

Programmes Delivery Committee - PUBLIC

Thu 09 November 2023, 09:30 - 12:30

MS Teams

Agenda

09:30 - 09:35 1. PRELIMINARY MATTERS 5 min

1.1. Welcome & Introductions

For Noting *Chair*

1.2. Apologies for Absence

For Noting *Chair*


1.3. Declarations of Interest

For Noting *Chair*

09:35 - 11:00 2. MAIN AGENDA 85 min

2.1. DHCW Revised Governance Arrangements

For Noting *Board Secretary*

 2.1 DHCW Revised Governance Arrangements.pdf (7 pages)

2.2. Committee Terms of Reference

For Approval *Board Secretary*


 2.2 Programmes Delivery Committee Terms of Reference & FWP Cover Report.pdf (5 pages)

2.2.1. Committee Forward Workplan

For Discussion *Board Secretary*

2.3. Programmes Overview Report

For Discussion *Executive Director of Strategy*

 2.3 Programmes Overview Report Programmes Delivery Committee Nov 2023.pdf (6 pages)

 2.3i v2 DPMO Programme Delivery Committee Nov 23 v1.3-new.pdf (19 pages)

2.4. Corporate Risk Register (Programme Risks)

For Discussion *Board Secretary*

 2.4 Corporate Risk Register Report.pdf (7 pages)

 2.4i Appendix A DHCW Corporate Risk Register.pdf (15 pages)


Comfort Break

11:00 - 12:25
85 min

3. ASSURANCE REVIEW

3.1. Welsh Community Care Information System

For Assurance *Director of Primary, Community & Mental Health Digital Services*

 3.1 Welsh Community Care Information System.pdf (11 pages)


3.2. Digital Services for Patients and Public

For Assurance *Executive Director of Strategy*

 3.2 Digital Services for Patients and Public.pdf (13 pages)

3.3. National Data Resource

For Assurance *Executive Director of Strategy*

 3.3 National Data Resource.pdf (13 pages)

12:25 - 12:30
5 min

4. CLOSING MATTERS

4.1. Any Other Urgent Business

For Discussion *Chair*

4.2. Items for Chair's Highlight Report to the Board

For Noting *Chair*

4.3. Date of Next Meeting: 8 February 2024

For Noting *Chair*

DIGITAL HEALTH AND CARE WALES

DHCW REVISED GOVERNANCE ARRANGEMENTS

Agenda Item	2.1
-------------	-----

Name of Meeting	Programmes Delivery Committee
Date of Meeting	9 November 2023

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 Noting
Recommendation	The Committee is being asked to
NOTE the DHCW revised governance arrangements.	

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
--------------------------	--------------------

CORPORATE RISK (ref if appropriate)	
--	--

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Prosperous 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>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
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	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report.
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2:

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	August 2023	Approved
Exec Team	September 2023	Discussed
Management Board	October 2023	Endorsed

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	SRO	Senior Responsible Owner

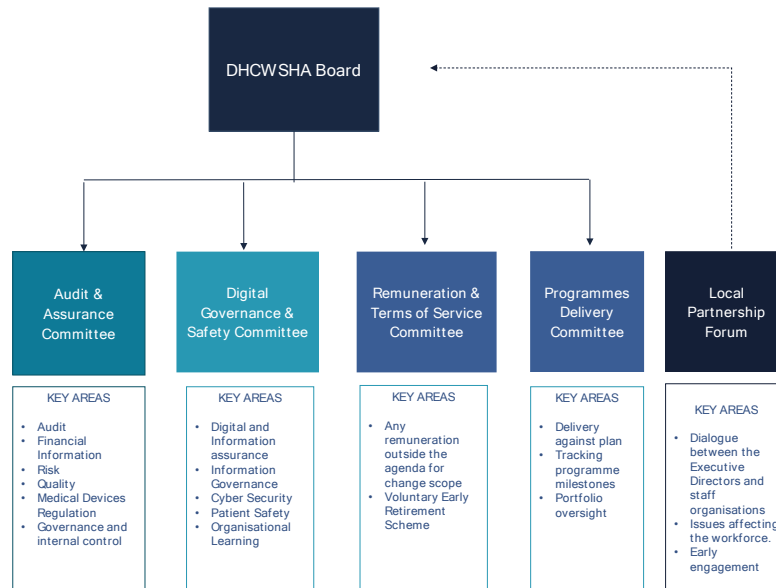
3 SITUATION/BACKGROUND

- 3.1 DHCW is accountable to Welsh Government, with leadership and direction provided by the [DHCW Board](#), which has oversight in ensuring sound governance arrangements. DHCW's remit is to provide national digital and data services and infrastructure to NHS Wales.
- 3.2 DHCW hosts a number of Welsh Government funded major digital programmes, providing a range of expertise including but not limited to programme management, commercial, technical, delivery and business change, reporting into relevant national programme boards. Historically there has been variation in governance structures across these major programmes. However, typically external Senior Responsible Owners (SROs), appointed by Welsh Government, are accountable for delivery of these programmes.
- 3.3 DHCW commissioned an independent review supported by Welsh Government, which has been carried out by Mr. Steve Combe MBE, an independent governance advisor. The report was finalised and shared by the DHCW Chair with the Minister for Health and Social Care in July 2023, as well as the Programme SROs, Welsh Government and Audit Wales. In addition, the DHCW Chief Executive shared the report with the Chief Executive for NHS Wales / Director General for the Health and Social Services Group.
- 3.4 The main recommendation from the report was to simplify governance arrangements to include streamlining lines of accountability, ensure greater clarity on roles and responsibility, allowing DHCW hosted programmes to operate in an open and transparent manner. The recommendations from the report are in the process of being implemented working in partnership with Welsh Government.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Since the publication of the report, DHCW have met with Welsh Government Officials and have agreed that financial and delivery accountability for all DHCW hosted programmes would transition to sit with the DHCW Accountable Officer – Chief Executive Officer. Responsibility for programme delivery accountability moving from external SROs. As a result of this, the following has been agreed within DHCW.
- 4.2 The DHCW Management Board terms of reference have been strengthened to ensure Portfolio Oversight of DHCW’s major programmes. Committee members should note that Programme Boards will continue to be the main body to oversee and drive delivery at a programme / project level.
- 4.3 Work to confirm those projects/programmes included within the DHCW Portfolio Oversight has been carried out via an assessment exercise of programme size/complexity looking at finances, length of project, extent of stakeholders, contract complexity, technical complexity and dependencies. The detail of those programmes included within the Portfolio Oversight can be seen in item 2.3 on the agenda. It should be noted the programmes included within the scope for Portfolio Oversight will be reviewed on an annual basis, and more regularly if needed, particularly considering projects and programmes in development.
- 4.4 The DHCW Accountable Officer (CEO) has formally delegated authority for delivery of DHCW hosted major programmes to the relevant Executive Lead. The Executive Lead will ensure relevant officer members attend the Committee and Programme Boards to provide updates and support successful delivery.
- 4.5 The DHCW Chair has confirmed the establishment of this Committee of the Board called the ‘Programmes Delivery Committee’, to provide assurance and scrutiny on delivery of major DHCW hosted programmes in an open and transparent manner. This proposal was approved at the SHA Board in September 2023 (see diagram under 4.6).
- 4.6 As part of the establishment of the new Committee, the DHCW Chair has taken the opportunity to review SHA Board Committee membership and has revised the membership to ensure a minimum of four Committee members (IMs) per Committee, as per below:

Digital Governance & Safety Committee	Audit and Assurance Committee	Remuneration and Terms of Service Committee	Programmes Delivery Committee
<ul style="list-style-type: none"> • Rowan Gardner (Chair) • David Selway (Vice Chair) • Marilyn Bryn Jones • Alistair Klass Neill 	<ul style="list-style-type: none"> • Marian Wyn Jones (Chair) • Alistair Klass Neill (Vice Chair) • Ruth Glazzard • Marilyn Bryn Jones 	<ul style="list-style-type: none"> • Simon Jones (Chair) • Ruth Glazzard (Vice Chair) • Marilyn Bryn Jones • Marian Wyn Jones • David Selway • Rowan Gardner • Alistair Klass Neill 	<ul style="list-style-type: none"> • Simon Jones (Chair) • Ruth Glazzard (Vice Chair) • David Selway • Rowan Gardner • Marian Wyn Jones



- 4.7 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 Quality Planning and Delivery (IQPD) Reviews
- 4.8 Welsh Government Officials have developed a phasing for the transfer of programmes to the new arrangements whilst all new programmes will adopt the new governance arrangements automatically. New programme governance arrangements, for all programmes will be fully in place by the end of March 2024.
- 4.9 There are a number of actions Welsh Government are taking forward working closely with DHCW to ensure clarity, these include:
- Confirming arrangements for transitioning from the SRO to Programme Chair
 - Confirming the timeline for transitioning to the new arrangements, but they have confirmed all programmes will transfer to the new arrangements by March 2024
 - Define the role of Programme Chair, Digital Policy Owner, Health Policy Owner
 - All new DHCW hosted programmes will operate under the new governance arrangements.
 - WG are establishing a Digital Portfolio Investment Board to oversee health and social care digital developments, the DHCW CEO will be a member of this group.

5 5KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 5.1 There is lack of clarity in terms of accountability for major DHCW hosted digital programmes. The new Governance arrangements will address this ambiguity but requires a number of actions and next steps to be progressed by DHCW and Welsh Government.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the DHCW revised governance arrangements.	

DIGITAL HEALTH AND CARE WALES

PROGRAMMES DELIVERY COMMITTEE TERMS OF REFERENCE

Agenda Item	2.2
-------------	-----

Name of Meeting	Programmes Delivery Committee
Date of Meeting	9 November 2023

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
<p>APPROVE the Programmes Delivery Committee Terms of Reference and DISCUSS the forward workplan.</p>	

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
--------------------------	--------------------

CORPORATE RISK (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>	Leadership
<u>DOMAIN OF QUALITY</u>	Effective
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	
<u>QUALITY AND SAFETY</u> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<u>LEGAL</u> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<u>FINANCIAL</u> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report.
<u>WORKFORCE</u> IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
<u>SOCIO ECONOMIC</u> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.

Section 2:

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	August 2023	Approved
Exec Team	September 2023	Discussed
Strategy SLT	September 2023	Discussed
Chris Darling, Board Secretary	September 2023	Approved
Management Board	September 2023	Endorsed
SHA Board	September 2023	Noted
Audit & Assurance Committee	October 2023	Noted

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
SO's	Standing Orders	SFI's	Standing Financial Instructions
WG	Welsh Government		

3 SITUATION/BACKGROUND

- 3.1 DHCW commissioned an independent review supported by Welsh Government, which has been carried out by Mr. Steve Combe MBE, an independent governance advisor, with significant experience of NHS governance. The review commenced on the 7 November 2022. The report was finalised in April 2023 and shared by the DHCW Chair with the Minister for Health and Social Care. In addition, the DHCW Chief Executive shared the report with the Chief Executive for NHS Wales / Director General for the Health and Social Services Group.
- 3.2 The implications from the report were considered via:
- DHCW Board Development Day on the 27 April 2023
 - Consideration at the DHCW Audit and Assurance Committee on the 3 July 2023
 - Liaison with Welsh Government via the DHCW Chief Executive.
- 3.3 The main recommendation from the report was to simplify governance arrangements to include streamlining lines of accountability, ensure greater clarity on roles and responsibility, allowing DHCW hosted programmes to operate in an open and transparent manner.
- 3.4 Since the publication of the report, DHCW have met with Welsh Government Officials and have agreed that financial and delivery accountability for all DHCW hosted programmes would transition to sit with the DHCW Accountable Officer – Chief Executive Officer.
- 3.5 The DHCW Chair, together with the CEO, have agreed to establish a sub-committee of the DHCW Board, the Programmes Delivery Committee, to provide assurance and scrutiny on delivery of major DHCW hosted programmes in an open and transparent manner. This proposal was approved by the SHA Board in September 2023.
- 3.6 Due to the new Programme Governance arrangements and to avoid duplication, the Digital Governance and Safety Committee terms of reference have been updated to remove the below reference:

The Committee will, in respect of its provision of advice and assurance:

Assure the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to discharge its responsibilities, with specific reference to;

- *Major national digital programmes and projects*

This was approved at the SHA Board meeting in September 2023.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 The [Programmes Delivery Committee Terms of Reference](#) have been drafted in collaboration with key leads within DHCW and are presented to the Committee for approval.
- 4.2 In addition, a [forward workplan](#) for the Committee has been developed, noting that an Annual Cycle of Business will be developed for 2024-25.

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 Programmes Delivery Committee Terms of Reference and DISCUSS the forward workplan.	

DIGITAL HEALTH AND CARE WALES PROGRAMMES OVERVIEW REPORT

Agenda Item	2.3
-------------	-----

Name of Meeting	Programmes Delivery Committee
Date of Meeting	9 November 2023

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
DISCUSS the Programmes Delivery Report update on status of key programmes managed by DHCW.	

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
--------------------------	--------------------

CORPORATE RISK (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
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	No, there are no specific research and innovation implications

Section 2: any box available in this section (4/4) use as appropriate where necessary.
Section 2:

IMPLICATION/IMPACT	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	19 Oct 2023	Approved

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

3 SITUATION/BACKGROUND

<p>3.1 The attached report provides an overall RAG status dashboard for key programmes and project in the DHCW portfolio together with individual assurance highlight reports for each.</p>

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 Scope of Report

The DHCW portfolio currently includes programmes of different sizes and complexity, some of which are defined as projects.

An assessment exercise looked at which programmes and projects would need enhanced oversight by the the DHCW Management Board and assurance via the Programmes Delivery Committee. A sizing/complexity tool was applied looking at finances, length of project, extent of stakeholders, contract complexity, technical complexity and dependencies.

Following the assessment and review by Executive Directors, it was recommended that the following programmes/projects in blue would be reported moving forward. Assurance highlight Reports have been provided in this pack for the blue programmes / projects only

Portfolio	Projects	Finance	Timescale	Risk	Stake-holders	Contract Complexity	Technical Complexity	Dependencies	Total
2.6	Digital Medicines Portfolio (DMTP)	6	6	6	6	6	6	6	42
1.1	National Data Resource (NDR)	6	6	6	6	6	6	6	42
3.2	Digital Services for Patients and the Public (DSPP)	6	6	6	6	6	6	6	42
2.5	Laboratory Information Management System (LIMS2.0)	6	6	6	6	6	6	4	40
2.5	Radiology Informatics System Procurement (RISP)	6	6	6	6	6	6	4	40
2.4	Welsh Intensive Care Information System (WICIS)	6	6	6	4	6	6	6	40
2.2	Welsh Community Care Information System (WCCIS)	6	6	4	6	6	6	4	38
3.1	Cancer informatics Programme (CIP)	4	6	6	6	2	6	6	36
2.3	National Digital Eye Care Programme (DECP)	4	4	6	4	6	6	6	36
2.3	Welsh Patient Administration WPAS (Disaggregation and migration)	6	4	6	4	2	6	6	34
2.3	Digital Maternity Cymru (DMC)	4	6	4	4	6	4	4	32
2.2	GP System Framework	6	2	2	4	6	4	2	26
3.1	Welsh Nursing Care Record (Paediatrics) (WNCR)	4	4	4	4	2	4	4	26
1.4	Data Centre Transition 2	4	2	4	4	4	4	4	26
3.1	Electronic Test Requesting (ETR)	2	2	2	6	0	6	6	24
2.3	Powys Cross Border	4	4	4	4	0	4	4	24
2.5	Welsh Laboratory Information Management Blood Transfusion (WLIMS BT)	2	6	2	2	4	2	2	20
2.2	Dental Referrals (phase 2)	2	4	2	4	2	2	2	18
3.1	Welsh Information System for Diabetes Management (WISDM)	2	0	2	4	0	6	2	16
3.1	Business Change Network								TBC
2.4	Welsh Emergency Department System (WEEDS)								0
2.5	Welsh Image Archive Service (WIAS)								0

Key
 Blue – Major Programmes / Enhanced Oversight
 Grey – Standard Programmes
 Dark Grey – Programmes that in are closure

4.2 Dashboard Summary

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

54% of major projects have a red or amber/red overall RAG status. There is variation in approach to RAG rating between programmes and we will be working with programmes to ensure a consistent approach before the next Committee meeting.

