely with CAV on the outcome of the review and also next steps towards advancement.

Although the programme was in pause and reset, DHCW had taken forward Office 365/National Health Service (NHS) email was a key priority with the aim being to move people from relying on paper onto NHS email-This was going well.

Lack of funding and resources was a major concern and risk to programme delivery.

5. Sam Lloyd Executive Director of Operations (SL) provided an update on Bridgend Transition (Including Welsh Patient Administration System Disaggregation)

The objective of the programme was to support Cwm Taf Morgannwg's (CTM) University Health Board, Bridgend ICT Services Transition Programme work to move Bridgend patients out of Swansea Bay (SB)

University Health Board ICT systems into CTM ICT systems following the health board boundary change in April 2019.

Overall RAG: Amber.

The initial impact assessment had been done and there were twenty-two other National Digital Services which would be impacted by this work. The preliminary work to determine the scope had been completed. The work of the programme had been set out to undertake the migration of data from the two W PAS instances which are connected to seven different data transitions. The first two phases had been successfully completed. An additional series of work will include testing, full integration, and transition activities.

The reason for the timeline being red was because of the timelines that were currently set out to take was work up until May 2025 for full completion. The funding was in place until March 2025. The presented options are either to extend the funding or to bring the work forward. SL highlighted that this was the most complex data migration that DHCW have undertaken.

6. Michelle Sell, Director of Planning & Performance / Chief Commercial Officer (MS) presented an update on Welsh Intensive Care Information System (WICIS)

The Welsh Intensive Care Information System (WICIS) would be a centralised national system to manage all adult critical care units providing a standardised approach to critical care across Wales. The system would be replacing all current paper records and other current critical care clinical information systems ensuring that the full patient record can be managed in one place.

Overall RAG: Amber.

Work had been undertaken with the commercial partner and a number of stakeholders across Wales in order to obtain clarity on the requirements and their delivery. Those requirements have been addressed and the programme was in the final stages of testing prior to going live. The first implementation would take place at Aneurin Bevan (ABUHB). However, there had been a delay in the original timeline due to requirement changes that require further development for the laboratory results integration and the drug therapy module.

All central testing and validation had been completed

and the decision whether to go live now sat with the Health Board.

The next stage of the plan was to roll the solution out across the rest of the health boards in Wales.

Due to an extension to the programme (mid 2025) staff are required to support the rollout for an additional 12 months. It had been agreed that conversation with Welsh Government about the funding for 2025/2026 would take place next year.

7. MS provided an update on Radiology Informatics System Procurement (RISP)

The objective of this programme was to procure replacement Picture Archiving and Communications System (PACS), Radiology Information System (RIS) and Patient Dose Management System (PDMS) systems for all health boards in Wales, due to the current PACS contract ending in 2023/2024.

The programme had transitioned to DHCW from the NHS Collaborative in January 2023.

Overall RAG: Amber.

The role of DHCW would be to support the delivery of a central solution, working closely with the health boards and manage areas such as integration into the wider systems that information can flow in and out of radiology in the way that is necessary.

Good progress has been reported despite some early challenges. There was an agreed plan going forward. The final contract with a Health Board was expected to be signed off imminently.

Resources had been identified as a risk, however, there was a plan to bring required resources on board. Once those resources are in place, the RAG will be reviewed again.

8. MS provided an update on the Laboratory Information Management System (LIMS 2.0)

Overall RAG: Amber.

The objective of the programme was to contribute to the Welsh Government Pathology statement of intent by developing safe, sustainable, and standardised pathology services through end-to-end information and communication technology systems and services.

This programme transitioned to DHCW, from the NHS Collaborative in January 2023.

In summary, there was a platform in terms of the system that was currently used as a single system across Wales supporting laboratory services. A decision had been made to change the supplier in order to ensure a smooth and safe transition to a new solution within the agreed time scale.

It was expected that the RAG status will change by the time the next Committee meeting takes place due to the new supplier and robust plans in place.

9. IE provided an update on the Digital Medicines Transformation Portfolio (DMTP)

The programme included Digital Medicines Transformation Portfolio (DMTP) comprising Shared Medicines Record Project (SMR), Electronic Prescription Service Programme (EPS), Hospital e-Prescribing Programme (ePMA), Patient Access Project (PA).

Overall RAG: Amber Green.

Successful delivery appears probable. A potential delay had been noted due to key dependencies on suppliers and other programmes.

Good progress had been made in relation to the EPMA programme.

IE congratulated the DMTP on two awards that had been won on 8 November.

10. Rhidian Hurle Executive Medical Director (RH) provided an update on the Cancer Informatics Programme (CIP)

Overall RAG: Red.

The objective of the programme was to replace the legacy Cancer Network Information System Cymru (Canisc) which was out of support. The new solution would be developed on existing products such as Welsh Clinical Portal and Welsh Patient Administration Systems.

Background:

The Cancer Network Information System Cymru was commonly known as Canisc, it went live in 1994 and



	was still operational. The objective of the original business case was to remove the dependency on the system, which was interfering with the ability to provide continuity of care and service. The business case was approved in November 2019, as soon as the business case was implemented, COVID-19 pandemic begun which had an impact on the timelines. In November 2022, the dependency of Velindre Cancer Center on Canisc was removed as the Trust migrated to the WPAS and to WCP. The programme was divided into three: 1. Dependency for cancer delivery 2. Dependency for palliative care 3. Colonoscopy and screening services A number of complexities have been identified across all three services. Cancer Phase two would require refinement and scope. A high-level estimation would require funding for an additional 2.5 years. Close work was being carried out with the end-of-life care board and there was a dependency on integration into numerous systems across Wales to ensure that patients' records are safe. It has been reported that good progress had been made regarding the delivery case notes management of patient care, in addition to progress in relation to architectural design. Improvement and care record has been revisited with service users and was in the process of being signed off before Christmas 2023. The Programmes Delivery Committees resolved to: RECEIVE and DISCUSS the Programme Overview Report.		
2.4	Corporate Risk Register (Programme Risks) CD provided an update on the Corporate Risk Register. There were currently seven corporate risks on the register relating to the Committee. Three of them were classed as private and therefore not included in the papers for the meeting. Four of them were public risks and confirmed as:	Discussed	None to note

	1. DHCW0322- The NDR phase three funding. 2. DHCW0324- The availability of resources to support WICIS 3. DHCW0323- The cost for transition and ongoing support for the NHS Wales app. The Programmes Delivery Committees resolved to: RECEIVE and DISCUSS the Corporate Risk Register		
PART 3 – ASSURANCE REVIEW			
3.1	Welsh Community Care Information System SH and Lee Mullin WCCIS Programme Director presented slides on the Welsh Community Care Information System. During the presentation, the following points were highlighted: ➤ Since November 2021, the programme had undergone a strategic review, leading to a recommended programme reset. Further consultation and engagement with partners and stakeholders took place following this. At present, the programme was entering the next phase of its work; a key element of this were options for change around the programme's digital solution. ➤ Out of 29 organisations, there are currently 20 active deployments across Wales, 19 live, comprising Local Authorities and Health Boards contractually utilising services. ➤ Long Term Programme View: ○ Provide a platform for enabling digital transformation. ○ Expand the digital health and care record and the use of digital to improve health and care. ○ Deliver high quality digital products and service. ○ Drive better value and outcomes through innovation. ➤ WCCIS Programme Next Phase: ➤ To produce a draft for full business case and procurement plan for Welsh	Assured	None to note

	Government approval by Christmas 2023. The Programmes Delivery Committees resolved to: NOTE the WCCIS Report for ASSURANCE.		
3.2	Digital Services for Patients and Public Matt Cornish, DSPP Programme Director (MC) presented and update on the development of the NHS Wales App. Programme phases: 1. Year 1 2022/23- Development 2. Year 2 2023/24- Deployment 3. Year 3 2024/25- Expansion A demonstration video, was shared, https://www.youtube.com/watch?v=JvAHkQzxv9U Funding from Welsh Government was available until March 2025. An addition funding business case was in the process of development. The Programmes Delivery Committees resolved to: NOTE the DSPP Report for ASSURANCE.	Assured	None to note
3.3	National Data Resource Rebecca Cook, NDR Programme Director (RC) presented the NDR slides and highlighted: The NDR Programme demonstrated a long-term commitment to continuously improve the interoperability of the health and social care digital architecture and was a fundamental requirement to enable a single digital health and social care record. Risks included: NHS Wales Financial Position – pressures on the level of ongoing programme funding could impact the pace of delivery. Use of Primary Care Data – If a clear set of purposes to collect and process citizen data from Primary Care cannot be defined the programme will not be able to deliver important components of a fully developed shared care record or create information resources required for service improvement, value in health or research and innovation.	Assured	None to note

	Determining legal basis for the secondary usage of data was a challenge. The programme aspires to rapidly deliver insight and value through the linkage and re-use of data. The speed at which these would be determined was yet to be understood. CD noted that the Digital Governance & Safety Committee would be receiving a deep dive into the Data Promise risk at the next Committee meeting in February. Continued to be excellent engagement with partner organisations. To accelerate delivery, engagement with NHS Wales' health and care organisations would be increased to continue to build upon learning already achieved (e.g., forecasting models to match capacity with demand; automatic clinical coding to enable faster insight). The Programmes Delivery Committees resolved to: NOTE the NDR Report for ASSURANCE.		
PART 4 – CLOSING MATTERS			
4.1	Any Other Urgent Business: No urgent business noted.	Noted	None to note
4.2	Items for Chair's Highlight Report to the Board: SJ confirmed items for inclusion in the highlight report to the Board would be discussed and agreed with key members.	Noted	None to note
4.3	Date of next meeting: 6 February 2024	Noted	None to note



DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.2
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Skylar Green, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the report	

WC:
APP:
TOTAL:

Tŷ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

Tŷ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Programmes Delivery Committee	November 2023	Initial workplan approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WASPI	Wales Accord on the Sharing of Personal Data
NIIAS	National Intelligent Integrated Audit Solution	SRO	Senior Responsible Officer

3 SITUATION / BACKGROUND

- 3.1 The Programmes Delivery Committee has a Cycle of Committee Business that is reviewed on an annual basis. In addition, a Forward Workplan Appendix A is used to identify any additional items for inclusion to ensure the Committee is reviewing and receiving all relevant matters in a timely fashion.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The following items as noted in Appendix A Forward Workplan are due to be presented to the Committee meeting on 6 February 2024:

- Committee Development Session Feedback – Verbal Update
- Programmes Overview Report
- Corporate Risk Register
- Annual Assurance Reports:
 - I. Welsh Intensive Care Information System
 - II. Welsh Patient Administration WPAS
- Digital Services for Patients & Public Business Case PRIVATE session
- Eyecare Digitisation Update – PRIVATE session
- Digital Maternity Cymru Update – PRIVATE session
- Welsh Intensive Care Information System Update- PRIVATE session
- Private Corporate Risk Register-PRIVATE session

4.2 The items below have been identified for the following meeting on 14 May 2024:

- Learning from LINC and RISP Governance Arrangements
- Laboratory Information Management System – Annual Assurance Report
- Radiology Informatics System Procurement – Annual Assurance Report
- Digital Services for Patients & Public Business Case

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 There are no key risks or matters for escalation to the Board/Committee.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report	



Standing Items	Lead	Type	Detail								
Welcome and Introductions	Chair	Preliminary Matters									
Minutes	Chair	Consent									
Declarations of interest	Chair	Preliminary Matters									
Action log	Chair	Main									
Corporate Risk register	Board Secretary	Main	Programme Risks Only								
Corporate Risk register - Private Risks	Board Secretary	PRIVATE	Programme Risks Only								
Forward Work Programme	Board Secretary	Consent									
Assurance Reports	Executive Director of Strategy	Main									
Committee Highlight Report to SHA Board	Chair	Main	Items noted throughout for secretariat								
Additional Items	Executive Lead	Type	Route in & detail	09-Nov-23	06-Feb-24	01-May-24	01-Aug-24	01-Nov-24	01-Feb-25	01-Mar-25	
National Data Resource	Executive Director of Strategy	Main	Forward Workplan	✓							
Digital Services for Patients and the Public	Executive Director of Strategy	Main	Forward Workplan	✓							
Welsh Community Care Information System	Executive Director of Strategy	Main	Forward Workplan	✓							
Digital Medicines Portfolio	Executive Director of Strategy	Main	Forward Workplan				✓				
Laboratory Information Management System	Executive Director of Strategy	Main	Forward Workplan			✓					
Radiology Informatics System Procurement	Executive Director of Strategy	Main	Forward Workplan			✓					
Welsh Intensive Care Information System	Executive Director of Strategy	Main	Forward Workplan		✓						
Cancer Informatics Programme	Executive Medical Director	Main	Forward Workplan				✓				
Digital Eye Care Wales	Director of Primary, Community & Mental Health Digital Services	Main	Forward Workplan		✓						
Welsh Patient Administration WPAS	Executive Director of Strategy	Main	Forward Workplan		✓						
Digital Maternity Cymru	Executive Medical Director	Main	Forward Workplan				✓				
Learning from LINC and RISP Governance Arrangments	Executive Director of Strategy	Main	DG&S Action. Moved from Feb to the next meeting.			✓					
Scope of the Committee	Executive Director of Strategy	Consent	PDC Action		✓						
Digital Services for Patients & Public Business Case	Executive Director of Strategy	Consent	Forward Workplan.Moved to next meeting.			✓					
Benefits Tracking/ Realisations Bi Annual Reviews	Executive Director of Strategy	Main	PDC Development Session Action. Mark Cox to present				✓				



DIGITAL HEALTH AND CARE WALES PROGRAMMES DELIVERY COMMITTEE CYCLE OF BUSINESS 2024-25

Agenda Item	2.3
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	The Committee is being asked to
APPROVE the DHCW Programmes Delivery Committee Annual Cycle of Business.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	All
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
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If more than one standard applies, please list below:

<u>DHCW QUALITY STANDARDS</u>	N/A
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If more than one standard applies, please list below:

<u>DUTY OF QUALITY ENABLER</u>	N/A
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<u>DOMAIN OF QUALITY</u>	N/A
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If more than one enabler / domain applies, please list below:

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
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No, (detail included below as to reasoning)

Outcome: N/A

Statement: N/A

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Chris Darling, Board Secretary	January 2024	Approved
Ifan Evans, Executive Director of Strategy	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PDC	Programmes Delivery Committee	SO's	Standing Orders

3 SITUATION / BACKGROUND

- 3.1 The DHCW Programmes Delivery Committee should, on annual basis, receive an Annual Cycle of Committee Business which identifies the agenda items and reports which will be regularly presented to the Committee for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The Cycle of Business is presented as item 2.3i Appendix 1. The approval of the annual Cycle of Committee Business will take place before the start of the new financial year.
- 4.2 The Cycle of Business covers the period 1 April 2024 to 31 March 2025. The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 There are no key risks / matters for escalation to Board / Committee.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the DHCW Programmes Delivery Committee Annual Cycle of Business.	

