GIG CYMRU NHS WALES

Iechyd a Gofal Digidol Cymru

Digital Health and Care Wales

DHCW PERFORMANCE REPORT

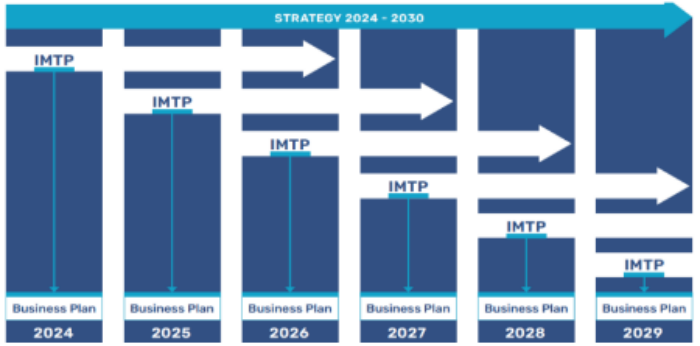
Quarter 3 Portfolio Reports

IGDC • DHCW

Missions and Portfolios

Our Missions are divided into portfolios – designed to meet our strategic objectives. There are 14 delivery portfolios and 7 enabling portfolios.

Our strategy covers 6 years, our IMTP covers three years and is supported by a detailed annual business plan.



1 PROVIDE a platform for enabling digital transformation

1. Data Platform and Reference Services
2. Open Architecture and Interoperability
3. Protecting Patient Data
4. Sustainable and Secure Infrastructure

2 DELIVER high quality digital products and services

1. Public Health
2. Primary, Community and Mental Health
3. Planned Care
4. Urgent and Emergency Care
5. Diagnostics
6. Medicines

3 EXPAND the digital health and care record and the use of digital to improve health and care

1. Engaging with Users: Health and Care Professions
2. Engaging with Users: Patients and the Public

4 DRIVE better value and outcomes through innovation

1. Research and Innovation
2. Value from Data

5 BE the trusted strategic partner and a high quality, inclusive and ambitious organisation

1. People and Culture
2. Finance
3. Sustainability
4. Stakeholder Engagement
5. Quality and Safety
6. Governance, Performance and Assurance
7. Commercial Services

Portfolios

Plan on a Page 2024-27

Portfolios	QTR1	QTR 2	QTR 3	QTR 4	2025/26	2026/27
1.1 Data Platform and References Services	Care Data Repository population					
	National Data and Analytics Platform population					
1.2 Open Architecture and Interoperability	Implement and establish product and platform roadmaps				Future priorities are subject to sustainable funding confirmation	
	Staff Identity Approach – single lifetime digital identity (on hold – unfunded)					
	Onboarding and Implement APIs					
1.3 Protecting Patient Data	Welsh Accord for Sharing Personal Information accreditation					
			Clinical risks standards implementation planning			
1.4 Sustainable and Secure Infrastructure	Transition to Cloud					
	Cyber Improvements Plan					
2.1 Public Health		Prioritised product roadmap for National Immunisation Framework for Wales				
2.2 Primary, Community and Mental Health	Procure TFORMcement products for national community system				Future priorities are subject to sustainable funding confirmation	
	Mental Health Digital – initial business case	Shared Care record for social care, community and mental health – initial phases				
2.3 Planned Care	Welsh Patient Administration Boundary Change configuration (other national systems not funded)					
		Maternity System procurement				
2.4 Urgent and Emergency Care	Intensive Care system implementation					
2.5 Diagnostics		Laboratory Information Management System implementation				
		Deliver national elements and support implementation of a new radiology system				
2.6 Digital Medicines	Roll out of electronic transfer of prescriptions from GPs to community pharmacies				Future priorities are subject to sustainable funding confirmation	
	Support readiness of organisations to implement a secondary care e-prescribing system					
3.1 Health and Care Professions	Electronic requesting expanded across specialties					
	Future phases of Cancer Informatics Solution				Future priorities are subject to sustainable funding confirmation	
3.2 Patients and the Public	**NHS Wales App.** Continue to develop and enhance by adding to the core functional services for patients and the public across care settings					
4.1 Research and Innovation	Support clinical trials – Find recruit, follow up service		Ongoing agreements with academic research and industry partners		Ongoing agreements with academic research and industry partners	
4.2 Value from Data	Data analysis and reporting for strategic programmes and public health		Explore natural language processing opportunities	Data analysis and reporting for strategic programmes and public health	Future priorities are subject to sustainable funding confirmation	

Back to Contents

Mission 5 Enablers : People and culture, finance, sustainability, stakeholder engagement, quality and safety, governance, performance, assurance and commercial services

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.1: DATA PLATFORM AND REFERENCES SERVICES:

- We will store structured data in a Care Data Repository to enable a single view of an individual's health and care record.
- We will acquire care data into a National Data and Analytics Platform to support data-driven insights and improve patient outcomes.

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Care Data Repository			
National Data and Analytics Platform Population			

CURRENT PORTFOLIO STATUS

There are some constraints impacting completion, by the end of the financial year.

DELIVERY:

Data stored in the NDR platform has been made available to delivery partners for analysis, via the NDAP and is being shared between partners, such as, the NHS Executive & PTHB. In addition, the governance model to operationalise the NDR Operating Framework has completed assurance and is now being endorsed.

Progress to commence data migration from the existing DHCW national data warehouse, into the NDAP has been achieved through the PoC work and the completion of the backloading of data, by the transfer appliance.

Submission to the WG of phase 4 investment case including refreshed NDR roadmap and plan for subsequent phases, and NDR programme board and WG approval of case. The business case and roadmap were discussed at length at programme board 10 Dec 24 for ratification by SRO & Board Members. Documentation was submitted to WG.

Migration of allergy data from Pyro to CDR has been completed. During November 2024, it was necessary for the CDR Project to rescope and reprofile its delivery plan. This revised plan was supported by the Programme Leadership Team, following joint discussions with the DHCW Operations senior team. However, the submitted change control request was not approved, therefore the milestone is to be reported late on delivery during Q4 2024-25. This will not impact any of the other milestones.