- The **Digital Service for Patients and the Public** shows an improvement in overall RAG moving up to amber/green. This reflects a confirmed plan to connect all GP practices in Wales, following technical validation and pilot evaluation in August and September.
- The **Eyecare** and **Cancer** programmes continue to report an overall RAG status of red.
- The **Welsh Community Care Information System, Radiology Information System Procurement, Welsh Intensive Care Information System, Laboratory Information System 2.0** (previously known as LINC) and the **Bridgend Transition and WPAS Disaggregation programmes** are reporting amber/red.
- The **National Digital Eye Care Programme** and **Bridgend / WPAS** programmes are reported here for the first time and do not have a previous period RAG rating.

From a portfolio perspective there are significant challenges in certain programmes, and across almost the whole portfolio for resources and timelines. This reflects the very challenging context in particular financial challenge and pressure on service delivery across DHCW and the wider NHS.

Alongside revised oversight and assurance arrangements for programmes, DHCW has established a central Digital Portfolio Management Office, which will work with programme teams to manage risks and resolve constraints, where possible. This work will focus initially on identifying common issues and interdependencies between programmes.

5 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 5.1 The RAG ratings for programmes are determined by Programme Boards. Some programme boards have been assessing their RAG status against their initial programme scope, budget, timetable, and resources. The effect of this is that Programmes which are delayed or which require increased budget or resources could be rated Red, and will continue to be rated Red even if they have reprofiled the Programme delivery plan and are delivering against the revised timetable, budget, etc.
- 5.2 The RAG rating therefore ceases to be an useful management tool. Through the DHCW Portfolio Management office we will work with programme leads and boards to review this approach, and to explore ways of showing a current rebaselined RAG rating while also noting departure from initial programme plan.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
<p>DISCUSS the Programmes Delivery Report update on status of key programmes managed by DHCW.</p>	



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Programmes Delivery Committee

9th November 2023.

Scope of Portfolio Oversight

SCOPE OF PORTFOLIO OVERSIGHT

- A sizing and complexity matrix was used to determine which programmes should be assured by the Committee.
- The criteria are set out below with example scoring.
- A threshold of 30 was used to decide which programmes would be assured by the committee, and which should be assured through regular governance arrangements.
- There are significant interdependencies between delivery programmes and live services, and these will be noted in commentary as required

Finance (DHCW costs over life of project)	Score	Timescale	Score	Risk	Score	Stakeholders	Score	Contract Complexity	Score	Technical Complexity	Score	Dependencies	Score
Up to £0.5m	2	< 1 year	2	Low risk	2	Internal to DHCW	2	No procurement or competitive quote (£5k-£25k excl VAT)	2	Basic complexity, minimal integration or data migration	2	Not dependant on any other projects	2
£500k - £5m	4	1-3 years	4	Medium risk	4	External to DHCW, impacting some organisations and predominantly one discipline	4	Competitive tender (£25k plus)	4	Moderate complexity, multiple integrations or data migration	4	Dependant on 1 or 2 other projects or services	4
Over £5m	6	>3 years	6	High risk	6	National and impacting multiple disciplines and significant business change	6	Large scale complex procurements	6	Significant complexity, substantial integrations, data migration or technology needing new skills	6	Dependant on more than 2 other projects or services	6

ASSESSMENT

Portfolio	Projects	Finance	Timescale	Risk	Stake-holders	Contract Complexity	Technical Complexity	Dependencies	Total
2.6	Digital Medicines Portfolio (DMTP)	6	6	6	6	6	6	6	42
1.1	National Data Resource (NDR)	6	6	6	6	6	6	6	42
3.2	Digital Services for Patients and the Public (DSPP)	6	6	6	6	6	6	6	42
2.5	Laboratory Information Management System (LIMS2.0)	6	6	6	6	6	6	4	40
2.5	Radiology Informatics System Procurement (RISP)	6	6	6	6	6	6	4	40
2.4	Welsh Intensive Care Information System (WICIS)	6	6	6	4	6	6	6	40
2.2	Welsh Community Care Information System (WCCIS)	6	6	4	6	6	6	4	38
3.1	Cancer informatics Programme (CIP)	4	6	6	6	2	6	6	36
2.3	National Digital Eye Care Programme (DECP)	4	4	6	4	6	6	6	36
2.3	Welsh Patient Administration WPAS (Disaggregation and migration)	6	4	6	4	2	6	6	34
2.3	Digital Maternity Cymru (DMC)	4	6	4	4	6	4	4	32
2.2	GP System Framework	6	2	2	4	6	4	2	26
3.1	Welsh Nursing Care Record (Paediatrics) (WNCR)	4	4	4	4	2	4	4	26
1.4	Data Centre Transition 2	4	2	4	4	4	4	4	26
3.1	Electronic Test Requesting (ETR)	2	2	2	6	0	6	6	24
2.3	Powys Cross Border	4	4	4	4	0	4	4	24
2.5	Welsh Laboratory Information Management Blood Transfusion (WLIMS BT)	2	6	2	2	4	2	2	20
2.2	Dental Referrals (phase 2)	2	4	2	4	2	2	2	18
3.1	Welsh Information System for Diabetes Management (WISDM)	2	0	2	4	0	6	2	16
3.1	Business Change Network								TBC
2.4	Welsh Emergency Department System (WEDS)								0
2.5	Welsh Image Archive Service (WIAS)								0

Key

Blue – programme assurance by the PD Committee.

Grey – programme assurance through general governance.





Dark Grey – programmes in closure phase.




Programmes Dashboard and RAG Status

Dashboard Summary

RAG ratings and assurance reports are confirmed by each Programme

The RAG rating is based on delivery confidence across three key areas – timeline, scope, resources.

RAGs		
	Red	Highly problematic - requires urgent/decisive action
	Amber/Red	Problematic - requires substantial attention, some aspects need urgent attention
	Amber/Green	Mixed - aspect(s) requires substantial attention, some good
	Green	Good - requires refinement and systematic implementation

	Getting better
	Staying the same
	Getting worse

54% of major projects have a red or amber/red overall RAG status. There is variation in approach to RAG rating between programmes and we will be working with programmes to ensure a consistent approach before the next Committee meeting.

- The Digital Service for Patients and the Public shows an improvement in overall RAG moving up to amber/green. This reflects a confirmed plan to connect all GP practices in Wales, following technical validation and pilot evaluation in August and September.
- The Eyecare and Cancer programmes continue to report an overall RAG status of red.
- The Welsh Community Care Information System, Radiology Information System Procurement, Welsh Intensive Care Information System, Laboratory Information System 2.0 (previously known as LINC) and the Bridgend Transition and WPAS Disaggregation programmes are reporting amber/red.
- The National Digital Eye Care Programme and Bridgend / WPAS programmes are reported here for the first time and do not have a previous period RAG rating.

From a portfolio perspective there are significant challenges in certain programmes, and across almost the whole portfolio for resources and timelines. This reflects the very challenging context in particular financial challenge and pressure on service delivery across DHCW and the wider NHS.

Alongside revised oversight and assurance arrangements for programmes, DHCW has established a central Digital Portfolio Management Office, which will work with programme teams to manage risks and resolve constraints, where possible. This work will focus initially on identifying common issues and interdependencies between programmes.

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS

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)	↔			

PORTFOLIO	PROJECT	OVERALL	TIMELINE	SCOPE	RESOURCES
2.5	Radiology Information System Procurement (RISP)	↔			
2.5	Laboratory Information System 2.0 (LIMS2.0)	↔			
2.6	Digital Medicines Transformation Portfolio (DMTP)	↔			
3.1	Cancer Informatics (CIP)	↔			
3.2	Digital Services for Patients and the Public (DSPP)	↑			

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. This 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 – the majority of which are green, Two are Green/Amber and three are Amber rated. Scope, resources and timescales are to be agreed for the care data repository work, so it is currently rated Amber. The two remaining Amber projects are local health board managed projects.	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.	Savings reductions have been requested by Welsh Government to support the overall NHS Wales financial position. Significant savings have been identified through recruitment efficiencies and reduction in consultancy. The savings plan will impact pace of delivery due to delayed core technical recruitment.

Progress Since Last Reporting Period | **Planned work for Next Reporting Period**

<p>The Data Platform project closure report has been completed following successful transition into a live environment.</p> <p>Application programming interfaces (APIs) are in beta production for a number of national services covering reference terminology, demographics and care records with early adopter work continuing.</p> <p>Design work is ongoing on the care data repository and positive engagement has kicked off around social care data maturity.</p> <p>The Communications and Engagement Strategy was ratified by Programme Board in Sept.</p>	<p>Recommendations on the Information Governance framework next steps will be going to the NDR Board and will consider embedding the framework using information governance software tools. Further work will continue on the care data repository technical assurance.</p> <p>Work will continue on a benefits realisation plan.</p> <p>The functional roadmap of National Data Resource products and service will be compiled and ratified.</p>
---	---

Key Risks and Issues | **Mitigation/Resolution**

<p>DCHW0322 - 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</p>	<p>FORWARD ACTIONS: Continue discussions with Welsh Government to agree funding position</p> <p>ACTIONS TO DATE: Funding letter confirmed for this financial year. Milestones to meet by 30th September that will support the position in Welsh Government confirming funding for 24/25 however there may be an impact should DPIP funding reduce during this financial year.</p>
--	---

Finances £000s | **Escalations to Programmes Delivery Committee**

NDR	Capital £K	Revenue £K	Total	Notes
Annual Budget	0	7,842	7,842	Notes -Budget challenge hand back of £700k to Welsh Government included in £7,062k forecast
Annual Forecast	0	7,062	7,062	
Spend to Date	0	2,450	2,450	

Dashboard

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. Partner and market engagement are running in tandem.	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.	The internal programme is adequately resourced for current operational activity.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
<ul style="list-style-type: none"> Held first round of regional workshops on Phase 2 to share recommendations and all associated plans and due diligence have been concluded Presented Phase 2 plans to a number of national forums: Executive Directors of Nursing, Directors of Therapies, Directors of Digital Procurement consultants have run internal workshops to understand requirements and to inform the definition of the approach for market engagement. Open market engagement agreed. This will take slightly longer than using specific framework but is necessary as no one framework has all the desired suppliers The next release of the software (v2.16) is now being tested 	<ul style="list-style-type: none"> Feedback on plans from the regions collated and used to shape implementation strategy Regional and partner follow ups scheduled to discuss more detailed elements of Phase 2. eg meetings with individual partners, risk workshops and user scenario workshops with partners Ongoing architectural workshops and scheduling of procurement workshop Procurement consultants to publish Prior Information Notice (PIN) and initiate market engagement, create procurement strategy, and support the production of Invitation to Tender (ITT) documentation Progress modelling of operational state Gateway Zero review will be undertaken Initial exit discussion with supplier

Key Risks and Issues	Mitigation/Resolution

Finances £000s				Escalations from Programmes Delivery Committee
WCCIS	Capital £K	Revenue £K	Total	
Annual Budget	0	3,771	3,771	Notes Variation letter to be submitted for £524k additional budget
Annual Forecast	0	4,295	4,295	
Spend to Date	0	2,570	2,570	

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 due to development of Outline Business Case to confirm HB/Trust commitment and resource requirements. Now likely Q1 24/25.	Programme scope has been defined at a high-level during discovery work, detailed definition is completed, with sign off planned for Nov 2023	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 with will determine resource requirements in more detail.

Progress Since Last Reporting Period

- Completed 2 sprints on clinical standards discovery project, completion due end of Oc 2023.
- Show and tell exercise for pre and post appointment service design work held on 20 Sept.
- Ongoing revision of the Statement of Requirements, based on feedback from Clinical Assurance Group and Technical Assurance Groups (CAG and TAG).
- Assurance group set up complete. 1st meetings held Sept 2023, ongoing monthly schedule in place.
- Completed pre-procurement engagement with Maternity system suppliers to shape planning.
- Completed Outline Business Case (OBC) gap analysis exercise to inform overall OBC completion.
- Review of high-level technical product design with Technical Design Authority 26 Sept 2023.
- Site visits to Portsmouth, Southampton, Liverpool Womens' and Chelsea and Westminster hospitals to gather learning.

Planned work for Next Reporting Period

- Development of OBC with health board colleagues, including understanding local resource requirements and scrutiny and governance sign off requirements.
- Development of procurement documentation in readiness for start of formal procurement (Q1 24/25).
- Completion of the clinical standards discovery project, instigation of learning to develop longer term planning for Nov DMC Programme Board.
- Review of suggested Statement of Requirement changes with Clinical and Technical Assurance Groups. Finalise a further draft to be circulated for approval by Programme Board in Q4 23/24.
- Visits to Shrewsbury and Telford and Wye Valley trusts to gather more learning and insight.
- Redevelop the programme delivery plan for Feasibility and Definition phases.
- Key milestones coming up: Programme plan developed Completion (Q3 23/24).

Key Risks and Issues

None

Mitigation/Resolution

Finances £000s

Digital Maternity	Capital £K	Revenue £K	Total
Annual Budget	240	1,891	2,131
Annual Forecast		1,691	1,691
Spend to Date		427	427

Notes -Budget challenge hand back of £200k included in forecast £1,691k. Change note to handback £240K capital to be submitted.

Escalations from Programmes Delivery Committee

The objectives of this 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, 0365, Electronic referrals for Optometrists and an EPR for Ophthalmology services

Overall RAG	Timelines	Scope	Resources
Programme plan needs further rebaselining due to uncertainty around major dependencies; migration of the system to DHCW, resource capacity and availability of commercial and financial information. Change control submitted to Welsh Government to delay milestone until end Nov 2023	Original timeline will need to be reviewed once level of funding can be confirmed.	Scope confirmed with WG Policy Leads as two priorities – i) Office 365/National Health Service (NHS) email, ii) Electronic referral system iii) Electronic Patient Record	A lack of funding and resources is a major issue and risk to programme delivery.

Progress Since Last Reporting Period

- Draft Programme plan presented to the programme board and shared with WG
- First Draft of Resource and financial plans created
- Agreement reached for secondment of Transition and Technical Migration Project Lead from Cardiff and Vale UHB, to commence Oct for 3 months
- Change Request for Milestone 1 extension submitted to WG

Planned work for Next Reporting Period

- Milestone 1 (Submit a re-baselined programme plan together with a resource and finance plan to WG by 30 Sept 2023). deadline under review by WG, decision due (NB: approval received to extend to 30 Nov)
- Finalise resource and financial plan
- Push forward outstanding transition activities to conclusion
- Ongoing work to develop draft Strategic platform migration project plan
- Continue to identify and obtain relevant technical information from Cardiff and Vale UHB
- Investigate Commercial options for the Supplier to provide cloud hosting and Software as a Service (SaaS)
- Further work on refining the programme plan
- Commercial report on novation
- Further work to understand commercial implications of supplier hosted and supported solution

Key Risks and Issues

Mitigation/Resolution

Finances £000s

Eyecare	Capital £K	Revenue £K	Total
Annual Budget		£ under review by Welsh Government	
Annual Forecast		£ under review by Welsh Government	
Spend to Date		£ plans in transition - under review by WG	

Escalations to Programmes Delivery Committee

None

Bridgend Transition (Including Welsh Patient Administration System Disaggregation)

Owner : David Sheard

Assurance
Highlight Report

Qtr. 2
Sept
2023

The objective of this programme/project 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	Scope	Resources
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. 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. Further resource required to manage as a programme and not a project.

Progress Since Last 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
- First data migration (DM) event (DM1) complete, DM1b 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

Planned work for Next Reporting Period

- CTM and SB to sign off data migration scope document
- Finalise data migration strategy document and share with impacted systems/services
- Complete migration events DM1b/DM2 and plan for DM3
- 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 submit requirements 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

WPAS	Capital £K	Revenue £K	Total
Annual Budget	264	2,447	2,711
Annual Forecast	264	2,438	2,702
Spend to Date		1,214	1,214

Escalations to Programmes Delivery Committee

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
There has been a delay to the original timeline for go live, first implementation at Aneurin Bevan UHB, and programme completion due to requirement changes needing further development for laboratory results integration and the drug therapy module.	As the original implementation was delayed from Jan 2023, a new go live has been agreed for Nov 2023 following board approval. The expected completion date for all critical care sites is Jun 2025, originally expected to have been Jun 2024.	To implement a multi-year roll-out across six Health Boards and 13 Intensive Care Units supporting local configuration, integration with other National Health Service (NHS) Wales systems, training and the go-live of the National WICIS system at each site.	Due to an extension to the project, staff are required to support the rollout for an additional 12 months as well as funding for local project staff within each Health Board.