Programmes Delivery Committee

Cycle of Business (1 April 2024 – 31 March 2025)

The Programmes Delivery Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Programmes Delivery Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st April 2024 to 31st March 2025.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the DHCW Board is set out in the Standing Orders 1.0.1.

The Committee is an Independent Member Committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place with regard to DHCW major programmes.

Programmes Delivery Committee Cycle of Business (1st April 2024 – 31st March 2025)

Item of Business	Executive Lead	Reporting period	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2024
Preliminary Matters														
Minutes of the previous Committee Meeting	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Action Log	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Forward Workplan	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Governance & Risk														
Programmes Delivery Committee Annual Report	Board Secretary	Annually											✓	
Programmes Delivery Committee Effectiveness Self-Assessment	Board Secretary	Annually											✓	
Programmes Delivery Committee Terms of Reference	Board Secretary	Annually											✓	
Programmes Delivery Committee Cycle of Business	Board Secretary	Annually											✓	
Programmes Delivery Committee Forward Work Plan	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Corporate Risk Register - Risks assigned to Programmes Delivery Committee	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Corporate Risk Tending Analysis	Board Secretary	Annually								✓				
Audit Reports	Relevant Lead	As required at all Regular Meetings		✓			✓			✓			✓	
Policy Report	Board Secretary	As required												
Programmes Performance and Assurance														
Programmes Overview Report	Executive Director of Strategy	All Regular Meetings		✓			✓			✓			✓	
Relevant Annual Assurance Reports	Executive Director of Strategy (&	All Regular Meetings		✓			✓			✓			✓	

Item of Business	Executive Lead	Reporting period	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2024
	Relevant Leads)													
Learning from Programmes	Executive Director of Strategy (& Relevant Leads)	As required												

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status
A01	08/02/2024	Discuss scope of Committee in a future Board / Committee Development	Ifan Evans (DHCW - Director of Digital Strategy)	08/02/2024	Discuss scope of Committee in a future Board / Committee Development session with a paper confirming proposal at the next Committee meeting. Meeting organised for 18/01/23	Closed



DIGITAL HEALTH AND CARE WALES PROGRAMMES OVERVIEW REPORT

Agenda Item	3.3
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
RECEIVE and DISCUSS the Programmes Overview Report update on status of key programmes managed by DHCW.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply.
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Finances are detailed per programme/project.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.



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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	15 Jan 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



3 SITUATION / BACKGROUND

- 3.1 The attached report provides an overall RAG status dashboard for key programmes and projects in the DHCW portfolio together with individual assurance highlight reports for each.

PORTFOLIO	PROJECT	OVERALL	TIMELINE	SCOPE	RESOURCES	PORTFOLIO	PROJECT	OVERALL	TIMELINE	SCOPE	RESOURCES
1.1	National Data Resource (NDR)	↔				2.6	Digital Medicines Transformation Portfolio (DMTP)	↓			
2.2	Welsh Community Care Information System (WCCIS)	↔				3.1	Cancer Informatics (CIP)	↔			
2.3	Digital Maternity Cymru (DMC)	↓				3.2	Digital Services for Patients and the Public (DSPP)	↔			
2.3	National Digital Eye Care Programme (DECP)	↔									
2.3	Bridgend Transition (Including Welsh Patient Administration System Disaggregation)	↔									
2.4	Welsh Intensive Care Informatics System (WICIS)	↔									
2.5	Radiology Information System Procurement (RISP)	↔									
2.5	Laboratory Information System 2.0 (LIMS2.0)	↔									



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The **National Data Resource** remains green overall - however there are recruitment challenges impacting on timelines and timely spend.
- 4.2 Three Programmes are amber/green. **Digital Services for Patients and the Public** - One GP practice supplier deployment is complete. The project is addressing a spike in public feedback on ID verification. Funding for transition to service is outstanding. The **Bridgend Transition Programme** - activities are progressing as expected, however, further discussions with Swansea Bay and Cwm Taf Morgannwg are required to finalise the migration scope and timelines. **Digital Medicines Transformation Portfolio** - successful delivery appears probable but continuing attention will be needed to ensure risks do not materialise.
- 4.3 Four programmes are amber/red. The **Digital Maternity Cymru** programme has a delay in order to develop the Outline Business Case to support the procurement start and ensure health boards buy in to the programme. **Radiology** - A revised implementation plan has been agreed, resulting in the programme extending by 12 months with an extension with the current supplier for 4 health boards which will mean dual running payments to suppliers for a period of time. **Laboratory Information System 2.0** – Overall timelines are green reflecting good progress in the system delivery. Concerns remain regarding the tight timescales and the availability of resources within the health boards. **Welsh Community Care Information System** timelines are challenging including making iterative developments to the current solution.
- 4.4 Three Programmes are Red. **Welsh Intensive Care Informatics System** – Aneurin Bevan health board go live has been rescheduled pending completion of user testing and training. **Cancer Informatics Solution** Phase 2 prioritised items require refinement and the impact on funding approach needs to be resolved. **National Digital Eye Care Programme** - the commercial review recommends against novating the contract. These circumstances have given rise to intricate strategic challenges, necessitating ongoing collaboration with stakeholders.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Please note the following escalations to the committee

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation
	Cancer Informatics Programme	Jan 24	Escalation	Programmes Delivery Committee		If funding bid is not agreed by WG then the costs of completing the programme and running the service will remain with DHCW next financial year. DHCW has highlighted this risk in its financial position for 2024-25.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
RECEIVE and DISCUSS the Programmes Overview Report update on status of key programmes managed by DHCW.	



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Programmes Delivery Committee

6th February 2024

Programmes Dashboard and RAG Status

Dashboard Summary

Status Update: Overall, the portfolio's health has some downward movement this period. Digital Maternity Cymru has dropped to an amber/red for its overall RAG as the current position of some health boards' buy-in to the programme is unclear, which may affect the anticipated benefits of an 'all-Wales solution'. Digital Medicines Portfolio has moved to an amber/green reflecting risks in its Electronic Prescription Service project. Other projects have movement in their sub RAGs; LIMS 2.0 timelines have gone to green. Digital Services for Patients and the Public has seen some reductions in sub RAGs due to public feedback around ID verification.

Notes: The overall RAG is assessed by each programme based on delivery confidence across three areas: timeline, scope and resources.

The RAG arrow direction relates to the last period of management reporting, rather than a comparison between committees.

RAGs		
Red	Highly problematic - requires urgent/decisive action	↑ Getting better
Amber/Red	Problematic - requires substantial attention, some aspects need urgent attention	↔ Staying the same
Amber/Green	Mixed - aspect(s) requires substantial attention, some good	↓ Getting worse
Green	Good - requires refinement and systematic implementation	

- The National Data Resource remains green overall - however there are recruitment challenges impacting on timelines and timely spend.
- Three Programmes are amber/green. Digital Services for Patients and the Public - One GP practice supplier deployment is complete. The project is addressing a spike in public feedback on ID verification. Funding for transition to service is outstanding. The Bridgend Transition Programme - activities are progressing as expected, however, further discussions with Swansea Bay and Cwm Taf Morgannwg are required to finalise the migration scope and timelines. Digital Medicines Transformation Portfolio - successful delivery appears probable but continuing attention will be needed to ensure risks do not materialise.
- Four programmes are amber/red. The Digital Maternity Cymru programme has a delay in order to develop the Outline Business Case to support the procurement start and ensure health boards buy in to the programme. Radiology - A revised implementation plan has been agreed, resulting in the programme extending by 12 months with an extension with the current supplier for 4 health boards which will mean dual running payments to suppliers for a period of time. Laboratory Information System 2.0 - Overall timelines are green reflecting good progress in the system delivery. Concerns remain regarding the tight timescales and the availability of resources within the health boards. Welsh Community Care Information System timelines are challenging including making iterative developments to the current solution.
- Three Programmes are Red. Welsh Intensive Care Informatics System - Aneurin Bevan health board go live has been rescheduled pending completion of user testing and training. Cancer Informatics Solution Phase 2 prioritised items require refinement and the impact on funding approach needs to be resolved. National Digital Eye Care Programme - the commercial review recommends against novating the contract. These circumstances have given rise to intricate strategic challenges, necessitating ongoing collaboration with stakeholders.

PORTFOLIO	PROJECT	OVERALL	TIMELINE	SCOPE	RESOURCES
1.1	National Data Resource (NDR)	↔			
2.2	Welsh Community Care Information System (WCCIS)	↔			
2.3	Digital Maternity Cymru (DMC)	↓			
2.3	National Digital Eye Care Programme (DECP)	↔			
2.3	Bridgend Transition (Including Welsh Patient Administration System Disaggregation)	↔			
2.4	Welsh Intensive Care Informatics System (WICIS)	↔			
2.5	Radiology Information System Procurement (RISP)	↔			
2.5	Laboratory Information System 2.0 (LIMS2.0)	↔			

PORTFOLIO	PROJECT	OVERALL	TIMELINE	SCOPE	RESOURCES
2.6	Digital Medicines Transformation Portfolio (DMTP)	↓			
3.1	Cancer Informatics (CIP)	↔			
3.2	Digital Services for Patients and the Public (DSPP)	↔			



Escalations | Programmes Delivery Committee

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
	Cancer Informatics Programme	Jan 24	Escalation	Programmes Delivery Committee		If funding bid is not agreed by WG then the costs of completing the programme and running the service will remain with DHCW next financial year. DHCW has highlighted this risk in its financial position for 2024-25.	

Appendix 1 – Assurance Highlight Reports

The objective of the National Data Resource programme is to support a Healthier Wales by delivering all-Wales health and social care data capabilities in a governed, secure and ethical manner. These includes 1) an ‘open’ architecture and associated enablers. 2) A data platform – including a national data and analytics platform, local data repositories and supporting infrastructure and 3) a data and analytics function including data acquisition, shared learning and research.

Overall RAG	Timelines	Scope	Resources
There are 20 live projects across the programme – 6 report an amber/green status. Resources and timescales are the constraining factors for Care Data Repository, National Data and Analytics Platform and GitHub which are currently rated amber/green. The 3 remaining amber/green projects are local health board managed projects – Aneurin Bevan (BUHB), Besti Cadwaladr University (BCUHB) and Swansea Bay (SBUHB).	Following completion of earlier phases of the programme, successor national and local project workstreams are being initiated and plans being determined. Once these are baselined a more meaningful status can be applied.	The scope is agreed, and no significant changes noted. There are over 20 projects across the breadth of the programme with stakeholders including Social Care Wales and 11 NHS Organisations.	- Recruitment: 3 x New Starters, 2 x Offers. Progress of critical posts is constrained. - Capacity: There has been capacity constraints in several areas of the programme. Continued pressures in ABUHB, BCU and NDR Tech Teams.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
- API – Continues to clear caveats from assurance channels. - Care Data Repository (CDR): 2 x workpackages. (1) Shared Meds Repository reports an amber/green status, documented requirements are outstanding and development work continues at risk. Work on API management proxies has been progressing. (2) Demographics, the early presentation of the solution architecture design to Technical Design Authority Group for information was well received and will now progress for approval. - National Data and Analytics Platform (NDAP): 4 live projects, ISD Warehouse migration, NHS Exec, and Data Governance/Data Catalogue making progress. The Operating Framework is re-establishing. - IG/Phase 3: Recommendations on the IG Framework have been ratified by Programme Board. Data Sharing Environment has been built. Acceptable Use Case Policy Drafted and Shared.	- API – satisfy caveats and move towards project closure. - CDR – transition to Clinical Critical Status to support dependencies of Shared Meds Project. - NDAP – establish governance channels. - Transformation Steering Group – Re-establish Steering Group. - Benefits Realisation – refresh and update Management Plan. - Functional Roadmap of National Data Resource products and service to be updated. - Prepare for Gateway Review.