IMPACT:

- Improved patient outcomes: Standardised and joined up data enables clinical comparisons
- Improved patient experience: Storing data once and reusing it many times prevents patients repeating the same information in different settings.
- Improved data accuracy, sharing and allocation of resources: By digitising the health and care record
- More joined-up care with national data access: Proving clinicians with access to data, regardless of where it was originally inputted.

SITUATIONS OF NOTE:

The revised plan for CDR remains challenging, due to ePMA timelines and dependencies. However, both programmes continue to work closely together to monitor and control.

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.2: OPEN ARCHITECTURE AND INTEROPERABILITY

- We will extend our architectural building blocks and application programming interfaces (APIs), making our architecture available to partners and suppliers in a secure, rules-based approach.
- We will develop our approach to managing a lifelong NHS staff digital identity.
- We will publish new APIs allowing more clinical data of a better quality to be available to enhance clinical decision making.
- We will develop our open architecture onboarding, providing a clear process for organisations to access it safely and compliantly.
- We will build a data and integration hub to allow data to move securely and safely across organisational and geographical boundaries.

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Implement and establish product and platform roadmaps			
Staff Identity Approach – single lifetime digital identity			
Onboarding and Implement APIs			

CURRENT PORTFOLIO STATUS:

On track for delivery for most of this year's IMTP products in 24/25

DELIVERY:

API: Following establishment of the API Programme Delivery Board, a high-level summary will be collated for monthly review. The API Platform Operational Service is now live. The operational and resource costs have been added to the NDR business justification case submitted to the WG, for sustainable funding. The Digital Platform soft-launched (login prompt removal) on the 9th December 2024. 24x7 support is now live. Onboarding of ABUHB WCRS read is temporarily on hold, whilst MPI PIX integration with CWS2.0 is being developed and tested by the health board. Digital Medicines onboarding for CAVUHB NerveCentre and BCUHB Better Meds ePMA access to SMR in UAT remains in progress at the assurance stage. Digital Medicines have onboarded pharmacy supplier Positive Solutions Ltd to the NHS Wales App - Prescription Notification service and are progressing assurance artefacts for other suppliers (BOOTS, EMIS, Cegedim etc.) via the DHCW Programme to enable citizens to better manage and control their own care. 12 API products are currently in production: WCRS Read (2); MPI (2); Terminology FHIR4 Transactional; RCPCH Growth Chart; CDR HL7v2; CDR FHIR Store Read/Write; Shared Medications Record; NHS Wales App - Prescription Ready; Connection Test Service; Authentication Service. Three CDR APIS are in UAT. Two new NHS Wales App API features are in development - a) messaging service and b) personal feature settings management. One National Subscription Service API is in SIT.

WCCG/Referrals: Strategic Discovery/Alpha started 27th January. The hybrid Kanios/Internal team will explore strategic approaches, to replace the existing services.

Integration Service: Alpha started 27th January, hybrid team of Kanios, contractors and internal staff to create a PoC and explore open source, Cloud-first approaches.

Staff Digital Identity: Kick-off scoping session for Master Staff Index took place on the 9th January 2025. Full discovery to begin before end of the month with Kainos.

Technical Design Authority: Five out of six TDA architecture domain principles approved and to be utilised by TDAG this month, enabling Tech Debt to be managed. Two new architecture domains (Clinical and UCD) have also been added to the TDA.

National Architecture: Procurement of the Enterprise Architecture Tool has been completed. Furthermore, the plan detailing the journey to National Architecture was presented to the WG in December 2024.

IMPACT:

- Accelerated delivery of benefits from innovative digital care, through streamlined integration of multiple software developers and suppliers into DHCW digital solutions.
- A richer patient record and faster delivery of innovative solutions by multiple suppliers, through avoiding lock-in to only a few suppliers.
- Improved decision making by clinicians, by providing access to more structured and higher quality data from our repositories.

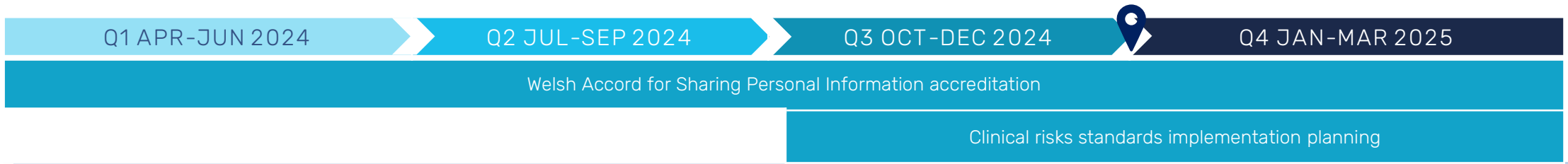
SITUATIONS OF NOTE:

Nothing of note.

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.3: PROTECTING PATIENT DATA

DHCW plays a role in providing the Wales Accord for Sharing Personal Information (WASPI), the National Intelligent Integrated Audit Solution (NIIAS), providing Data Protection Officer (DPO) advice to GPs and delivering compliance via the Information Governance (IG) Toolkit for Wales. In addition, we advise on data law and publication to ensure compliance with information governance standards. We will develop a strategy that defines the National IG framework for Wales to enable safe sharing of patient information. Patients can be assured that Health and Social Care data held about them is protected.



CURRENT PORTFOLIO STATUS:

Most milestones are on track to be delivered. The Information Sharing Gateway tool development work has been subject to slight IMTP revision, because of external developer delays – The same IMTP revision with the IG Toolkit, which is subject to further delays, because of unforeseen technical issues which the developers are tasked with resolving.

DELIVERY:

IG Toolkit version 7 released into test. DHCW is working with the developers, to resolve minor bugs.

IG Toolkit development to accommodate the CAF assessment remains in progress.

WASPI Code of Conduct Assessment was sent to the ICO for formal assessment, and actions have been set and received, in response.

The external review of Patient Safety Standards has been complete and sent to the WG for further clarification of specific policy and scope areas. After which, the standards are ready for the formal WG consultation process.