Progress Since Last Reporting Period

- Validation testing continuing as planned
- Discussions relating to NHS Wales data centre transition: preparation and risks/mitigations
- Preparation for disaster recovery and security penetration testing planned for October
- Plans for hand-over to operational support team
- Project and integration presented to Welsh Informatics Assurance Group (WIAG)
- Discussions and development relating to data outputs and reporting workstream including Subject Access Request (SAR) functionality

Planned work for Next Reporting Period

- Completion of validation testing
- Completion and acceptance of clinical safety case and hazard log
- Completion of Ways of Working documentation and service management plans
- Roadmap of future system integrations and development plan
- Welsh Informatics Assurance Group (WIAG) sign-off
- Programme board Go/No-Go approval

Key milestones coming up:

- Completion of validation testing - Oct 2023

Key Risks and Issues

DHCW0324 - Availability of resources - If additional funding is not available following the delay of going live as planned, requiring an extension to the project timeline, the application may not be available on an all-Wales basis, with some project staff unable to continue supporting the implementation across Wales resulting in digital Intensive Care Unit (ICU) systems and services not being available to some users as planned.

Mitigation/Resolution

Funding needs to be made available until Jun 2025: Escalation within Welsh Government through the Programme and the Senior Responsible Officer. Further options are being considered to address the additional costs.

Finances £000s

WICIS	Capital £K	Revenue £K	Total
Annual Budget	4,707	562	5,269
Annual Forecast	4,707	562	5,269
Spend to Date		154	154

Escalations to Programmes Delivery Committee

The objective of this programme/project is 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. (Health Board contracts have varying terms, DHCW currently provide the RIS).

Overall RAG	Timelines	Scope	Resources
Original timelines will not be met. Revised timelines have been agreed resulting in the programme extending by 1 year awaiting revised plan to be baselined.	Revised timelines have been agreed with Health Boards and the supplier. The Health Boards are in the process of signing their local deployment orders with the supplier	Programme scope remains the same as set out in the Full Business Case. The standardisation project will be taken forward by a newly created clinical strategy group.	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
--------------------------------------	--

<ul style="list-style-type: none"> Central Deployment Order and Master Services Agreement has been signed. Public Health Wales, Velindre, Powys, Cwm Taf Morgannwg, National Imaging Academy Wales and Betsi Cadwaladr have signed their Local Deployment Orders. Ongoing discussions between supplier and technical leads regarding integration and data migration plans. Purchase Order for the All-Wales License has been issued. 	<ul style="list-style-type: none"> Continue with planned data migration work. Agree integration design. Issue funding letters to organisations. All organisations to sign local deployment orders and begin ordering infrastructure upgrades. Update 10-year financial plans, aligned to new implementation dates. <p>Key milestones coming up:</p> <ul style="list-style-type: none"> Local Deployment orders signed.
--	--

Key Risks and Issues	Mitigation/Resolution
----------------------	-----------------------

DHCW0301	Business and Organisational	
----------	-----------------------------	--

Finances £000s	Escalations from Programmes Delivery Committee
----------------	--

RISP	Capital £K	Revenue £K	Total
Annual Budget	2,136	954	3,090
Annual Forecast	2,136	954	3,090
Spend to Date	72	305	377

Notes - Capital budget£2,136K includes £1,353k for Health Boards. Revenue funding £954k includes £447k from Health Boards.

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
RAG status will be upgraded when Detailed Implementation Plan baselined, and 1st contractual milestone (Initial Solution) met (Planned Oct 2023).	Contractual milestones based on the contingency plan are condensed and extremely challenging. Detailed Implementation Plan received from Contractor at end of Sept 2023.	Due to the condensed timelines the contract extension does not cover all the elements detailed in the original procurement.	Due to the condensed timelines additional resources will be required across NHS Wales to deliver to the timelines, 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

- Continued work on documenting future state workflows (circa. 50% complete)
- Blood Transfusion (BT) Standardisation leads/LIMS 2.0 site visit to Gloucester Royal Hospital (live with system for 2 years / live with BT and Blood track for 3 months)
- Base build partially complete (initial sandpit with NHS Wales data / prototype workflows have been built/demonstrated).

- Complete / handover all future state workflows to supplier by end Oct 23
- Finalise Base build (with VPN connection) to achieve Milestone 2
- Complete build of all environments in Contractor's Private Cloud with TCLE standard product installed and accessible to NHS Wales (Milestone #1 – Initial Solution)
- Stand-up test lab (2 x desks) within DHCW Castlebridge office (2 x fixed PCs with zebra printer, scanner & laser printer) with access to Sandpit environment

Key milestones coming up:

- Initial solution on track for delivery end of October this includes:
 - Data centre Environments built and usable
 - TCLE standard product installed
 - TCLE solution software accessible by NHS Wales

Key Risks and Issues

DHCW0301 Business and Organisational

Mitigation/Resolution

Finances £000s

LINC	Capital £K	Revenue £K	Total
Annual Budget	7,705	1,818	9,523
Annual Forecast	7,338	1,723	9,061
Spend to Date	753	882	1,635

Notes Revenue budget of £1,818 includes £899k from Health Boards

Escalations from Programmes Delivery Committee

- None

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 (Green/Amber)	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.	61/66 (94%) of required roles in post within the DMTP. 3 further roles (64/66) in process. £767K released back to WG this month.

Progress Since Last Reporting Period

Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme

- Health Boards and VUNHST making good progress with the procurement of their ePMA systems.
- A Change Control Notice issued to the All-Wales Pharmacy stock control system supplier to undertake "post room" developments to allow closed-loop dispensing (interoperability) with ePMAs.
- 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. Testing with ePMA suppliers being planned.

Primary Care Electronic Prescription Service (EPS) Programme

- First test of the EPS service with patients planned for November, between one GP and one community pharmacy in Rhyl.
- Community Pharmacy System Innovation Fund (CPSIF), managed for us by Life Sciences Hub Wales to incentivise innovation in digital pharmacy systems. Three further grant awards to Patient Medication Record (PMR) system suppliers made in tranche 2 (5 in total).

Patient Access (PA) Project

- "Nominate community pharmacy" and "prescription ready push notification" features funded and included in work package (WP) 9 (Sept-Dec) for Digital Services for Patients and Public (DSPP) programme. Search application programming interfaces developments by NHS England mean completion of pharmacy nomination expected in WP10 (by Mar 2024). Additional capital grant awarded from Digital Priorities Investment Fund (DPIF) obtained for this work to be commissioned.

Shared Medicines Record (SMR) Project

- Collaboration with the National Data Resource (NDR) team is required and has been strengthened. Timelines agreed for delivering the SMR platform within the NDR in Mar 2024.
- Two NDR delivery milestones missed. Mitigation being agreed.
- A key milestone for the first stage of the SMR (federated GP prescribing data) has been achieved.
- Project team engaging the ePMA suppliers about the requirements for interoperable messaging with the SMR, so that it is tested for ePMA implementation in each organisation.

Planned work for Next Reporting Period

Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme

- Support remaining Health Boards/Trusts to publish their Invitation To Tender (ITT) and award ePMA contracts to suppliers.

Primary Care Electronic Prescription Service (EPS) Programme

- First paperless GP prescription sent using EPS to a community pharmacy and dispensed for a patient.
- First EPS dispensed prescription reimbursed electronically by NHS Wales Shared Services Partnership (NWSSP)
- Tranche 3 awards for community pharmacy system innovation fund.

Patient Access (PA) Project

- "Prescription ready" message development in the NHS Wales app due to complete in December.

Key Risks and Issues

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 supplier.

Mitigation/Resolution

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.

Finances £000s

DMTP	Capital £K	Revenue £K	Total	Notes
Annual Budget	273	6,988	7,261	Notes – Budget challenge hand back of forecast underspend of £433k to Welsh Government. Additional £334k will handed back via DMTP portfolio via Health Boards
Annual Forecast		6,555	6,555	
Spend to Date		2,894	2,894	

Escalations from Programmes Delivery Committee

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
All workstreams within Programme are reporting either Amber or Red. Cancer Phase 2 prioritised items require refinement, current scope and high-level estimation would require funding for an additional 2.5 years.	Timeline being determined by the current Digital Priorities Investment Fund allocation. Plan in development to address outstanding requirements.	Phase 2 prioritised items require refinement, current scope would require funding for an additional 2.5 years.	Scope of prioritised items not feasible with size of teams within current F/Y. Risks re future phase funding and service level agreements.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
--------------------------------------	--

- | | |
|--|---|
| <ul style="list-style-type: none"> Data and Reporting – Work ongoing on reporting design and interface scoping. Determining the required Health Board resource and effort to implement new Chemotherapy and Radiotherapy treatment interfaces to the National Clinical Data Engine for Betsi Cadwaladr and Cardiff and Vale, currently at risk. Swansea Bay have completed their readiness for the Chemotherapy and Radiotherapy treatment interfaces ahead of implementation and testing. A Data and Reporting Sub-Group has been established with stakeholders across health boards and trusts. Development. Phase 2 requirements backlog, and enhancements design ongoing. Outpatient improvements development completed. Screening and Colposcopy – Technical design decisions progressing including using the Google Cloud Platform for images. Palliative Care – Risk around user acceptance dependencies closed. New deployment risk raised - lack of staff across all organisations to support testing. Specialist Palliative Care form demoed in Sept and deployed; Testing will start next month. Work ongoing on Welsh Clinical Work List Manager feature. Working with Health Boards re patient administration test data. Multi-disciplinary teams (MDT) module user acceptance testing commenced. Good progress on developing training videos. Work commencing on service support requirements. | <ul style="list-style-type: none"> Data and reporting - Meet with stakeholders about treatment interface considerations. Progress the Swansea Bay Chemotherapy and Radiotherapy Interfaces. Continue with Canisc Report replacement. Development. Further user stories to be completed for MDT module. Assist Health Boards in go live planning of the remaining tumour sites. User engagement for some form re-design. Estimates for Phase 2 requirement backlog. Release outpatient functionality improvements for user acceptance testing. Screening and Colposcopy – Continue to work with the Google Cloud Platform for the image storage. Progress the other aspects of end-to-end design. Palliative Care – Deploy remaining features and further user acceptance testing across all health boards. Planning activities with relevant stakeholders. Ongoing research and discussion with Cardiff and Vale IT to understand the best option for supporting their hosted hospices. <p>Key milestones coming up:</p> <ul style="list-style-type: none"> Palliative Care Build Complete (to be reforecast) Screening and Colposcopy Definition Complete (to be reforecast) |
|--|---|

Key Risks and Issues	Mitigation/Resolution
----------------------	-----------------------

DHCW 0300	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.	User Acceptance Testing to continue for Specialist Palliative Care E Form, Palliative Care MDT and Patient Preferences features. Continue development of the remaining feature i.e., Welsh Clinical Work List Manager feature. Implement across Wales. Progress End to End design for Screening Services image acquisition from 3rd party.
-----------	--	--

Finances £000s	Escalations from Programmes Delivery Committee
----------------	--

Cancer	Capital £K	Revenue £K	Total
Annual Budget	0	1,977	1,977
Annual Forecast	0	1,977	1,977
Spend to Date	0	1,012	1,012

Dashboard

The Digital Services for Patients and Public Programme will deliver digital access to health and care services for people in Wales helping them to better manage their own health and well-being and improve how services are delivered. The programme’s initial focus is to develop and launch a gateway application (App) and website. There are several phases including private beta testing, a public beta soft launch then a full live release. The programme is currently in the public beta phase.

Overall RAG	Timelines	Scope	Resources
Technical validation and evaluation complete for GP practice connection and implementation plan agreed. Uncertainty on funding for additional enhanced features from 2024. Transition to live service plans yet to be finalised.	Launch of the Public Communications Campaign is dependent on development of improved user verification capability for Wales (expected Q4 23/24). Implementation plan agreed for GP Practices that use the recently tested system. Swansea Bay Patient Portal integration (1 st integration) planned for Q3 23/24)	Delivery Work Package 9 commissioned, including revised delivery plan for Swansea Bay Patient Portal integration and Wellbeing Journal/ Health Timeline.	Limited funding for new discovery/development activities to support service transformation. Transition and future service funding to be confirmed. Programme vacancies under review; mitigations in place via consultancy.

Progress Since Last Reporting Period

- ‘Public Beta’ (soft launch) early adopter / live testing phase complete for second GP system supplier. Recommendation prepared to commence rapid deployment plan (from Oct 2023).
- Delivery Partner Work package 8 completed, including GP system integration with NHS Wales App and development of features to support milestones for User Research activities.
- Delivery partner contract Work package 9 signed (for period Sept-Dec 2023). Delivery will include operational support and deployment of new features (such as Health Timeline and Wellbeing Journal)
- Benefits Framework presented to Programme Board

Planned work for Next Reporting Period

- Commence deployment plan for GP Practices to enable patient view of GP record in NHS Wales App (and appointment booking / repeat prescription ordering if enabled by the practice)
 - Testing and deployment of access to the Swansea Bay Patient Portal from the NHS Wales App
 - Deployment of new features in the NHS Wales App including a Wellbeing Journal and Health Timeline.
 - Benefits workshops to support business case and prioritisation of potential new development
 - Finalise and submit business case for funding for the continued running and development of the NHS Wales App
- Key milestones coming up:
- Set Up User Research Panels
 - Work Package 9 build complete

Key Risks and Issues

DHCW0323 - Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services

Mitigation/Resolution

- DPIF funding available to run the DSPP programme and the NHS Wales App to March 2025. Risk of funding owned by DHCW Execs and being discussed with WG and picked up in the transition planning activities. Funding case to be prepared for submission in October 2023.

Finances £000s

DSPP	Capital £K	Revenue £K	Total
Annual Budget	980	6,357	7,337
Annual Forecast	980	2,438	3,418
Spend to Date	672	2,367	3,039

Escalations to the Programmes Delivery Committee

DIGITAL HEALTH AND CARE WALES CORPORATE RISK REGISTER

Agenda Item	2.4
-------------	-----

Name of Meeting	Programmes Delivery Committee
Date of Meeting	9 November 2023

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
<p>NOTE the status of the Corporate Risk Register. DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee.</p>	

Section 1: NB this section must be completed prior to submission

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
--------------------------	--

CORPORATE RISK (ref if appropriate)	All are relevant to the report
--	--------------------------------

<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
Choose an item.	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	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.

Section 2:

	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	03/10/2023	Reviewed
Management Board	19/10/2023	Reviewed

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 [DHCW's risk appetite and associated information](#) shows DHCW has an open risk appetite for Development of Services. The risk appetite for other domains relevant to the Committee are included within the associated information.
- 3.3 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.