Key Risks and Issues	Mitigation/Resolution
DHCW0322 – NDR Phase 3 funding IF funding requested to deliver Phase 3 of the NDR Programme is not confirmed THEN resources cannot be committed to delivery RESULTING IN changes to the Phase 3 Business Justification Case, slower delivery, delayed benefits, and reduced value for money	FORWARD ACTIONS: Present to WG Scrutiny Committee Feb 24. ACTIONS TO DATE. Continue discussions with Welsh Government to agree funding position

Escalations				
	NDR	Capital £K	Revenue £K	Total
Notes -Budget challenge hand back of £700k to Welsh Government included in £7,062k forecast	Annual Budget	0	7,062	7,062
	Annual Forecast	0	6,530	6,530
	Spend to Date	0	4,296	4,296

The Welsh Community Care Information System (WCCIS) is the key digital enabler of fundamental transformation in health and social care, in line with government policy: Informed Health and Care; ‘Once for Wales’; the Social Services and Well-being Act, and ‘A Healthier Wales’. Connecting professionals to provide better joined up care.

Overall RAG	Timelines	Scope	Resources
Phase 2 preparations for a platform replacement continue to progress. This is in the planning/discovery phase. Ongoing iterative improvements of the current platform continue to be challenged though progress is being made. The supplier is aware of future plans.	A number of current milestones are challenging. Phase 2 planning is underway. An initial round of market engagement has been concluded and outputs including a procurement approach for Local Authorities will be produced shortly. The programme team continue to work with partners to understand their requirement and iterate the programme approach	Scope is well understood, defined in clear requirements with the platform operational and providing adequate service. Outstanding requirements are understood. Phase 2 exit must be defined and is a key deliverable for the next period. Scoping is underway to define how Phase 2 will deliver interoperability through a shared care record for community	The internal programme is adequately resourced for currently forecasted operational and development activity. There has been no extra consideration for discovery and initiation of the next phase – Connecting Care. Currently the programme continues to meet the funding and resource requirement necessary to progress the work, and consequently is overspent

Progress Since Last Reporting Period	Planned work for Next Reporting Period
- Feedback on plans from the regions collated and used to shape implementation strategy - Regional and partner follow ups ongoing, to discuss more detailed elements of Phase 2. e.g. meetings with individual partners, risk workshops and user scenario workshops with partners - Ongoing architectural workshops and scheduling of procurement workshop. Recruitment of Senior architect (contractor) to support activities - Market engagement Prior Information Notice and Request for Information activities concluded. 28 supplier responses - Gateway Zero review was replaced with an independent Programme Assessment Review (PAR) delivered on behalf of the Welsh Audit Office and has been undertaken - Initial exit discussions with supplier have been held. - Selection of supplier to support consultancy on Mental Health Discovery across all HBs	- Production of a procurement approach for Social Care and Health Care applications. - Select procurement partner. Need for consultancy support to help design and run procurement activities as per above - Initiate procurement activities with first adopter Local Authorities for Social Care solution and Betsi Cadwaladr University Health Board (for a Mental Health solution) - Initiation of Mental Health Discovery Phase 2 to validate finding in Cwm Taf Morgannwg Health Board with all other Health Boards - Present draft Full Business Case to partners and Welsh Government - Continue exit discussions with the supplier - Commence design work on a data transition approach to support 19 partners to extract, transform and load data from existing supplier in readiness for new solutions

Key Risks and Issues	Mitigation/Resolution
Issue: Programme is forecasting budget overspend. To date it has received limited extra funding for Phase 2 activities	Some internal reallocation will meet part of this. Corrective measures to limit overspend have been taken. The programme is investigating other sources of funding with Welsh Government.

Finances £000s				Escalations	
	WCCIS	Capital £K	Revenue £K	Total	
Forecasting £557k over budget. No further funding from WG	Annual Budget	0	3,772	3,772	8
	Annual Forecast	0	4,405	4,405	
	Spend to Date	0	3,839	3,839	
					41/8

The objective of this programme/project is ‘Delivering a digital maternity solution across Wales that supports clinicians and empowers women and birthing people to participate in high-quality, safe care that supports improved outcomes and experiences’

Overall RAG	Timelines	Scope	Resources
Programme is in Feasibility stage, delivering an Outline Business Case (OBC) to support the procurement start and to ensure all HB/Trust requirements are included.	High-level programme plan understood, but overall timescales dependent on procurement start. Revision of procurement start date due to development of Outline Business Case to confirm HB/Trust commitment and resource requirements. Planned for Q1 24/25.	Programme scope has been defined at a high-level during discovery work. Revision to delivery plan underway, with sign off planned for Feb 2024.	Programme has secured funding for 4 years, albeit there are some gaps identified in 25/26 and 26/27 for national team and local implementation resources. Development of OBC will determine resource requirements in more detail.

Progress Since Last Reporting Period

Planned work for Next Reporting Period

- Development of draft Outline Business Case (OBC) with DHCW and Health Board colleagues. Currently in final process of reviewing costs to enable review by wider DMC programme.
 - Completion of Clinical Standards proof-of-concept project. Learning exercise has developed process and plan for future phases. Work continuing on initial priorities.
 - Reduction in DPIF budget by £200k as part of 23/24 cost saving contributions.
 - DMC Technical and Clinical Assurance Groups are reviewing recommended amendments to the DMC Statement of Requirements.
 - Attendance at NHS Wales Directors of Digital on 5th December 2023 to discuss DMC position.
- Discussion with Welsh Government Policy Leads and Chief Nursing Officer on direction of DMC programme planned for 12th January 2024.
 - Prepare for OBC to be shared with DMC Programme Board for review. Map required governance and scrutiny routes for OBC approval.
 - Establish Commercial, Legal, and Financial Working Group to support procurement preparation and delivery.
 - Agree recommended changes to Statement of Requirement (SoR) changes with Clinical and Technical Assurance Groups. Update draft to be completed in February 2024.
 - Key milestones coming up: Programme plan developed Completion (Q4 23/24).

Key Risks and Issues

Mitigation/Resolution

None

Finances £000s	DMC	Capital £K	Revenue £K	Total	Escalations
Notes -Budget challenge hand back of £158k included in forecast £1,468k.	Annual Budget	240	1,691	1,931	
Change note to handback £240K capital and £222k revenue to be submitted.	Annual Forecast		1,468	1,468	
	Spend to Date		839	839	

The objective of this programme/project is to contribute to Welsh Government Pathology statement of intent by developing safe, sustainable, and standardised pathology services through end-to-end information and communication technology systems and services.

Overall RAG	Timelines	Scope	Resources
Overall RAG status remains AMBER/RED; Proposal to upgrade to AMBER/GREEN was not accepted at Dec Programme Board due to (Aneurin Bevan) local deployment project (RED RAG status) and HB resourcing.	RAG updated to GREEN, due to detailed implementation plan/top-down milestones being baselined. In addition, first commercial milestones (M1 / M2) met ahead of schedule.	RAG remains AMBER/GREEN. Due to the condensed timelines the proposed InterSystems contract extension does not cover all the elements detailed in the original LINC procurement. Awaiting decision from (ABHB) on de-scoping Blood Transfusion from initial Go live	Due to the condensed timelines additional resources will be required across NHS Wales to deliver to the timelines and Health Board resource across operational and Digital teams will need to be allocated and prioritised alongside DHCW resource

Progress Since Last Reporting Period

Planned work for Next Reporting Period

- First contractual milestones Initial solution delivered on time this includes: - Data centre environments built and usable - TrakCare Lab Enterprise (TCLE) standard product installed - TCLE solution software accessible by NHS Wales - Second contractual milestone reference solution delivered early	- Complete upload of NHS Wales static data to 'BASE' environment (BioChem reference ranges) - Commence 'Launch/Set-up' phase (build) - Set-up / share sandpit environment with Health Boards/Trusts - Continue installing instrument interfaces (in order of deployment) - Continue work on Test Planning/Test Script production Key milestones coming up: Solution built 31/08/2024
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Key Risks and Issues

Mitigation/Resolution

DHCW0301 Business and Organisational **PRIVATE **	
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Finances £000s

Escalations

	LIMS 2.0	Capital £K	Revenue £K	Total	
Annual Budget		7,705	1,723	9,428	
Annual Forecast		7,599	1,643	9,242	
Spend to Date		6,878	1,442	8,320	
Notes Revenue budget of £1,723k includes £899k from Health Boards					

National Digital Eye Care Programme (DECP)					Owner: Sam Hall		Assurance Highlight Report		Qtr. 3 23/24		
The Digital Eyecare Programme is a critical enabler for the successful transformation of eyecare services across Wales and includes an Ophthalmology Electronic Patient Record and Electronic Referral system for Optometrists referring into secondary care. This will enable the electronic transfer of clinical data between clinicians in both primary and secondary care settings to support shared care											
Overall RAG			Timelines			Quality / Scope			Resources / Costs		
The recommendation of the commercial review is not to novate the contract. We have also been informed by NWSSP that the contract ends in Jan 2025, although an extension of up to two years is feasible. This has created several complex strategic issues that are being worked through with stakeholder organisations			Jun 2023 to Mar 2025 (Programme commenced under Cardiff and Vale University Health Board (CAV UHB) Qtr4 2019/20. NB: This timeline is now expected to be extended due to the issues identified during Oct and Nov 2023			Primary care – •Deployment of Electronic Referrals system to Optometrists Secondary care– Deployment of Electronic Patient Record for a minimum of high-risk sub-specialities; Medical retina, Cataracts, Glaucoma and Rapid Access Casualty Clinic			Costs: Funding not confirmed. Resources:, Reliance on commercial, application architecture and infrastructure resources will continue for the foreseeable future, which may give rise to capacity and supply issues to meet programme requirements.		
Progress Since Last Reporting Period						Planned work for Next Reporting Period					
- WG introduced new Programme governance, two clinical advisors appointed, Chair being selected. Senior Responsible Owner from (CaV UHB) has now stepped down. - Liaising with NHS Scotland who are establishing a similar programme. - A Change request was submitted 21/12/23 to WG for 2023/24 full year forecasted costs (Including WG requested Milestones 1 and 2) for the Programme reset, and includes transition costs for CaVUHB and DHCW - Procurement have requested legal advice as to the contract end date with the supplier as this is currently unclear						- Submission of the Digital Investment Proposal V1 for discovery stage one (5 Jan 2024) - Work up draft options appraisal for Digital Investment Proposal V2 “Recommended option” - Secure agreement from WG to submission date of 29th Feb 2024 for Digital Investment Proposal V2 - Joint meeting with DHCW, NHS Education Scotland and Apperta Community Interest Company - Internal workshops to work up options - Arrange demos for alternative referral and advice and guidance solutions for Primary Care and Image sharing - Engagement meetings with senior Digital Health Board stakeholders - Draft Options Appraisal for Digital Investment Proposal V2 - Discussions with WG and Health Boards regarding programme funding streams					
Key Risks and Issues						Mitigation/Resolution					
R035: IF we do not achieve WG agreement to re-procure a Digital Eyecare system THEN there is a potential for significant delays in delivery of the Programme RESULTING IN potential for reduced scope, quality of services and reputational damage. R036: IF there are delays or inability to obtain appropriate funding for the Digital Eyecare Programme THEN there is a potential for delays in the Programme or unable to deliver for all Health Boards RESULTING IN reduced outcomes and benefits.						A digital investment proposal for WG will set out the preferred strategic way forward, the proposed date for this is the 29th Feb 2024 to enable extensive stakeholder engagement, An interim Digital Investment Proposal (v1) will be submitted to WG on 5th January 23. Change Request submitted 21/12/23 To WG. £1.12m required against an allocation of £221k Discussion needed by DHCW Finance with Health Boards re revenue/capital implications.					
Finances £000s			DECP			Capital £K		Revenue £K		Total	
Forecast submitted to WG			Annual Budget							221	
on the Change Request Dec 2023			Annual Forecast							1,120	
			Spend to Date							163	
						Escalations					

17

44/87

The objective of this programme is to support Cwm Taf Morgannwg’s (CTM) Bridgend ICT Services Transition Programme work to move Bridgend patients out of Swansea Bay (SB) ICT systems into CTM ICT systems following the health board boundary change in April 2019.