IMPACT:

Safe and equitable access to data at the point of care means:

- Increased public confidence that confidential patient data is protected, while providing assurance to Public Authorities with Data Controller responsibilities for Patient and Client Information.
- Increased confidence that partners and providers of healthcare services comply with privacy requirements through the provision of an Information Governance assurance framework (Our national audit tool has resulted in more data shared from primary care to other settings, e.g. WAST)

SITUATIONS OF NOTE:

Nothing of note.

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.4: SUSTAINABLE AND SECURE INFRASTRUCTURE

DHCW provides an extensive national infrastructure across NHS Wales.

- Services will transition to the cloud, subject to business case approval.
- We will replace and upgrade aging infrastructure.
- DHCW will continue to monitor cyber security threats and implement the DHCW 3-Year Cyber Plan, subject to business case approval. This means confidence that systems are protected and available when needed.

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Transition to Cloud			
Cyber Improvements Plan			

CURRENT PORTFOLIO STATUS:

Significant progress has been made. However, due to the lack of clarity on funding for Cloud Transition Case, the cost profile in the Business Case (breakdown per FY) will now be incorrect (some of the required spend will shift between FYs). Also, there is a higher likelihood of further investment required for on-premises equipment. Work is underway to better understand the impact.

DELIVERY:

Cloud and Infrastructure: Additional information, regarding the Cloud Transition Business Case, is being prepared by DHCW, as per request of the WG. DHCW are considering extending the PSBA network into strategic Cloud Data Centres, following interest of the WG PSBA team, due to the dependency on DHCW financial support to secure initial funding, for service establishment. The PIN/RFI process to help identify suitable Cloud migration partners is live, via the Sell2Wales tendering system. Following the migration of Test/Dev servers into Azure Native, automation for powering on/off virtual machines has been implemented, saving approximately £115k per annum.
Cyber: A significant milestone for December was the enforcement of MFA for remote users of Microsoft services, aimed at preventing data theft or corruption. The SSL protocol was removed on the VPN remote gateways to allow only IPSec, preventing password spray attacks. The legacy SIEM hardware has been decommissioned, although one health board is still completing their onboarding process. The rationalisation of firewall rules remains ongoing to strengthen network security and key team members have achieved Security Check clearance, enabling them to access additional information, related to security incidents. Furthermore, DHCW has commenced a HIMSS Infrastructure Maturity Assessment (INFRAM) to evaluate the organisation's infrastructure maturity, identify security gaps, and drive improvements.
Client Services: Implementation of the Digital Experience Platform and early improvements in end-user experience. Workshops have been held and device personas identified, to ensure appropriately specified machines are allocated to staff. Early piloting of modern device deployment and Windows Hello authentication has also begun. 67% of GP practice machines have been upgraded to Windows 11 (8865). The GP and DHCW hardware refresh continues, with 59% GP machines refreshed (6,035). Support also continues for GP Clinical System migration, with 40 Practices migrated, as of December 2024.
M365 CoE: Accelerated the final stages of implementation to address risks associated with users accessing Microsoft services remotely without MFA protection. Also completed in the last month was the consolidation and migration of RSA services to Microsoft MFA, resulting in a further reduction of ~£30k in licencing costs (~£60k saving in total).

IMPACT:

- Increasing confidence and trust from our partners to provide quality, reliable digital services, particularly vital clinical systems
- Adaptability to variable demand by scaling up (or down) storage capacity very quickly with Cloud
- Reducing capital cost with Cloud
- Shifting focus to high-value activities with Cloud rather than routine, low level maintenance
- Increasing reliability and availability of services with Cloud
- Increasing proactive cyber protection and prompt responses

SITUATIONS OF NOTE:

There has been a 3-month delay to the Networking procurement for Cloud connectivity, as the result of a request from the WG. Options are being working through, with the WG PSBA Team.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.1: PUBLIC HEALTH

Our systems support public health screening and vaccine programmes.

- We will work with the national Vaccine Programme Wales on implementing funded digital transformation requirements identified during discovery including new priority vaccines
- We will continue to run our existing systems for vaccines, child health and screening services - supporting consistent, standardised data collection which helps protect against infections and, for screening, means earlier, faster diagnosis to improve survival outcomes.

CURRENT PORTFOLIO STATUS:

We are now working on delivery plans for iterating the Winter Respiratory Beta, to support Central Procurement of Flu implementation for July 2025. During this reporting period Wales was able to move ahead with its new RSV vaccination campaign due to the digital support provided by the Welsh Immunisation System. The first change to create a Single Vaccination Record will take place at the end of February alongside work to bring Hywel Dda onto our centralised messaging platform for letters, e-mails, and SMS, and changes to enable the Spring Booster Campaign.

DELIVERY:

Process improvements, to reduce file size of the CYPrIS Vaccination Data to the National Data Warehouse, have been developed.

Test Automation coverage is being maintained at around 80% of the code base of the Welsh Immunisation System and has supported 14 releases over the 12 weeks during quarter 3, including essential functionality for RSV and COVID Booster campaigns.

A further two major releases are planned during February and March that contain both essential changes to enable messaging to GP systems of RSV and Flu vaccines, Spring Campaign Changes, and new User Experience Designs to support Central Procurement of Flu.

Engagement sessions to demonstrate new Welsh Immunisation System functionality have been made to both General Practice Council Wales and Community Pharmacy Wales and have been well received.

IMPACT:

- Wales was able to deploy the new RSV vaccination with full digital support and Public Health Wales have been able to participate in studies with the data.
- Ensuring a responsive and sustainable technology platform which users can rely on.
- Providing digital and data services to screening programmes which aim to diagnose faster to improve survival outcomes.
- Helping to evidence how public health actions are impacting on viral transmission.
- Improving access to data means better vaccination intelligence to enable education and public confidence.

SITUATIONS OF NOTE:

Nothing of note

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.2: PRIMARY, COMMUNITY AND MENTAL HEALTH

We will plan our move to a new community care solution and develop requirements for a shared record for community and social care. We will focus also on mental health digital and data requirements. In primary care we will prioritise GP clinical system migrations, aiming to minimise the impact to practices and patients and work with the Strategic Programme for Primary Care around modelling demand and capacity in support of their aim to provide people with access to seamless services delivered as close to home as possible. We will work on an Eyecare system procurement. We will develop a Dental Access Portal (DAP) to help patients seeking routine services.