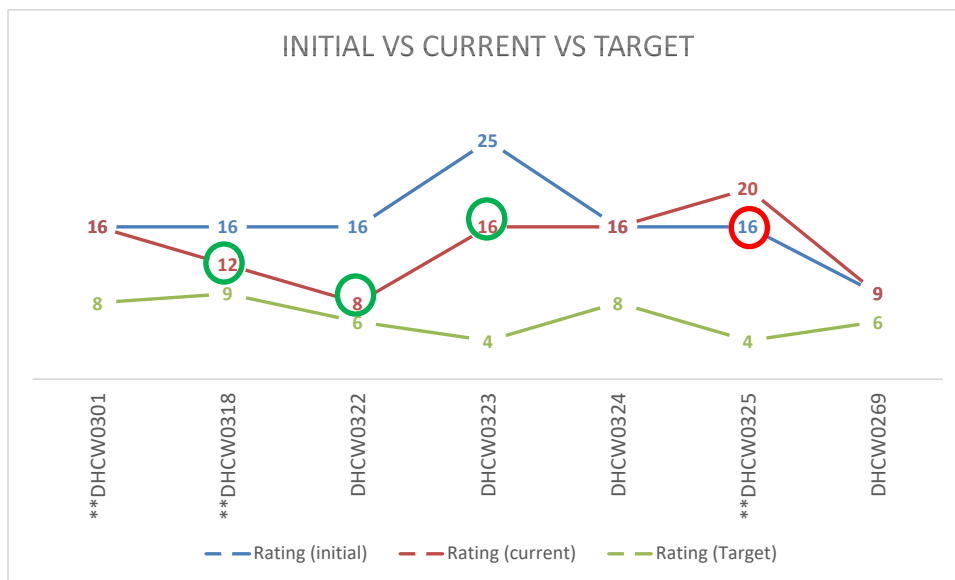
4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 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)’.
- 4.2 There are wider considerations regarding organisational factors which include, sector, stakeholder, and system factors, as well as National and International environmental factors.
- 4.3 In terms of DHCW’s Corporate Risk Register, there are currently 26 risks on the Corporate Risk Register, of which 7 are for the consideration of this Committee. The Risk register presents the full public register with the green highlighted ID numbers representing the 4 public risks assigned to this Committee at 2.4i Appendix A with the other 3 classified as private due to their sensitivity which were considered in the Private session of the Digital Governance & Safety Committee on 2 November 2023, future private risks will be taken in the private session of the Programmes Delivery Committee.
- 4.4 Future reports to the Committee will record trending updates of new risks, risk removed and changes in scoring for the whole risk register and the Committee will be asked to discuss new risks assigned to it.
- 4.5 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 3 Significant and 4 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.
- 4.6 Four of the Sixteen critical risks currently on the Corporate Risk Register are assigned to the Programmes Delivery Committee.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)				**DHCW0315 ← **DHCW0277 ↑ **DHCW0278 ↑ **DHCW0279 ↑ **DHCW0281 ↑ **DHCW0282 ↑ **DHCW0317 ↑	
	MAJOR (4)		DHCW0322 – NDR Phase 3 funding ←	DHCW0263: DHCW Functions ← DHCW0296 – Allergies/Adverse Reactions – Single Source ← DHCW0308 – Sustainable funding for NIAs ← DHCW0320 – Citizen and stakeholder trust in use of HSC data ←	DHCW0259: Staff Vacancies ← DHCW0292 – Insufficient human resource capacity ← DHCW0300 – Canisc (Screening and Palliative Care) ← **DHCW0301 ← DHCW0316 – Technical Debt Accumulation ← DHCW0324 – Availability of resources to support the WICIS Programme ← **DHCW0325 ← DHCW0323 - Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services ↑ DHCW0329 – Choose Pharmacy – DHCW maintaining funding gap ★	
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse ←	DHCW0237: New requirements impact on resources and plan ← DHCW0321 – Sustainable funding for WASPI ← DHCW0313 – Digital Cost Pressure – Service Model Changes ← **DHCW0318 ↓	
	MINOR (2)					
	NEGLECTIBLE (1)					

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

4.7 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 initial report and the risk profile during the reporting period as a result of the changes to the Committee assignment.

6 RECOMMENDATION

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

2.4i 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
----------	-------------	----------	-----

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0259	Business & Organisational	<p>Staff Vacancies</p> <p>IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.</p>	11/02/2020	04/10/2023	12 (3x4)	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: DHCW will be developing new contractual vehicle/s commencing from April 2023 which will support procurement of specialist resource from external providers; either where the recruitment process has not secured the resources required or that highly skilled resource can be better sourced for short periods in line with streams that a determination that the procurement approach is more optimal in order to quickly and effectively secure time critical delivery of key projects</p> <p>ACTIONS TO DATE: 04/10/2023 Discussion at Risk Management Group around the focus and wording of this risk, action to progress discussions with Director of POD 17/08/23 There are a number of key strands of work and commitments this is being led by SRG which represents all the organisation and has senior representatives from programmes and Directorates across all DHCW. Each Directorate has detailed recruitment plans and these have been revised in line with financial challenge work - work with Finance BPs/POD BPs is concentrated and ongoing. Actions include: weekly review of recruitment plans, monthly SRG deep dive reviews, new outlets for advertising and sourcing interim workers, working with colleges and universities to support grads etc/new appointees into DHCW and working with Directorates to</p>	16 (4X4)	6 (2X3)	Director of People	Non Mover	Audit & Assurance / Local Partnership Forum	Service Delivery	Mission 5

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						<p>convert some roles to grad roles etc but do need some resource support centrally in POD to fully support management of this moving forward - which as SRG suggested could be supported by under spend. We have also carried out strategic workforce planning to better plan and execute actions at the right time in the right way and also look at areas scaling down to deploy and retrain our current workforce to move to new roles and have the training to support them. All in progress.</p> <p>03/07/23 There are a significant number of vacancies and the recruitment team are managing a high volume of activity. There is a need to increase the volume of appointments and the Recruitment Team will be planning for a number of Recruitment events in September to help expedite the ability to appoint the right people at the right time.</p> <p>The P&OD Business Partners and working with the Finance Business Partners to ensure we encourage Appointing Managers to start the recruitment process as soon as possible and before the end of Period 2 in most cases given the time it takes to recruit and on board. This will be closely monitored by the Resource Tracker a tool created by Finance and used jointly with P&OD.</p> <p>26/50/2023 - Initial WFOD planning exercise complete and currently aligning the WFO and Finance forecasts by the end of June which should give focus and timings for key areas. Tracker is now up and running which is accessible by WFO and Finance to ensure we have an up to date view on resource and recruitment.</p> <p>03/05/2023 Recruitment Plan for the year is being finalised following the workforce planning exercise which will allow us to focus effort in timely manner. Also planning carrying out Careers Fairs aligned to last years successes. No foreseen issues with the ability to achieve the plan</p>							
DHCW0292	Service Interruption	High concentration of unfunded posts in infrastructure teams IF DHCW are unable to secure revenue funding to support major infrastructure	01/04/2022	29/09/2023	16 (4x4)	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Develop workforce plan for the resources required for major Infrastructure maintenance work such as those identified.</p>	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non Mover	Digital Governance & Safety	Financial	Mission 1

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		<p>developments identified in the IMTP and 1-year business plans, THEN there will be a delay to these activities RESULTING IN increased costs and/or system failures.</p> <p>Examples include: * Data Centre 2 Project * Migration of systems from legacy virtual server platform * WPAS Hardware Replacement * Legacy Operating System Replacements</p>				<p>ACTIONS TO DATE:</p> <p>29/09/2023 CLJ. Updated title following Operations directorate SLT review 18/09/2023 CLJ. Latest indications are that Data Centre 2 project will now NOT be funded by DPIF/WG funding. Therefore no change to score. 04/09/2023 Discussions are ongoing within the Operations Directorate around resources, awaiting the approval and sign off of the Data Centre 2 Business Case 13/07/2023 CLJ - No change. Indications are that we will get Time Limited Funding from WG for the data centre migration, which will enable DHCW to procure some short term resources to assist with that specific project. 30/05/2023 CLJ - Work is underway across the Operations Directorate to address the unfunded positions. Risk level unchanged at the moment 05/05/2023 CLJ - Work is underway across the Operations Directorate to address the unfunded positions. Risk level unchanged at the moment 04/04/2023 CLJ - Updated risk description to reflect the change in focus of the risk as a result of the new financial year.</p>							
DHCW0300	Service Interruption	<p>Canisc (Screening and Palliative Care)</p> <p>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.</p>	07/12/2022	04/10/2023	16 (4x4)	<p>AIM - Reduce Likelihood and Impact by developing four new features; Palliative Care MDT, Patient Preferences, Caseload Management and Specialist Palliative Care Eform</p> <p>FORWARD ACTIONS User Acceptance Testing to continue for Palliative Care MDT and Patient Preferences features. Continue development of remaining features i.e. Caseload Management and Specialist Palliative Care Eform. Implement across Wales.</p> <p>ACTIONS TO DATE 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. 06/09/2023 Palliative Care development expected completion is end of Qtr 2 (Sep 2023). No further slippage on development is expected. Patient Preference is almost fully UAT compliant, Palliative Care MDT to begin shortly.</p>	16 (4x4)	6 (4x2)	Executive Medical Director	Non Mover	Digital Governance & Safety	Service Delivery	Mission 3

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						<p>06/07/23 Development on going for Caseload Management and Specialist Palliative Care Eform. UAT has commenced on Palliative Care MDT and Patient Preferences. New risk raised by Clinical Lead delays during UAT of the Patient Preferences e-form. Data set-up took a number of months during which clinicians were unable to test effectively. When testing has been possible bugs have been identified but it has taken a number of weeks for these bugs to be resolved. For both Patient Preferences form and other Specialist Pall Care workstream products, the implications of working at this pace would prohibit us from having all products ready for live delivery by end of March 2024.</p> <p>22/03/2023 Patient Preferences and Pall Care MDT have been released for UAT, however slippage on original timelines have changed proposed dates for remaining deliverables as below Proposed dates for User Acceptance Testing are: September 23 for Specialist Pall Care form September 23 for Caseload Management 30/01/23 Development has continued on solutions to replace Canisc functionality in the WCP team. Proposed dates for User Acceptance Testing are: 27 Feb 23 for Patient Preferences and Pall Care MDT 16 June 23 for Specialist Pall Care form 30 June 23 for Caseload Management 15/12/2222 - CLJ. Changed risk type to "Service Interruption". Not a cyber security risk</p>							
DHCW0316	Finance	<p>Technical Debt Accumulation</p> <p>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.</p>	19/04/2023	18/09/2023	16 (4x4)	<p>AIM: Reduce Likelihood</p> <p>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</p> <p>ACTIONS TO DATE: 18/09/2023. CLJ. First TDA meeting organised for end October. DevSecOps maturity engagement started. Expected to take 6 weeks. Cloud migration option workshops have been organised. Third party architect engaged to support this. Initial Economic Assessment (Microsoft Azure) nearing completion.</p>	16 (4x4)	8 (4x2)	Executive Director of Digital Operations	Non Mover	Digital Governance & Safety Committee	Financial	Mission 2

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						<p>03/08/2023. Procurement of DevOps maturity assessment completed. DORA metrics development well under way. Initial findings have been presented.</p> <p>26/07/2023. Initial Technical Architecture benchmarking exercise complete.</p> <p>13/07/2023 - Funding has been secured to use 3rd parties to assist with multiple workstreams which will lay the foundations for the transition to a product centric operations model and target architecture. Procurement is currently underway.</p> <p>1. Secured third parties to assist with the Software engineering maturity assessment.</p> <p>2. Target Operating model Design</p> <p>3. WPAS Cloud blueprint development</p> <p>A Consultation is underway for the Operational Directorate restructure which creates additional portfolios with specific focus on Digital Delivery, Dev Ops, Digital Architecture, Cyber Security and Enterprise Service Management.</p> <p>The collection of DORA metrics work is underway with existing software teams which will provide performance metrics relating to our software engineering capabilities benchmarked against external industry standards. Expect this to be presented in the IOPR in August/September 2023.</p> <p>31/05/2023 - Migration actions updated. Initial discovery work on Cloud business case is underway.</p>							
DHCW0329	Finance	<p>Choose Pharmacy - DHCW maintaining funding gap</p> <p>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 cover the additional costs of £515pa for the provisions of the service, which is the</p>	07/02/2023	25/09/2023	16 (4x4)	<p>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.</p> <p>Infrastructure costs are to be taken into consideration, HOWEVER, they will very much depend on DHCWs attitude towards infrastructure costing moving forward.</p> <p>FORWARD ACTIONS: Escalate the issues to DHCW executives for discussion and agreement on an appropriate level and source of funding.</p>	16 (4x4)	6 (2x3)	Director of Primary, Community & Mental Health Digital Services	New Risk	Digital Governance & Safety Committee	Financial	Mission 2

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		current shortfall between Welsh Government annual funding (£415k) and the costs associated with the Choose Pharmacy service (£930k) RESULTING IN DHCW baring a significant cost pressure of £515k pa for the provisions of the Choose Pharmacy service.				ACTIONS TO DATE: 04/10/23 Accepted onto the Corporate register and transferred to PCMT Directorate 05.06.23 MPJ: Meeting with Sam Lloyd and Sam Hall (directors) on Thursday 08.06.23 to discuss transition of Choose to Primary, community care and mental Health directorate and will raise the issue of lack of funding as a priority for the product. 16.05.23 MPJ: Paper raised for review of Choose infrastructure (awaiting sign off from Sam Lloyd). Still no progress on how the finances are going to be progressed for the Choose Service. Will escalate with Sam L. 17.02.23 MPJ: Discussed at ADS directorate management team meeting and agreed to escalate to corporate level. 16.02.23 MPJ: Escalated to directorate level following discussions with Stuart. 11.01.23 MPJ: An SBAR is to go to directors on 01.02.23 asking for a future funding stream to be established as part of a wider review of the Choose service. 04.10.22: A letter of on-going concerns was sent to Jenny Pugh Jones Chair of the Community Pharmacy Digital Applications Board and Rhianne Edwards Project manager from the Jason Carroll, chair of the National Extended Service Management Board and Judy Thomas Director of Contractor Services, Community Pharmacy Wales. The letter expressed several concerns around the Choose Pharmacy application (copy attached)							
DHCW0324	Finance	Availability of Resources to Support the WICIS Programme IF there is no additional funding to support required changes to the WICIS programme plan and contract THEN there is a risk of delays to implementation and dispute with the supplier RESULTING IN digital ICU systems and services not being available to users as planned	18/01/2023	26/09/2023	16 (4x4)	AIM: Reduce FORWARD ACTION: Continued escalation to SRO and impact assessment paper (authored in collaboration with NHS Executive) to be submitted to WG describing potential delivery scope change as consequence to funding deficiency. ACTION TO DATE: 26/09/23: Hosting costs from each HB will be payable from April 2024 - HBs have been advised of this in a letter to Chief Execs in September. In addition, NHS executive have agreed to fund the nurse lead in DHCW on WICIS and DHCW have advised NSD to appoint a band 4 23/08/23: Revenue funding costs calculated from April 23, due to be shared with HB Chief Executives. Revised implementation plan with HDD UHB go lives moving into Q1 & Q2 of 2025/26. 04/08/23: Capital shortfall paper agreed with SRO and	16 (4x4)	8 (4x2)	Executive Director of Strategy	Non Mover	Programmes Delivery	Financial	Mission 2

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						<p>sent to Chief Executive. Includes assumption that roll out will extend into 25-26.</p> <p>28/07/23: Reforecast of financial plan with finance partner is being completed to identify funding requirements to continue with project and to extend the implementation into 2025/26. Plans to present funding request within DHCW before the programme board on 01/08/23.</p> <p>22/06/23: Further details supplied to WG DPIF team following SRO discussions.</p> <p>09/06/23: Escalation of Risk to Corporate Risk level following agreement by Ifan by e-mail 08/06/23 alongside rewording of risk component to cover extent of funding deficiency.</p> <p>08/06/23: Email from NHS Executive confirms earmark of revenue funding, yet to be formally confirmed.</p> <p>16/05/23: Funding gap discussed and escalated with WAG and ongoing discussions with NHS Executive.</p> <p>03/05/23: Discussions with NHS Executive on funding commitment.</p> <p>14/04/23: Commercial discussions taking place, following review of forecast spend and ongoing financial support of the programme.</p> <p>28/03/2023: Forecast spend drafted to share with senior team and discuss what funding is required for 2023/24. Mark Cox aware.</p> <p>01/02/2023: Chased Mark Cox for update on escalation who is on leave at the moment. Will await a response.</p> <p>18/01/2023: Alex Percival and Rachel Williams escalated to Mark Cox in order to escalate to Directors.</p> <p>13/01/2023: Jo Davies, NHS Wales Collaborative, advised WICIS that the funding £1m funding from the collab will no longer be available from 01/04/2023. Agreed to escalate to finance.</p>							
DHCW0323	Business & Organisational	<p>Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services</p> <p>IF additional funding is not allocated to DSPP/DHCW to support transition (including resource capacity to learn/upskill) nor to establish an operational</p>	14/06/2023	02/10/2023	25 (5x5)	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: Develop a transition plan and understand the resources needed to support the plan. Outline approach and plan for transition of development team proposed.</p> <p>ACTIONS TO DATE: Update 02/10/23: DPIF funding available to run the DSPP programme and the NHS Wales App to March 2025. Risk of funding owned by DHCW Execs and being discussed with WG and picked up in the transition planning</p>	16 (4x4)	4 (2x2)	Executive Director of Strategy	Increased	Programmes Delivery	Financial	Mission 4