Overall RAG	Timelines	Quality / Scope	Resources / Costs
WelshPAS Data migration activities progressing as expected. Project plan/timescales proposed but have not been formally agreed. High degree of complexity with the disaggregation and degree of risk associated with remaining activities.	High level plan understood for WelshPAS Bridgend disaggregation work, and data migration activities are on track for proposed May 2025 timeline. High level plan produced for the impact on systems/services and there are concerns around timescales for impacted systems/services.	Scope for WelshPAS data migration confirmed. Document to be signed off at executive level in CTM. Scope to be determined for the impact on Digital Health Care Wales (DHCW) national systems /services and activities required to disaggregate.	Funding secured for resource until Mar 2025 however resource currently estimated to be required until Jun 2025. DHCW Programme Manager appointed and start date to be confirmed.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
Data migration scope defined – to be formally signed off by CTM Data migration approach agreed, and strategy document drafted (to be finalised) High level plan drafted for project – timescales to be confirmed by all parties Second data migration event (DM2) complete. Preparations for DM3 in progress Engagement with impacted systems/services ongoing Assurance Quality Plan presented to Welsh Informatics Assurance Group (WIAG) CTM have agreed to adopt two-way Master Patient Index (MPI) link to address SB and CTM’s demographics differences Formation of Governance Board	- CTM and SB to sign off data migration scope document - Finalise data migration strategy document - Complete migration events DM3 and plan for DM4. - Planning for implementing two-way Master Patient Index link in CTM - Review WelshPAS Data Migration Impact on downstream national systems/services - All national systems/services to be informed of plan for a sealed test environment - All national systems/services to review WelshPAS data migration scenarios and submit comments - Scope wider Bridgend transition impact on national systems/services - Key milestones coming up: Migration to CTM WelshPAS Instance (Q4 24/25)

Key Risks and Issues	Mitigation/Resolution

Finances £000s	Bridgend Transition (including WelshPAS System Disaggregation)	Capital £K	Revenue £K	Total	Escalations
These amounts relate to the DHCW element only	Annual Budget			996	
	Annual Forecast			967	
	Spend to Date			717	

The Welsh Intensive Care Information System (WICIS) will be a centralised national system to manage all adult critical care units providing a standardised approach to critical care across Wales. The system will be replacing all current paper records and other current critical care clinical information systems ensuring that the full patient record can be managed in one place.

Overall RAG	Timelines	Scope	Resources
Due to refinements being made within the system, particularly focused around the drug therapy and administration module, Aneurin Bevan Health Board (ABHB) go live at Grange Hospital, rescheduled for 20th Nov 2023 has been postponed to allow ABHB to carry out and complete local user acceptance testing. In addition, the final week of training at ABHB has been put on hold until testing is signed off and accepted locally,	As the implementation has been delayed in ABHB, no revised go live date has been agreed currently. Cwm Taf Morgannwg (CTM) health board has advised that they will not go live as planned in Jan 2024, impacting the overall completion date of the project. Additionally, due to finance issues, Betsi Cadwaladr (BCU) health board have indicated they are not able to go live in 2024/25 with ongoing discussions taking place. All health boards are required to go-live by Mar 25 due to availability of funds.	As refinements have been made within the system, additional change requests may be required in order for user acceptance testing to be signed off. Validation testing between 'production' and user acceptance testing environments have been affected due to changes being made since validation testing commenced. Additional validation testing may be required once local and national testing is complete.	As the project has not commenced go-live as planned and an extension to project workstreams, ie validation, staff are required to support the project further than expected. Additional resources may be identified once implementation begins including pharmacy resources to maintain the drug dictionary and business change to support go live readiness activities with health boards. Additionally, the completion date of the project to be live across all health boards as expected, may need to be extended if health boards cannot meet dates.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
- Escalation to health board Chief Executives for confirmation of planned timescales for implementation within 2024/25 due to availability of funding - Readiness payment agreement with system supplier - ABHB commenced and continuing with local testing and patient safety review of application - Completion of penetration testing - Swansea Bay (SBU) HB commenced local testing - Implementation readiness activities commenced with Swansea Bay and Cardiff and Vale (CAV) health boards - ABHB reviewed training requirements in preparation for go-live	- Escalation to health board Chief Executives for confirmation of planned timescales for implementation within 2024/25 due to availability of funding - Agreement from health boards on revised implementation dates to be agreed - Discussions with health boards and system supplier on potential streamlining of system - ABHB completion of testing - SBU completion of testing - Discussions and agreements on training requirements - DHCW Business Change visits to SBU and CAV health boards

Key Risks and Issues	Mitigation/Resolution
DHCW0333 IF the planned Health Board implementation dates for WICIS are delayed THEN there may be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives.	Escalation to health board Chief Executives for health boards intention to go-live with WICIS within 2024/25 due to availability of funding

Finances £000s		Escalations																
	<table><tr><th>WICIS</th><th>Capital £K</th><th>Revenue £K</th><th>Total</th></tr><tr><td>Annual Budget</td><td>4,707</td><td>570</td><td>5,277</td></tr><tr><td>Annual Forecast</td><td>5,241</td><td>408</td><td>5,649</td></tr><tr><td>Spend to Date</td><td>2,428</td><td>273</td><td>2,701</td></tr></table>	WICIS	Capital £K	Revenue £K	Total	Annual Budget	4,707	570	5,277	Annual Forecast	5,241	408	5,649	Spend to Date	2,428	273	2,701	
WICIS	Capital £K	Revenue £K	Total															
Annual Budget	4,707	570	5,277															
Annual Forecast	5,241	408	5,649															
Spend to Date	2,428	273	2,701															
17		13	46/87															

The objective of this programme/project is to procure a replacement Picture Archiving and Communications System (PACS), Radiology Information System (RIS) and Patient Dose Management System (PDMS) systems for all health boards in Wales, due to the current PACS contract ending in 2023/2024. (Health Board contracts have varying terms, DHCW currently provide the RIS).

Overall RAG	Timelines	Scope	Resources
Overall Rag Status is AMBER /RED revised implementation plan has been agreed, resulting in the programme extending by 12 months and an extension with the current supplier for 4 HBs . Intention is to baseline the plan at Jan 2024 Board.	All health Boards have signed their deployment orders , timelines are tight , revised plans have been received from the radiology system supplier these are under review and intention is to baseline the plan at the Jan 2024 Board	Programme scope remains the same as set out in the Full Business Case. The standardisation project will be taken forward by a newly created transformation group.	WG have confirmed funding , however following the FBC sign off a number of omissions have come to light. Potential that not all health boards will spend their revenue funding allocation this financial year. Some Health boards highlighting they have resource issues which may impact service delivery while readiness activities are ongoing.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
• All organisations have signed deployment orders. • Funding letters have been sent to all Health boards; awaiting signed letters from SBUHB • PACS supplier contract change note extension has been signed by BCUHB, CTMHB, ABUHB and HDUHB • PSBA supplier have been instructed to proceed with PSBA installation however team are exploring mitigations as there is a risk that the link will not be in place in time • Revised plans have been received from radiology system supplier however there are a number of discrepancies which have been fed back to them to resolve . • Technical Design documentation has been approved	• Establish National Contract Management Board • Confirm funding gap • Agree DHCW third party service model • SBUHB to sign funding letter • Agree a date with BT for PSBA installation • Complete Assurance Quality plan • Baseline plan Key milestones coming up: • Data centre Build complete

Key Risks and Issues	Mitigation/Resolution
DHCW0301 Business and Organisational **PRIVATE**	

Finances £000s					Escalations
	RISP	Capital £K	Revenue £K	Total	
	Annual Budget	783	899	1,682	
Notes – Capital budget£2,136K includes £1,353k for Health Boards	Annual Forecast	627	840	1,517	
Potential funding- Gap under review	Spend to Date	214	381	595	

Overall RAG	Timelines	Scope	Resources
Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.	Baseline plans have been produced against which key milestones and deliverables are monitored.	Scope defined and approved in Programme and Project Initiation documents. Portfolio and Programme mandates published.	63/66 (95%) of required roles in post within the DMTP. By end of March 3 additional roles would have been appointed or commenced in roles (66/66)

Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme • Health Boards and Velindre University NHS Trust making good progress with the procurement of their ePMA systems. • Key milestone to deliver the technical capability needed (APIs) for ePMAs to be implemented has been reached, to allow interoperable data-sharing between systems for safer patient care. Meeting held with ePMA suppliers to provide an overview of APIs and to plan testing. Primary Care Electronic Prescription Service (EPS) Programme • Go live of EPS service in Rhyl on 7th Nov 2023. (Lakeside Medical Practice and Wellington Road Pharmacy) with Minister for Health and Social Services visit on 16th Nov. This has removed the need to print a GP prescription. • Community Pharmacy System Innovation Fund (CPSIF), managed for us by Life Sciences Hub Wales to incentivise innovation in digital pharmacy systems. After the third round of applications, all pharmacy system suppliers in Wales, and two new entrants have been awarded grants or made a firm commitment to develop their system to support EPS in Wales. Patient Access (PA) Project • Software development completed on NHS Wales App “prescription ready push notification” feature, testing to commence in January. This will inform a patient when their GP prescription is ready from their community pharmacy. Development started to enable a patient to nominate a community pharmacy in the NHS Wales app to receive their GP prescription. Shared Medicines Record (SMR) Project • Working with ePMA suppliers to test data and information sharing with the SMR. • Working with systems, which record patient medicines and allergies information, to make these available in the SMR.	Planned work for Next Reporting Period Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme • Support remaining Health Boards/Trusts to evaluate their Invitation To Tender’s (ITTs) and award ePMA contracts to suppliers. • Understand requirements for introducing Closed Loop Medicines Administration (CLMA) as part of ePMA implementations. CLMA includes scanning patient wrist bands and the barcode on the medication pack. Primary Care Electronic Prescription Service (EPS) Programme • Work with next first of type sites planned to go live with EPS. Patient Access (PA) Project • Start testing the“ Prescription ready" message development in the NHS Wales app. Shared Medicines Record (SMR) Project • Working with ePMA suppliers to test interoperable data sharing between systems
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One GP supplier has confirmed that EPS functionality will not be available in their product to start assurance activities before next summer (2024). The impact of this will be that assurance and testing will take several months before EPS can be used by those GP practices using that supplier.	This issue has been escalated in DHCW and being managed by DHCW CEO-and Supplier CEO. Regular meetings are held with supplier to track and monitor progress against agreed delivery plans.
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Notes – Budget challenge hand back of forecast underspend of £466k to Welsh Government. Additional £334k will be handed back via DMTP portfolio via Health Boards	Annual Budget	273	6,555	6,828
	Annual Forecast	273	6,477	6,750
	Spend to Date	273	4,394	4,667

Cancer Informatics Programme (CIP)					Owner : David Sheard		Assurance Highlight Report		Qtr. 3 23/24	
The objective of this programme/project is to replace the legacy Cancer Network Information System Cymru (Canisc) which is out of support. The new solution will be developed on existing products such as Welsh Clinical Portal and Welsh Patient Administration Systems.										
Overall RAG			Timelines			Scope		Resources		
Programme will not complete all objectives to replace Canisc functionality without additional investment. Funding uncertainty beyond March 2024. A funding paper requesting a minimum investment proposal for 2024/25 has been presented to Programme Board and formally submitted to Welsh Government.			Timeline being determined by the current Digital Priorities Investment Funding allocation i.e. 31/03/2024 however the programme will not achieve all objectives in this timeframe. An investment proposal has been submitted to Welsh Government to seek additional funding for 2024/25.			Scope is to replace current Canisc functionality. Requested requirements for enhancements or additional features will require a separate investment proposal. An independent review of functionality delivered for Phase 1 will be carried out to assess quality.		Forecast currently within budget allocation for 2023/24, slight underspend forecast. No confirmed funding for Programme to continue after Mar 2024 which is captured on the risk log.		
Progress Since Last Reporting Period						Planned work for Next Reporting Period				
- Data and Reporting – Significant ongoing work to replace existing Phase 1 Canisc reports. - Multi Disciplinary Team Meetings and Cancer Datasets – User stories for highly prioritised enhancements to Meeting List functionality have been accepted into development sprint. Wider adoption of tumour sites across some Health Boards. - Screening and Colposcopy – Technical end to end design options with third party supplier integration ongoing. - Palliative Care – All features have been developed and are available for user acceptance testing. The patient preference functionality has been signed off for deployment to live.						- Data and reporting – Continue to progress the Swansea Bay Chemotherapy and Radiotherapy Interfaces. Continue with Canisc Report replacement. - Multi Disciplinary Team Meetings and Cancer Datasets – Continue to develop prioritised enhancements and agree new national plan of tumour site roll out to be agreed by 8th Jan 2024. - Screening and Colposcopy – End to end design being presented at Technical Design Authority Group. - Palliative Care – Continue user acceptance testing across all health boards. Planning activities with stakeholders. Resolution with Cardiff and Vale IT for supporting their hosted hospices.				
Key Risks and Issues						Mitigation/Resolution				
IF funding is not agreed after March 2024 THEN key resources will be lost RESULTING IN lack of development, support and maintenance of the Cancer Informatics solution. IF DHCW are unable to implement image acquisition from third party software to a national image repository for the storage of Colposcopy non DICOM Images THEN there is a risk that the Canisc functionality will not be replaced RESULTING in delays to decommissioning Canisc and moving Screening and Colposcopy off the legacy platform.						Approval of the submitted investment proposal from Welsh Government. Continue to liaise with Health Board Cancer Services teams to agree a national roll out plan.				
Finances £000s				Escalations						
	CIP	Capital £K	Revenue £K	Total						
(this includes £83k wage award)	Annual Budget			2,060						
	Annual Forecast			2,003						
	Spend to Date			1,496	If funding bid is not agreed by WG then the costs of completing the programme and running the service will remain with DHCW next financial year. DHCW has highlighted this risk in its financial position for 2024 -25.					