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Procure replacement products for national community system			
Mental Health Digital – initial business case	Shared Care record for social care, community and mental health – initial phases		

CURRENT PORTFOLIO STATUS:

Primary Care: 154 Cegedim sites to migrate (as of 31/12). Contingency planning underway following news of the InPractice Systems administration. The **DAP** is currently offline while data agreements are put in place between organisations. UPDATE: Service resumed for Health Boards previously live (Powys, Cardiff and Vale, Hywel Dda) on 22nd January. Project closure activities are underway for the **M365 for community optometry sites**.
Connecting Care (WCCIS): Procurement for mental health and community health applications has been placed on hold, while work progresses to shape the Integrated Care Record, with the delivery of a project brief and continued stakeholder engagement to refine the scope and requirements. A handover of responsibility for Social Care work and Exit discussions to Local Authority SRO Group continues, with governance work ongoing to clarify accountability. Local Authorities await a decision on Social Care Implementation business case.
Programme DECP: IMTP Milestone Q3 achieved- E referrals requirements validation completed. Estimated contract value for Open Eyes for 4 years is £1.6m to £1.8m. Programme unable to move forward without a decision from WG regards to procurement, programme management, funding etc.

DELIVERY:

Primary Care: GP systems – 40 (out of 194) sites migrated from Cegedim to EMIS, 34 of which have reached stable operations (as of 19th December), i.e. 30 days without a priority 1 or 2 incident.
DAP: Continued regular communication with Health Board (HB) leads on status of suspension. Development sprints continue. Began planning for resumption of DAP service.
M365 for Optometry Sites : The 95% performance target set by WG for clinical users has been reached. 1,431 users onboarded as of 11th December 2024.
Connecting Care (WCCIS): Integrated Care Record: Project Brief produced and approved by Steering Board. Submitted to DHCW Exec and POMB for review. Strategic session with Exec early Feb. Health: Awaiting clarity from CAVUHB on when requirements review will be complete. Data and Digital Design: Paper assessing necessary work to enable progress on data standards at pace produced and moved into planning and wider review.
DECP: IMTP Milestone Q3 achieved, E-referrals requirements validation completed, and draft Options Appraisal circulated to Executive Sponsor Group and Transition Board. Meeting with the Group has been scheduled for 17th January 2025, to review.

IMPACT:

- Service transformation through digital opportunities.
- Delivery of products and services that support end users in their day-to-day work delivering patient care, informed by user-centred design
- A focus on primary care data to inform population health planning
- Deriving intelligence from data through integrated and enhanced analytics
- Enabling optimum decision making based on shared, standardised information between community health and social care
- Maximising value of primary health services - Choose Pharmacy supporting moving activity from GPs

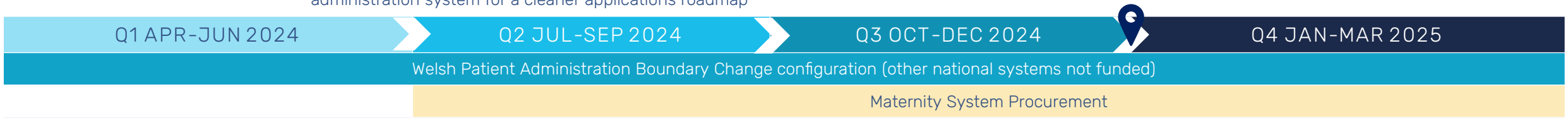
SITUATIONS OF NOTE:

Connecting Care (WCCIS): Critical point in exit negotiations, with a risk of unrecoverable damage to relationship with supplier if not appropriately managed. A way forward for Community Health procurement must be agreed upon as soon as possible
DECP: The Programme remains at a critical point and at significant risk of ceasing due to the absence of funding and resources.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.3: PLANNED CARE

The vision for planned care in Wales aims to meet the clinical need of the patient from effective referral through to treatment. DHCW supports this through systems such as our Welsh Patient Administration System and electronic prioritisation of referrals, plus standardisation of core datasets and provision of analysis and insight for service re-design. We will work on datasets supporting outpatient modernisation, support the digital systems implications of a local health board boundary change, act on the outcome of a maternity system business case and decouple modules from our patient administration system for a cleaner applications roadmap



CURRENT PORTFOLIO STATUS:

DMC: The programme has been paused, following early termination of the Procurement Project, and a rapid review will take place to reset the scope of national programme.

WPAS Health Board Boundary Change: The WPAS Bridgend Disaggregation project is funded until March 2025. DHCW, SBUHB and CTMUHB have agreed a go-live date in May 2025. To address this, a DPIF funding request will be made to secure funding for Programme delivery in Q1 2025/26. WPAS teams are continuing to migrate data into the test environment, to support Health Board and National System Impact Testing. In parallel, the building and configuration of a test environment for impacted systems is nearing completion. The assurance processes for this test environment, is ongoing. The Programme is also working with the Health Boards and National System teams, to investigate and troubleshoot any issues identified with the test data. The project continues to work through the complexity, to deliver its outputs, in May 2025. The Programme has also presented an alternative approach to undertaking disaggregation, in response to the estate issues in the Princess of Wales hospital and the requirement to move patients between WPAS instances, ahead of the targeted 16th of May date.

DELIVERY:

DMC: First phase of procurement has been completed. Internal workshop to review pathways position.

WPAS Health Board Boundary Change: Test environment servers built, and configuration has commenced. Alternative approach proposal for Disaggregation (in response to Princess of Wales estate issue) has been presented to health boards and has been approved

IMPACT:

- Supporting the NHS to focus on those with greatest clinical need
- Supporting an increase in the capacity of the health service, e.g. regional centres, care closer to home
- Supporting long-term sustainability: e.g. transformation of outpatients, equitable approaches to patient prioritisation
- Improved speed and safety from digitising and prioritising GP referrals
- A more comprehensive view of patient health across Wales and England
- Increasing visibility of the maternity record across organisational and national boundaries

SITUATIONS OF NOTE:

DMC: The WG have written to HB CEOs and DHCW, with a prescribed way forward.