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		application support model/team, THEN staff may need to be moved away from other services or the NHS Wales App switched off, Resulting in non-delivery of objectives and a delay in benefits being realised, as well as reputational damage.				activities. Funding case to be prepared for submission in October 2023 Update 05/09/23 - Programme met with ADS colleagues to understand more about what is needed for ADS/ DHCW to take on the NHS Wales App. 5 key areas have been agreed on for transition and information sharing with Kainos (digital supplier). These are: Ops, Support, Discovery, Platform & Development. Programme colleagues drafting proposal to WG to support the future funding of this transition to DHCW. Update 04/09/23 - DSPP programme team are waiting on key inputs from DHCW (ADS) staff to inform the transition plan and costs therein. A key meeting has been arranged to take place on 5/09 to understand progress. DHCW FIN confirmed that a Full Business Case would be required. Update 02/08/23 Planning work continuing with DHCW to understand future TOM following transition and plan to get there (including full costings). Understand phase of transition has taken place between ADS lead and Kainos. Transition approach and outline plan proposed is viable, but unaffordable. Plan to be utilised to inform the resources requirements needed for transition.							
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.	28/02/2023	02/10/2023	16 (4x4)	AIM REDUCE LIKELIHOOD FORWARD ACTIONS 02/10/2023: Cloud Business currently being drafted. Also 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: 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 Committee	Financial	Mission 5

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission		
						<p>06/07/2023 Externally DHCW has instigated robust horizon scanning processes by incorporating specific intelligence gathering during recurring supplier contract management meetings to enable upstream management of any risk. Internally an assessment is being made as part of the cloud adoption Business Case and as part of the product approach which will inform financial impact and revenue requirements.</p> <p>05/05/2023: Cloud Adoption Group to support delivery of the Cloud Business Case which will detail the organisations shift to cloud and associated costs.</p> <p>MC 05/05/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP. The proposed timelines for this mitigation will run until September 2023</p> <p>15/08/2023 DHCW Finance & Commercial Department to produce update briefing for consideration by the Capital & Non Pay Delivery Group to assess whether risk is ongoing or can be scored to target levels due to initiated controls.</p> <p>05/05/2023: The Cloud Adoption Oversight Group has been established which (alongside implementation of the Product Approach) will play a key role in planning potential changes in service delivery models.</p> <p>03/04/2023: An updated database has now been compiled with formal guidance surrounding escalation within the appropriate organisational governance forums.</p> <p>DHCW will look to propose to DOD a process of identifying and managing cost pressures of this nature as part of its sustainable funding approach. Initial notification for discussion will be held as part of the National digital updates planned for the 04/04/23</p> <p>MC 27/02/23: DHCW to compile formal SoP setting out reporting, calculation/modelling and escalation processes. External - Commercial service to identify potential areas and include discussion as part of a horizon scanning agenda item at contract review meetings, Internal – Senior Finance Business partners to assess and escalate appropriately via established SoP.</p> <p>MC 27/02/23:- Audit Committee Digital Cost Pressure Deep Dive held at October session. Financial</p>									

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						Sustainability audit focussing on Digital Cost Pressures presented to February Audit Committee. Single risk split into four risks for more focussed managed and mitigating action identification.							
DHCW0237	Business & Organisational	<p>New requirements impact on resources and plan</p> <p>IF new requirements for digital solutions continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non delivery of our objectives and ultimately a delay in benefits being realised by the service.</p>	30/03/2020	22/09/2023	16 (4x4)	<p>AIM: REDUCE Impact and REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue to monitor new requirements and new initiatives. Use capacity planning, new service request, formal change control and reprioritisation methods to address requests. Impact assessed if staff need to be moved to urgent work.</p> <p>ACTIONS TO DATE: Focussed prioritisation is being undertaken by the ADS directorate to ensure key IMTP objectives are supported. Comms being drafted about being unable to take on new service requests without further resource.</p> <p>The IMTP 23-26 was approved at the SHA Board on 30 Mar 2023 and the DHCW Business Plan 23-24 was approved by Management Board on 24 Apr 2023. Capacity assessments are ongoing and recorded in a corporate milestone app. Milestones are baselined and monitored with the Planning and Performance Management Group where corrective actions are escalated.</p> <p>The IMTP this year also illustrates unfunded requests and pipeline products which aren't resourced as at time of publication and therefore aren't committed to. These can only enter the plan via a formal change control where resource has been confirmed as available. The status of products as 'pipeline' will be communicated to NHS partners to manage expectations and help in consideration of new requests - as pipeline need to be considered ahead of new requests.</p>	12 (3x4)	9 (3x3)	Executive Director of Strategy	Non Mover	Digital Governance & Safety	Development of Services	Mission 2
DHCW0296	Clinical Risk	<p>Allergies/Adverse Reactions - Single Source</p> <p>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</p>	13/09/2022	16/10/2023	12 (4x3)	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTION: Shared Medicines Record to take up this functionality to be cross-systems. Strategy to be determined.</p> <p>ACTION TO DATE: 16/10/23 This will addressed in Tranche 2 of the shared medicines record (SMR). Due to be available March 2023. Dependency on having the CDR in place</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non Mover	Digital Governance & Safety	Safety / Wellbeing	Mission 3

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		<p>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.</p> <p>Possible Causes: - Single source of truth (Clinical Data Engine) in which to input and retrieve information not used widely - Lack of integration API with CDE - Interoperability - Allergen not SNOMED coded - Reaction not SNOMED coded - Difficulty filtering through SNOMED results - No standard as how to portray Adverse reactions (ie: not all systems display them in the patient banner)</p>				<p>09/10/2023 PcD - Initial work will commence in late October to schedule the movement of WelshPAS Allergies and reactions to use the CDE. 15/8/23 [PcD] - No Change July 2023 Dependencies still remain on CDR. Apr/2023: - A new Shared Allergies Record will be set up aligned to the work of the Shared Medicines Record - Timescales yet to be determined</p>							
DHCW0308	Information Governance	<p>Sustainable funding for NIIAS</p> <p>IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk at end of contract (November 2023) will create financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising contract renewal</p>	31/01/2023	06/09/2023	12 (3x4)	<p>AIM - Reduce likelihood</p> <p>FORWARD ACTIONS - Commercial and Procurement support on options appraisal</p> <p>ACTIONS TO DATE - 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 06/04/23 Further meeting with Finance to determine utilisation of capital to fund part of contract - Business Case into WG to secure costs longer term 20/02/23 Meeting with DCHW DoF at the start of March</p>	12 (3x4)	6 (2x3)	Executive Medical Director	Non Mover	Audit & Assurance	Information, Access and Sharing	Mission 1

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
						2023 - Finance Case drafting prior to that meeting with the support of Head of Management Accounting - Action to go back to Exec Board and Management Board for March.							
DHCW0320	Information Governance	<p>Citizen and stakeholder trust in uses of Health and Social Care data</p> <p>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</p>	12/05/2023	06/09/2023	12 (4X3)	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Await actions from Welsh Government for mitigation plan to be progressed</p> <p>ACTIONS TO DATE September 2023 - Awaiting actions from Welsh Government to continue mitigation July 2023 - Paper for EMD and CEO being put together for consideration in August Continue discussions with Welsh Government colleagues to define DHCW's role in the Communication and Engagement. Discussion to be held January 2023 - See Datix Risk 0263 for ref to meeting with WG CDO</p>	12 (4X3)	4 (4X1)	Executive Medical Director	Non Mover	Digital Governance and Safety	Information Storing and Maintaining	Mission 4
DHCW0263	Information Governance	<p>DHCW Data Functions</p> <p>IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i)</p>	26/01/2021	06/09/2023	12 (4x3)	<p>AIM: REDUCE Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Discussions to be held in January 2023.</p> <p>ACTIONS TO DATE: 06/09/2023 - Awaiting action plan from Welsh</p>	12 (4x3)	4 (4x1)	Executive Medical Director	Non Mover	Digital Governance & Safety	Information Access and Sharing	Mission 1

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission	
		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.				<p>Government to progress mitigation 04/07/2023 - DHCW facilitating discussions with WG senior Policy leads and WG lawyers</p> <p>Meeting with WG CDO, Deputy Director for Digital, Head of Policy, CEO of DHCW and Associate Director for IG on the 31st January - Discussion on legal basis for DHCW responsibilities for becoming recipient of Data from both General Practice and Community and Hospital Pharmacy - Legal basis for that provision needs agreement by those Data Controllers following advice from WG legal Team - Consultation with ICO also required under Section 36 of the GDPR - WG producing a Plan for engagement and Delivery over Q1 of 22/23 FY</p> <p>DHCW meeting WG on 31/1 to discuss how the Data Promise Programme is progressed, confirming roles, responsibilities and timeframes</p> <p>Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR:</p> <p>(i) DHCW's establishment functions and initial set of directions in the form of a letter has been published on the Welsh Government's website, to ensure that DHCW's remit is clear and transparent. (ii) Welsh Government have informed the Confidentiality Advisory Group (CAG) of DHCW's new statutory status and legal basis for processing data. CAG have confirmed that they are content that we would no longer be requesting section 251 support for the handling of data not related to research. (iii) Welsh Government are planning to issue a new direction for DHCW regarding the collection of prescription data, which will test the process for issuing new directions. (iv) a letter was sent from Ifan Evans to confirm DHCW's functions in response to a request for clarity from the Chair of the Digital Governance and Safety Committee and a deep dive provided at November 2021's meeting.</p>								
DHCW0321	Information Governance	<p>Sustainable funding for WASPI</p> <p>IF a sustainable financial position cannot be found for funding to support the development and</p>	15/05/2023	06/09/2023	12 (3x4)	<p>AIM Reduce likelihood</p> <p>FORWARD ACTIONS Confirm funding application outcomes</p> <p>ACTIONS TO DATE</p>	12 (3X4)	6 (2X3)	Executive Medical Director	Non Mover	Digital Governance and Safety	Information Access and Sharing	Mission 3	

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
		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.				September 2023 Continued discussions with Welsh Government July 2023 early indicators from the WG Public Consultation suggest extensive public service support - although finance still to be resolved March/April/May 2023 Meetings with Finance to determine ability to apply for funding via the Digital Priorities Investment Fund December 2022 Funding business case for a WASPI Code team taken to Executive Management Board							
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 be 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.	07/12/2020	05/09/2023	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: 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. 23/06/2023 Awaiting meeting to propose roadmap for NDR scoring reduced 04/04/2023 Deep dive during the Risk Management Group in April Further internal discussions will be progressed to firm up a longer-term plan of mitigation offering where possible clear timelines or structure 1/01/2023 - Change Risk Handler to reflect ownership 24/01/2023 - Response to the Internal Audit review has identified the change in scope to this risk with IRAT team taking ownership. New risks will be raised for separate Matters Arising within the report. 23/12/2022 No update from NDR or IRAT teams 30/11/2022 Awaiting responses from NDR and IRAT teams around critical responses to recommendation.	9 (3x3)	6 (3x2)	Executive Director of Digital Operations	Non Mover	Programmes Delivery	Information Storing and Maintaining	Mission 4

2.4i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0322	Finance	<p>NDR Phase 3 funding</p> <p>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</p>	06/06/2023	05/09/2023	16 (4X4)	<p>AIM: Reduce Likelihood</p> <p>FORWARD ACTIONS: Continue discussions with Welsh Government to agree funding position</p> <p>ACTIONS TO DATE: 05/09/2023 Funding letter confirmed for this financial year. Milestones to meet by 30th September that will support the position in Welsh Government confirming funding for 24/25 however there may be an impact should DPIF funding reduce during this financial year. 27/07/2023 Funding letter was countersigned by DHCW and returned to Welsh Government on 18th July 2023 17/07/2023 - Funding letter received. waiting for confirmation this has been signed by Helen Thomas 06/07/2023 Funding for 23/24 has been confirmed discussion ongoing to formally secure 2024/25 funding as part of a review exercise. 06/06/2023 Funding letter received on 5th June indicating 50% funding for Q1/Q2 with requirements to meet milestones by 30th September at which point the remaining 50% will be released. The discussion is ongoing between Programme Director, Finance and Welsh Government as the funding letter does not correspond with advice received previously.</p>	8 (4X2)	6 (2X3)	Executive Director of Strategy	Non Mover	Programmes Delivery	Financial	Mission 1



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

The WCCIS (Welsh Community Care Information System) Programme

October 17, 2023

Overview: About the WCCIS Programme

The Welsh Community Care Information System (WCCIS) Programme was established in 2015 to support the delivery and effective implementation of a digital solution to enable integrated health and care across Wales. It has since expanded as a necessary part of this work to encompass projects relating to the creation of national digital standards, driving forward common digital processes which may be used across different systems. It incorporates a number of projects relating to national digital design, as well as a mobile app, record de-duplication, eLearning, an Allied Health Professionals strategy, integrations, reporting requirement, and the next phase of the programme: Phase 2.

The WCCIS Programme is sponsored and funded by Welsh Government and delivered in partnership with Digital Health and Care Wales, Association of Directors of Social Services (ADSS) Cymru and regional partnership boards acting on behalf of the seven health boards and 22 local authorities in Wales. It supports implementation of a new, national solution that will enable Wales to become the first country in the UK to have a single integrated community health and social care record system for its citizens.



Enables health, social services, mental health, therapy and community services to ensure that quality services and support for individuals, families and communities are more effectively planned, co-ordinated, and delivered.



Supports integration of health and social care services to support people to maintain independent, healthier lives in the community, a key priority for Welsh Government.



The WCCIS Programme and solution are a central component of this transformational work and are explicitly referenced in Welsh Government policy, A Healthier Wales.



The programme is underpinned by a number of other major policy drivers, including the new Further, Faster policy which aims to build capacity through social care and is consistent with the vision of an integrated community care system for Wales.



It is further aligned to this year's Hewitt Review, which states that integrated care systems represent the best opportunity in a generation for urgently needed transformation of our health and social care system.



This vision lies at the heart of the programme and forms the core of its mission, which is 'Connecting professionals to provide better joined up care'.