7

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Digital Services for Patients and the Public (DSPP)

Owner: Matt Cornish

Assurance
Highlight
Report

Qtr. 3
23/24

Digital Services for Patients and Public has been set up to revolutionise how people in Wales access care and manage their own health and well-being. Initially, the programme will develop a gateway application (App). There are several phases including private beta testing, soft launch then a live release to the public when delivery and support is assured.

Overall RAG	Timelines	Scope	Resources
Deployment complete for one of two GP practice suppliers in Wales. Addressing spike in public feedback on ID verification, High scoring programme issues and risks including impact of funding on delivery and transition. Progress made with Welsh Identity Verification Service (WIVS) planning and NHS login agreements.	Public Communications Campaign readiness being monitored ahead of decision in January 2024. Work package 9 concluded on time. Work package 10 commissioned.	Work package 9 delivered on time with some activity deferred to Work package 10. Work package 10 scope agreed, including WIVS, codebase migration and nominated pharmacy (deployment plans to be confirmed).	2023/2024 – Forecast aligned to DPIF allocation (including Welsh Identity Verification Service (WIVS)). Vacancies under review aligned to transition plan; mitigations in place via consultancy. 2024/2025 DSPP Digital Priorities Investment Fund allocation to fund transition team as well as commission software delivery. 2025/2026: no confirmed budget; pending agreement of business case.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
- Completed rapid deployment plan for GP practices with second GP system supplier. 202 GP Practices now connected to the NHS Wales App. - Delivery Partner Work package 9 complete and Work Package 10 signed. - Finalised discovery activity with NHS login for the Welsh Identity Verification Service (WIVS). - Agile Product Delivery Partner Framework Agreement Invitation To Tender published on 14/12/2023. - Executive Summary of the Business Case shared with key Stakeholders for review.	- Finalise Business Case for sustainable funding. - Finalise and commence deployment plan for remaining GP practices. - Commence recruitment activity for initial core transition team - Award contract for Agile Product Delivery Partner Key milestones coming up: - Work package 10 build complete 3rd Party Onboarding Accreditation Service Available - Commencement of publicity
Key Risks and Issues	Mitigation/Resolution
DHCW0323 – Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services	Funding from Welsh Government in place to run the DSPP programme and support the NHS Wales App until 31 Mar 2025. Sustainable funding business case is being prepared for April 2025 onwards with the intent of submitting to Welsh Government in Q4 23/24

Finances £000s	DSPP	Capital £K	Revenue £K	Total	Escalations
	Annual Budget	980	5,376	6,356	
	Annual Forecast	980	5,376	6,356	
	Spend to Date	803	3,641	4,444	



DIGITAL HEALTH AND CARE WALES CORPORATE RISK REGISTER

Agenda Item	3.4
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Corporate Risk Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
NOTE the status of the Corporate Risk Register. DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

<u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
If more than one enabler / domain applies, please list below: Safe Care Governance, Leadership and Accountability	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities equally affect all. An EQIA is not applicable.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place,



	there could be financial implications
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report. The risk owners will be clear on the expectations of managing risks assigned to them
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
RISK Management Group	02/01/2024	Reviewed
Management Board	15/01/2024	Reviewed
Chris Darling, Board Secretary	January 2024	Approved

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



3 SITUATION / BACKGROUND

- 3.1 The [DHCW Risk Management and Board Assurance Framework \(BAF\) Strategy](#) outlines the approach the organisation will take to managing risk and Board assurance. As part of the Strategy, a committee assignment approach to corporate risk assurance is taken. Therefore, any corporate risks relating to DHCW's major Programmes, within the scope of the Programmes Delivery Committee will be considered by this Committee going forward.
- 3.2 This Committee will have oversight of all Programme risks and therefore portfolio oversight of threats and opportunities in relation to the portfolio level risk profile is an important consideration for the Committee.
- 3.3 Committee members are asked to consider risk, in the context of DHCW Programmes Delivery 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months).
- 3.4 There are wider considerations regarding organisational factors which include, sector, stakeholder, and system factors, as well as National and International environmental factors.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 In terms of DHCW's Corporate Risk Register, there are currently 19 risks on the Corporate Risk Register, of which 5 are for the consideration of this Committee. The Risk register presents the full public register with the green highlighted ID numbers representing the 3 public risks assigned to this Committee (DHCW0269 Switching Service – Data Warehouse, DHCW0332 Sustainable Major Programmes funding and DHCW0333 WICIS Implementation Delay) at 2.3i Appendix A with the other 2 classified as private due to their sensitivity which will be considered in the private session of the Programmes Delivery Committee.
- 4.2 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores):

NEW RISKS (4) – 4 public, 0 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0330	WCCIS Future Programme Funding	Financial	Programmes Delivery Committee
DHCW0331	Fixed Term Resource Funding	Financial	Audit & Assurance Committee
DHCW0332	Sustainable Major Programmes funding	Financial	Programmes Delivery Committee
DHCW0333	WICIS Implementation Delay	Service Delivery	Programmes Delivery Committee

RISKS WITH SCORE CHANGES (1) – 0 public, 1 private

There was 1 change in score with 1 reduction during the period

Reference	Name	Commentary	Committee Assignment
DHCW0318	**PRIVATE**	Decreased in score due to review of position and current mitigations	Audit & Assurance Committee



RISKS REMOVED (11) – 7 public, 4 private

Reference	Name	Commentary	Committee Assignment
DHCW0259	Staff vacancies	Control Measures in place providing mitigation	Audit & Assurance Committee
DHCW0278	**PRIVATE**	Downgraded and closed due to implementation of mitigating actions	Digital Governance & Safety Committee
DHCW0279	**PRIVATE**	Downgraded and closed being managed under DHCW0317	Digital Governance & Safety Committee
DHCW0237	New Requirements Impact on Resources and Plan	Downgraded as robust mitigation is in place	Digital Governance & Safety Committee
DHCW0292	High concentration of unfunded posts in infrastructure teams	Downgraded to Directorate level due to the mitigation actions in place	Digital Governance & Safety Committee
DHCW0323	Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee
DHCW0322	NDR Phase 3 Funding	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee

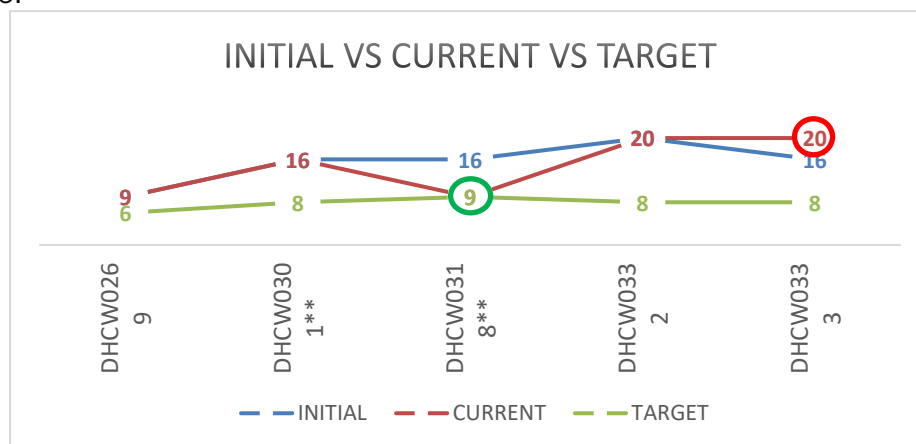


- 4.3 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 2 Significant and 3 Critical risks assigned to the Committee. The key indicates the current position of the risk, future reports will demonstrate the movement since the last risk report to the Committee.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0277 **DHCW0281 **DHCW0282 **DHCW0315		
	MAJOR (4)			DHCW0263: DHCW Functions DHCW0296 – Allergies/Adverse Reactions – Single Source DHCW0313 – Digital Cost Pressure – Service Model Changes DHCW0320 – Citizen and stakeholder trust in use of HSC data	DHCW0300 – Canisic (Screening and Palliative Care) **DHCW0301 DHCW0316 – Technical Debt Accumulation DHCW0329 – Choose Pharmacy – DHCW maintaining funding gap	DHCW0331 – Fixed term resource funding DHCW0332 – Sustainable Major Programmes Funding DHCW0333 – WICIS Implementation Delay
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse **DHCW0318	DHCW0308 – Sustainable funding for NIJAS DHCW0321 – Sustainable funding for WASPI	
	MINOR (2)					
	NEGLECTABLE (1)					

★ New Risk ↔ Non-Mover ↓ Reduced ↑ Increased ** Private Risks

- 4.4 Three of the eleven critical risks currently on the Corporate Risk Register are assigned to the Programmes Delivery Committee.
- 4.5 The Committee are also asked to consider of the risks assigned to the Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those with a green circle represent those risks with a score decreased from their initial scoring, the remainder are the same as their initial score.





5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 The Committee is asked to note the changes in the risk profile during the reporting period as a result of the changes to the Corporate Register.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the status of the Corporate Risk Register. DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee.	

3.4 i Appendix A – Corporate Risk Register

Risk Matrix

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)	5	10	15	20	25
	MAJOR (4)	4	8	12	16	20
	MODERATE (3)	3	6	9	12	15
	MINOR (2)	2	4	6	8	10
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low
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Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status (PLEASE NOTE THIS INCLUDES THE MOST RECENT UPDATES A FULL AUDIT IS AVAILABLE ON REQUIREMENT)	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0332	Funding	Sustainable Major Programmes Funding IF there is not certainty about future years funding for major programmes THEN programmes may not be able to commit to medium term plans and may not be able to secure resources RESULTING IN reduced delivery confidence, delayed outcomes and benefits, erosion of stakeholder trust, and impact on DHCW's reputation. (Affecting DSPP, NDR, Cancer, WCCIS, WICIS).	14/12/23	14/12/23	20 (4x5)	AIM: Reduce impact FORWARD ACTIONS: Drive discussions about sustainable funding with Welsh Government, revise Service Level Agreement payments from local health boards, and/or reprioritise funding internally to DHCW. Follow up with funding approach documents, business cases and revised SLA agreements. ACTIONS TO DATE: Overarching Corporate risk raised and approved."	20 (4x5)	8 (4x2)	Executive Director of Strategy	New Risk	Programmes Delivery Committee	Financial	Mission 1 - Provide a platform for enabling digital transformation.

3.4 i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status (PLEASE NOTE THIS INCLUDES THE MOST RECENT UPDATES A FULL AUDIT IS AVAILABLE ON REQUIREMENT)	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0333	Project	WICIS Implementation Delay IF the planned Health Board implementation dates for WICIS are delayed THEN there may be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting Programme objectives.	03/11/23	14/12/23	16 (4x4)	AIM: Reduce likelihood FORWARD ACTION: Revised implementation plan has been shared with HBs directly as well as discussed in programme board. Financial concerns of continuing into 2025/26 logged and shared with Executive team. Working closely with system supplier to refine system to ensure it meets the requirements. ACTIONS TO DATE: 14/12/23: Currently no revised agreed go-live date has been achieved with ABHB. ABHB are continuing with UAT with clinicians and pharmacists yet to complete this activity. To date over 250 issues have been logged on the DHCW UAT feedback form. CTM have not advised of their intentions to proceed and BCU have advised DHCW that due to financial concerns, they are not able to go-live as planned in Q2 2024/25. AB have advised that the go-live date of 20/11/23 is no longer achievable, following continuous refinements to the system resulting in them not being able to carry out local UAT as planned before go-live. Discussions taking place with AB to agree a revised go-live plan and go-live date. The suppliers have been made aware. In addition, CTM have advised they are not able to commit to the 3 go-live dates due to inability to complete local go-live dependencies. "	20 (4x5)	8 (2x4)	Executive Director of Strategy	New Risk	Programmes Delivery Committee	Service Delivery	Mission 1 - Provide a platform for enabling digital transformation.
DHCW0331	Finance	Fixed term resource funding IF roles recruited into on a permanent basis (as a result of market conditions and responsive development during the pandemic) in order to meet delivery requirements are supported by time limited funding THEN once funding expires, material cost pressure will arise RESULTING IN Significant financial risk to DHCW meeting its statutory requirement to breakeven.	28/11/23	28/11/23	20 (4x5)	AIM: Reduce Likelihood FORWARD ACTIONS: (INC DELIVERY DATE) Present concerns to executive Directors with a proposal outlining recommended actions. ACTIONS TO DATE: 28/11/2023 Concerns around time limited funding and posts highlighted at Strategic resourcing group this is now included as an ongoing agenda item for discussion.	20 (4x5)	4 (4x1)	Executive Director of Finance	Non mover	Audit & Assurance Committee	Financial	Mission 5 – Be the trusted partner