WPAS Health Board Boundary Change: An issue with the Princess of Wales hospital building has resulted in patients being moved from that site into other locations within CTMUHB. In response to this incident the WPAS team have developed an alternative approach to disaggregation (which was one of the original scoping options), as a way of mitigating the impacts of the incident. This has been presented in workshops to both health boards and a formal proposal to pivot to the proposed approach was agreed by the Programme Board in December.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.4 URGENT AND EMERGENCY CARE

The Six Goals for Urgent and Emergency Care Programme has been prioritised by Welsh Government to gain an understanding of 'what good looks like' for patients accessing an Emergency Department.

- We will finish developing the Welsh Emergency Care Data Set
- We will respond to requirements from the Welsh Ambulance Service and Six Goals programme
- We will roll out an intensive care information system

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Intensive Care System Implementation			

CURRENT PORTFOLIO STATUS:

WICIS: The project has been delayed and awaiting the outcome of the review and ongoing commercial discussions. Following conclusion of the review, a letter has been issued to health boards, from the CEO of NHS Wales, sharing the outcome. Furthermore, health boards have been invited to attend a workshop on 7th February 2025. DHCW are working with the WG to plan for the workshop and steps beyond, to progress to a point that we can provide ASCOM with the required changes to the system, to enable go live.

WECDS: A national plan has been drafted and presented to the WECDS Board, which includes go live of vanguard sites by March 2025, including data collection and consumption via NDAP. Health boards were required to submit local plans to the next WECDS Board in January 2025. Local Implementation Plans from only three health boards were received by the national project, which has become a cause for concern for the national project and Board.

DELIVERY:

WICIS: Setting a date and agenda for a workshop on the 7th Feb, engagement with NHS Exec, Welsh Gov and the Critical Care Network, engagement internally to inform available options for progression.

WECDS: Establishment of the WECDS User Group and Clinical Advisory Group, with the meeting scheduled for January 2025. Engagement with ABUHB and BCUHB as Vanguard sites, including a visit with a key ED Clinician in the ECDS roll out in England and the DHSC Deputy Director.

IMPACT:

- Improved access, availability and analysis of urgent and emergency care data between care settings supports the Six Goals Programme.
- Supporting people more at risk of needing urgent and emergency care
- People are advised where they can get the help they need
- Rapid response in a health emergency
- Enabling the best care in hospital and after discharge

SITUATIONS OF NOTE:

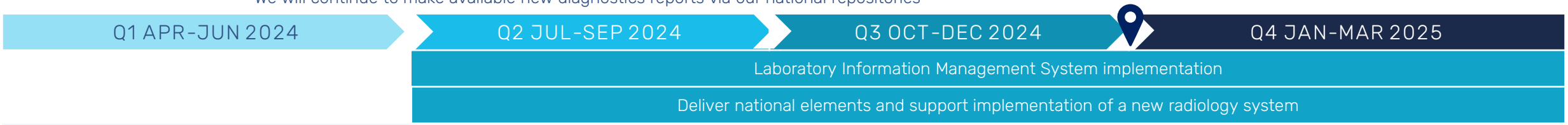
WICIS: UAT raised defects and patient safety hazards which result in the requirement for development work to the system. The WG commissioned an independent review of the solution, which has resulted in a letter signed by the CEO of NHS Wales, guiding next steps in respect of a series of workshops. These are to be held in February 2025.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.5: DIAGNOSTICS

The diagnostic services in Wales are facing challenges due to increasing demand, changes in clinical care, lack of standardisation and scarce expertise. NHS Wales aims to improve service efficiency and effectiveness by reconfiguring services and providing diagnosis closer to the patient.

- We will roll out the new laboratory information system (LIMS2.0), while dual running and planning to decommission the current services (WLIMS). This means better access to test results improving patient care and clinical safety through improved information sharing across boundaries.
- We will deliver national integrations and data migrations and support the configuration and roll out of the new radiology system (RISP). This combines picture archive and communication, patient dose management and radiology information management functionality into one system rolled out across Wales by 2026.
- We will support the outcome of a business case for a digital cellular pathology system and look to procure a replacement point of care testing solution
- We will continue to make available new diagnostics reports via our national repositories



CURRENT PORTFOLIO STATUS:

LIMS2.0: End date for the deployment schedule has changed from September to October 2025, following extension of UAT, this was agreed at the November POMB. The programme has not exited UAT as per the revised timelines (end of January 2025) a mitigation plan has been developed.

RISP: All health boards (except for ABHB) have verbally agreed their go live dates and the supplier are meeting with health boards to agree their plans. Early Share+ Data Migration descoped for all HBs, except ABUHB and SBUHB, which is required to support PTHB go live. System Integration Testing in progress. BCUHB have moved their go live date from 28th April 2025 to 19th May 2025 (no impact to other go live dates).

DELIVERY:

LIMS2.0: Preferred deployment option approved by Programme Board (10/12); correction plan executed UAT continues (1,328 tests scripts passed out of 2,694 to be authored/executed – 49%). Health Boards continue to cleanse/test legacy blood transfusion data.

RISP: System Integration Testing (SIT) cycle 3 completed, cycle 4 in progress. External work completed at Data Centre One for secondary circuit.

IMPACT:

- Facilitating better patient care through improved access to test results, enabling earlier and more preventative diagnoses.
- Improving clinical safety
- Improving service performance
- Improving information sharing across boundaries and single solution for storage and distribution of imaging.

SITUATIONS OF NOTE:

Diagnostics : Health board resource – health boards will need to allocate sufficient resources to carry out readiness activities and not compromise service delivery.

LIMS2.0: Health boards have escalated lack of ability to E2E test and lack of resource and will need to dedicate substantial resources to complete UAT and BT activities, within the specified timelines.