National Digital Design for Community Services

In Scope Health and Social Care Services

MENTAL HEALTH

- Learning Disabilities
- Adult & Older Adult Community Mental Health Team (CMHT)
- Early Intervention Services (EIS)
- In-patient & Crisis Resolution Home Treatment (CRHT)
- Child and Adolescent Mental Health Services
- Memory Assessment Services
- Substance Use Services
- Eating Disorders
- Perinatal
- Liberty Protection Safeguards

SOCIAL CARE

- Looked After Children
- Safeguarding Concern
- Complex Social Factors
- Special Education Needs
- Adult Protection Concern
- Child Protection Concern
- Falls Risk



INTEGRATED CARE

- Family and Friends Team
- Domestic Abuse Hub
- Common Access Point
- Community Resources
- Supported Care Planning
- Child Disability Team
- Mobility Problems
- Multi-Disciplinary Team
- Information Advice and Assistance
- Single Point of Contact for Families
- Frailty Issues
- Learning Disabilities
- Integrated Safeguarding Hub
- Conditions Requiring Respite Care

COMMUNITY NURSING

- District Nursing
- Complex Care teams
- Tissue Viability Nursing
- Continence Nursing
- Lymphedema Nursing
- Health Visiting
- School Nursing
- Community Children's Nursing
- Looked After Children

ALLIED HEALTH PROFESSIONALS

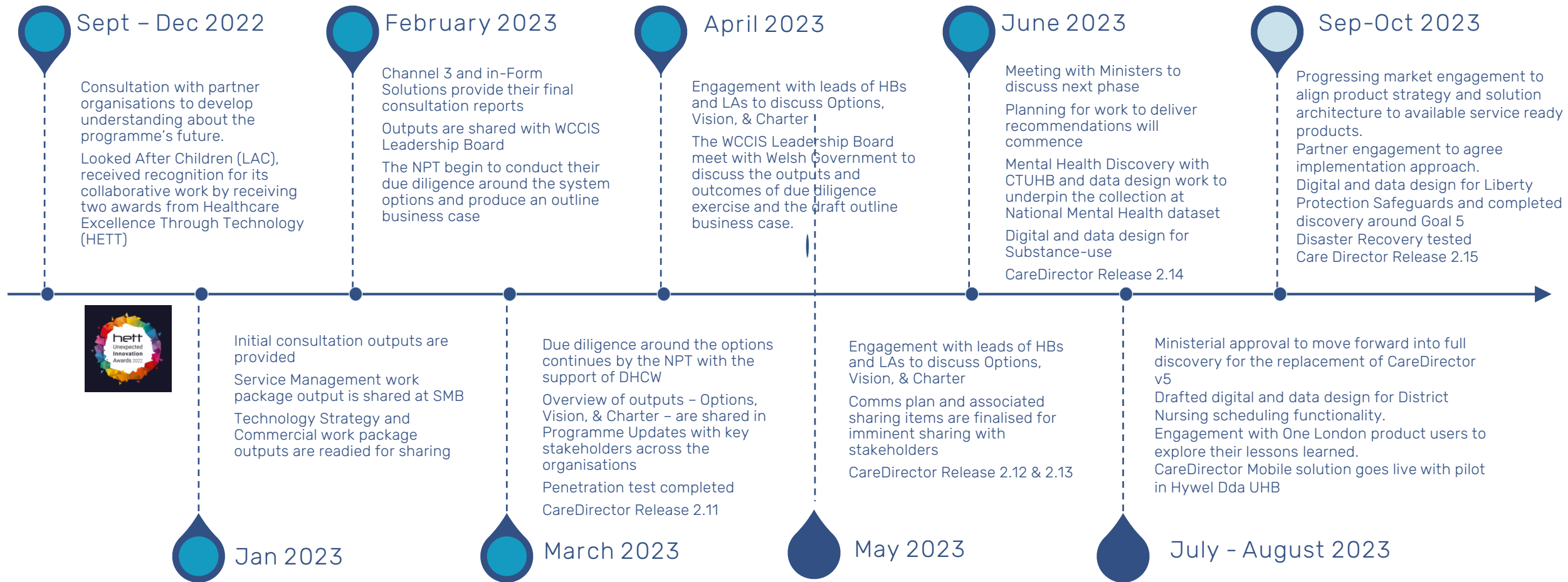
- Mental Health Physiotherapy
- Rehabilitation Services
- Arts Therapy
- Chiropodists/Podiatrists
- Dietitians
- Occupational Therapy
- Orthoptists
- Osteopaths
- Physiotherapists
- Speech and Language Therapy

12	National Digital Design Complete
38	No National Digital Design Complete

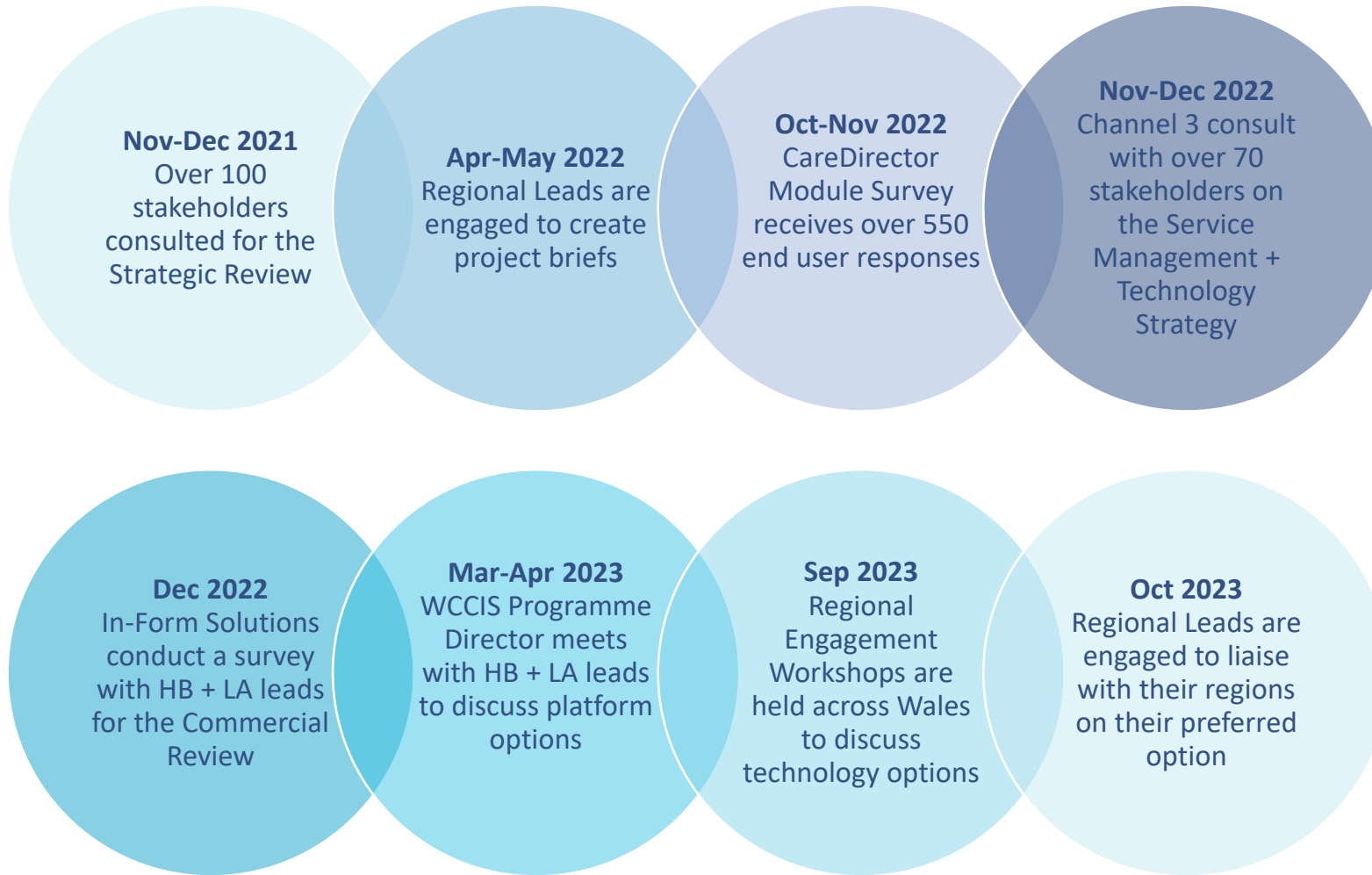
WCCIS Programme – the last year



Since November 2021, the programme has undergone a Strategic Review, leading to a recommended programme reset. Further consultation and engagement with partners and stakeholders (including health boards and local authorities across Wales) took place following this. Now, the programme is entering next phase of its work; a key element of this are options for change around the programme's digital solution.



Overview of Strategic Review Engagement



In addition, the National Programme Team have conducted, attended, or supported numerous ongoing weekly, fortnightly, and monthly meetings with organisations, including:

- Solutions & Sharing Workshop
- Programme Delivery Group
- Regional Project Boards
- Regional Catch-Up Meetings
- WCCIS Regional Leads Group

These have provided additional means of engaging and communicating. The team also provide:

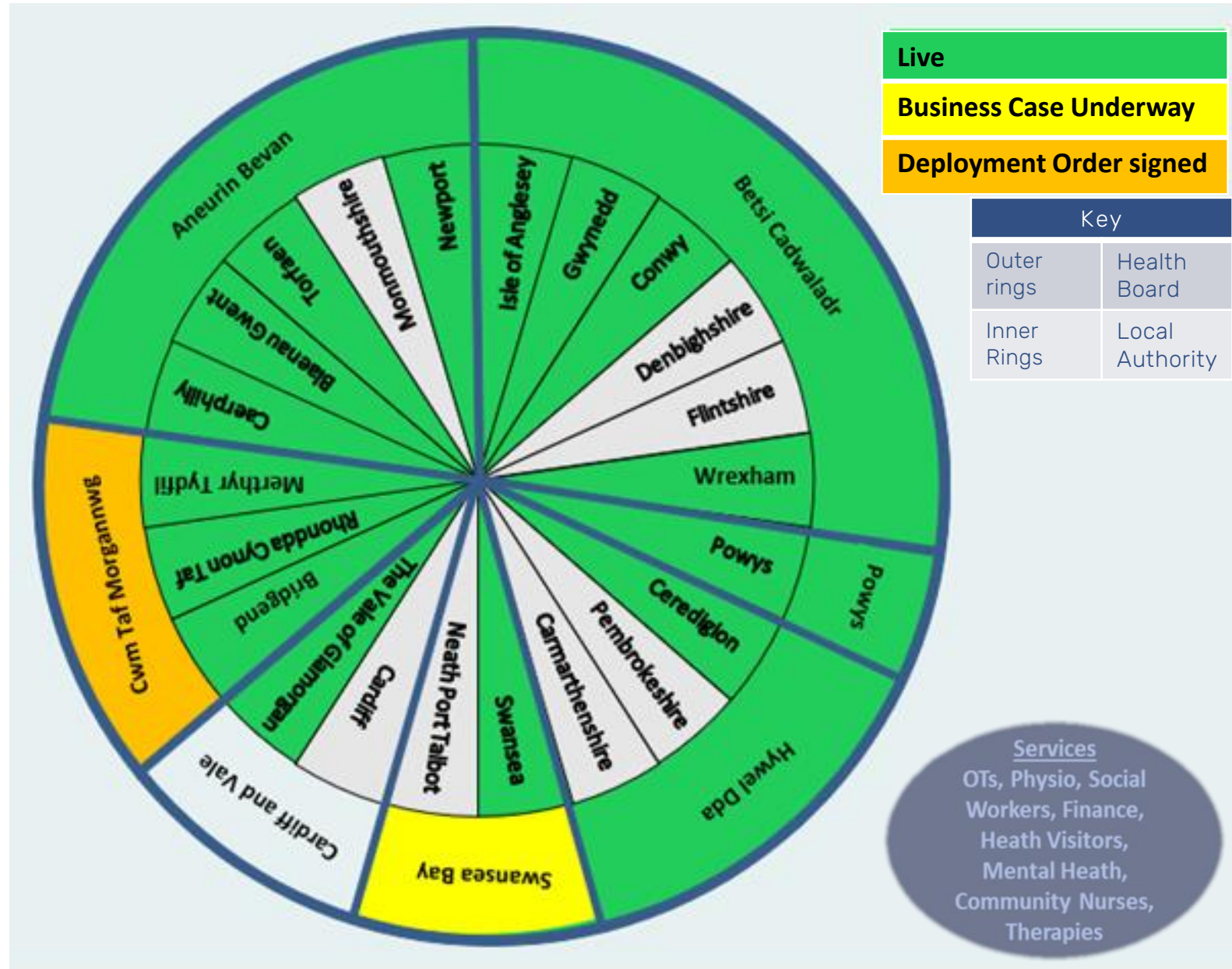
- a fortnightly Programme Update to key stakeholders
 - a monthly newsletter to all end users
- Both of these offer two-way engagement.

Live Organisations

Out of 29 organisations, there are currently 20 active deployments across Wales, 19 live, comprising Local Authorities and Health Boards contractually utilising services.

The depth of utilisation varies greatly from full service utilisation in some health boards and local authorities whilst some are only using a small number of services or running pilots.

	Apr 2022	Oct 2022	Aug 2023
Total number of users	14,254	17,445	18,840
Referrals created in month	28,995	-	32,625
Referrals worked on in month	83,468	-	84,687



Long Term Programme View

The strategic objectives of the service are -

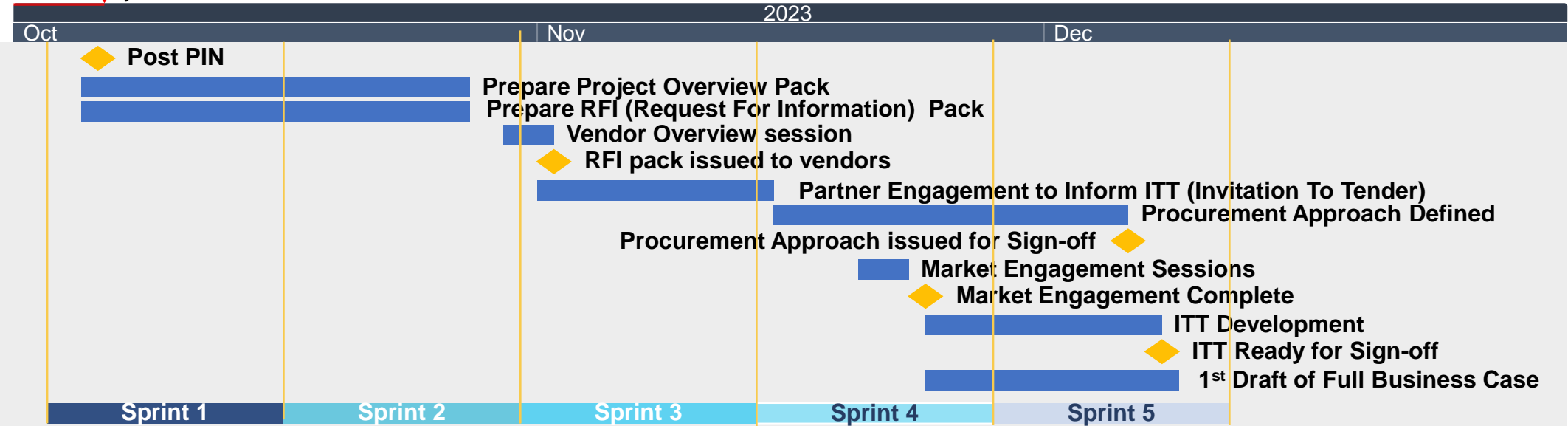
PROVIDE A PLATFORM for enabling digital transformation	Data Standards and Reference Services	Deliver data standards and standardised digital processes for all included services (regardless of system). By enhancing digital design capability we will define common approaches across community and social care environments	Initiate immediately, delivered Q4 FY24/25
	Open Architecture and Interoperability	Open access to the Single Care Record to allow interaction with all social and community care platforms, (not just the national provision), and support interchange with other services.	Initiate immediately, delivered Q4 FY24/25
EXPAND the digital health and care record and the use of digital to improve health and care	Single Care Record for Social and Community Care	Produce a single underpinning store of key community and social care data augmented with appropriate data from other areas of care for all community and social care systems to update, maintain and draw from.	Initiate immediately, initial implementation by Q4 FY25/26
DELIVER high quality digital products and service	Separation of Service and Programme	Create product orientated model of service delivering sustainable, efficient continuously improving service	Initiate immediately, delivered Q4 FY23/24
	Upgrade or Replace user application	Replace CareDirector v5 with a market leading solution/s built with user-centric design principles, mobility, accessibility and pervading digital standards as prime requirements	Agree way forward Q1 FY 23/24 Delivered Q4 FY25/26
	Transformation as a service	Extend the capability of the national team to support and accelerate transform and implementation activities within the regions and individual organisations.	Initiate immediately
DRIVE better value and outcomes through innovation	National dataset	Standardised all-inclusive dataset captured from all social and community systems (not just the national provision) and stored in the single care record. Made available, via the NDR for reporting and analysis to generate better knowledge and intelligence, and via integration to other systems to support joined up care.	Initiate immediately, initial implementation by Q4 FY25/26
BE the trusted strategic partner	Engagement	Agree a clear and simple service charter for the national service with the partner organisations. Collaborate to deliver the strategic objectives, develop service and product roadmaps, share knowledge and foster better relationships	Initiate immediately

WCCIS Programme Next Phase

◆ End of Discovery Phase

Today

15 Dec



Q3 2023/24

- Run Market Engagement for WCCIS – next phase (see above)
- Partner Engagement on implementation strategy and procurement approach
- National digital and data design for Adoption Services
- Procurement for Mental Health Discovery Phase 2
- Mobile Pilot at Hywel Dda UHB Evaluation
- Gateway 0 Programme Review



Q4 2023/24

- Review 1st Draft of Full Business Case with partners for WCCIS
- Pilots for Mental Health and Substance-Use using new data standards.
- Initiating digital and data design work for District Nursing Services.
- Outline Business Case for Mental Health digital development
- Initiating design for data migration from current WCCIS solution to new solutions and the shared care record.
- Initiate Procurement activities
- Separation of Service and Programme complete