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DHCW0316	Finance	Technical Debt Accumulation IF DHCW is unable to reduce and/or prevent further accumulation of technical debt, THEN DHCW will be unable to embrace latest technologies and modernise working practices, RESULTING IN increasing challenges to deliver high quality digital services and meeting customer demands within reasonable timescales.	19/04/23	28/12/23	16 (4x4)	AIM: Reduce Likelihood FORWARD ACTIONS: Establish TDA to steer architecture development. Conduct DevOps maturity assessment Develop product-centric target operating model. Develop WPAS cloud migration roadmap. Establish cloud TCO model and develop business case. ACTIONS TO DATE: 28/12/2023 Initial feedback session delivered for WPAS Cloud Migration Roadmap. Awaiting final report to review recommendations. 05/12/2023 DevSecOps maturity work continues. Initial report from deep dives received. Awaiting final report to review recommendations. 26/10/2023. CLJ. TDA moved to early November. DevSecOps maturity work continues. Deep dives into 5 areas are being undertaken. Initial Economic Assessment (Microsoft Azure) completed. Working with 3rd party to review and assure/update this work.	16 (4x4)	8 (4x2)	Executive Director of Operations	Non-Mover	Digital Governance & Safety	Financial	Mission 2 - Deliver high quality digital products and services
DHCW0329	Finance	Choose Pharmacy - DHCW maintaining funding gap IF a sustained and appropriate level of funding for the support and development of the Choose Pharmacy application is not established THEN DHCW will need to continue to cover the additional costs of £515k PA for the provisions of the service, which is the current shortfall between Welsh Government annual funding (£415k) and the costs associated with the Choose Pharmacy service (£930k) RESULTING IN DHCW bearing a significant cost pressure of £515k PA for the provisions of the Choose Pharmacy service.	07/02/23	05/12/23	16 (4x4)	AIM: Establish a sustainable funding stream for the Choose Pharmacy Service, which reflects at minimum, the current costs associated with the delivery and development of the Choose service. FORWARD ACTIONS: Escalate the issues to DHCW executives for discussion and agreement on an appropriate level and source of funding. ACTIONS TO DATE: 05/12/2023 Following the transition of Choose Pharmacy Team to PCMH an options appraisal is underway to determine a sustainable funding model to develop and support the service. 07/11/23: Update provided at RMG; Infrastructure teams are looking for possible cost avoidance measures such as move to Cloud. Further conversations are ongoing regarding funding options.	16 (4x4)	6 (2x3)	Director of Primary, Community & Mental Health Digital Services	Non-Mover	Audit & Assurance	Financial	Mission 2 - Deliver high quality digital products and services

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DHCW0300	Service Interruption	Canisc (Screening and Palliative Care) IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	07/12/22	02/01/24	16 (4x4)	AIM - Reduce Likelihood and Impact by developing four new features for Palliative Care: Palliative Care MDT, Patient Preferences, Caseload Management and Specialist Palliative Care Eform and develop new features to replace the Colposcopy Proforma and Image acquisition and Storage. FORWARD ACTIONS Palliative Care: Complete development of Worklist Manager functionality. Continue User Acceptance Testing for MDT, Patient Preferences features and Specialist Palliative Care Form. Implement across Wales. Screening & Colposcopy: Continue to progress end to end design for the Image Acquisition & Retention. Target to get approval from Technical Design Authority on 21st November. ACTIONS TO DATE 02/01/24 Work ongoing on user acceptance testing 05/12/23 Palliative Care functionality development completed. All features available for User Acceptance Testing. Screening & Colposcopy - a review of supplier product offering underway which may mitigate significant internal development and effort. 07/11/23 Palliative Care development has continued. Screening & Colposcopy - Decision made for Google Cloud Platform for Image storage. Numerous escalations to remove blockers in the workstream. End to end design in progress. 04/10/23 Palliative care development of four key feature-sets expected to launch in Q3, to plan. Screening colposcopy to start, based on understood set of requirements and technical (image acquisition & retention) decision.	16 (4x4)	6 (3x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Service Delivery	Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care.

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DHCW0296	Clinical Risk	Allergies/Adverse Reactions – Single Source IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED-coded manner THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in RESULTING IN potential patient harm due to missing or outdated information being presented in the system being used by the clinician. Possible Causes: - Single source of truth (Clinical Data Engine/WCDR) in which to input and retrieve information not used widely - Lack of integration API with CDE/CDR – Interoperability - No standard as how to portray Adverse reactions (ie: not all systems display them in the patient banner/ user interface)	13/09/22	13/12/23	12 (4x3)	AIM: Reduce Likelihood FORWARD ACTION: Shared Medicines Record to take up this functionality to be cross-systems. Strategy to be determined. ACTION TO DATE: 13/12/2023 DMTP programme have a plan to move the FHIRr3 data (to Google FHIRv4), to then expose allergies/adverse reactions to other products. The work will not include absorption of uncoded allergy values from products such as WPAS. Determined unsafe, requiring expert validation. 05/12/2023 – work is continuing. 13/11/2023 – Initial work has commenced to schedule the movement of WelshPAS Allergies and reactions to use the CDE. 07/11/2023 – HM, GDE, ML, MB (PST) – DSCN notice 2022/76 states we should follow the standards for HL7 FHIR, DM&D and SNOMED language for all systems by 31st July 2024 which enable patient medicines, allergies, and intolerances information to be recorded, sent, received, or shared between care locations. 16/10/23 This will be addressed in Tranche 2 of the shared medicines record (SMR). Due to be available March 2023. Dependency on having the CDR in place. 09/10/2023 – Initial work will commence in late October to schedule the movement of WelshPAS Allergies and reactions to use the CDE.	12 (4x3)	4 (4x1)	Executive Medical Director	Non-mover	Digital Governance & Safety	Safety / Wellbeing	Mission 2 – Deliver high quality digital products and services
DHCW0313	Finance	Digital Cost Pressure – Service Model Changes IF externally and internally sourced service provision models change resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/23	28/11/23	16 (4x4)	AIM REDUCE LIKELIHOOD FORWARD ACTIONS 02/10/2023: Cloud Business currently being drafted. As part of the 23/24 SLA process lessons learned exercise DHCW service Management to review SMB and NSMB terms of reference to include responsibly to highlighting unavoidable costs (due to changes in rev to capital) and incorporating the appropriate funding requirements with SLA's. ACTIONS TO DATE: 28/11/2023: Discussions ongoing with WG there is a meeting in place to discuss sustainable core funding. 07/11/2023 Ongoing wider discussions around sustainable funding. 07/09/2023 DHCW is currently constructing a sustainable funding paper (due October 2023) which will propose recommendations to address changes in the technological layer (both external supplier and internal cloud adoption) that have a consequential CAPEX to OPEX impact. This exercise builds upon the current established mitigation of strengthened horizon scanning adopted as part of the contract management reviews.	12 (4x3)	9 (3x3)	Executive Director of Finance	Non-Mover	Audit & Assurance	Service Delivery	Mission 4 – Drive better values and outcomes through innovation

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DHCW0308	Information Governance	Sustainable funding for NIIS IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIS) THEN a DHCW funding risk will create longer term financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising long-term provision for the service	31/01/23	05/12/23	12 (3x4)	AIM - Reduce likelihood. FORWARD ACTIONS - Commercial and Procurement support on options appraisal ACTIONS TO DATE - 05/12/2023 Discussions continue between Welsh Government and DHCW around core funding. 07/11/2023 Discussions between Welsh Government and DHCW are ongoing around core funding. 06/09/2023 Discussions between Welsh Government and DHCW are ongoing. 05/05/23 Non recurrent internal funding explored for year 1 of the contract (to be agreed by directorate), longer term funding to be addressed with WG or via National Sustainable Funding exercise by the end of May 2023	12 (3x4)	6 (2x3)	Darren Lloyd	Non-Mover	Digital Governance & Safety Committee	Information, Access and Sharing	Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care.
DHCW0263	Information Governance	DHCW Data Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.	26/01/21	05/12/23	12 (4x3)	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Discussions to be held in January 2023. ACTIONS TO DATE: 05/12/2023 Position unchanged work with WG continuing towards resolution. 07/11/2023 DHCW continue to work towards an action plan in agreement with Welsh Government. A Deep Dive of this risk was undertaken in the Risk Management Group meeting this month. 06/09/2023 - Awaiting action plan from Welsh Government to progress mitigation	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Information, Access and Sharing	Mission 4 - Drive better values and outcomes through innovation

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DHCW0320	Information Governance	Citizen and stakeholder trust in uses of Health and Social Care data IF (i)DHCW does not articulate a costed plan to deliver citizen and stakeholder engagement and involvement around uses of Health and Social Care data, and (ii)Resources are not available to deliver the plan... THEN it is less likely that stakeholders and patients be assured that current and proposed uses of Health and Social data in Wales are trustworthy... RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy	12/05/23	05/12/23	12 (4x3)	AIM: REDUCE Likelihood FORWARD ACTIONS: Await actions from Welsh Government for mitigation plan to be progressed. ACTIONS TO DATE 05/12/2023 Position unchanged work with WG continuing towards resolution. 07/11/2023 Ongoing discussions with Welsh Government to continue mitigation. A Deep Dive was undertaken during the Risk Management Group meeting this month. 06/09/23 - Awaiting actions from Welsh Government to continue mitigation	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Information Storing and Maintaining	Mission 1 - Provide a platform for enabling digital transformation
DHCW0321	Information Governance	Sustainable funding for WASPI IF a sustainable financial position cannot be found for funding to support the development and implementation of the WASPI Code of Conduct THEN key organisation stakeholders are unlikely to sign up to become code member organisations as DHCW would not be able to discharge Code responsibilities RESULTING IN a missed opportunity for enhancing data sharing standards across Wales and reducing missed opportunities with data sharing between agencies.	15/05/23	05/12/23	12 (3x4)	AIM Reduce likelihood. FORWARD ACTIONS Confirm funding application outcomes. ACTIONS TO DATE 05/12/2023 Discussions continue between Welsh Government and DHCW around core funding. 07/11/2023 Discussions are ongoing around sustainable funding. 06/10/2023 Executive summary consultation report on the proposals to create WASPI as a Code of Conduct has been drafted with wording relevant to WG being discussed. It is intended that a report with the Executive Summary Report is to be taken to Weekly Directors Meeting in November/December 2023.	12 (3x4)	6 (2x3)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Information, Access and Sharing	Mission 1 - Provide a platform for enabling digital transformation

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DHCW0269	Business & Organisational	Switching Service - Data Warehouse IF the current automated switching service fails before the data flows are re-architected to the new NDR platform THEN data will need to be manually acquired into the ISD Data Warehouse RESULTING IN an increased resource requirement to maintain updates to multiple reporting systems. The lack of ability to upgrade or to develop the Switching Service will also mean that ISD may be unable to meet any new demands for information."	07/12/20	04/01/24	9 (3x3)	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTION: Meeting scheduled to agree the NDR solution and agree reasonable timelines or structure. ACTION TO DATE: 04/01/2024 Plan in place for ISD to proof of concept four pieces of work to inform the approach to migration. Staff recruitment should be complete by the end of January 2024 offers in place onboarding process underway. 27/10/2023 Update to wording of the risk, no change in score and no plan update. 05/09/2023 The outline workplan is being discussed and agreed, project manager has been allocated and the scrutiny process has been approved to recruit the resource requirements identified to complete the work. ISD have identified a lead ("Data warehouse and acquisition lead"), Steering group formed and Project in scoping phase.	9 (3x3)	6 (3x2)	Executive Director of Digital Strategy	Non-Mover	Programmes Delivery Committee	Information Storing and Maintaining	Mission 4 - Drive better values and outcomes through innovation



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Digidol Cymru
Digital Health
and Care Wales

The Welsh Intensive Care Information System (WICIS) Programme

January 2024

Overview: Background to WICIS



The overall aim of the project is to implement a **fully managed electronic solution**, capable of **replacing all paper charts** currently used for recording patient observations on **all Adult Intensive Care Units** across Wales. Providing a common user interface, which will significantly improve the collation and access to clinical information and real time data capture from bedside devices.

STRATEGIC DRIVER

Together for Health – A Delivery Plan for the Critically Ill provides a strategic framework for Local Health Boards. It sets out the Welsh Government’s expectations of NHS Wales in delivering high quality critical care, ensuring that the right patient has the right care at the right time. The Delivery Plan is split into five core themes as listed below along with a rationale for how the Welsh Intensive Care Information System supports this vision:

- **Delivering appropriate, effective ward-based care** – through the elimination of paper charts and manual observations, meaning less time collecting and accessing information and more time delivering care to patients.
- **Effective critical care provision and utilisation** – improving business intelligence, allowing for real-time or near-real-time reporting of key critical care statistics and by helping to support the reduction in variation across Wales by developing standard procedures through best practice.
- **Timely Admissions to Intensive Care** - through effective reporting and an overview of bed availability.
- **Timely Discharge from Intensive Care** – through improved monitoring of patients and increased data quality, meaning that clinicians are better able to plan and prepare for patients to be discharged.
- **Improving information and Research** - Improved data quality and automated reporting, as well as links to the national data warehouse mean that big data and deep learning techniques can be used to improve clinical practice.

Record patient assessments, manage prescriptions and drug administration, vital signs and fluid balance, acuity scores, support infection control, daily care plans

STATUS

- A contract was awarded for the development of a national critical care information system for NHS Wales which will develop and manage a clinical system over a seven-year period.
- The current focus will remain on continued engagement and involvement of the critical care community across Wales, who have been instrumental in informing the design and creation of standardised assessments and workflows to achieve our aim of reducing variations of care.
- Work is ongoing in terms of planning across NHS Wales.
- An agile, incremental delivery of development and testing has been adopted, which will ensure visibility of progress with tight monitoring and control of the timescales.
- Significant progress has been made to integrate a number of bedside devices to the central solution.