RISP: DPIF funding - due to changes in implementation dates, capital funding of £1.7m has moved from financial year 24/25 to 25/26 and will have to be accrued by the HBs.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.6: MEDICINES

This portfolio aims to make the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective, for patients and professionals, through digital. It brings together four national programmes and projects: Electronic Prescription Service (EPS) in primary care, Electronic Prescribing and Medicines Administration (ePMA), Shared Medicines Record and Patient Access

Q1 APR-JUN 2024 | Q2 JUL-SEP 2024 | Q3 OCT-DEC 2024 | Q4 JAN-MAR 2025

Roll out of electronic transfer of prescriptions from GPs to community pharmacies

Support readiness of organisations to (1) implement a secondary care e-prescribing system, (2) build a single medicines record for every patient in Wales and (3)Implement medicines features in NHS Wales App

CURRENT PORTFOLIO STATUS:

EPS: Live in all health board areas (25 GP practices and 128 community pharmacies). 600k prescription items claimed, via EPS, since November 2023. 4/7 (57%) Community Pharmacy Patient Medication Record suppliers assured to use EPS, in Wales.
ePMA: CAVUHB, BCUHB, CTMUHB, ABUHB and HDUHBs have signed contracts with their chosen supplier.
Patient Access: 3,046 "Prescription Ready" notifications sent to the NHS Wales App since May 2024. The NHS Wales App "Nominate Pharmacy" feature development recommenced.
SMR: SMR persistent store APIs (GP Medicines, GP Allergies and Discharge Medicines APIs) deployed to the production (cloud) environment ready for consumer onboarding. Approach for migrating patient allergies and intolerances from legacy data repository to SMR agreed.

DELIVERY:

Primary Care EPS Programme: 206,819 prescription items claimed in December 2024, representing a 31% growth compared to previous month (157,735). On track for all Community Pharmacy PMRs suppliers, with a footprint in Wales, to complete EPS assurance activities by April 2025, for roll-out. Work is underway with the Six Goals Programme to take forward readiness with GP Out of Hours system supplier, which will enable prescriptions to be sent digitally to a dispenser, via EPS. The BAU Investment Case (GP prescriptions to community pharmacy/dispenser) was finalised ahead of programme board review, in January 2025.
Secondary Care ePMA Programme: ABUHB and HDUHB signed contracts with their chosen supplier on 18th and 20th December 2024. Press releases began in January 2025, and there is continued engagement with HBs to complete the remainder. The National Collaborative Learning Network Event was held on 21st November 2024, to share and learn best practices from implementations in other organisations. CAVUHB and BCUHB have commenced the SMR APIs (GP Meds, GP Allergies, and Discharge Meds) onboarding process. Further, CAVUHB began testing their ePMA, in readiness for go-live and BCUHB are configuring their ePMA system. WCP integration with ePMAs is undergoing testing, enabling accessibility of ePMAs from a WCP patient record. Diagnostic test results feeding into CAVUHB and BCUHB's ePMAs have been completed for testing, with 13 diagnostic results approved by the national Pathology Service Management Board to support safe prescribing. ADTs integration flows development completed for BCUHB's ePMA with testing to be completed.
Patient Access Project: 3,046 "Prescription Ready" notifications sent to NHS Wales App, since go live on 29th May 2024, from two community pharmacies live with EPS. An additional four PMR suppliers started development work to use this prescription ready API. "Prescription Ready" API published on API platform. Additionally, the "Nominate Pharmacy" feature development has been recommenced since the NHS England API version 3 became available, allowing users to nominate a pharmacy in the NHS Wales App to receive a GP prescription digitally via EPS. NHS Wales App discovery effort started on presenting the "Medicines A-Z" list, which offers information about medicines.
SMR Project: SMR persistent store APIs (GP Medicines, GP Allergies and Discharge Medicines APIs) deployed to the production (Cloud) environment, ready for consumer access. The approach for migrating patient allergies and intolerances from legacy data repository to SMR has been agreed and migration of this data is planned to be completed in February 2025. Discovery effort to understand technical effort to integrate the NHS Wales App with the SMR, has commenced.

IMPACT:

- Enabling modernisation of medicines management, reducing dispensing errors and improving outcomes.
- Accessing medicines information regardless of where this originated
- Better access to medicines data and safer prescribing
- Improving patient empowerment and self-care

SITUATIONS OF NOTE:

ePMA: HB request was submitted to use the Discharge Advice Letter (DAL) feature in their chosen ePMA system instead of the WCP application's module. This will impact downstream systems such as Choose Pharmacy and its Discharge Medicines Review Service feature. Request reviewed by the WG's Digital Investment Panel in October and confirmation of agreement is outstanding.
ePMA: An ePMA supplier is enabling SMR integration in phases. Phase 1 is to provide "SMR read capability", which is planned for Spring 2025 and phase 2 "full read and write integration" is planned for Autumn 2025. Therefore, medicines, allergies and intolerances information recorded in this supplier's ePMA cannot be shared with the SMR and other applications until Autumn 2025.

MISSION 3: EXPAND the digital and care record and the use of digital to improve health and care

PORTFOLIO 3.1: ENGAGING WITH USERS: HEALTH AND CARE PROFESSIONALS

The Welsh Clinical Portal (WCP) has been developed to share, deliver and display patient information from a number of sources with a single log-on, even if that information is spread across health boards, together with key electronic tasks. We will (1) continuously add more clinical content and drive access and uptake through development of Application Programming Interfaces, (2) expand and increase uptake of electronic test requesting and results notifications and electronic sign off, (3) add new forms to our Nursing Care Record, (4) develop any future funded phases of the Cancer solution delivered in the WCP, (5) continue to work with NHS Wales partners as hosts of the Microsoft Centre of Excellence (CoE), and (6) prioritise user centre design principles to improve and test user satisfaction and drive digital maturity.

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Electronic requesting expanded across specialties			
Future phases of Cancer Informatics Solution			

CURRENT PORTFOLIO STATUS:

Cancer Programme Screening/colposcopy application MediScan installation with e-Form for clinic outcome capture completed. Image viewing capability due. **Cancer Programme** Palliative Care 4 new capabilities launched across Wales. **Canisc** oncology outside Velindre plan to migrate their Cancer data entry off Canisc almost complete.