Q1/Q2 2024/25

- Evaluation of pilots for Mental Health and Substance-use
- Develop requirements and data model Shared Care Record for Community and Social Care
- Conduct procurement activities
- First runs of data migration into test tools



Q3/Q4 2024/25

- Develop draft metrics around Mental Health Services
- Conclude procurement activities and award contracts



2025/26

- Implementation of user applications for social care, community care and mental health replacing current application
- Implementation of the first phase of integrations and the Shared Care Record for Social and Community Care



2026/27

- Continuous improvement of user applications
- Continuous improvement of the Shared Care Record for Social and Community Care
- Decommission of the current WCCIS solution
- Transition of new service into DHCW Operational Service

Benefits

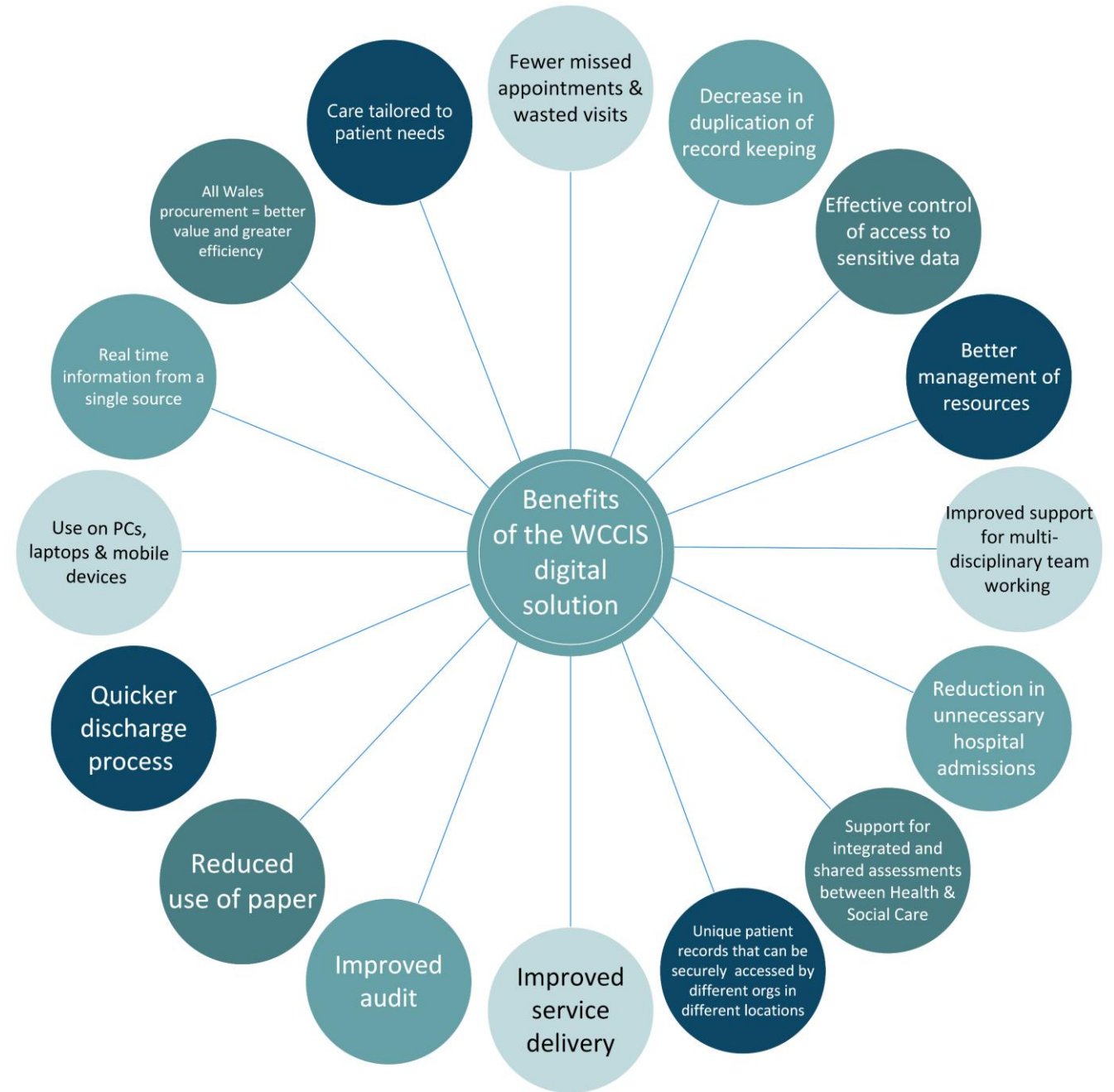
A benefits framework to identify and measure benefits will be established with partners as part of the Full Business Case preparation for the next phase of WWCIS

Frontline health and care professionals delivering, coordinating and managing care will have access to appropriate information. This means that:

- Risks are shared and communicated
- The citizen can experience care which is better coordinated
- The citizen does not have to unnecessarily repeat information
- All staff have access to the information quickly which reduces decision time

In case studies, it was found that:

- Without a shared record additional case conference were required to share information and plan care
- During the pandemic, frontline health and care professionals were able to use the system to quickly identify and target support for vulnerable individuals, such as those 'shielding', across their caseloads
- In one region the data from the system has provided invaluable insights how the population has been affected by COVID, informing immediate responses and planning for the future. This has been used as a proof of concept and plans are now underway to expand this approach across all sites.

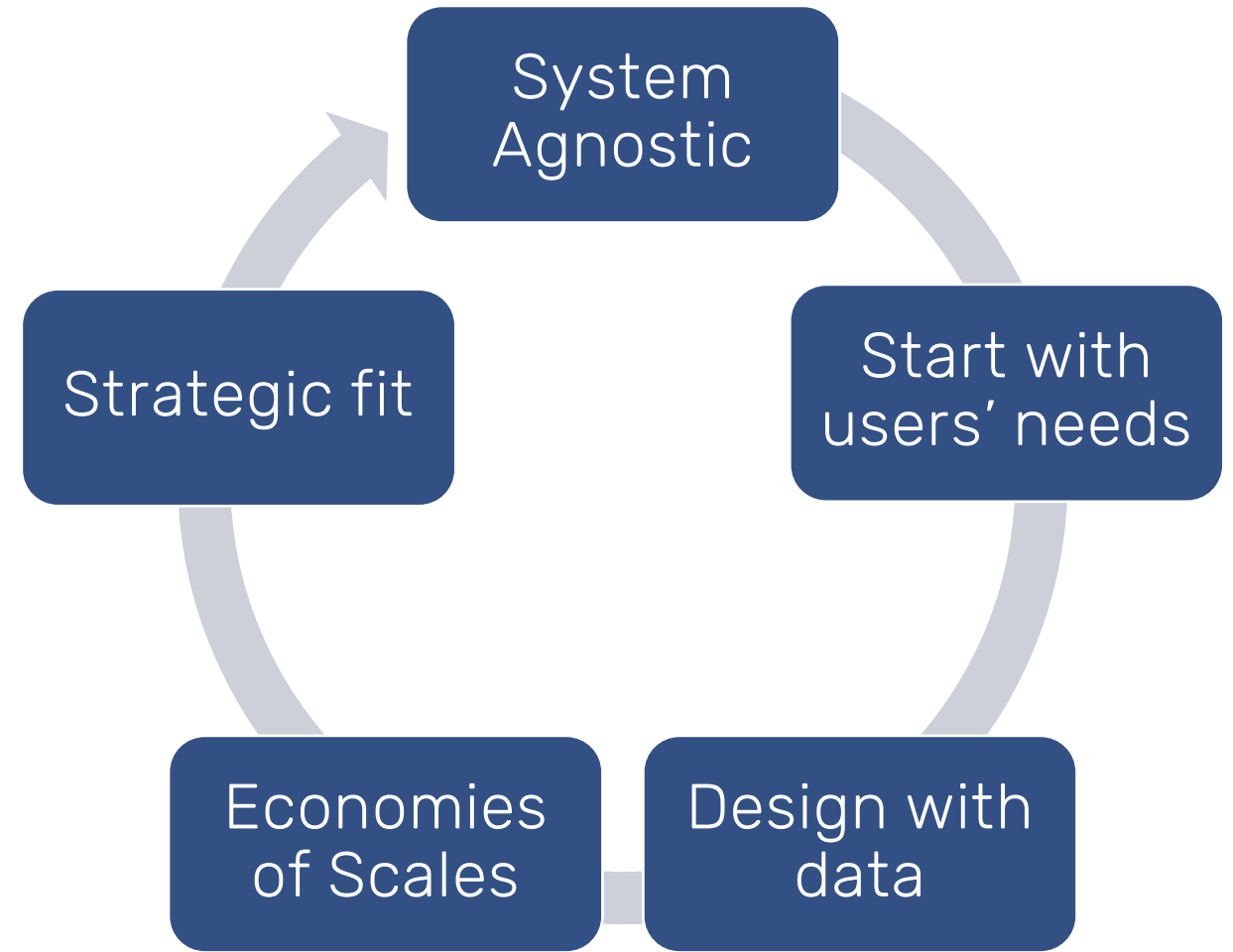


National Data Standards for Community Services

Benefits Of The Approach

- Open to all community services providers regardless of system used.
- Multi-disciplinary approach: Practitioners, Business Analysts, Data Standards Developers and Information Analysts involved at the beginning.
- Design with data ensuring it is entered once but used many times.
- DHCW uniquely placed to provide the required skills and infrastructure to deliver associated economies of scale this approach brings.
- Strategic fit to deliver 'A Healthier Wales' information requirements in partnership with the National Data Resource programme.
- Addresses the limited analytical capacity currently available in Social Care, through DHCW providing data directly to Welsh Government.

Principles of Approach



Risks

There are currently (as of Sept 2023) no corporate level risks being managed by the programme. However, the programme manages a programme risk register as would be expected for a programme of its size.

The themes of risks being managed relate to challenges around budgets and future financing, timelines, information security and loss, resourcing, system integrity and performance.

Issues

We are awaiting review into the outcome of a joint DHCW/Welsh Government review into programme governance, before resetting the roles/selection of replacement SROs (Senior Responsible Owners).

Challenges

This is an unprecedented time in terms of NHS funding and resourcing. The demands the national programme make on Health Boards and Local Authorities for access to staff and speedy decision making will be challenging

Opportunities

The replacement of the current technology solution is a great opportunity to bring further organisations on board with the programme. Replacing a number of applications simultaneously with this change gives us an opportunity to significant step forward on the vision of integrated care.

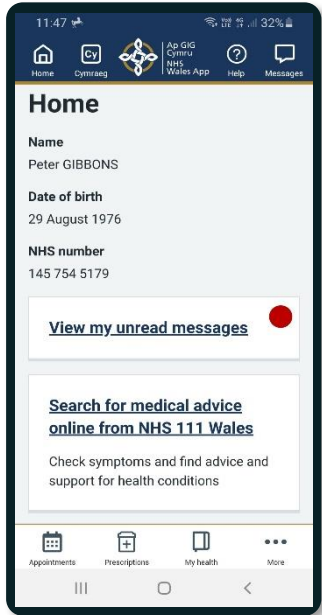


GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

DSPP Update to SHA Committee Annual Update

DSPP programme: developing the NHS Wales App in partnership with national programmes



- Prescriptions
- GP summary record
- Appointments
- Enhanced summary care record
- Detail coded record
- Care navigation

- Care plans
- PROMs

- Directories of services
- Access to 111 online

- Sharing of summary health record
- Data in transit



Primary Care

Planned Care

Unplanned & Emergency Care

- Identity management & security
- Consistent demographics
- Communication preferences
- Care preferences & about me
- Proxy access and sharing
- Data interoperability
- 3rd party integrations
- List of accredited services
- Generic booking engine

- Waiting list information
- Access to supporting information and services

Programme phases

Year 1: 2022/23

Year 2: 2023/24

Year 3: 2024/25



Public beta

Public beta

- Start from scratch
- Set up environments
- Develop NHS Wales App
- Primary care focussed
- Launch in private beta

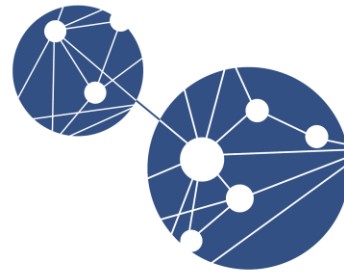
- Launch public beta
- Connect GP practices
- Grow the user base
- Strengthen core platform
- Develop integration model
- Plan for enhancements

- Continue public beta
- Accelerate user adoption
- Build out new features from the platform, working with partners
- Deploy benefits framework and value tracking



- Increasing separation of programme activity into core services, feature development, service transformation.

Development phase – Year 1

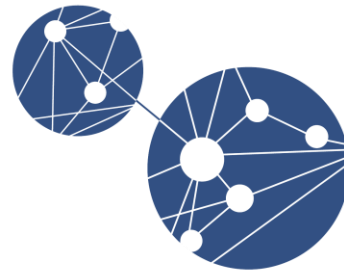


Gwasanaethau Digidol ar gyfer
Cleifion a'r Cyhoedd
**Digital Services for Patients and
the Public**

IGDC • DHCW

Find out more about the NHS Wales app in
our video on YouTube

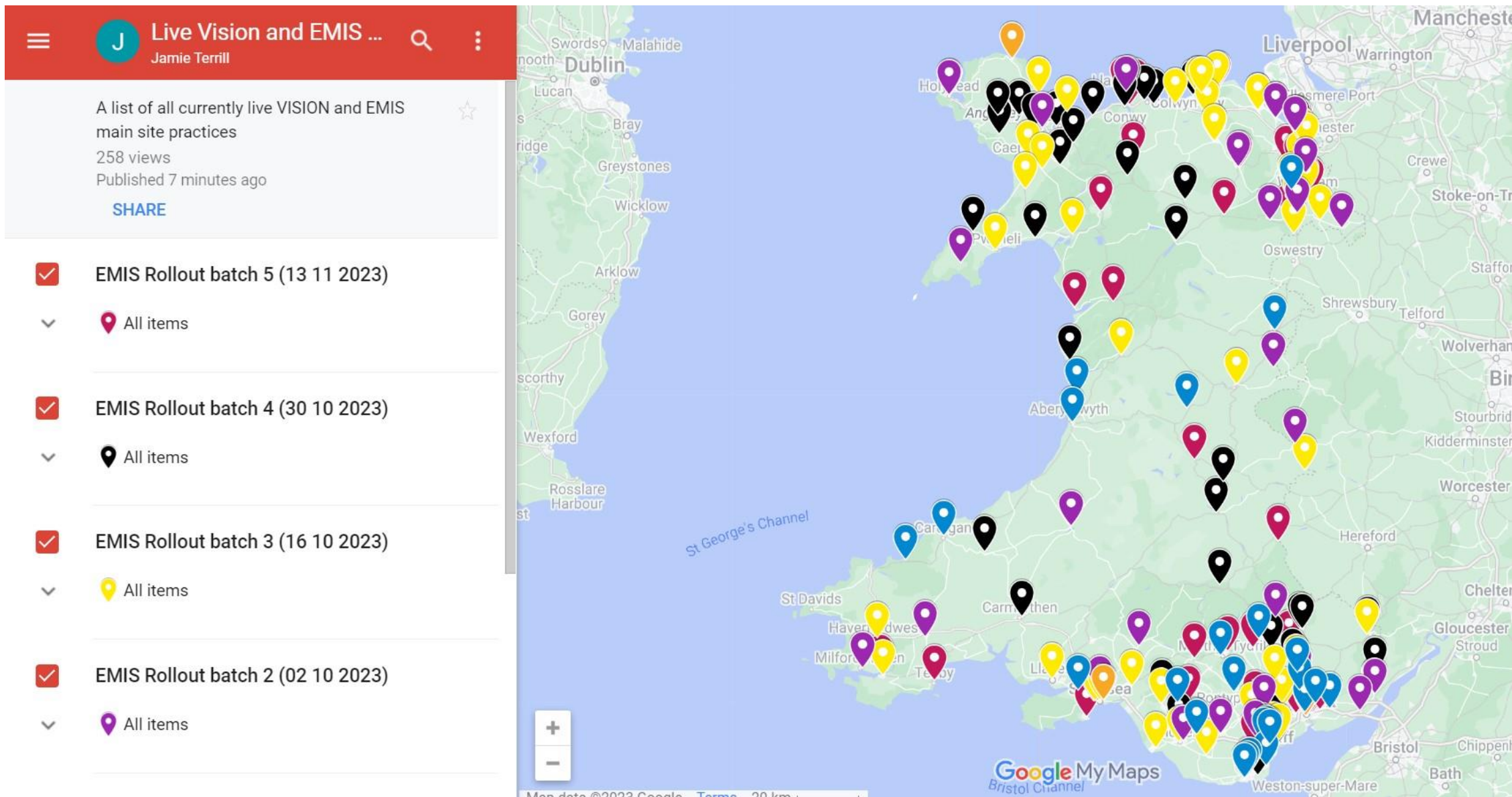
Deployment phase – Year 2



Gwasanaethau Digidol ar gyfer
Cleifion a'r Cyhoedd
**Digital Services for Patients and
the Public**