WICIS Programme to date

Following approval of the Business Case, the procurement of a Critical Care Information System commenced in May 2019. Following which, configuration workshops led by the National Clinical WICIS Lead took place between June 2020 and January 2021, enabling stakeholders from across NHS Wales to define at a greater level of detail how they expected the system to be configured to meet NHS Wales requirements, in alignment with contractual requirements. The system has been developed to date based on the requirements identified, has been tested nationally and an implementation plan to introduce the system across Wales is ongoing.

May 2019 – Nov 2019

The procurement of a critical care information system commenced in May 2019, following which the contract was awarded in November 2019 to implement WICIS across all adult critical care wards in Wales, agreed and signed off by Chief Executives.



Nov 2019 – May 2020

- Contract awarded and activities commenced between DHCW and system supplier to agree contractual requirements and timeframes.
- Additional project resources recruited to support development and implementation of WICIS.



June 2020 – Jan 2021

- Configuration workshops took place, supported by the WICIS National Clinical Lead and National Informatics Nurse, enabling stakeholders from all health boards across Wales to define and document the expectations of the system and development roadmaps, in line with contractual requirements

COVID pandemic caused delay to WICIS Implementation



Feb 2022 – Jan 2023

- Following agreement with the system supplier, a set of development drops were agreed to be implemented over time, through a change management process.
- Testing was hosted nationally, with all health boards invited to attend demonstrations and sign off.



Feb 2023 – Jul 2023

- Re-development of the system work took place, focused on display of authorised laboratory data and integration with Welsh Clinical Portal (WCP) for all remaining results. In addition, management of mis-file work was included to present to users any data that had been entered incorrectly and displayed appropriately.
- April 2023 – Change to National Clinical Lead



Aug 2023

- End to end workshops took place, hosted by DHCW, to demonstrate to stakeholders, development of the system to date, against contractual requirements, allowing users to see the system from admission through to discharge.
- SIT (System Integration Testing) & National UAT (User Acceptance Testing) was finalised based on contractual requirements agreed for the system



Sep 2023 – Oct 2023

- Health Boards informed unable to go-live as planned due to concerns relating to drug therapy module.
- Additional development drops were agreed to implement changes relating to national laboratory integration and refinements to the drug therapy and administration module, following feedback from users.



Nov 2023 – Dec 2023

- ABHB were scheduled to go-live in November 23, however due to refinements being made as a request following system review, the current go-live has been postponed and an agreement on a revised go-live date is to be scheduled.
- Local UAT commenced at ABHB allow the system to be tested locally and signed off.



January 2024

- ABHB continuing UAT of system.
- HB Chief Executives to advise on intention to proceed with WICIS
- High level approach drafted

Implementation delay due to concerns related to drug therapy module & laboratory integration

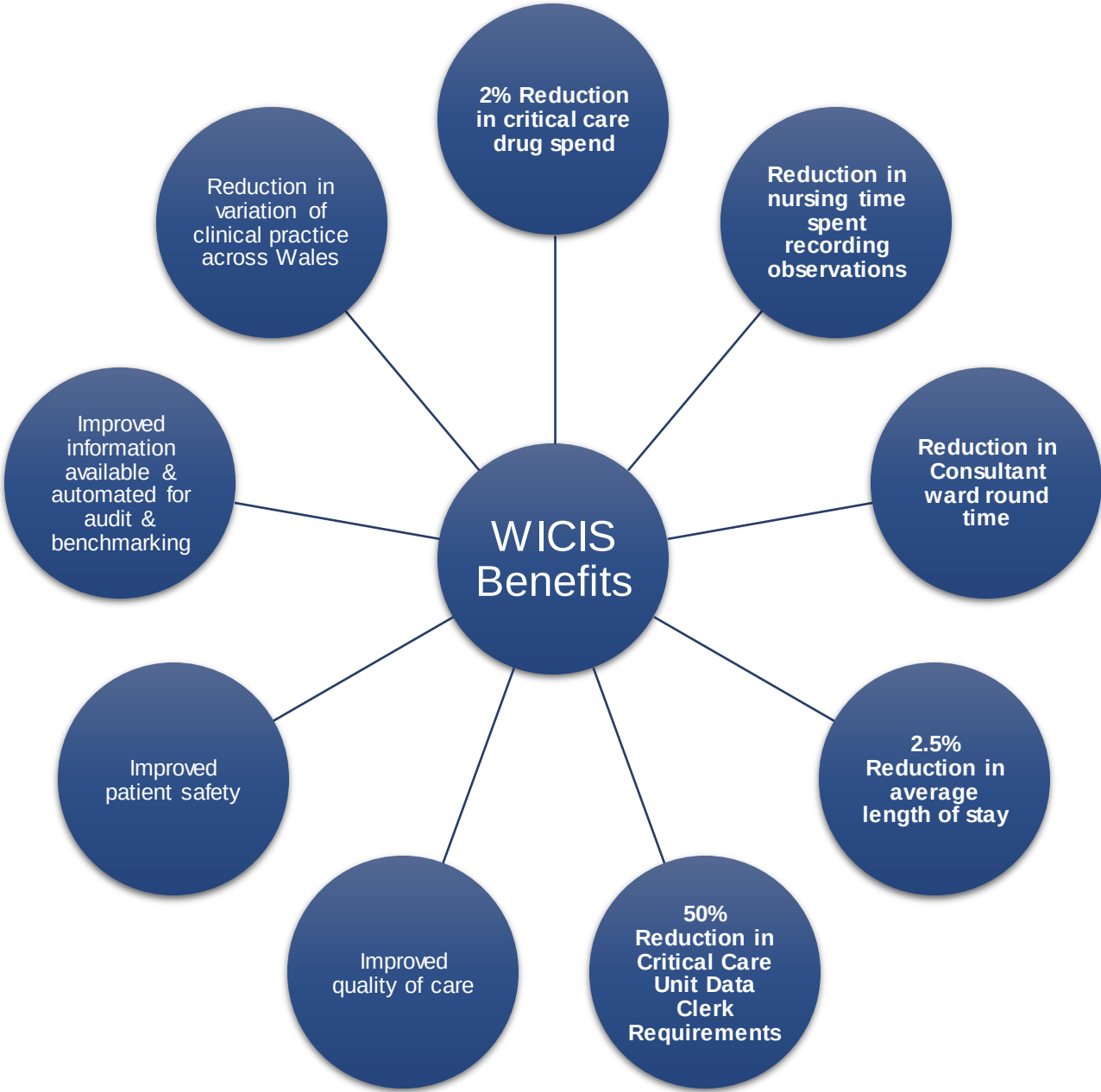
ABHB implementation delayed due to continued refinements and local UAT commencing

Benefits Realisation

Expected Benefits as set out in the Original Business Case (OBC) and Full Business Case (FBC).

Since the development of the OBC, the benefits associated with the procurement of the Critical Care Clinical Information System were re-assessed and additional benefits identified. Three additional benefits were identified for the purpose of the economic appraisal. Benefits identified are based on time and motion studies, cash releasing savings, reduction in clinical time, reduction in average patient stay within an adult intensive care unit and improved data analysis and reporting.

Five key benefits were included in the FBC with an expectation that health boards will realise these post go-live as well as demonstrating local benefits outcomes. Additionally, further benefits have been identified across NHS Wales and are due to be reported on once implementation begins.



Stakeholder Engagement & Resource

Clinical Support

- National Clinical Lead in post for WICIS
- Local Clinical Leads across all health boards funded to support implementation locally and inform wider stakeholder engagement
- Local WICIS Nurse Lead across all health boards funding to support implementation locally, inform wider stakeholder engagement and support users through the transition from paper to digital.

Project Management

- National WICIS Principal Project Manager & Project Team in post, providing national project support
- Health board funded project manager post available to support implementation locally and support wider stakeholder engagement

National Team

- National WICIS team in post to support multiple workstreams including development, architecture, testing, commercial, business change, pharmacy, service management etc.
- Ongoing engagement to inform stakeholder engagement and liaise with health boards



Requirements Gathering

- Requirements gathering received from Health Boards in order to build a digital clinical solution.
- Stakeholder engagement sessions taken place through various forms i.e. clinical reference group, mind-map sessions with all health boards involved.

Development

- Ten development drops completed, allowing the system to be developed over time in line with contractual requirements. Development drops demonstrated to stakeholders as they evolve.

Testing

- Testing hosted nationally by DHCW WICIS Team and demonstrated to health boards over time.
- Test scripts written and shared with health boards to use locally.
- UAT completed by Subject Matter Experts, supported by HB Leads.

Health Board order of proposed implementation

The 6 Health Boards across Wales who operate adult intensive care are included in scope for the implementation and delivery of the WICIS solution, providing a Once for Wales critical care clinical system. ABHB did not go live as planned in Nov 23 however the commitment is for all sites to be implemented by March 2025. Powys HB do **not** currently have any Adult ITU wards across their hospital sites.

The 6 Health Boards include 13 District General Hospitals, of which 3 sites have an existing alternative critical care information system, procured locally by the health board themselves.

Aneurin Bevan Health Board – 1 site:
30 beds

Swansea Bay Health Board – 1 site: 28
beds

Betsi Cadwaladr Health Board – 3 sites:
35 beds

Cardiff & Vale Health Board – 1 site: 38
beds

Hywel Dda Health Board – 4 sites: 29
beds

Cwm Taf Morgannwg Health Board – 3
sites: 29 beds

Welsh Intensive Care Information System (WICIS)

Owner: David Sheard

Assurance
Highlight ReportQtr. 3
23/24

The Welsh Intensive Care Information System (WICIS) will be a centralised national system to manage all adult critical care units providing a standardised approach to critical care across Wales. The system will be replacing all current paper records and other current critical care clinical information systems ensuring that the full patient record can be managed in one place.

Overall RAG	Timelines	Scope	Resources
Due to refinements being made within the system, particularly focused around the drug therapy and administration module, Aneurin Bevan Health Board (ABHB) go live at Grange Hospital, rescheduled for 20th Nov 2023 has been postponed to allow ABHB to carry out and complete local user acceptance testing. In addition, the final week of training at ABHB has been put on hold until testing is signed off and accepted locally,	As the implementation has been delayed in ABHB, no revised go live date has been agreed currently. Cwm Taf Morgannwg (CTM) health board has advised that they will not go live as planned in Jan 2024, impacting the overall completion date of the project. Additionally, due to finance issues, Betsi Cadwaladr (BCU) health board have indicated they are not able to go live in 2024/25 with ongoing discussions taking place. All health boards are required to go-live by Mar 25 due to availability of funds.	As refinements have been made within the system, additional change requests may be required in order for user acceptance testing to be signed off. Validation testing between 'production' and user acceptance testing environments have been affected due to changes being made since validation testing commenced. Additional validation testing may be required once local and national testing is complete.	As the project has not commenced go-live as planned and an extension to project workstreams, ie validation, staff are required to support the project further than expected. Additional resources may be identified once implementation begins including pharmacy resources to maintain the drug dictionary and business change to support go live readiness activities with health boards. Additionally, the completion date of the project to be live across all health boards as expected, may need to be extended if health boards cannot meet dates.

Progress Since Last Reporting Period

- Escalation to health board Chief Executives for confirmation of planned timescales for implementation within 2024/25 due to availability of funding
- Readiness payment agreement with system supplier
- ABHB commenced and continuing with local testing and patient safety review of application
- Completion of penetration testing
- Swansea Bay (SBU) HB commenced local testing
- Implementation readiness activities commenced with Swansea Bay and Cardiff and Vale (CAV) health boards
- ABHB reviewed training requirements in preparation for go-live

Planned work for Next Reporting Period

- Escalation to health board Chief Executives for confirmation of planned timescales for implementation within 2024/25 due to availability of funding
- Agreement from health boards on revised implementation dates to be agreed
- Discussions with health boards and system supplier on potential streamlining of system
- ABHB completion of testing
- SBU completion of testing
- Discussions and agreements on training requirements
- DHCW Business Change visits to SBU and CAV health boards

Key Risks and Issues

DHCW0333 IF the planned Health Board implementation dates for WICIS are delayed THEN there may be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives.

Mitigation/Resolution

Escalation to health board Chief Executives for health boards intention to go-live with WICIS within 2024/25 due to availability of funding

Finances £000s

WICIS	Capital £K	Revenue £K	Total
Annual Budget	4,707	570	5,277
Annual Forecast	5,241	408	5,649
Spend to Date	2,428	273	2,701

Escalations

13

Current Key Risks

DELAYED IMPLEMENTATION DATES	IF the implementation dates are delayed, THEN there may be increased costs due to delay in completion and indexation rates, RESULTING in funding short-fall and system supplier losing confidence.	Health board Chief Execs have been briefed and requested to respond to request to advise of intention to proceed by 19/01/24 so that a revised implementation plan can be drafted and agreed.
AVAILABILITY OF RESOURCES	IF no additional funding is identified to support changes caused by delay in start of implementation, inc staff on fixed-term contracts, THEN there is a risk that certain project work cannot continue or be finalised.	Awaiting confirmation from health boards on willingness to proceed so that a timeline and plan can be drafted and presented.
DCT2 MOVE	DHCW are currently undergoing a data centre move, affecting the hosting of the datacentre for WICIS, which may impact the overall timescales for WICIS if the dates for the move impact an implementation date.	Working with DCT2 team to agree timescales for move to reduce impact to implementation dates.

ISSUES

We currently have issues with UAT feedback queries submitted by health boards as they carry out testing locally. Some feedback to date has been due to lack of understanding of the system. Suggestion to introduce DHCW Business Change team into ITU wards as early as possible to build knowledge and consider creating Standard Operating Procedures to implement once live.

CHALLENGES

If ALL health boards respond to the request that they intend on going live as planned before March 2025, a robust implementation plan will need to be considered, to rollout WICIS across all 13 sites in a short timeframe. Additional resources and a change in training approach may need to be considered.

LESSONS LEARNT

Since the procurement began, over-time the system has been developed and has grown in its development. User requirements have continued to expand as more people become involved resulting in a wider scope and expectation of the system. The system has been over-configured and feedback has been that the system is complex and requires simplifying.

High Level Approach

from Development through to Implementation

Solution

National clinical lead to work with HB clinical leads and system supplier to streamline the solution, agreed on a national approach.

Health Boards to suggest simplistic changes to system navigation.

Demonstrate options through workshops.

Governance

Agree change management process, governance structure and roles and responsibilities of stakeholders.

Implementation

Following responses back from health boards on their intentions to implement WICIS before March 2025, implementation workshops to be held to discuss revised rollout order and coordination and management of system training and business change support.

Feedback from users is that the system requires streamlining to make navigation simpler and more user-friendly. Work is ongoing between NHS Wales and the system supplier to review what refinements can be made in order to achieve an effective go-live. Changes will be made on a national level following a robust change management process.



DIGITAL HEALTH AND CARE WALES WELSH PATIENT ADMINISTRATION SYSTEM (WPAS) & CTM-BRIDGEND TRANISTION PROJECTS

Agenda
Item

4.2ii

Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 2024
Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Sam Lloyd, Executive Director of Operations
Prepared By	Stuart Davies, Interim Head of Software Development
Presented By	Sam Lloyd, Executive Director of Operations

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
NOTE the report for ASSURANCE.	



1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	Whole Systems Approach
<u>DOMAIN OF QUALITY</u>	Safe
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Current DPIF funding until March 2025, project delivery projected to be May 2025.
WORKFORCE	Yes, please see detail below



IMPLICATION/IMPACT	Large number of national applications affected by the project requiring resource allocation not accounted for previously.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Sam Lloyd	23/01/2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CTM	Cwm Taf Morgannwg	SB	Swansea Bay
WPAS	Welsh Patient Administration System	RISP	Radiology information System Programme
LIMS	Laboratory Information Management System	EPMA	Electronic Prescribing & Medicines Administration
DPIF	Digital Priorities Investment Fund	SLA	Service Level Agreement



3 SITUATION / BACKGROUND

- 3.1 On 1st April 2019, Welsh Government transferred responsibility for health services in Bridgend from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health board.
- 3.2 As part of this process the organisations were renamed to Swansea Bay (SB) and Cwm Taf Morgannwg (CTM) University Health boards
- 3.3 At the time of the boundary change, SLA arrangements were agreed between the health boards to permit CTM to use the SB IT services to manage Bridgend patients while addressing the transition of services.
- 3.4 Multiple systems are impacted by the boundary change including both national and local systems. The primary system in enabling the transition is the Welsh Patient Administration System (WPAS).
- 3.5 DHCW is currently working with the affected health boards to undertake the migration of records relating to Bridgend patients from the Swansea Bay instance of WPAS to the Cwm Taf Morgannwg instance.



4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Programmes Delivery Committee is asked to note the Transition Programme assurance update and status, in particular:

- This is a CTM-led project, to which DHCW is a contributor.
- Significant data migration is required to move patient records from Swansea Bay to Cwm Taf Morgannwg – safeguarding data quality is paramount consideration.
- Assuring all systems manage the change in patient records correctly is a major undertaking.
- DPIF funding is available for the WPAS aspects of this work until March 2025.
- The projected project timeline currently estimates completion in May 2025.
- An assessment of impact on other national systems is currently underway and is expected to complete in February 2024.
- Health boards are managing concurrent national programmes e.g. RISP (radiology information system programme), LIMS2.0 (laboratory information management system) and EPMA (electronic prescribing and medicines administration).



5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 Projected project timeline currently estimates completion in May 2025; however funding is only until March 2025.
- 5.2 A safe and secure test environment is required to enable appropriate quality assurance of data migration activity. Currently there is no funding for this test environment.
- 5.3 No funding for national systems other than WPAS (Welsh Patient Administration System).
- 5.4 This is a complex data migration programme, requiring the movement of a high volume of records between systems, involving multiple stakeholders and impacting a large number of integrated services. There are risks to delivery costs and timelines inherent in this, and also to service performance, which are being managed closely through the programme.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the report for **ASSURANCE**.



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

CTM-Bridgend Transition

Welsh Patient Administration System
(WPAS) and CTM-Bridgend Transition
Projects

Introduction

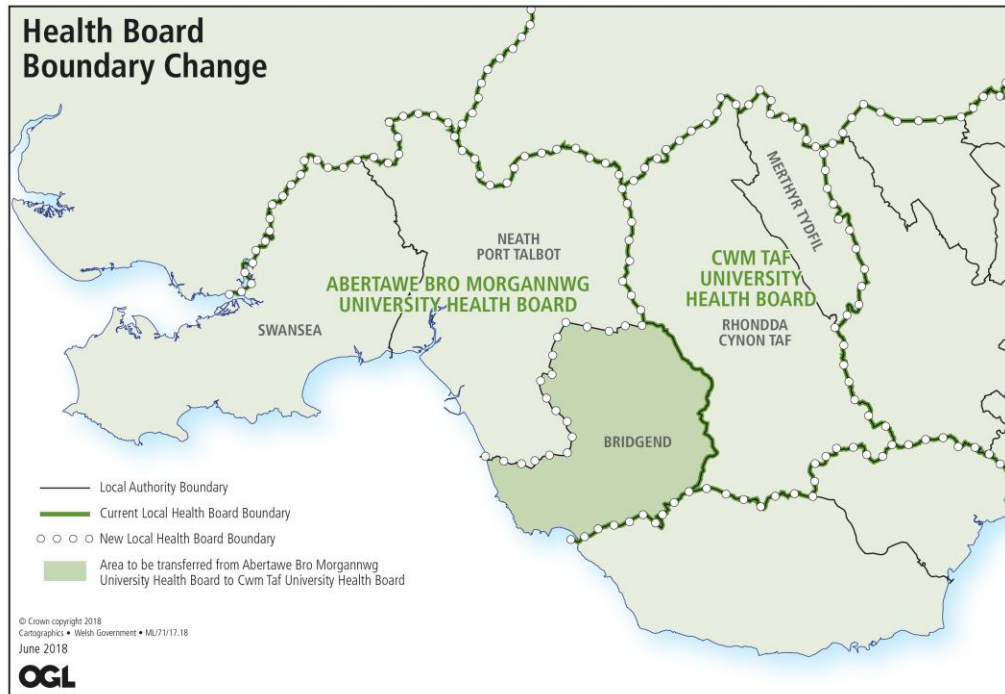
What is a PAS?

- A Patient Administration System (PAS) is a computerized system used in healthcare organisations to manage patient data. The system is used to track patient demographics, medical records, and financial information. The PAS is also used to schedule appointments, manage hospital beds, and manage outpatient and inpatient care episodes.

What is WPAS?

- The Welsh Patient Administration System (WPAS) is a DHCW-built national system used in all health boards except Cardiff and Vale University health board.
- WPAS is a critical system to the health boards, as it helps to ensure the accuracy and completeness of patient data. The system also helps to streamline the workflow of the organisation, and to improve the efficiency of care delivery.
- WPAS is integrated with other healthcare information systems both nationally (including but not limited to RadIS, WLIMS, WCP) and locally. The integration of these systems allows for the sharing of data within and across health boards.

Background



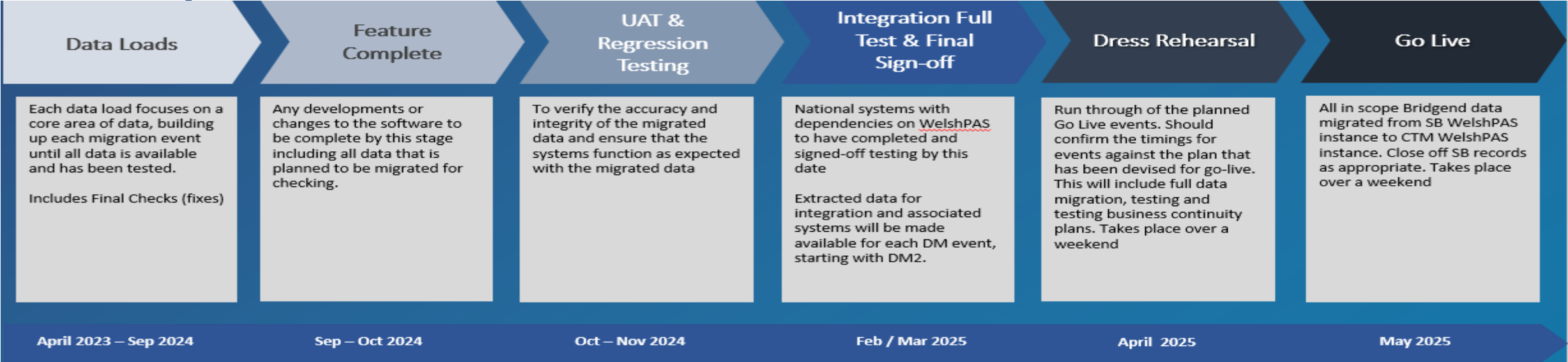
- On 1st April 2019, Welsh Government transferred responsibility for health services in Bridgend from Abertawe Bro Morgannwg University Health board to Cwm Taf University Health board.
- These health boards were renamed to Swansea Bay (SB) and Cwm Taf Morgannwg (CTM) University health boards (UHB).
- SLA arrangements agreed between the health boards to permit CTM to use the SB IT services to manage Bridgend patients while addressing the transition of services.
- The primary system in enabling the transition is WPAS.

Project considerations

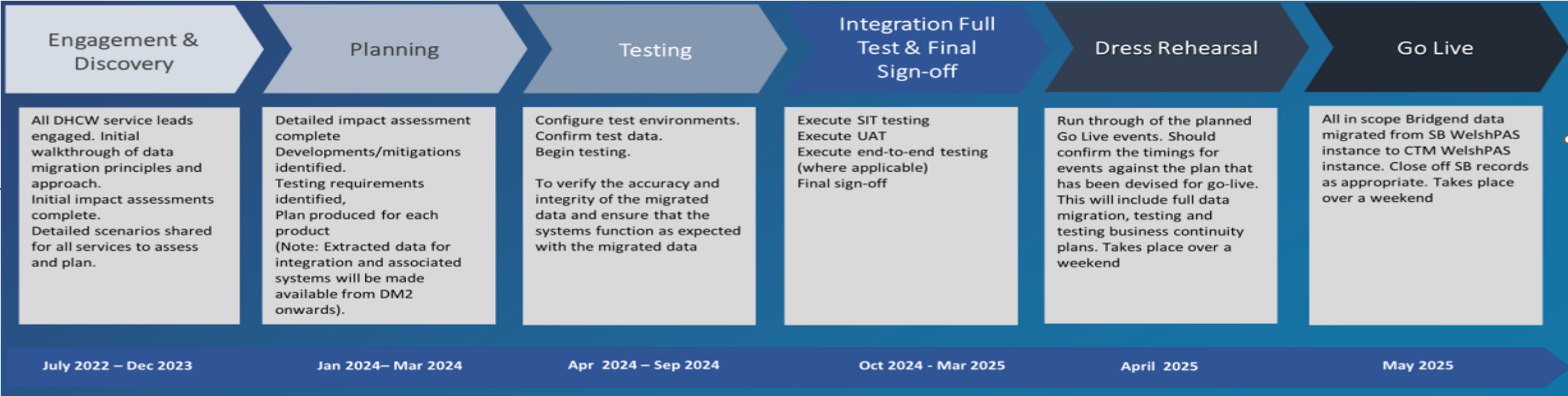
- This is a CTM project to which DHCW is a contributor
- DHCW has DPIF funding for a range of WPAS activities, including overall PAS improvement – Velindre University NHS Trust implementation, Betsi Cadwaladr University health board merger to single instance and the CTM Bridgend Transition.
- Multiple systems are impacted by the Bridgend boundary change including both national and local systems.
- CTM have an SLA arrangement with SBUHB to permit the use of their systems for managing CTM patients until the programme completes the transfer.
- CTM have created and managed approximately 500K patient records in the SBUHB PAS.
- These CTM patient records will need to be identified and transferred to the CTM PAS.
- Only the CTM records are to be transferred. If there is genuine SB activity on the patient PAS record, these activities will remain in the SB PAS
- The transfer of records between the PAS systems will change the patient identifying references with only the patient's NHS number remaining constant.

Project timelines

WPAS



National Systems



Risks and Opportunities

- DPIF funding covers WPAS activities. Impact assessment of work required to the national systems outside PAS currently underway
- There is a requirement for a secure test environment to enable the QA of data transfer between PAS systems
- Both SB and CTM are also part of the RISP and LIMS2.0 programmes which run concurrently with the boundary change transition work.
- DPIF Funding available until March 2025
- Technical architecture review of WPAS underway