Focus on **WCP to ePMA integration** for CAVUHB and BCUHB, including transfer of allergies to CDR/FHIRr4 for CAVUHB launch in January 2025. Focus on **RISP** (Philips/Soliton) Integration. **Growth Chart** to become the first UI capability to use CDR, launch set for January in line with CDR supported for clinical critical applications. **Result notification** development focused on digitising next-activity on workflow. **Subject Access Request** app being readied to launch in one health organisation for trial.

DELIVERY:

Cancer Programme delivered all 4 palliative care features. 3rd party MediScan software entered UAT.

WNCR. Now implemented to 90% of eligible adult wards across Wales. CAV rolling out at UHL and now at 31%, ABB now at 100%. WNCR paediatrics wider team including health organisation clinicians continuing towards the objectives to March 2025.

Hospital Initiated Referrals to roll out more widely after successful re-launch in SBUHB

Test requesting Pathology up 5% over November 2023. Radiology now in use across 6 health organisations, up 47% since November 2023 at over 35,000

WRRS and **WCRS** working group ongoing, enhancing processes and governance structures around onboarding new feeds.

WISDM Live in BCUHB Central, since December 2024.

M365 CoE – development of the Dental Access Platform; supporting safe multi-factor single sign on to new applications across NHS Wales; supporting Teams Telephony pilots; decommissioning MailMarshall following successful move to M365.

IMPACT:

- Clinically led development of digital solutions to support clinicians to deliver effective care means:
- More electronic data from other health boards and clinical colleagues ensures more informed decisions
- Spending less time on the phone awaiting results from GP, hospital and other settings
- Recording nursing assessments in a single system reduces the need for so much paper and the problems with locating and filing it
- Improving access to diagnostic investigations means patients can be treated earlier and with less duplicated
- procedures such as taking blood, having X-rays.
- Ensuring the cancer patient record is delivered on a modern and resilient IT platform that enables greater integration of care and provides the relevant data to guide service development. (Quality Statement for Cancer)

SITUATIONS OF NOTE:

Phlebotomy module pilot realigned to LIMS2 / TCLE timescale within SBUHB, given the HB resource implications on that significant change.

MISSION 3: EXPAND the digital and care record and the use of digital to improve health and care

PORTFOLIO 3.2: ENGAGING WITH USERS: PATIENTS AND THE PUBLIC

Digital Health and Care Wales is establishing a core platform of digital services for patients in Wales, that allows them to take control of their own health and well-being, make informed choices about their own treatment and find the most appropriate service for their needs across all settings not just primary care. We will:

- Continue to develop the NHS Wales App by adding to the core functional services for patients and the public supported by data interoperability and information governance
- Conduct user research with patients and the public to test new features and provide feedback to enable continuous improvement of the NHS Wales App
- Transition support of the NHS Wales App to DHCW
- Onboard and connect third party suppliers
- Work with partners including NHS organisations, Welsh Government, social care, third sector, industry partners and patients and the public to support service redesign

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025

NHS Wales App. Continue to develop and enhance by adding to the core functional services for patients and the public across care settings

CURRENT PORTFOLIO STATUS:

The NHS Wales App's transition to inhouse operational service is ongoing, with the software delivery plan in progress. Usage statistics as of the end of Q3 show a total of 306,355 App downloads, 311,405 distinct logins 1st- 31st December 2024 (4,632,370 total logins).

DELIVERY:

The Delivery plan for 2025/26 has been prepared and shared with the WG, which is aligned to the submitted business case.

Collaboration and Service Access Agreements for the Swansea Bay Patient Portal integration has been finalised and shared for signature.

The Delivery Increment 6 scope and work package has been prepared.

Venues have been confirmed for 2024/25 Q4 prioritisation workshops.

Two long term problem records with a GP system supplier affecting 41 incidents related to the NHS Wales App, have now been resolved.

IMPACT:

- A safe, secure, inclusive platform to empower patients in their health and wellbeing and enable integration of products and systems to support service transformation
- Patients across Wales have the opportunity to interact with a tool that will help them manage their health and care needs while promoting diversity and inclusivity
- Enables the health and care system to be more efficient in the provision of care when and where it is needed

SITUATIONS OF NOTE:

Formal confirmation pending for when/how the business case for the NHS Wales App will be considered. Confirmation pending of national identity verification standard for Wales. Capital funding not yet confirmed to support priority patient pathway feature delivery. Confirmation pending to proceed with Welsh Identity Verification Service.

MISSION 4: DRIVE better value and outcomes through innovation

PORTFOLIO 4.1: RESEARCH AND INNOVATION

We will continue to deliver the four aims of our Research and Innovation (R&I) Strategy 2022-25. Working across teams and with external R&I partners, we aim to help develop the knowledge, innovation and insight required for service improvement, transformation and better health outcomes. This includes a robust, transparent and assured R&I governance process for the prioritisation and management of all proposals, requests, programmes and collaborations - along with the resources, engagement mechanisms and support systems required.

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Support clinical trials – Find recruit, follow up service		Ongoing agreements with academic research and industry partners	

CURRENT PORTFOLIO STATUS:

The Learning & Development Framework and Communications & Engagement Plan was approved at November R&I Board with R&I website finalised for January 2025. The R&I Learning and Development Plan was presented and approved at R&I board in January 2025. Facilitated a workshop on AI Adoption in Information, Intelligence and Research, in November 2025.

Open Press Feasibility Study is awaiting confirmation from WIDI partners on procurement plans to progress study.

We continue to explore and support grant applications. Ongoing agreements with academic research and industry partners, including the Bevan Commission to collaborate on R&I projects, linking to prioritised commitments including monitoring of outcomes and impact. R&I Impact assessment Framework for Board papers reviewed and approved at R&I Board. There is a focus on executive engagement programme for R&I. Continued collaboration with Health Care Research Wales (HCRW) to scope potential support for clinical trials. Scoping a commercial clinical trial recruitment service, in collaboration with the Secure Anonymised Information Linkage Databank (SAIL) and HCRW, to expand the datasets made available under Find, Recruit & Follow Up to include primary care data, which would be funded through the voluntary scheme for branded medicines pricing, access and growth (VPAG) programme.