IGDC • DHCW

GP practice deployment plans



Supporting deployment phase

GP Practices	Patients
<p>Supporting practices to connect:</p> <ul style="list-style-type: none">• NHS Wales App demo sessions• Engagement sessions• Follow up interviews• GP practice toolkit and quick reference guide• Feedback surveys to identify improvements in process• Newsletters, events, updates	<ul style="list-style-type: none">• Bilingual support pages and videos• Local Digital Champions, partnered with Digital Communities Wales• User feedback and polling in the App• Notify users when their practice is connected• Use feedback to improve support pages and GP practice toolkit

User Research Panels



IGDC • DHCW

Eich iechyd a'ch lles, unrhyw le, unrhyw funud.
Gydag Ap GIG Cymru

Your health and wellbeing, anytime, anywhere.
With the NHS Wales App

App Store | Google play

IGDC • DHCW

Eich iechyd a'ch lles, unrhyw le, unrhyw funud.
Gydag Ap GIG Cymru

Your health and wellbeing, anytime, anywhere.
With the NHS Wales App

App Store | Google play

Your health and wellbeing, anytime, anywhere

Public communication campaign to encourage use of the NHS Wales App when the majority of the public can benefit from services in their GP practice

[draft visuals]

IGDC • DHCW

Eich iechyd a'ch lles, unrhyw le, unrhyw funud.
Gydag Ap GIG Cymru

Your health and wellbeing, anytime, anywhere.
With the NHS Wales App

How Ap GIG Cymru ymliriodd gyminhaudd a'ch ffitrwyd iechyd a'ch lles unrhyw le, unrhyw funud, oherwydd dechrau ddechrau i'ch iechyd.

The NHS Wales App is the quick and easy way to take control of your health and wellbeing, because better health starts with you.

Llawrwyfwrdd Ap GIG Cymru neu mwch ap.gig.cymru/menwngofnodi

Download the NHS Wales App or visit app.nhs.wales

IGDC • DHCW

Eich iechyd a'ch lles, unrhyw le, unrhyw funud.
Gydag Ap GIG Cymru

Your health and wellbeing, anytime, anywhere.
With the NHS Wales App

How Ap GIG Cymru ymliriodd gyminhaudd a'ch ffitrwyd iechyd a'ch lles unrhyw le, unrhyw funud, oherwydd dechrau ddechrau i'ch iechyd.

The NHS Wales App is the quick and easy way to take control of your health and wellbeing, because better health starts with you.

Llawrwyfwrdd Ap GIG Cymru neu mwch ap.gig.cymru/menwngofnodi

Download the NHS Wales App or visit app.nhs.wales

IGDC • DHCW

Eich iechyd a'ch lles, unrhyw le, unrhyw funud.
Gydag Ap GIG Cymru

Your health and wellbeing, anytime, anywhere.
With the NHS Wales App

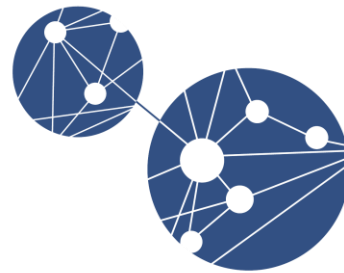
How Ap GIG Cymru ymliriodd gyminhaudd a'ch ffitrwyd iechyd a'ch lles unrhyw le, unrhyw funud, oherwydd dechrau ddechrau i'ch iechyd.

The NHS Wales App is the quick and easy way to take control of your health and wellbeing, because better health starts with you.

Llawrwyfwrdd Ap GIG Cymru neu mwch ap.gig.cymru/menwngofnodi

Download the NHS Wales App or visit app.nhs.wales

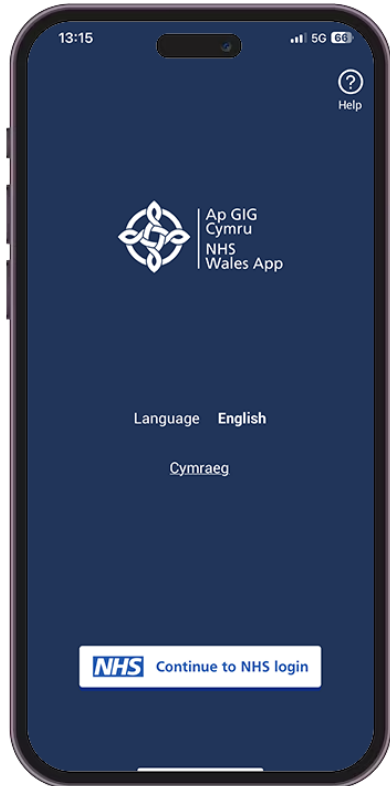
Expansion phase – Year 3



Gwasanaethau Digidol ar gyfer
Cleifion a'r Cyhoedd
**Digital Services for Patients and
the Public**

IGDC • DHCW

Developing the NHS Wales App in partnership



- Sharing learning
- Understanding benefits
- Prioritisation
- Efficient delivery & benefit realisation
- Continual improvement

Risks

- Sustainable funding for new features and continued development
- Multiple digital health apps could lead to a fragmented user experience

JOINING THE DOTS



WITH DIGITAL SERVICES



Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd
Digital Services for Patients and the Public

IGDC • DHCW





GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

National Data Resource Annual Update: SHA Committee

Rebecca Cook
NDR Programme Director
Head of Information Design
& Standards Development

Background



- Data is at the heart of any digital transformation and that data must be fit for purpose to create a data-centric health and care system that can drive digital transformation
- 'Informing Health & Care' Digital Strategy & 'A Healthier Wales' introduced the establishment of a 'National Data Resource'
- Formally established as the strategic data programme for Health & Care in 2019
- Subject to continued business justification cases every two years

The National Data Resource (NDR) programme:

- demonstrates a long-term commitment to continuously improve the interoperability of the health and social care digital architecture
- is a fundamental requirement to enable a single digital health and social care record

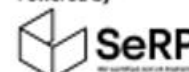


Gofal Cymdeithasol Cymru
Social Care Wales



Armakuni KPMG

Powered by



About the NDR

The Programme is underpinned by:

- Joint working with stakeholders
- Design, validation and assurance
- Significant preparatory work by NHS organisations
- Providing a key strategic initiative to help transform health and care in Wales through a more connected and collaborative use of data.

The NDR is a single pan-Wales data system enabling increased clinical, operational and research access to data for the benefit of patients and the services.

The NDR helps make the single, joined up health and social care record available to the right person at the right time.

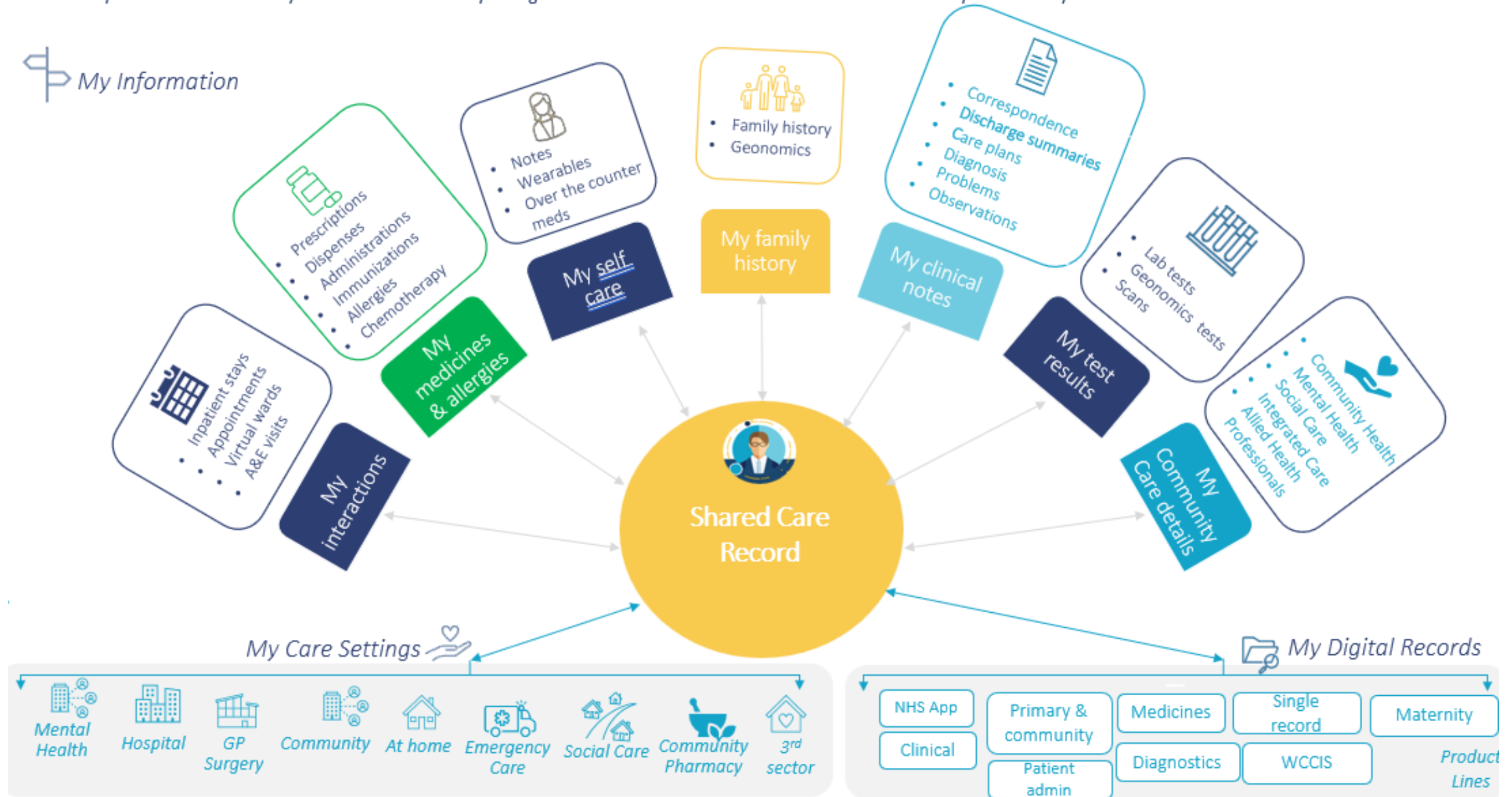
The NDR allows for health and social care data to be stored and processed in a secure, governed, and ethical manner.

As a collaborative national programme, the NDR will enable skills development and innovation through reusability, scalability and value-for-money solutions.

Joined up thinking

My information is securely shared with me and my care givers whenever it is needed so that I am treated safely & efficiently

My Information



Benefits

- The NDR uses secure data standards and only allows for authorised access, providing safe and reliable management of health and care data
- As a single, shared data resource for the health and care sector across Wales, the NDR minimises workload duplication and reduces data management costs while enabling better collaboration
- Federated teams across health boards and local authorities means NDR users have access to local knowledge and intelligence when working with data
- High processing power of real time data means clinicians can access reliable information about patients and trends as and when they need it, including at the point of care.
- Moving to a cloud platform allows Wales access to new and emerging technologies such as AI and advanced analytics, to build or launch more effective solutions faster.



How It Works

The NDR Framework streamlines the process for users to access required services, providing a comprehensive set of capabilities, processes, and tools for seamless service delivery.



1.NDR Front Door

Genius Bar entry for all users offering seamless experience



2.Triage & Prioritise

Capture and prioritise user requests and allocate resources accordingly



3.Acquire

Identify and collect the data from the relevant system of record



4.Organise

NDR stores and organises data



5.Analyse & Deliver

Prepare, analyse and deliver data in preferred format



6.Consume

Consumer uses data to make better, faster decisions

Programme Approach

Product operations

The National Digital Resource (NDR) is adopting a product-oriented target operating model to deliver the "A Healthier Wales Vision".

Digital Ways of Working

Wider DHCW teams and stakeholder organisations need to shift towards digital, data-driven ways of working.



Optimised Data Access

Optimised access to data services and better delivery models are necessary for the success of the NDR operation.

Patient/User Centric

A customer-centric, collaborative approach, adoption of agile methods, talent management strategy, and agile governance are needed for the transformation.

Programme Achievements

- NDR Information Governance Framework – the NDR platform has very robust processes and safeguards for data. The platform can receive and store data securely from any source, but there need to be agreements in place for sharing data and we will be working with WG and partners to get those in place.
- API Management Platform – this has been developed, a portal is currently being built and national services are being engineered to present using API management
- Care Data repository – the foundations of the care data repository are now in place. This will enable the sharing of data across systems and organisational boundaries, meaning up to date care information will be available to the right person, in the right place at the right time.
- National Data and Analytics Platform – discovery work across Wales has commenced, access has been provided to NDR partner organisations, access to training on NDR's underlying platform has been made available.



NDR

Adnodd Data Cenedlaethol
National Data Resource

Programme Roadmap

API Management Platform

To enable the seamless movement of data across the health and care system

Q3 2023-24

Publish the 'onboarding' process; continue to build the developer portal; continue work on patient demographics, documents, diagnostic results and reports, and reference and terminology data

Q4 2023-24

Deliver the capabilities for medicines data to be stored and retrieved by electronic prescribing solutions, and for national reference data to be queried and retrieved

2024-25

Further capabilities will be informed by stakeholder requirements

Care Data Repository

Single digital patient record, enabling the sharing of care data across systems and organisational boundaries making information available to the right person, at the right place and at the right time

Q3 2023-24

Developing the functionality to store and retrieve diagnostic pathology and radiology data; building the capabilities to store and retrieve patient demographics

Q4 2023-24

Complete development to store and make available medicines data to enable the shared medicines record

2024-25

Enable PROMs, images, patient encounters to be stored and retrieved; support the NHS Wales patient app

National Data and Analytics Platform

Data platform to securely store and share data to enable greater analytical capabilities for stakeholders and other digital programmes for NHS Wales.

Q3 2023-24

Commence work on a national data catalogue; enable the storage of ambulance service, outpatient and systemic anti-cancer treatment data

Q4 2023-24

Undertake work to enable enhanced data privacy; integrate machine learning capabilities; enable the storage of pathology, urgent and emergency care, and medicines data

2024-25

Enable the storage of PROMs, workforce, and critical care data, and other data products prioritised and subject to IG assurance

Programme Considerations

Risks

NHS Wales Financial Position – pressures on the level of ongoing programme funding could impact the pace of delivery.

Acquisition of Primary Care Data – if a mechanism to securely obtain and store citizens' data from primary care practitioners cannot be achieved, the programme will not deliver a full shared care record.

Issues

Public Engagement on Secondary Uses of Data – work has been undertaken as a partnership between Welsh Government, Social Care Wales and the NDR programme to prepare for a deliberative engagement exercise to seek citizens' views on the use of their data. This was delayed while the NDR platform was established, and until specific examples of the use of data can be presented to the public.

Challenges

Determining Legal Basis for the Secondary Usage of Data – the programme aspires to rapidly deliver insight and value through the linkage and re-use of data. The speed at which these will be determined is yet to be understood.

Opportunities

Continuing Excellent Engagement with Partner Organisations – to accelerate delivery, engagement with Wales' health and care organisations will be ramped up to continue to build upon learning already achieved (e.g. forecasting models to match capacity with demand; automatic clinical coding to enable faster insight)