E-Library e-Journals and evidence summary tender awarded. Databases due for re-procurement have been reviewed with some recommendations to changes to the collection made; Cochrane library database reviewed in line with all Wales data and OpenAthens reviewed for re-procurement.

DELIVERY:

DHCW supporting with Data provision for the ASSIST2 research project in collaboration with WAST. Worked with University of Oxford to support the delivery of the SIMPLIFY study extension, across Wales. Ongoing discussions with University and HCRW to support the delivery of BEST4 research project, across Wales. Potential collaboration with National Imaging Academy Wales in applying for a National Institute of Health and Care Research grant to develop standard for imaging for surveillance of patients with gall bladder polyps.

DHCW R&I Finance Paper was approved at Management Board in November 2024. DHCW R&I commercial support paper approved at Management Board, with 'In-form Solutions' commissioned to address current capacity challenges for support with R&I legal agreements and a further action for the Commercial Services team to provide record of all projects requiring input.

Work with the National Innovation Leads Group to develop website and share national resource to support adoption of innovation across Wales.

E-Library: Procurement activity completed to time and preparations made for Q4 and 2025-26 re-procurement work. Made headway on Return on Investment methodology for e-Library service to demonstrate impact of the service.

IMPACT:

- A thriving R&I culture, promoting evidence and knowledge utilisation through increased engagement and activities
- Increased partnerships focused on R&I
- Improved quality and impact
- Participation in all Wales projects to support national priorities
- Increased usage of e–Library resources for knowledge sharing

SITUATIONS OF NOTE:

Additional support required for legal review; numerous contracts are still awaiting legal/commercial input and delays could pose potential reputational risk and loss of income. Potential immediate support identified through shared services Legal support. In-form solutions commissioned to work with DHCW teams to review current partnership arrangements to develop some standard ways of working and supporting documentation.

MISSION 4: DRIVE better value and outcomes through innovation

PORTFOLIO 4.2: VALUE FROM DATA

This work focuses on the full life cycle of data from the acquisition and curation of data, the analysis of data to provide intelligence for informed decision making, to initiating actions that provide value through improvement in service delivery and population health. Our aims are described in our Information and Analytics Strategy. This will be aligned with, and remain responsive to, the requirements of major stakeholders and national programmes such as Value in Health, Six Goals for Urgent and Emergency Care, and the Cancer Improvement Plan. Work will continue to develop prioritised information dashboards and visualisations and will collaborate with the National Data Resource Programme to transition to the cloud platform.

Q1 APR-JUN 2024	Q2 JUL-SEP 2024	Q3 OCT-DEC 2024	Q4 JAN-MAR 2025
Data analysis and reporting for strategic programmes and public health		Explore natural language processing opportunities	Data analysis and reporting for strategic programmes and public health

CURRENT PORTFOLIO STATUS:

The Information Services Department (ISD) continues to support the Cancer Informatics Programme, Value in Health Programme and the Vaccine/Covid-19 programme. New dashboards, such as admitted vs non-admitted median times, End of Life Dashboard Phase 2, Bed Days, Major Patient Surgery and Waiting Times, continue to develop. The focus of the Primary Care Information team has been on identifying the way forward, following a supplier withdrawal from the market. The PCIP achieved its 500,000 hits milestone, since its inception in 2015 and has evolved considerably, in terms of usage and importance to GP practices. The Information & Analytics Strategy Plan for 2024 has been reviewed and closed. The Plan for 2025 is being finalised and work will commence soon. Significant work continues with new data flows and updates to existing data flows, such as Systemic Anti-Cancer Therapy, District Nursing, and Child Health Immunisation.

DELIVERY:

PoC notification of their successful reaccreditation under the Digital Economy Act data accreditation in September 2024. This enables DHCW to continue to act as a trusted Third-Party service for Swansea University, providing linkage and anonymisation of data for the SAIL, benefitting the university and research.

Reports of the indicators and declarations for the General Medical Services (GMS), Contract Assurance Framework, Q2 Access Standards submissions and analyses, and the GP Practice submissions Annual Returns were completed and presented in the PCIP, allowing Practices and HB Primary Care teams to see their activities and reports within PCIP.

An Organisation for Economic and Co-operative Development PaRIS poster was presented at the PROMIS 24 International Conference in Cologne; demonstrating that the PaRIS study population can be used as a population needs assessment in Wales. A further two posters have been accepted for the Medical Informatics Europe Conference in Glasgow in May 2025.

A 'hackathon' took place with Vascular Disease clinicians on creating a potential prognostic tool for possible amputations. This collaboration between analysts and clinicians has allowed the analysts to learn new skills and originate a way of transforming data into a single dataset for modelling. The WISDM dashboard, used by staff working in diabetes management to support patients and clinical decision-making, was released and will benefit NHS Wales and reporting to the WG.

Other dashboards were also released and published, including Kidney Cancer, Breast Cancer, Non-Hodgkins Lymphoma, Bowel, Pancreatic, Oesophago-gastric and Prostate Reports, Knee Dashboard - phase 2 and Hip Dashboard - phase 3, Vascular Dashboard (Phase 2) and the Lung Audit Report. This enables HBs to validate data and benefits patients and clinicians across Wales.

A PoC demonstration to NHS Wales users took place for replacing the Switching Service acquisition of the APC dataset. This included how to move data from GCP back to on-prem SQL server. Positive feedback was received, and it will enable ISD to collaborate more on GCP in the future, benefitting all of NHS Wales.

IMPACT:

- Better health outcomes through the ability to target health promotion activities and self-care
- Increased visibility of health intelligence to support programme delivery to target health strategies
- Data can be transferred across solutions to reduce repetitive questioning and improve clinician and patient experience
- Identifying service bottlenecks and sub-optimal activities to help redesign the patient pathway and make sure patients get seen when needed in the right place.

SITUATIONS OF NOTE: