

PWYLLGOR CYFLAWNI RHAGLENNI CYHOEDDUS

Thu 06 November 2025, 09:30 - 12:50

Microsoft teams

Agenda

09:30 - 09:30

0 min

1. MATERION RHAGARWEINIOL

1.1.

Croeso a chyflwyniadau

I'w Nodi

Cadeirydd

1.2.

Ymddiheuriadau am Absenoldeb

I'w Nodi

Cadeirydd

1.3.

Datganiadau o Fuddiant

I'w Nodi

Cadeirydd

09:30 - 09:40

10 min

2. AGENDA GYDSYNIO

2.1.

Cofnodion y Cyfarfod Diwethaf

I'w Gymeradwyo

Cadeirydd

Cyhoeddus• Preifat - crynodeb

- Cyhoeddus

📄 2.1i DRAFT PDC Minutes PUBLIC 09 September 2025-en-cy-C.pdf (9 pages)

2.2.

Blaengynllun Gwaith

I'w Nodi

Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

📄 2.2 Forward Workplan.pdf (5 pages)

2.3.

Teipoleg y Rhaglen

I'w Nodi

Cyfarwyddwr Gweithredol Strategaeth

📄 2.3 Programme Commercial Typology Model Guidance PDC 6 Nov 2025 Issued.pdf (10 pages)

09:40 - 10:00


20 min

3. I'W HADOLYGU

3.1.

Cofnod Gweithredu

Er Sicrwydd *Cadeirydd*

 3.1 PDC Action Log - (2) Public.pdf (1 pages)

10:00 - 11:10

70 min

4.

ER SICRIFYDD

4.1.

Adroddiadau Sicrwydd Blynyddol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

4.1.1.

System Wybodaeth Gofal Cymunedol Cymru (WCCIS) a Chysylltu Gofal

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

 4.1i Assurance Report Connecting Care.pdf (2 pages)

4.1.2.

Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

 4.1ii DSPP NHS Wales App – PDC - v1.1.pdf (10 pages)

4.1.3.

Adnodd Data Cenedlaethol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

 4.1 iii NDR Phase 4 Overview PDC Final Slides.pdf (32 pages)

Break-10mins

11:00-11:10

11:10 - 12:50

100 min


5.

LLYWODRAETHU, RISG, PERFFORMIAD A SICRIFYDD

5.1.

Adroddiad Rhaglenni Mawr

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

 5.1 Major Programme Report.pdf (6 pages)

5.1.1.

Gweinyddu Cleifion Cymru (Dadgyfuno a mudo) –

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

5.1.2.

System Gwybodaeth Gofal Dwys Cymru (WICIS)

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

5.1.3.

Caffael System Gwybodaeth Radioleg (RISP)

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

**5.1.4.
System Gwybodaeth Labordy**

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

**5.1.5.
Fframwaith Systemau Meddygon Teulu**

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

**5.1.6.
Cytundeb Microsoft 365 Enterprise**

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

**5.1.7.
Pontio i'r Cwmwl**

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

**5.1.8.
Moddion Digidol - Gwasanaeth Presgripsiynau Electronig (EPS)**

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

**5.1.9.
Moddion Digidol - Rhagnodi a Gweinyddu Meddyginiaethau yn Electronig (ePMA)**

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

**5.1.10.
Gwybodeg Canser**

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

**5.1.11.
Hwb Integreiddio**

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

**5.1.12.
Y Saernïaeth Darged Genedlaethol**

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

**5.1.13.
Adnodd Data Cenedlaethol**

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

**5.1.14.
Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd**

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

**5.1.15.
Cysylltu Gofal**

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

5.2.

Y Gofrestr Risg Corfforaethol

I'w Dra fod *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

- **Dadansoddiad Tueddiadau Risgiau Corfforaethol**

 5.2 Corporate Risk Register - October 25 PDC.pdf (7 pages)

 5.2ii Corporate Risk Trending Analysis September 2025 PDC.pdf (8 pages)

5.3.

Statws Uwchgyfeirio – Diweddariad ar y Cynllun Gwella

Er Sicrwydd *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

 5.3 Escalation PDC Update.pdf (8 pages)

12:50 - 12:50

6.

0 min

MATERION I GLOI

6.1.

Unrhyw Faterion Brys Eraill

I'w Dra fod *Cadeirydd*

6.2.

Adroddiad Crynhoi Cynnydd y Pwyllgor i Fwrdd yr AIA

I'w Nodi *Cadeirydd*

6.3.

Dyddiad y cyfarfod nesaf: 05 Chwefror 2026

I'w Nodi *Cadeirydd*

CYFARFOD EITHRIADOL PWYLLGOR CYFLAWNI RHAGLENNI - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

🕒 11:00 -12:00

📅 09 Medi 2025



MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd y Pwyllgor	IGDC
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	IGDC
Rowan Gardner	RoG	Aelod Annibynnol	IGDC
Marion Jones	MJ	Aelod Annibynnol	IGDC

Yn Bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol Ysgrifennydd y Bwrdd	IGDC
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	IGDC
Sam Hall	SH	Cyfarwyddwr Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol Dirprwy Ysgrifennydd y Bwrdd	IGDC
Michelle Sell	MS	Cyfarwyddwr Rhaglenni ac Ymgysylltu	IGDC
Olivia Shorrocks	OS	Pennaeth Perfformiad, Uwchraddio ac Ymyrraeth	LIC
Belinda Mills	BM	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	IGDC

Acronymau

AIA	Awdurdod Iechyd Arbennig	WPAS	System Gweinyddu Cleifion Cymru
NDR	Adnodd Data Cenedlaethol	LINC	Rhwydwaith Gwybodaeth Labordai Cymru
SRO	Uwch Swyddog Cyfrifol	BAU	Busnes fel Arfer

DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WICIS	System Wybodaeth Gofal Dwys Cymru
GIG	Gwasanaeth Iechyd Gwladol	IGDC	Iechyd a Gofal Digidol Cymru
WCCIS	System Wybodaeth Gofal Cymunedol Cymru	LIMS	System Rheoli Gwybodaeth Labordy
AB	Bwrdd Iechyd Prifysgol Aneurin Bevan	CTM	Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
LIC	Llywodraeth Cymru	PDC	Pwyllgor Cyflawni Rhaglenni
DMC	Mamolaeth Ddigidol Cymru	OBC	Achos Busnes Amlinellol
EPS	Gwasanaeth Presgripsiynau Electronig	RISP	Caffael y System Gwybodeg Radioleg
UAT	Profion Derbynioldeb Defnyddwyr	CDR	Ystorfa Data Gofal
BIPBC	Bwrdd Iechyd Prifysgol Betsi Cadwaladr	LIC	Llywodraeth Cymru
IQPD	Cynllunio a Darparu Ansawdd Integredig	WIVS	Gwasanaeth Dilysu Hunaniaeth Cymru
BIPBA	Bwrdd Iechyd Prifysgol Bae Abertawe	DDaT	Bwrdd Digidol, Data a Thechnoleg
EPMA	Rhagnodi a Gweinyddu Meddyginiaethau yn Electronig		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd bawb i gyfarfod eithriadol Pwyllgor Cyflawni Rhaglenni Iechyd a Gofal Digidol Cymru a chyflwynodd Olivia Shorrocks, Pennaeth Perfformiad, Uwchgyfeirio ac Ymyrraeth o Lywodraeth Cymru, yn benodol fel Sylwedydd.</p> <p>Nododd y Cadeirydd y bydd cyfarfodydd y Pwyllgor Cyflawni Rhaglenni yn cael eu cynnal yn amlach oherwydd newid statws uwchgyfeirio Iechyd a Gofal Digidol Cymru (IGDC) o Lefel 1 i Lefel 3. Ffocws y cyfarfod yw goruchwyllo cynnydd mewn perthynas â'r cynllun gwella uwchgyfeirio.</p> <p>Darparodd y Cadeirydd hefyd hysbysiadau cadw tŷ ynghylch agweddau technegol ar gofnodi'r cyfarfod a'r disgwyliadau o ran ymddygiad safonol.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <ul style="list-style-type: none"> Sam Lloyd, Cyfarwyddwr Gweithredol 	Nodwyd	Dim i'w nodi

Cofnodion wedi'u cadarnhau ar gyfer:

Cyfarfod Eithriadol Pwyllgor Cyflawni Rhaglenni - Cyhoeddus Medi 2025

“Cynhyrchwyd y ddogfen gyda chymorth Co-pilot.”



	<p>Gweithrediadau</p> <ul style="list-style-type: none"> Simon Jones, Cadeirydd y Bwrdd 		
1.3	<p>Datganiadau o Fuddiant</p> <p>Nid oedd unrhyw ddatganiadau o fuddiant.</p>	Nodwyd	Dim i'w nodi
RHAN 2 - PRIF AGENDA			
2.1	<p>Cofnodion y Cyfarfod Diwethaf</p> <ul style="list-style-type: none"> Cyhoeddus Preifat - crynodeb <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</p> <p>GYMERADWYO cofnodion y cyfarfod diwethaf.</p>	Cymeradwywyd	Dim i'w nodi
2.2	<p>Cofnod Gweithredu</p> <p>Nododd y Pwyllgor nad oedd unrhyw gamau gweithredu newydd ar y cofnod gweithredu.</p> <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</p> <p>NODI'R Cofnod Gweithredu.</p>	Trafodwyd	Dim i'w nodi
2.3	<p>Statws Uwchgyfeirio - Diweddariad ar y Cynllun Gwella</p> <p>Cyflwynodd Chris Darling (CD), Cyfarwyddwr Materion Corfforaethol Ysgrifennydd y Bwrdd, y diweddariad a thynnodd sylw at weithgareddau ers y cyfarfod diwethaf, gan gynnwys y cyfarfodydd IQPD ar 18 Awst 2025 gyda Llywodraeth Cymru, a adolygodd gyflawni cerrig milltir ar gyfer Gorffennaf 2025, rhagolwg ar gerrig milltir mis Medi ac archwiliadau manwl i'r rhaglenni diagnostig (LIMS a RISP) ac ap GIG Cymru.</p> <p>Cynllun Gwella Monitro Gwell - Diweddariad Cerrig Milltir Medi 2025</p> <p>1. Datblygu a Dylunio Saernïaeth Menter Targed Cenedlaethol Gyfredol a Dyfodol: Adroddodd IE fod cynnydd sylweddol wedi'i wneud o ran mapio saernïaeth menter GIG Cymru, gyda thua 1,000 o systemau wedi'u mapio a 500 i 600 yn weddill, gan ddarparu digon o wybodaeth i asesu'r cyflwr presennol. Mae'r contractwr wedi cwblhau drafft cyntaf yr adroddiad cyflwr cyfredol ac mae ar fin cyflwyno'r adroddiad Saernïaeth Darged drafft. Mae hyder cryf y bydd modd cyrraedd y garreg filltir diwedd y mis, a gefnogir gan adolygiad allweddol gan y bwrdd prosiect a drefnwyd ar gyfer 25 Medi 2025. Priodolir y cynnydd cyflym hwn i gydweithio effeithiol ar draws GIG Cymru, ochr yn ochr ag ymgysylltu parhaus â chyfarwyddwyr a sefydliadau digidol i sicrhau cyfranogiad ledled y system yn y gwaith saernïaeth.</p> <p>2.1 Lansiad Cyhoeddus Ap GIG Cymru: Rhoddodd CD y wybodaeth ddiweddaraf fod ap GIG Cymru wedi'i</p>	Trafodwyd	<p>Cam Gweithredu A01 -</p> <p>Gofynnodd RG na ddylid anwybyddu diweddariadau gyda risgiau heb eu datrys neu heb arweiniad presennol heb graffu priodol a gofynnodd am ddilyniant ar yr eitem hon.</p>

Cofnodion wedi'u cadarnhau ar gyfer:

Cyfarfod Eithriadol Pwyllgor Cyflawni Rhaglenni - Cyhoeddus Medi 2025

“Cynhyrchwyd y ddogfen gyda chymorth Co-pilot.”



lansio'n ffurfiol ym mis Mai gan y Gweinidog yn ystod cyfarfod cyntaf Bwrdd Arweinyddiaeth DDaT, ac er nad yw'r ymgyrch gyfathrebu gyhoeddus wedi digwydd eto, mae'r amseru gyda'r Gweinidog; ystyrir bod y garreg filltir wedi'i chwblhau o safbwynt cyflawni.

2.2 Nodweddion Ch1 a Ch2 wedi'u cyflwyno yn unol â'r map ffordd "arian" a gymeradwywyd gan y

Gweinidog: Esboniodd IE fod y "map ffordd arian" ar gyfer Ap GIG Cymru wedi'i gytuno'n gynharach yn y flwyddyn fel cynllun cyflawni lefel ganol, gan gydbwyso nodweddion a chost. Mae cynnydd ar y trywydd iawn, wedi'i gefnogi gan gyllid wedi'i gadarnhau o flaen llaw. Fodd bynnag, mae cyflwyno nodweddion fel apwyntiadau cleifion allanol wedi profi'n gymhleth oherwydd yr angen i ddilysu data clinig a gedwir mewn systemau PAS lleol yn fanwl, gan fod y wybodaeth hon na fwriadwyd erioed i gleifion ei gweld bellach yn cael ei gwneud yn weladwy yn yr ap. Mae hyn wedi creu oedi wrth ymsefydlu ledled Cymru. Mae Bwrdd Arweinyddiaeth DDaT yn adolygu sut i gyflymu'r broses hon ar 10 Medi 2025. Ar hyn o bryd mae hyder wrth ddsbarthu wedi'i raddio'n ambr oherwydd oedi posibl wrth ddsbarthu llythyrau clinigol fel nodwedd alffa erbyn diwedd mis Medi. Er bod y dull gwreiddiol yn adlewyrchu'r un a ddefnyddiwyd ar gyfer apwyntiadau, mae lefel yr ymdrech sydd ei hangen wedi ysgogi adolygiad o'r dyluniad i symleiddio'r broses o ymsefydlu. Gallai hyn arwain at oedi tymor byr ond byddai'n rhoi mwy o hyder o ran cyflawni'r broses gyflwyno lawn ledled Cymru, sy'n parhau i fod yn flaenoriaeth allweddol i weinidogion a defnyddwyr. Nodwyd bod angen mwy o eglurded rhwng "wedi darparu" ac "wedi lleoli" ar ymarferoldeb newydd"

3.2 Manyleb Gofal Cymunedol a strategaeth

Fasnachol y cytunwyd arnynt: Cadarnhaodd SH fod strategaeth ar waith yn cael ei chwblhau gyda mewnbwn gan bartneriaid y bwrdd iechyd a bydd yn cael ei chyflwyno i Fwrdd y Rhaglen Cysylltu Gofal erbyn diwedd yr wythnos. Ochr yn ochr â hynny, mae gwaith yn mynd rhagddo gyda'r Rhaglen Strategol ar gyfer Gofal Sylfaenol a Llywodraeth Cymru i asesu a allai un ateb gefnogi cynhyrchion digidol iechyd cymunedol a chlwstwr presennol. Os yw'n ymarferol, gallai hyn gynnig mwy o effeithlonrwydd a chost-effeithiolrwydd. Mae'r adolygiad hwn yn cael ei gynnal cyn mynd i'r farchnad i sicrhau bod y gofynion cywir ar waith, er y disgwylir i unrhyw oedi yn yr amserlenni fod yn fach iawn. Cododd SH ddau bwynt ariannu allweddol hefyd. Yn gyntaf, croesawodd SH gyllid eleni ar gyfer dyfeisiau, sy'n hanfodol i gefnogi unrhyw gyflwyniad system fodern. Fodd bynnag, mynegodd SH bryder mai dim ond am flwyddyn y mae'r cyllid. Mae byrddau

Cofnodion wedi'u cadarnhau ar gyfer:

Cyfarfod Eithriadol Pwyllgor Cyflawni Rhaglenni - Cyhoeddus Medi 2025

“Cynhyrchwyd y ddogfen gyda chymorth Co-pilot.”



iechyd yn betrusgar i ymrwymo i raglen aml-flwyddyn fel Cysylltu Gofal heb sicrwydd ariannol hirdymor, ac mae'r mater hwn yn cael ei drafod yn weithredol drwy'r bwrdd rhaglen.

4.2 Cytunwyd ar gynllun ac amserlen mudo data gyda rhanddeiliaid drwy Fwrdd Rhaglen NDR a/neu wedi'u cyfarwyddo gan Lywodraeth Cymru:

Adroddodd IE fod y cynllun a'r amserlen mudo data ar gyfer y rhaglen NDR wedi'u marcio'n ambr. Mae cynnydd wedi'i wneud, ond collwyd amser yn datrys y cytundeb rheolydd ar y cyd, gan ohirio trafodaethau cynllunio ymarferol. Mae byrddau iechyd wedi cyflwyno cynlluniau sy'n cael eu hadolygu i benderfynu a ydynt gyda'i gilydd yn ffurfio cynllun mudo y cytunwyd arno. Mae hyder rhesymol, ond nid sicrwydd llwyr, y bydd y garreg filltir yn cael ei chyflawni erbyn diwedd y mis.

5.4 RISP Yn Fyw mewn un Bwrdd Iechyd ac un Ymddiriedolaeth Erbyn: Cadarnhaodd CD fod system RISP wedi mynd yn fyw yn llwyddiannus yn Iechyd Cyhoeddus Cymru, Bwrdd Iechyd Prifysgol Betsi Cadwaladr a Bwrdd Iechyd Addysgu Powys gan gyflawni carreg filltir mis Medi. Pwysleisiodd CD, er gwaethaf y cyflawniad hwn, fod pwysau a ffocws sylweddol o hyd yn ofynnol ar gyfer cyflawniad parhaus y rhaglen.

6.1 Map ffordd mudo (practisiau meddygon teulu o INPS i EMIS) yn cael ei adrodd yn rheolaidd i Lywodraeth Cymru: Rhoddodd CD ddiweddariad fod y map ffordd mudo yn mynd rhagddo'n dda, gyda 32 o bractisiau wedi mudo hyd yn hyn a bod y targed o 40 erbyn diwedd mis Medi ar y trywydd iawn.

7.2 Cyflawni yn erbyn cynllun ymgysylltu rhanddeiliaid EPMA i sicrhau gwelliant parhaus, i gynnwys cleifion, darparwyr gofal iechyd a darparwyr technoleg: Rhoddodd CD ddiweddariad fod cynllun ymgysylltu drafft ar gyfer carreg filltir rhanddeiliaid EPMA ar waith ac yn mynd trwy'r broses gymeradwyo ar hyn o bryd.

7.4 Parhau i gyflwyno'r Gwasanaeth Presgripsiynau Electronig (EPS) i amserlen y rhaglen - 105 o feddygfeydd teulu yn fyw gydag EPS erbyn mis Medi 2025: Adroddodd CD fod cyflwyno'r Gwasanaeth Presgripsiynau Electronig (EPS) i 105 o feddygfeydd teulu sy'n cynrychioli 28% o feddygon teulu yng Nghymru wedi'i gwblhau ychydig cyn y garreg filltir diwedd mis Medi. Mae ystadegau defnydd o fferyllfeydd cymunedol a chyfrolau presgripsiynau yn dangos bod y defnydd yn gadarnhaol.

8. Gofal Dwys - cynnal asesiad o'r camau nesaf ar gyfer y rhaglen hon, a sut y dylid ei hadnoddu a'i harwain: Nododd CD fod y garreg filltir gofal dwys yn cynnwys llythyr gan y Cyfarwyddwr Cyffredinol i gyrff y

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GIG, gan gynnwys Iechyd Digidol a Gofal Cymru, gan amlinellu rhaglen weithgarwch arfaethedig. Mae cerrig milltir diweddar, fel gweithdai clinigol ac ailosod rhaglen, wedi'u cwblhau. Mae'r rhaglen yn parhau i fod ar y trywydd iawn i gael ei chyflwyno i fwrdd y rhaglen erbyn diwedd mis Medi.

- Adroddodd MS gynnydd cryf ar y rhaglen gofal dwys, gan dynnu sylw at lefelau uchel o ymgysylltu clinigol a thechnegol a strwythurau llywodraethu gwell. Mae grŵp technegol bellach wedi'i sefydlu, ac mae Byrddau Iechyd yn cymryd rhan weithredol yn y broses o lunio'r cynnig. Y nod yw cyflwyno'r cynnig i'r Bwrdd Rhaglen ar 23 Medi 2025 i gytuno arno, a disgwylir i Lywodraeth Cymru ei adolygu ar 25 Medi.

9.3 Cefnogi datblygu a chyflawni map ffordd datblygu data ar gyfer gwasanaethau canser i fynd i'r afael â'r holl ddiffygion data sy'n rhwystro rheoli a goruchwylio systemau: Er bod yr adborth mewnol diweddaraf wedi graddio'r garreg filltir yn wyrdd a bod cynnydd yn parhau mewn cydweithrediad â'r Uned Perfformiad a Gwella, fe'i marciwyd yn ambr gan CD oherwydd ei gyfranogiad uniongyrchol cyfyngedig ac absenoldeb yr arweinydd Gweithredol.

Cam Gweithredu A01

Gofynnodd RG na ddylid anwybyddu diweddariadau gyda risgiau heb eu datrys neu heb arweiniad presennol heb graffu priodol a gofynnodd am ddilyniant ar yr eitem hon.

10.1 Adroddiad cryno ar fap ffordd llywodraethu a gweithredu Rhaglenni Mawr, trwy Bwyllgor Cyflawni Rhaglenni IGDC: Diweddarodd CD fod yr adroddiad yn cael ei ddrافتio ar hyn o bryd, gyda'r Cyfarwyddwr Rhaglenni ac Ymgysylltu yn arwain y gwaith, a bod hyder y bydd yn cael ei gyflwyno ar amser. Cysylltodd CD hyn hefyd â cherrig milltir 10.3 a 10.4, sy'n ymwneud â theipoleg rhaglenni a fframweithiau masnachol. Cyflwynwyd rhywfaint o waith cychwynnol yn sesiwn datblygu'r Pwyllgor Cyflawni Rhaglenni (PDC) ym mis Mai, a disgwylir diweddariadau pellach. Nododd CD y gallai fod angen iddynt drefnu adolygiad electronig neu sesiwn datblygu yn ddiweddarach yn y mis i sicrhau bod y cerrig milltir hyn yn cael eu craffu'n briodol.

11.4 Orlhain cyflawni cynllun gweithredu adolygu rhanddeiliaid (ar draws y chwe thema a neilltuwyd i IGDC): 40% o gamau gweithredu IGDC wedi'u cwblhau erbyn mis Medi 2025: Cadarnhaodd CD fod 53% o gynllun cyflawni cerrig milltir penodol i IGDC

Cofnodion wedi'u cadarnhau ar gyfer:

Cyfarfod Eithriadol Pwyllgor Cyflawni Rhaglenni - Cyhoeddus Medi 2025

“Cynhyrchwyd y ddogfen gyda chymorth Co-pilot.”



wedi'i gwblhau, gan eu cadw ychydig o flaen yr amserlen.

11.5 Diweddariad ar gyflawni camau gweithredu system o'r adolygiad rhanddeiliaid; Rhoddodd CD ddiweddariad fod 45% o'r camau gweithredu system-gyfan ehangach o'r adolygiad rhanddeiliaid wedi'u cwblhau.

- Pwysleisiodd CD fod cynnydd parhaus ar y cerrig milltir hyn yn cefnogi hygyrdd IGDC ac yn eu rhoi mewn sefyllfa dda ar gyfer dad-ddwysáu posibl yn y dyfodol agos.
- 10.3 Cytunwyd ar y diffiniad ar gyfer categorïau "rhaglen fawr" - wedi'i gymeradwyo gan Bwyllgor Cyflawni Rhaglenni IGDC a'i gyflwyno i Lywodraeth Cymru/partneriaid
- 10.4 Fframwaith ar gyfer opsiynau masnachol ar gyfer rhaglenni "digidol mawr" i'w gymeradwyo gan Bwyllgor Cyflawni Rhaglenni IGDC a'i gyflwyno i Lywodraeth Cymru/partneriaid

Teipoleg Rhaglenni a Masnachol:

Rhoddodd MS drosolwg o'r gwahanol deipolegau rhaglenni a chontractau a ddefnyddir gan IGDC.

Amlinellodd MS dri phrif fath o raglenni cyflawni:

- **Rhaglenni Cyflawni IGDC** (e.e. DSPP, WNCR, EPS): gweithredu dan arweiniad IGDC yn gweithio'n uniongyrchol gyda chyflenwyr; penderfyniad gweithredu wedi'i wneud gan IGDC.
- **Rhaglenni Partneriaeth Cenedlaethol**
 - a. Contract Sengl** (e.e. LIMS, NDR): Rheolir/Cydlynir y gweithrediad gan IGDC gydag un contract Cymru Gyfan, un achos busnes cyfunol, cyllid rhaglen fel arfer yn cael ei ddsbarthu o Lywodraeth Cymru drwy IGDC i bartneriaid cyflawni lleol, atebolrwydd o leol i genedlaethol i Lywodraeth Cymru, gwneir penderfyniadau gweithredu ar y cyd. Bwrdd y Rhaglen Genedlaethol, gwneud penderfyniadau ar y cyd, Cadeirydd Goruchwylio Rhaglen annibynnol, Byrddau gweithredu lleol.
 - b. Contractau ar y cyd** (e.e. RISP, WCCIS): Rheolir/Cydlynir y gweithrediad gan IGDC gyda rheoli contract ar y cyd (e.e. contract Cytundeb Gwasanaethau Meistr gyda rheolau trefnu lleol), un achos busnes cyfunol, cyllid rhaglen fel arfer yn cael ei ddsbarthu o Lywodraeth Cymru drwy IGDC i bartneriaid cyflawni lleol, atebolrwydd o leol i genedlaethol i Lywodraeth Cymru,

Cofnodion wedi'u cadarnhau ar gyfer:

Cyfarfod Eithriadol Pwyllgor Cyflawni Rhaglenni - Cyhoeddus Medi 2025

"Cynhyrchwyd y ddogfen gyda chymorth Co-pilot."



gwneir penderfyniadau gan bartneriaid cyflawni lleol yn y pen draw. Bwrdd y Rhaglen Genedlaethol – penderfyniadau a bennir yn lleol, Cadeirydd Goruchwylio Rhaglen annibynnol, Byrddau gweithredu lleol.

- **Rhaglenni Cymorth Cenedlaethol** (e.e. EPMA, Mamolaeth (newydd), PACs Etifeddiaeth): gweithredu wedi'i gefnogi gan IGDC gyda rheoli contractau lleol, achosion busnes cenedlaethol a lleol ar wahân, cyllid rhaglen yn cael ei ddsbarthu o Lywodraeth Cymru yn uniongyrchol i IGDC ac i bartneriaid cyflawni lleol, atebolrwydd yn uniongyrchol o leol a chenedlaethol i Lywodraeth Cymru, gweithredu gan bartneriaid cyflawni lleol yn unig. Gall gynnwys cyflwyno cynhyrchion, safonau ac integreiddiadau sy'n hanfodol i'r ddarpariaeth leol. E.e. integreiddio ePMA i saerniaeth genedlaethol a rhannu data. Penderfyniadau a bennir yn lleol drwy Fyrddau llywodraethu lleol.

Teipoleg - Mathau o Gontractau:

- Amlinellodd MS y gwahanol fathau o gontractau y mae IGDC yn eu defnyddio ar draws ei raglenni. Esboniodd MS fod rhai rhaglenni'n gweithredu o dan gontract Cymru Gyfan Sengl a reolir gan IGDC ar ran y GIG, gyda gwasanaethau'n cael eu darparu i Fyrddau Iechyd ac ymddiriedolaethau. Ystyrir mai dyma'r model symlaf ar gyfer rheoli datrysiadau cenedlaethol.
- Mae model arall, fel yr un a ddefnyddir ar gyfer y RISP (Rhaglen System Gwybodaeth Radioleg), yn cynnwys Cytundeb Gwasanaethau Meistr a gedwir yn ganolog, gyda chontractau unigol yn eiddo i bob sefydliad, sy'n arwain at ddeinameg cyflawni mwy cymhleth.
- Soniodd MS hefyd nad yw pob datrysiad yn cael ei gaffael, mae rhai yn cael eu datblygu'n fewnol neu drwy drydydd partion, fel ap GIG Cymru. Mae'r rhan fwyaf o raglenni cenedlaethol yn defnyddio un o bedwar model contract, pob un â'i fanteision a'i anfanteision ei hun.
- Nododd MS fod y gwaith teipoleg contract hwn yn cael ei alinio â'r dull saerniaeth ddigidol ehangach "Unwaith i Gymru", sy'n seiliedig ar fodel tair haen o ddatrysiadau digidol cenedlaethol a hyrwyddir gan Lywodraeth Cymru. Mae hyn yn cynnwys datrysiadau cyffredin, a rennir ar y brig a rhai mwy amrywiol yn lleol ar y gwaelod, gyda ffocws ar sicrhau rhyngweithrediadau ac aliniad.

Cofnodion wedi'u cadarnhau ar gyfer:

Cyfarfod Eithriadol Pwyllgor Cyflawni Rhaglenni - Cyhoeddus Medi 2025

"Cynhyrchwyd y ddogfen gyda chymorth Co-pilot."



	Penderfynodd y Pwyllgor Cyflawni Rhaglenni: <ul style="list-style-type: none">• NODI statws presennol y Cynllun Gwella Uwchgyfeirio Monitro Uwch er SICRWYDD• NODI bod Bwrdd IGDC am ystyried ystyriaethau system gyfan mewn perthynas ag uwchgyfeirio.• TRAFOD yr ymateb i uwchgyfeirio ac ystyried unrhyw uwchgyfeirio i Fwrdd yr AIA.		
RHAN 6 - MATERION I GLOI			
Unrhyw Faterion Brys Eraill <ul style="list-style-type: none">• Ni chodwyd unrhyw fater brys.		Trafodwyd	Dim i'w nodi
Dyddiad y cyfarfod nesaf: <ul style="list-style-type: none">• 06 Tachwedd 2025		Nodwyd	Dim i'w nodi

Cofnodion wedi'u cadarnhau ar gyfer:

Cyfarfod Eithriadol Pwyllgor Cyflawni Rhaglenni - Cyhoeddus Medi 2025

“Cynhyrchwyd y ddogfen gyda chymorth Co-pilot.”

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

FORWARD WORKPLAN

Eitem ar yr Agenda: Agenda Item:	2.2
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Enw'r Cyfarfod: Name of Meeting:	Programmes Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	06 November 2025

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Belinda Mills, Corporate Governance Coordinator
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report.	



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
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RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

<u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD- GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Programmes Delivery Committee	November 2025	Initial workplan approved

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



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

4.1 The following items as noted are due to be presented to the Committee meeting on 06 November 2025:

Item	Executive Lead
Action log	Chair
Annual Assurance Reports Q3	Executive Director of Strategy
<ul style="list-style-type: none"> • Welsh Community Care Information System & Connecting Care • Digital Services for Patients and Public • National Data Resource 	
Assurance Reports	Executive Director of Strategy
Audit Reports	Relevant Lead
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Corporate Risk Tending Analysis	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Escalation Status -Improvement Plan Update	Director of Corporate Affairs/Board Secretary
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Learning from Programmes	Executive Director of Strategy
Major Programmes Report	Executive Director of Strategy
Minutes	Chair
Programme Typology	Executive Director of Strategy
Tracking Programmes	Executive Director of Strategy
Welcome and Introductions	Chair

4.2 The items below have been identified for the following meeting on 05 February 2026:



Item	Executive Lead
▲	
Action log	Chair
Annual Assurance Reports Q4: • Welsh Patient Administration WPAS • GP Systems Framework • Cloud Migration Programme	Executive Director of Strategy
Assurance Reports	Executive Director of Strategy
Audit Reports	Relevant Lead
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Deep Dive	Director of Corporate Affairs/Board Secretary
Escalation Status -Improvement Plan Update	Director of Corporate Affairs/Board Secretary
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Learning from Programmes	Executive Director of Strategy
Major Programmes Report	Executive Director of Strategy
Minutes	Chair
Programmes Delivery Committee Annual Report	Director of Corporate Affairs/Board Secretary
Programmes Delivery Committee Cycle of Business	Director of Corporate Affairs/Board Secretary
Programmes Delivery Committee Effectiveness Self-Assessment	Director of Corporate Affairs/Board Secretary
Programmes Delivery Committee Terms of Reference	Director of Corporate Affairs/Board Secretary
Tracking Programmes	Executive Director of Strategy
Welcome and Introductions	Chair

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

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report.	



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

PROGRAMME & COMMERCIAL TYPOLOGY

Programmes Delivery Committee
6th November 2025

Typology – Programme Types

Addressing: De-escalation action 10.3.

Definition agreed for categories of 'major programmes' – endorsed by the DHCW Programmes Delivery Committee and presented to WG/partners

Programmes are each different in their own way, historically there has not been any typology or template which constrains programme design. Drawing on what we are managing now, we have developed and shared with Welsh Government a framework of 3 types of programme.

Programme Types Definition

DHCW Delivery and National Partnership Programmes are collaborative with stakeholder representation at Programme Board level, and joint assurance, but there are different authority and approval arrangements, usually reflecting the contractual and/or funding position.

- 1. DHCW Delivery Programmes** (eg DSPP, WNCR, EPS): implementation led by DHCW working directly with suppliers; implementation decisions made by DHCW.
- 2. National Partnership Programmes**
 - a. Single Contract** (eg LIMS, NDR): implementation managed / co-ordinated by DHCW with single All Wales contract, one consolidated business case, programme funding usually distributed from WG through DHCW to local delivery partners, accountability from local to national to Welsh Government, implementation decisions are made collaboratively. National Programme Board, collective decision-making, independent Programme Oversight Chair, local implementation Boards.
 - b. Joint Contract** (eg RISP, WCCIS): implementation managed / co-ordinated by DHCW with joint contract management (eg Master Services Agreement contract with local deployment orders), one consolidated business case, programme funding usually distributed from WG through DHCW to local delivery partners, accountability from local to national to Welsh Government, implementation decisions are ultimately made by local delivery partners. National Programme Board – decisions determined locally, independent Programme Oversight Chair, local implementation Boards.
- 3. National Support Programmes** (eg EPMA, Maternity (new) , Legacy PACs): implementation supported by DHCW with local contract management, separate national and local business cases, programme funding distributed from WG direct to DHCW and to local delivery partners, accountability direct from local and national to Welsh Government, implementation solely by local delivery partners. May include delivering products, standards and integrations critical to the local delivery. E.g. ePMA integrations into national architecture and sharing data. Decisions determined locally through local governance Boards.

Typology – Contract Types

Addressing: De-escalation action 10.4.

Framework for commercial options for ‘major digital programmes’ to be endorsed by the DHCW Programmes Delivery Committee and presented to WG/papers

Like programme designs, the commercial strategy and contract model for different programmes has been chosen on a case-by-case basis. These are the main contract models in use across Wales and endorsed by DHCW:

Single All Wales Contract (DHCW as Contracting Authority/holds contract)	<p>A single national contract for a single managed solution / instance, typically supported by user engagement (eg through service management board). Requires certainty in commitment, requirements and high-level implementation plan. Delivers a single managed solution</p>
Master Services Agreement (DHCW as Contracting Authority, Orgs call off with deployment orders)	<p>Typically, a national contract setting base terms and conditions, under which each organisation can enter into an independent call off contract (Deployment order). Typically used when demand certain, requirements known, but implementations will vary. Needs to be strongly contract managed locally. Can deliver a single managed solution / instance. Can also support limited local variation.</p>
Framework (Single)	<p>A Wales-specific framework with only one supplier, typically a first ‘configuration/build call off’ followed by multiple ‘deployment’ call-offs against existing configured system. May deliver a single managed solution / instance or multiple instances of same solution.</p>
Framework (Multi) (Orgs call off from a framework of multiple supplier options)	<p>Typically, a framework setting terms and conditions, from which each organisation can procure an independent supplier contract. Can be Wales (DHCW, NWSSP) or existing UK (CCS, NPS) framework. Typically used when demand uncertain, requirements and implementations may vary. Needs to be strongly managed locally. Unlikely to deliver a single managed solution / instance.</p>
Public Sector Agreement	<p>Typically entered into with public sector partners across the UK (eg NHS Scotland for Electronic referrals, NHS England for electronic prescription service)</p>
Local Procurement	<p>Organisations enter into separate contracts with same or different suppliers at different times. Unlikely to deliver a single managed solution / instance.</p>
Bespoke development (procured nationally or locally)	<p>An organisation buys customised development through a software house. (no existing product) Can deliver a single managed solution if national.</p>
No contract: In house development	<p>An in-house development requiring no external supplier contract. Can deliver a single managed solution.</p>

Type	Advantages	Disadvantages	Use	Examples
Single All Wales Contract	<ul style="list-style-type: none"> • More attractive to suppliers – aggregated demand should result in more favourable terms and prices • More straight-forward to manage Contractor (at least in theory) • Can deliver a single managed solution / single patient pathway if all HB/Trusts participate 	<ul style="list-style-type: none"> • Any local delays could have a "knock-on" delay for other organisation's plans. • Local delays could result in DHCW financial or other contractual consequences • Limited flexibility: May not meet specific local or niche requirements. • Supplier limitations: Local or SME suppliers might be excluded due to scale • Contractual delivery risk resides with DHCW 	Requires certainty in commitment, requirements, resources and high-level implementation plan.	National DHCW managed implementations, e.g. national audit tool, LIMS1.0 and 2.0.
Master Services Agreement	<ul style="list-style-type: none"> • More 'ownership' felt by local organisations and contractual delay affect limited to that organisation • Offers some local flexibility via local contracts/deployment orders, e.g. with non-material local variation and local interfaces • National commercial and delivery risks held by organisation who can influence delivery (i.e. not DHCW) but able to call on a national contract management function • May deliver a single managed solution / instance but requires strong management and national agreement to limit variation 	<ul style="list-style-type: none"> • Initial complexity: Can be time-consuming to negotiate upfront. • Material breaches can only be dealt with under individual deployment orders – action can't be taken under other Welsh contracts. 'Divide and conquer.' • Issues around contractual escalations from local deployments not happening early enough to central national contract management function. • Need local procurement expertise to draft and strongly manage local contracts • Inflexibility: May not suit all future projects if needs evolve. • Over-reliance: Risks complacency or less competitive pricing without periodic review • Organisations may decide to put their "deployment" on hold due to issues experienced in another organisation – confidence issues. (sometimes not strictly necessary). 	<ul style="list-style-type: none"> • Typically used when demand is certain, requirements known, but implementations need some acceptable variation whilst benefiting from some national oversight • Requires certainty in local resource availability • Needs understanding at a local level of the contractual context/content and associated consequences of change. 	Welsh Community Care Information System (WCCIS) – Master agreement held by a Local Authority, deployment orders for local authorities and health boards. Radiology (RISP), Emergency Dept (WEDS) Observation: challenge to agree common standards and processes nationally. Complex payment model. WCCIS – Partial implementation, and issues around delivery (HBs). WEDS was cancelled. Challenges in RISP – where local HB decisions are impacting other HBs.
Framework - Single	<ul style="list-style-type: none"> • National commercial and delivery risks held by organisation who can influence delivery (i.e. not DHCW) • If the agreement is via an existing framework (e.g. Crown Commercial Services) – there are potential time savings as the call off process is simpler than via a FTS process under the Procurement Act. However, there are also disadvantages 	<ul style="list-style-type: none"> • no commitment to call off services meaning unlikely to deliver a single patient pathway solution • Lack of commitment may = less advantageous contract terms and price. • Existing Frameworks may not effectively meet the scope of requirements and the terms and conditions of contract may be less advantageous/robust. • No national contract / oversight function • Need Local procurement expertise including commissioning central work 	Used where demand uncertain, requirements and implementations may vary and where local variation is acceptable and no benefit in all organisations having same system or to a common plan.	Limited use – Legacy PACs
Framework - Multi	<ul style="list-style-type: none"> • Competition between suppliers may encourage more beneficial terms and price • Flexibility: Offers choice and competition for each call-off 	<ul style="list-style-type: none"> • Will not deliver a single managed solution/ single patient pathway • Complex management: Requires more effort to administer and compare offers. • Variable quality: Performance may differ across suppliers 	Sharing of data needed via national stds but local functionality / local integration essential as not available from one	E-prescribing

Typology – Once for Wales

The following is a draft Welsh Government typology addressing what is 'Once for Wales'.

<p>Higher Tier – One Common System</p>	<p>Objective: Establish a single, nationally set system that considers common data and processes for treating patients across Wales.</p> <p>Benefits: Economies of scale in procurement, training, implementation, and ongoing development costs.</p> <p>Rationale: A unified system simplifies the digital landscape, reduces redundancy, and ensures that all healthcare providers are using the same tools and processes. This approach maximises efficiency and supports the broader goals of digital transformation in Welsh healthcare</p>
<p>Middle Tier – service standardisation</p>	<p>Objective: Build on the national architecture to ensure common processes and pathways for patients.</p> <p>Application: This tier is applied where there is a service need or a digital opportunity, such as in maternity services.</p> <p>Rationale: Standardising services ensures that patients receive consistent care, even when they interact with multiple organisations. It also helps meet specific clinical standards and improves overall service delivery</p>
<p>Base Tier – compliance with National Architecture (non negotiable)</p>	<p>Objective: Ensure data can be shared, is accessible, and supports interoperability.</p> <p>Mandate: This tier is non-negotiable and must be adhered to by all organisations.</p> <p>Rationale: By complying with the national architecture, we ensure that all systems can communicate effectively, facilitating seamless data exchange and integration across different healthcare settings. This foundational layer is crucial for building a cohesive digital health ecosystem in Wales</p>

Optimum Programme & Contract Design

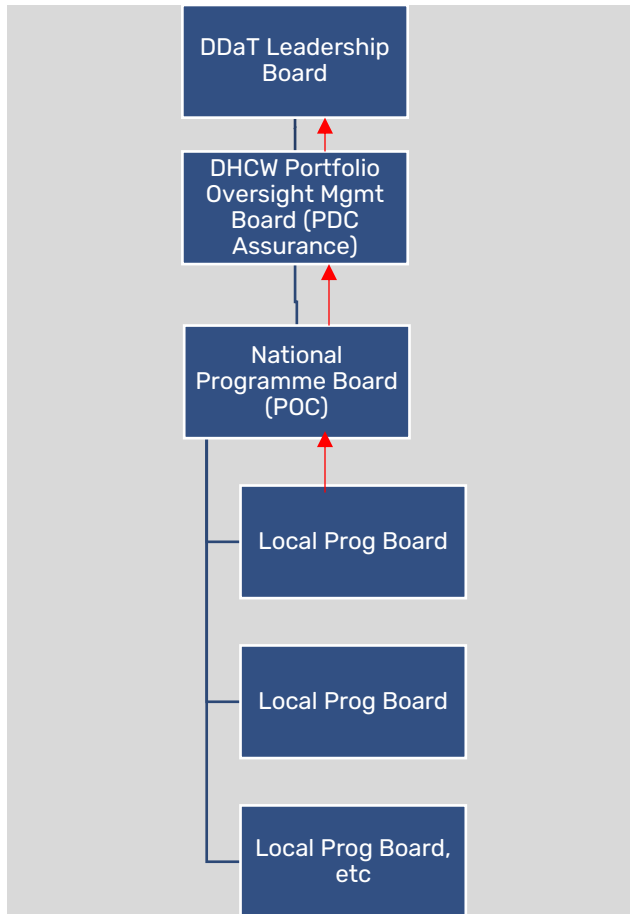
- Model developed to incorporate three dimensions/Typology - reflecting lessons learned
- Design dictated by Once for Wales objective – determined by WG/DDaT Leadership Board
- Programme and Contract type intrinsically linked
- Approach impacts governance and reporting – reflecting respective authority and accountability
- Model to be used to develop guidance for intentional design decisions with exceptions documented and justified by specific circumstances

Optimum Programme & Contract Design

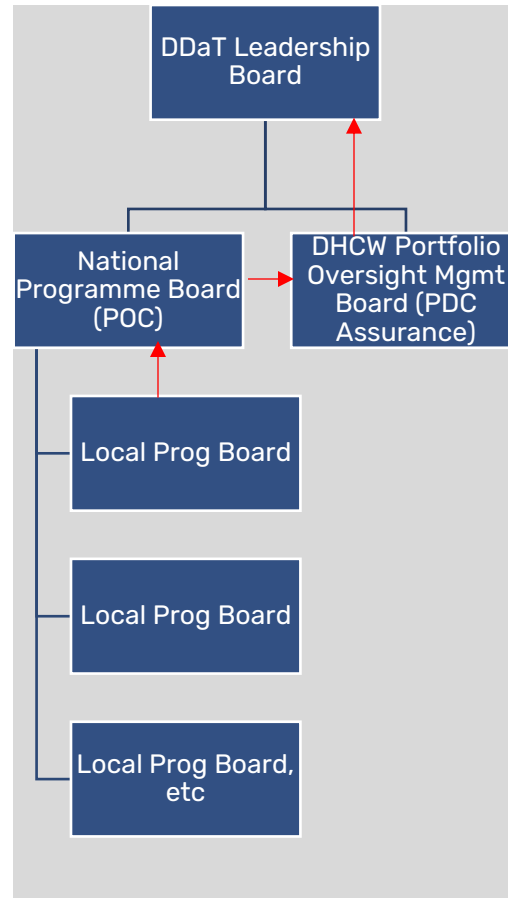
Once for Wales Objective	Contract Type	Decision making	Programme Type	Outcomes	Governance
<p>Higher Tier. Establish a single, nationally set system that considers common data and processes for treating patients across Wales. (Once for Wales).</p>	<ul style="list-style-type: none"> • Single All Wales Contract • Bespoke Development (national) • No contract: in house development 	<ul style="list-style-type: none"> • Centralised • Collective (National Programme Board) 	<ul style="list-style-type: none"> • DHCW Delivery Programme • National Partnership Programme (single contract) 	<ul style="list-style-type: none"> • Reduction in detrimental variation of processes across Wales • Supports staff movement across Wales • Data accessible across Wales • Cost effective 	<ul style="list-style-type: none"> • DDaT Leadership Board • DHCW Portfolio Oversight Management Board / PDC • Programme Board/POC • Local Programme Boards
<p>Middle Tier. Build on the national architecture to ensure common processes and pathways for patients.</p>	<ul style="list-style-type: none"> • Master Services Agreement • Framework (single supplier) e.g. Maternity proposed 	Collaborative Local Governance with National coordination	<ul style="list-style-type: none"> • National Partnership Programme (joint contract) • National Support 	<ul style="list-style-type: none"> • Reduction in detrimental variation of processes across Wales • Enables sharing of standardised data across Wales 	<ul style="list-style-type: none"> • DDaT Leadership Board • DHCW Portfolio Oversight Management Board / PDC • Programme Board/POC • Local Programme Boards
<p>Base Tier. Compliance with National Architecture (non negotiable)</p> <p><i>FHIR data structure compliant AND NHS Wales FHIR Profile compliant</i></p>	<ul style="list-style-type: none"> • Framework (multi-supplier) • Local procurement • Public Sector Agreement • Local bespoke Development 	Local governance	<ul style="list-style-type: none"> • National Support (define standards) • Local Programmes 	<ul style="list-style-type: none"> • Enables sharing of standardised data across Wales • Organisations progress at own pace / reflects local priorities 	<ul style="list-style-type: none"> • DDaT Leadership Board • Local Programme Boards

Programme Governance & Reporting

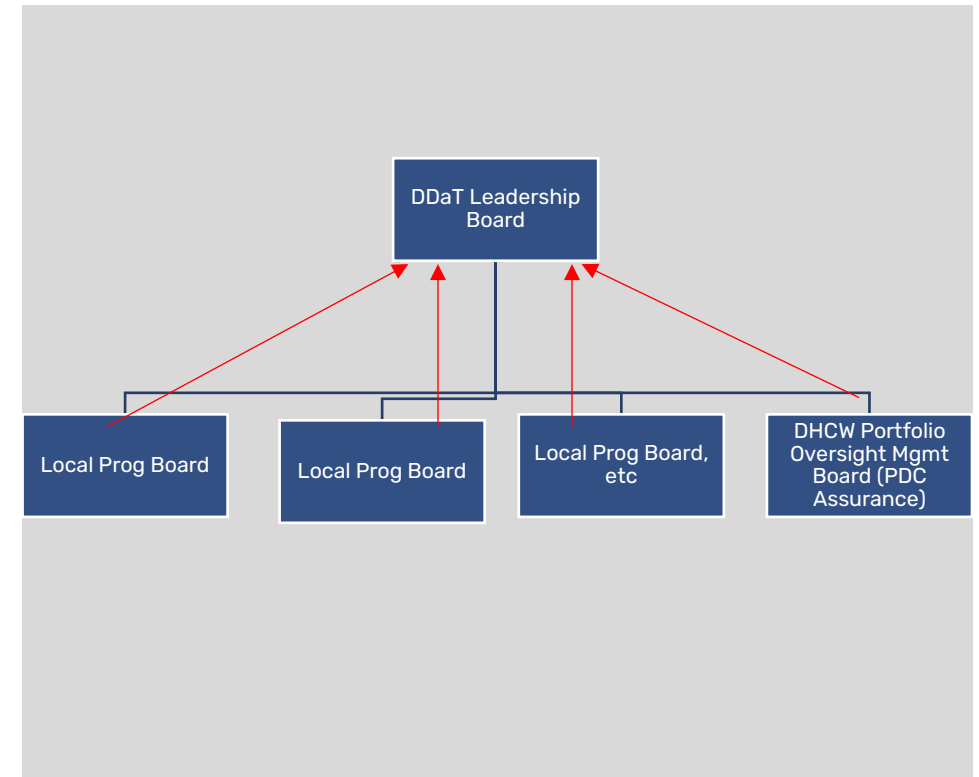
Higher Tier



Middle Tier



Base Tier



Caveats & Dependencies

Once for Wales Objective	Contract Type	Programme Type	Considerations
<p>Higher Tier. Establish a single, nationally set system that considers common data and processes for treating patients across Wales. (Once for Wales).</p>	<ul style="list-style-type: none"> • Single All Wales Contract • Bespoke Development (national) • No contract: in house development (national) 	<ul style="list-style-type: none"> • DHCW Delivery Programme • National Partnership Programme (single contract) 	<ul style="list-style-type: none"> • Requires certainty in commitment, requirements, resources and high-level implementation plan • All contractual/commercial risks sits with a single contracting authority • More efficient use of resources
<p>Middle Tier. Build on the national architecture to ensure common processes and pathways for patients.</p>	<ul style="list-style-type: none"> • Master Services Agreement • Framework (single supplier) e.g. Maternity proposed 	<ul style="list-style-type: none"> • National Partnership Programme (joint contract) • National Support 	<ul style="list-style-type: none"> • Relies on all HB/Trusts participation and minimal deviation in local call offs – Higher Tier contract and programme types would off-set this.
<p>Base Tier. Compliance with National Architecture (non negotiable)</p> <p>FHIR <i>data structure</i> compliant AND NHS Wales FHIR <i>Profile</i> compliant</p>	<ul style="list-style-type: none"> • Framework (multi-supplier) • Local procurement • Public Sector Agreement • Local bespoke Development 	<ul style="list-style-type: none"> • National Support (define standards) • Local Programmes 	<ul style="list-style-type: none"> • Relies on all HB/Trusts participation and standards compliance in local call offs. • Higher and Middle Tier contract and programme types would also achieve this although with more complex governance and less local flexibility.

Michelle Sell
Director of Programmes & Engagement

Julie Francis
Head of Commercial Services

PDC Action Log - Public



Title	Date of Meeting	Action/Decision Narrative	Executive Lead	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status	Business Area	Session Type
Action A01	09/09/2025	RG requested that updates with unresolved risks or without a present lead should not be passed over without proper scrutiny and asked for a follow-up on this item	Director of Corporate Affairs/Board Secretary	Director of Corporate Affairs/Board Secretary		Milestone 9.3 support the development of a data development road map for cancer services, was updated on at the end of September by the Executive Medical Director, confirming the milestone had been achieved, working in partnership with NHS PKI.		Completed		

Connecting Care (CC)

Manager	Submitter	Reporting End Date	Report State
Phil Ransome	Lee Mullin	30/09/2025	<input checked="" type="checkbox"/> Final

RAG Type	RAG	Narrative
Overall	AR	The programme secured funding late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners to produce a set of achievable outcomes in the shortened timespan. The challenge of standing up resources and accelerating again given where we are in the year remains despite the funding availability. Funding uncertainty remains at this time for future years, and WG are working on assurance. The challenging timescale, resourcing challenge and future funding uncertainty means the programme remains at Amber-Red
Timelines	AR	Milestones remain challenging and have been moved due to the delays in funding confirmation.
Quality	G	Programme outcomes remain clear and consistent. Operational service stable
Resources	AR	The challenge of standing up resources and accelerating again given where we are in the year remains despite the funding availability.

Narrative Type	Narrative
Progress Since Last Reporting Period	<p>Integrated Care Record : A project brief for the Discovery has been produced reviewed and passed through internal governance. A RFI exercise has been completed to understand the supplier and product landscape</p> <p>Digital and Data Design : A digital and data plan has been drafted as a response to the new Mental Health strategy. It is currently being updated based on feedback received from Health Boards and stakeholders. The plan was presented at SHA Board.</p> <p>Community and Mental Health implementation: the approach to procurement solutions for Mental Health and Community Health have been drafted, reviewed and agreed with Health Boards. An opportunity to work with Primary Care to find a solution for cluster working through the Connecting Care procurement was identified and workshopped</p> <p>Exit : DHCW review of the OneAdvanced draft Exit plan is still ongoing. Data migration in progress.</p>
Planned Work for Next Reporting Period	<p>Integrated Care Record : Initiate Discovery work. Identified team to be resourced and created. Project Plan to be updated with input from required resource. Collaborate with Welsh Local Government Association (WLGA) to agree a joint communication plan. Further collaborations with the NDR team on joint engagement.</p> <p>Digital and Data Design: Finalise the digital and data delivery plan and initiate work on proforma datasets</p> <p>Community and Mental Health implementation: Finalise additional requirements for Primary Care Clusters, Lymphoedema network and Women's Health Hubs and assess inclusion. Initiate procurement activities with Hywel Dda UHB and Powys THB.</p> <p>Exit : Agree exit plan with existing supplier and Health Boards</p>

Route to Green

Identified team to be created to initiate the work. Acceptance of OBC and confirmation of funding beyond March 26. Clarity on Exit plans achieved with agreements in place

Escalations

Escalated	ID	Category	Destination	Escalation
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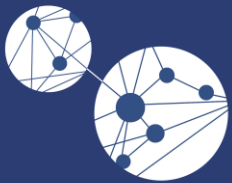


GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Programme Delivery Committee: DSPP/NHS Wales App

October 2025



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

IGDC • DHCW

IGDC • DHCW

The NHS Wales App

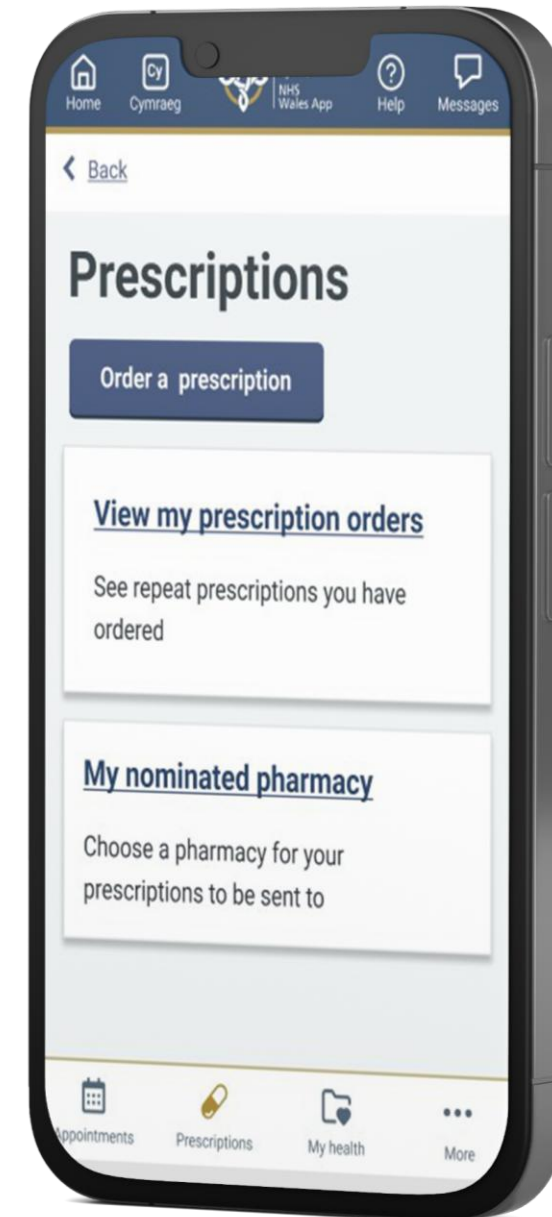
The NHS Wales App gives people in Wales a simple, secure way to access NHS services and manage their health online.

Anyone aged 16 or over who is registered with a GP practice in Wales can use the app on their phone, tablet or computer.

Through the app, people can:

- Check symptoms using NHS 111 Wales
- Set their organ and blood donation preferences
- Book and cancel GP appointments (if enabled by the practice)
- Order repeat prescriptions
- View a summary of their GP health record

More features are being added as the app continues to grow across Wales.



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

IGDC • DHCW

Deployment and Reach / Usage Statistics



10.8m+
Logins



597,452
App registrations



152,223
Appointments
booked



2,519,523
Repeat
prescriptions
booked



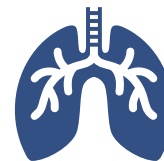
1,725 Hospital
Appointment
notifications
sent



3,015 Hospital
referral notifications
sent



3,732 Patients
Registered using
WIVS



3,669 Patients
registered for
Organ Donation
using the App



Over 136,988 hours saved by
GP practices
booking appointments and
ordering repeat prescriptions

DSPP Programme Highlights 2025

New Service:
Welsh Identity
Verification Service

Working with Users:
User panels and
stakeholder workshops

New Dashboards:
performance and analytics
reporting

**New Features:
Organ Donation, Health
Journal, Health Timeline**

**New Features:
Waiting list referrals and
Hospital appointments**



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

IGDC • DHCW

By the end of Q3 2025 patients will be able to:



Access and manage care more easily:

- See and manage GP appointments
- See hospital appointments
- See waiting list referrals

Manage prescriptions digitally:

- Request repeat prescriptions
- Nominate a preferred pharmacy
- View digital prescriptions
- Track prescription status

Access personal health data:

- Receive secure digital documents
- Add patient-provided info

Manage care for others:

- Use Authorised Access (linked profiles)

NB: some features, such as GP appointments, need to be enabled by partners

What Patients Want / Feedback

Ease of use and clarity

- *"It's improved my thoughts on the App, I didn't realise how much it contained."*
- *"I hadn't realised that there was so much on the App, as I usually only book appointments or order repeat prescriptions."*

More accessible information

- Many users lack awareness of the full feature set which suggest targeted comms and feature triggered messaging.

Support for people less confident with tech

- *"If I'm able to access all of these, they would be wonderful."*



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

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What Patients Want / Feedback



Choice of digital vs non-digital

- Users still expect access to postal communications and flexibility.
- *“Huge step forward... should make the NHS more efficient with fewer letters.”*

Trust: data / privacy

- Concerns not explicitly highlighted, but lack of confidence in reliability and delivery of promised features is clear:
 - *“When the features already supposedly in place do not work surely it would be better to get these operational before adding more.”*



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

IGDC • DHCW

Planned Care



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New App usage dashboard

NHS Wales App Usage - UAT Data updated 06/10/25

Open in Power BI

Pages

Home

National Overview

Regional Overview

Practice Statistics

Data table

Hospital Appointments ...

WIVS Uplifts

File Export Share Explore Monitor

NHS Wales App (UAT) | Regional Overview

05-Oct-2025
Date Last Updated

Healthboard

All

Cluster

All

App Utilisation

146,349 Total GP Practice Appointments Booked	2,425,033 Total GP Practice Repeat Prescription Orders
3,343 Patients Registered for Organ Donation using the App	3,475 Total Patients Registered using WIVS
1,725 Total Hospital Appointment Notifications Sent	3,015 Total Hospital Referral Notifications Sent

Patients Registered to GP vs App

Healthboard	GP/Health board/Cluster	App
BCU	16%	16%
ABU	15%	14%
CAV	14%	15%
CTM	15%	14%
SBU	14%	15%
HDU	14%	15%
PTH	15%	14%

Patients Registered to App

Last 3 Months Logins

Month	Logins	Distinct Logins
Jul 2025	699,143	229,081
Aug 2025	686,759	231,130
Sep 2025	761,438	248,813
Oct 2025	96,443	61,690

Last 3 Months Prescriptions Ordered

Month	Prescriptions Ordered	Distinct Prescriptions
Jul 2025	174,535	143,195
Aug 2025	177,271	146,060
Sep 2025	182,455	151,377
Oct 2025	27,964	27,420

Health Board ● ABU ● BCU ● CAV ● CTM ● HDU ● PTH ● SBU

National Overview Regional Overview Practice Statistics Data Table View Hospital Appointments & Referral Notifications WIVS Uplifts

IGDC • DHCW

9/10

IGDC • DHCW 36/98

JOINING THE DOTS



WITH DIGITAL SERVICES



Adnodd Data Cenedlaethol
National Data Resource

IGDC • DHCW

National Data Resource

Programme Overview,
Phase 4 Priorities and Roadmap

Annual Report – October 25

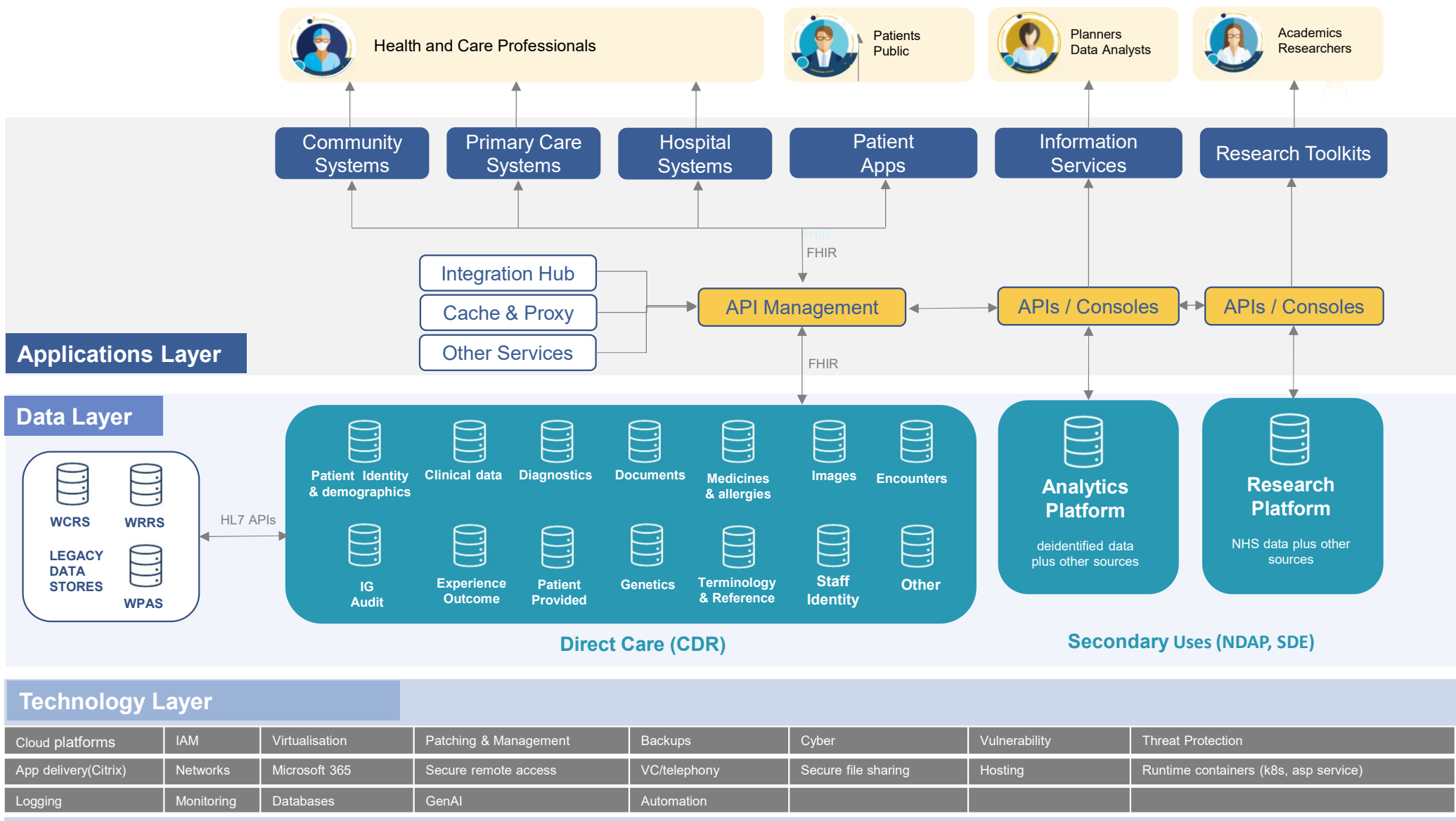
IGDC • DHCW

- Informed Health & Care (2015) & A Healthier Wales (2018) introduced the requirement to establish a national data resource
- 10-year programme business case developed and approved; formally established as the strategic data programme for health and care in 2019
- “The National Data Resource (NDR) programme is a strategic initiative to help transform health and social care in Wales through a more connected and collaborative use of data” – *Digital and data strategy for health and social care in Wales* (WG, 2023)
- The NDR programme is the collaborative vehicle for transformative change for data across health and social care to ensure data are available to the right person, in the right place, at the right time thus avoiding harm. The programme will achieve this by removing silos of data, improving data standards and consistency leading to improved and consistent interoperability, and enabling the decommissioning of legacy technology.
- The NDR is a critical enabler for other major transformation programmes such as digital medicines programmes, Connecting Care and the NHS Wales App. As more programmes come to rely on the capabilities of the NDR, it is expected that the number of dependencies will increase, necessitating ongoing investment to enable development and scalability.

Strategic Drivers:

- *A Healthier Wales*
- *NDR Data Strategy*
- *Digital and data strategy for health and social care in Wales*
- *DHCW Digital Strategy*





Transforming healthcare through the National Data Resource

Unlocking the potential of data to improve health and care



The National Data Resource will :

1. **Enable better-informed care:** Health and care professionals will have access to the information they need, enabling faster, safer, and more accurate decisions.
2. **Predict demand:** Resource levels will be planned more effectively, ensuring the right care is delivered in the right place at the right time.
3. **Improve equity:** Everyone benefits from improved health and wellbeing, with fairer access to services for all communities.
4. **Drive research and innovation:** Health and care interventions will be optimised, unlocking new discoveries and maximising their impact.

Sudlow, C. (2024). *Uniting the UK's Health Data: A Huge Opportunity for Society*. Zenodo.

[Uniting the UK's Health Data: A Huge Opportunity for Society](#)



Care Data Repository (CDR)

Provides a standards-based data store for storing, retrieving and updating care data records



National Data & Analytics Platform (NDAP)

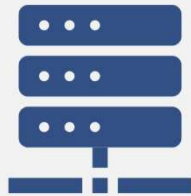
Advanced, scalable data warehousing and advanced analytics capabilities including predictive analyses, machine learning and visualisation tooling



Secure Data Environment (SDE)

Delivers a secure platform for collaborative studies involving academia, industry, health and care

The CDR is a standards-based repository to collect, store and share operational data for direct care, enabling applications to present a view of the whole health and care record to clinicians and other health and care professionals.



Care Data Repository (CDR)

Reductions in avoidable harm

Caused by records or elements of records missing at the point of care leading to decision-making on partial or no access to records

Due to duplication or ambiguity in the record

Avoidance of duplication and waste

Cash savings and cost avoidance – fragmented records can lead to tests and/or other investigations and consultations being repeated unnecessarily

Optimised pathway management

Holistic views of health and care records will lead to streamlined pathways and the efficient allocation of resources

Increased productivity benefits

Time will be saved by the application of artificial intelligence, where the whole record is available, through assisted and/or automated clinical coding and optimised and enhanced workflow

The National Data and Analytics Platform (NDAP) is a modern and scalable data and analytical platform with data privacy engineered by design with distinct national and local areas for advanced and secure data analyses. NDAP can utilise artificial intelligence for advanced analyses including natural language processing using large language models, and machine learning.



National Data & Analytics Platform (NDAP)

Decarbonisation, cash savings and cost avoidance

Enabled by a move away from on-premises data stores and data centres by switching to modern cloud infrastructure

Time and resource savings

Improved operational management informed by data-driven artificial intelligence supporting predictive analyses (forecasting and projections) and from better strategic planning informed by data and artificial intelligence modelling

Performance improvement

Benchmarking, baselining and comparison, derived from data, supported by artificial intelligence

Improved outcomes for patients, time savings for clinicians and other health and care practitioners, and resource savings for providers

Driven by population and cohort analysis, shift to prevention and earlier interventions and targeted diagnostics/screening

A Secure Data Environment will enable collaborative working with external organisations including academia, industry and the third sector. Current projects in this sphere include evaluation of ground-breaking cancer pathway shortening approaches (i.e. “QuicDNA”) where complex studies can be tested against real data.



Secure Data Environment (SDE)

Wales at the forefront

Position Wales for UK-national funding on health-data projects, working in partnership with both HEIs and multiple provider organisations

Cost savings and income generation potential

Drive development of artificial intelligence tools in partnership with industry, with savings and/or income from solutions

Enable cost-effective collaboration – the NDR platform’s infrastructure will reduce the need for manual data collection

Accelerate research outcomes and improve innovation and product development

Researchers will be able to access anonymised, rich, high-quality individual-linked, national datasets with access to real, individual, data enabling faster, more accurate development of new health solutions, therapies, and diagnostics

Enhance operational efficiencies

Secure access to a centralised data environment will reduce time spent on data preparation, cleansing, and validation, leading to streamlined workflows for both internal and external partners

Core services delivered by the National Data Resource Programme



Enterprise API Management

Provides a platform to host application programming interfaces (APIs) to enable applications to read and write to and from the Care Data Repository (CDR)



National Terminology Service

Standardises terminology captured at the point of care using SNOMED-CT codes



GitHub GIG Cymru

Offers data and analytics professionals a secure and managed platform to enable effective collaboration



- The NDR programme is currently in phase 4, with a focus on acquiring data into the new architecture and accelerating adoption of the services and capabilities.
- Phase 4 establishes new areas of opportunity enabling the programme to directly and indirectly address critical needs including an increase of data exchange capabilities, advanced analytics, research facilitation, and a greater level of sustainable practices, which are instrumental to achieving better health outcomes and delivering on Wales' vision for a healthier population.

EXPAND DATA EXCHANGE



Enhanced real-time clinical decision-making, reduced redundancies and improved patient experience.

ENABLE ADVANCED ANALYTICS



Data-driven decisions, enhanced resource planning, cost reductions, and increased efficiencies.

FACILITATE RESEARCH, INNOVATION & SERVICE IMPROVEMENT



Attract investment and foster all-Wales collaboration to evaluate innovative interventions and analyse individual care pathways.

ENABLE SUSTAINABLE PRACTICES



Reduction in energy costs and carbon footprint, long-term operational savings, and increased scalability.

FOSTER CONNECTED COMMUNITIES



Enhance the ability of health and care providers to delivery community-centric care

Strategic Objective 1

Expand data exchange

Unify health and social care data to empower timely, informed decision-making across all sectors

Impact: Enhanced real-time clinical decision-making and improved patient experience

Phase 4 will transform health and care by unifying care data. This seamless exchange will empower faster, more informed decisions, reduce delays, and enhance patient outcomes. By Phase 5, expanded connectivity will improve coordination across the sector, fostering a truly integrated system. Post-programme, every person will benefit from consistent, efficient care.

Unified data exchange is powered by the Care Data Repository (CDR) and advanced API management, enabling secure, real-time sharing of care data. FHIR standards ensure compatibility and interoperability, while robust governance guarantees privacy and compliance.



2025-26

2026-27

2027-28

2028-29

Deploy further FHIR profiles enabling seamless real-time data sharing

Continue to establish secure data pipelines linking health and social care systems

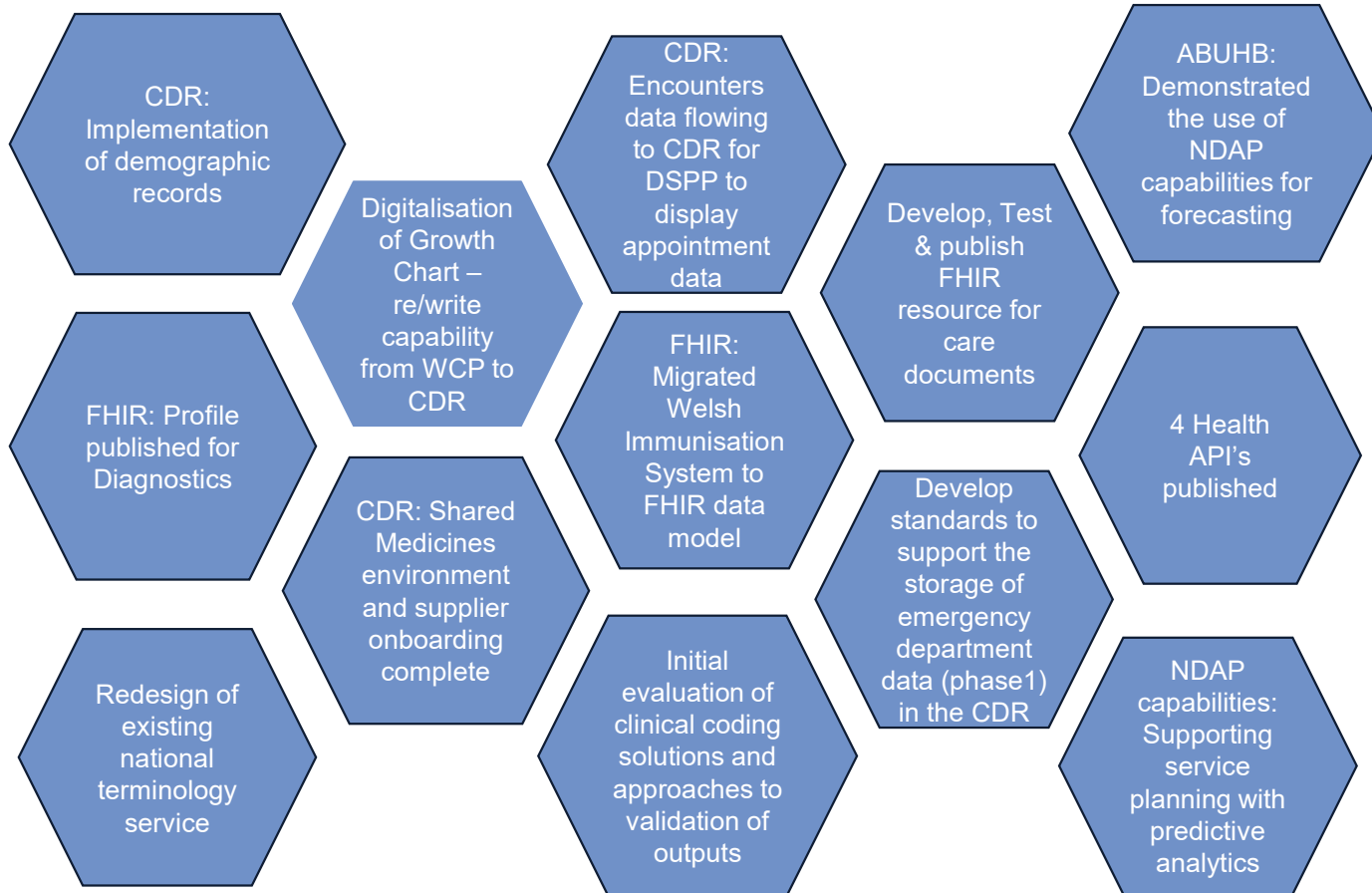
Achieve comprehensive, federated data exchange across health and care in Wales

Strategic Objective 1

Expand data exchange

Unify health and social care data to empower timely, informed decision-making across all sectors

2025-26 : What has been delivered



2025-26 Remaining Milestones

- Complete Diagnostics – Phase 1 Blood Science Streaming & commence other pathology disciplines.
- Gain approval of back loading strategy and complete backloading of historic pathology results into CDR.
- Collect, store and share WECDS using CDR.
- Go live of Shared Meds API.
- Continue rollout of growth chart project.
- Develop, test and implement FHIR profiles to ensure adherence to data standards and to enable data exchange.
- Development & testing of redesigned terminology service.
- Clinical coding – agree approach to evaluation and develop prototype solution.

Strategic Objective 2

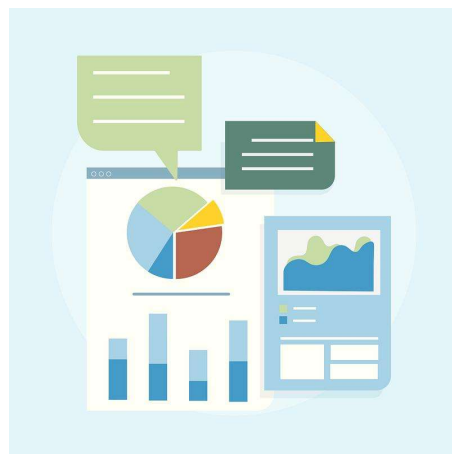
Enable and Support Advanced Analytics

Implement sophisticated analytics to support improvements to health and care delivery

Impact: Data-driven decisions, enhanced resource planning, cost reductions, and increased efficiencies

Phase 4 will empower decision-makers with cutting-edge tools to predict health and care demands, enhance patient care, and enable resources to be allocated more effectively. By leveraging advanced analytics and artificial intelligence, Wales can identify health trends, reduce hospital admissions, and support preventive care, ensuring timely, data-driven solutions that improve health and wellbeing across the nation.

Using the National Data and Analytics Platform advanced analytics, AI, and predictive modelling tools integrate data across systems. A national data catalogue ensures transparency, while cloud-based infrastructure and collaboration tools enable secure and scalable data insights for proactive decision-making



2025-26

Support federated partners to migrate to the national data and analytics platform

2026-27

Expand predictive analytics for accurate resource planning and risk assessments

2027-28

Develop AI-driven dashboards for population health monitoring and intervention targeting

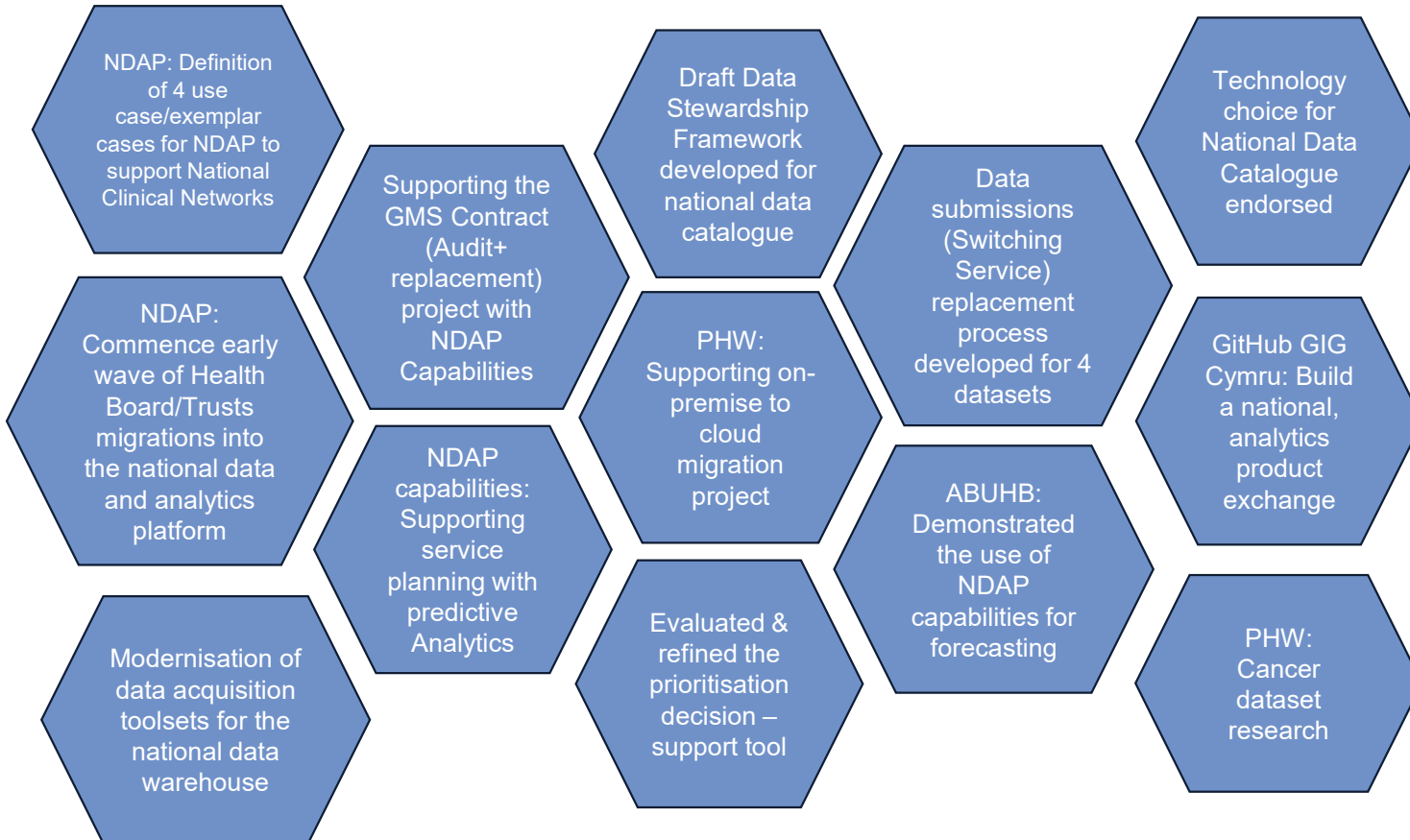
2028-29

Scale AI to drive nationwide policy insights and service optimisation

Strategic Objective 2 Enable and Support Advanced Analytics

Implement sophisticated analytics to support improvements to health and care delivery

2025-26 : What has been delivered



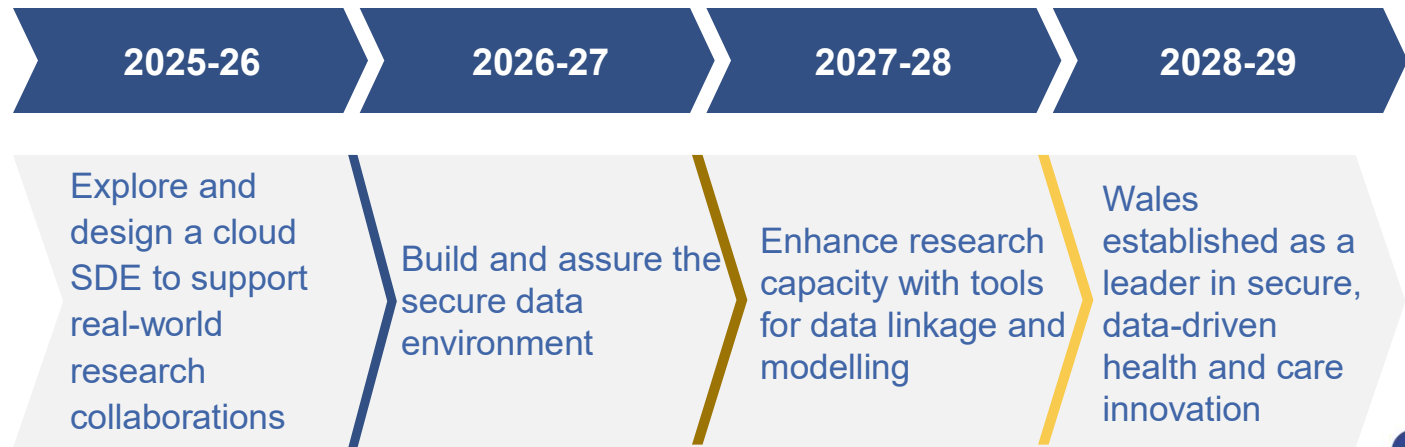
2025-26 Remaining Milestones

- Accelerate data collection, sharing, transformation and analytics capabilities using NDAP.
- Commence 2nd wave Health Boards/Trusts migrations into the national data and analytics platform.
- Complete development, assurance and publication of the national Data Catalogue.
- Continue to use NDAP capabilities to support GMS Contract (Audit+ replacement) project.
- Transition the NDR Operational Delivery Framework into Business as Usual and agree Key Performance Indicators.
- GitHub GIG Cymru: publish latest cyber penetration testing outcome in support of ongoing security enhancements to service, post IGMAG approval.

Impact: Drive the development of AI tools in partnership with academia and industry, enabling timely interventions and advancing patient safety. Attract investment and foster all-Wales collaboration to evaluate innovative interventions and analyse individual care pathways, addressing national priorities for joined-up health and social care.

The National Data Resource will enable ground-breaking research and innovations to improve health and social care outcomes. By securely connecting data across Wales, researchers and healthcare providers can develop smarter solutions, accelerate medical breakthroughs, and drive service improvements, ensuring faster, more effective, and equitable care for all citizens.

A Secure Data Environment (SDE) on a cloud-based platform ensures privacy-managed, real-time data access for collaborative research. Advanced analytics, AI, and data linkage tools empower stakeholders to innovate, evaluate services, and optimise patient care pathways efficiently.



Strategic Objective 3 Facilitate research, innovation and service improvement

Secure Data Environment

NDR's Secure Data Environment

The SDE positions Wales as a leader in health and care innovation. It supports data-driven operational readiness, enhances research capacity, and fosters strategic collaboration, enabling Wales to deliver impactful, bespoke solutions that improve care quality and efficiency. Its ability to enable collaborative, secure access to privacy-managed, sensitive, data makes it uniquely capable of addressing the Welsh Government's goals for integrated, responsive healthcare systems.

The SDE is a secure, managed service empowering health and social care organisations across Wales to collaborate with external partners, harnessing real data for impactful research, operational evaluations, and service innovation.

SDE development

Following iterative phases of Discovery, Pilot and Service in Transition, the SDE service was approved by WIAG assurance in October 2025.

People	Build digital skills and resilience on national platforms
Research	Unlock unstructured, sensitive health data
Innovation	Accelerate clinical and service transformation with partners
Translation	Turn evidence into operational solutions at scale

SDE Projects through 2025

The NDR's SDE workstream has developed over the past few years engaging with users to assess requirements, investigating technological options as well as undertaking governance to move the service into live.

Twenty SDE projects requests have received by the service multiple successful completions. Three significant live projects include:

Work remaining for FY25/26: Recruit data engineers and Procure SATRE (Standardised Architecture for Trusted Research Environments) aligned design for GCP – SDE
Work scheduled for FY26/27: Launch the Secure Data Environment in the GCP, embed the service in the national R&I ecosystem, enabling operationalised solutions

People: WMC Hackathon (Wales Modelling Collaborative)

WMC brings together data professionals from across NHS Wales to build skills, together. They need a secure space for a hackathon. Participants require analytical tools and secure data.

To satisfy this need, the service chose to build an SDE project area within GCP (Google Cloud Platform). The service collaborated with DHCW Information Services team for data provision and created user guides and live support. Teams across Wales received hands-on GCP training, secure collaboration driving innovation whilst widening awareness of the NDR national platform.

Research: QuicDNA

The QuicDNA study is seeking to analyse the impact of the use of liquid biopsy blood tests (ctDNA test) for suspected lung cancer patients early in the diagnostic process. Investigate whether this can speed up diagnosis and reduce diagnosis to treatment time. This is a collaboration between CAVUHB, Cardiff University, All-Wales Medical Genomics Service (AWMGS).

For this work, the SDE team provides data acquisition, information governance and technical support. This work is being carried out using the SDE's 'SeRP' tenancy hosted by Swansea University is aiming to improve patient care pathways and supports research grant funding in Wales.

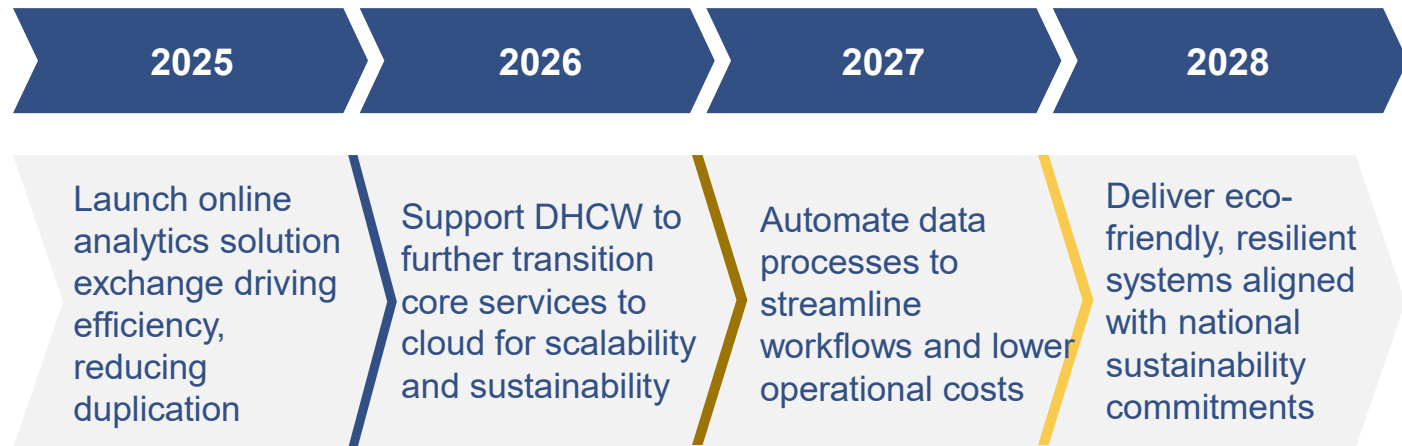
Innovation & Translation

SB-UHB is collaborating with an external 'NLP' expert to develop a solution which extracts detailed categorical data from free-text epilepsy clinical letters. Due to the significant compute requirement, this work takes advantage of the Google Cloud Platform to build knowledge of NLP techniques and technological platform requirements whilst further developing partnership experience. Output from this project may be considered for inclusion in SAIL's databank.

Impact: Reduction in energy costs and carbon footprint, long-term operational savings, and increased scalability.

The National Data Resource Programme will help create a more sustainable health and care system by reducing waste, energy usage and carbon emissions. By adopting cloud-based technologies, the programme will lower Wales' carbon footprint, enhance operational efficiency, and support environmentally responsible practices. These efforts contribute to a greener future while improving health and care delivery across the nation.

The NDR is built upon scalable cloud infrastructure, automates processes, and promotes resource-sharing through platforms such as GitHub GIG Cymru. Advanced analytics and digital tools enable efficient data management, reducing resource, supporting sustainable operations across health and social care.



Strategic Objective 4

Enable Sustainable Practices

Promote a culture of re-use, and leverage cloud technology to reduce carbon footprint

2025-26 : What has been delivered Q1 & 2 2025

Provided best practice guidance on cloud compute and storage to minimise costs and usage

Delivered access to stakeholders to the scalable NDAP service

Demonstrated scalability by querying terabytes of data from the national data warehouse

Supporting partner organisations to transition data to cloud to increase resilience, scalability and cost efficiencies

NDAP: Work has commenced on rationalising data flows and pipelines

Monitoring cloud resource usage using FinOps best practice and stakeholder dashboards

Design Analytics Learning Programme for Leaders

ALP 2025
Concluded
70 learners
12 classrooms
42 with GCP

Commence Development of the Virtual Learning Environment

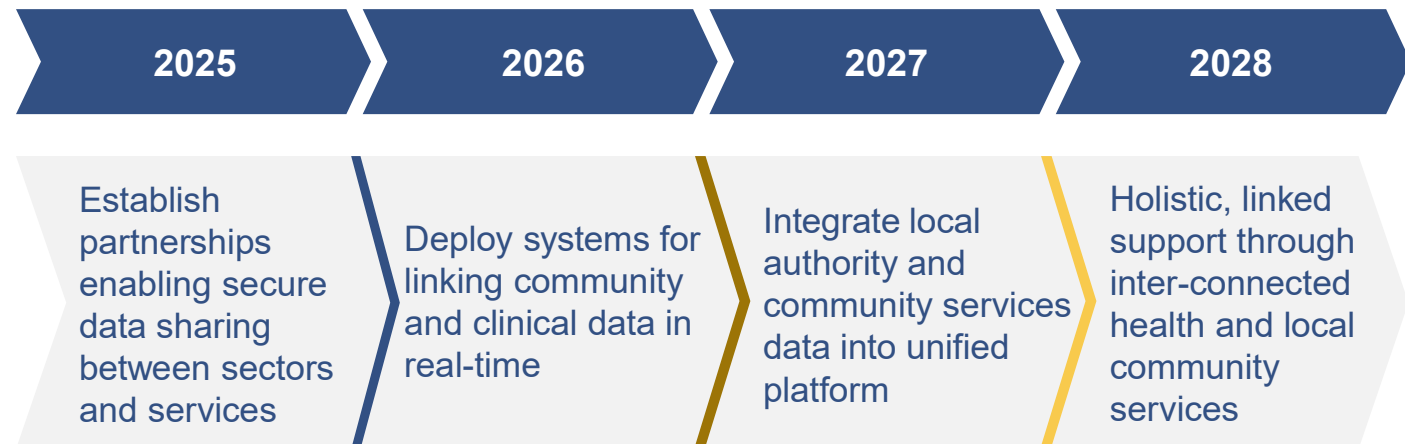
2025-26 Remaining Milestones

- Initiate phase 2 of the ISD migration plan.
- Hold scheduled workshop to map the support requirements and dependencies of federated partners to support migration plans and delivery.
- Commence the acquisition of PROMSs data into the CDR.
- Evaluate Analytics Learning Programme for leaders.
- Completed development & testing of the Virtual Learning Environment.
- Gain professional accreditation of the Analytics Learning Programme.
- Launch the Analytics Learning Programme for Leaders. To be delivered online, focussing on practical application to health and social care settings, and adapted by the NDR in partnership with the nationally recognised ONS Data Masterclass.
- Complete recruitment of Data Scientist.

Impact: Enhance the ability of health and care providers to delivery community-centric care

Linking health and social care data with community services, the NDR empowers more holistic, coordinated care tailored to individual needs. Citizens will experience seamless support, medical care to community resources, fostering independence and enhancing well-being. This integration reduces delays, avoids service duplication, and creates a more resilient, connected Wales where care is accessible and efficient

Data standards, governance principles, and secure data-sharing capabilities will enable real-time integration between systems. Advanced analytics, APIs, and a unified platform empower health and social care providers to collaborate effectively, enhancing community-centric service delivery



Strategic Objective 5

Foster connected communities

Link health and social care data with community services to deliver more holistic, coordinated care

2025-26 : What has been delivered

2025-26: Remaining Milestones

Information sharing gateway tool data sharing function developed and operational across all Wales (WASPI) regions

Review and amendment of IG framework with All Wales stakeholders

All Local Health Boards and Trusts signed the joint controller agreement

Big data innovation showcase

Support provided to NDR stakeholders to utilise the IG framework

Revised & endorsed NDR engagement plan

Develop and launch the online analytics community space

Enabled secure data sharing between organisations

Big Data London 2025: Strategic Alignment & inspiration. Industry direction

Support SCW in the development of Data Standards

NDR's Big Data Matters 200 attended

NDR's Big Data, Bigger Impact 177 attended

Data to Decisions Lifelong Learning in Big Data 150 attended

Engagement with Leadership Board, Meical Directors and 5 Nations

- Hold scheduled Stakeholder events/Board development days.
- Evaluate events and learning programmes.
- Initiate Data Standards work in social care.
- Promote further collaboration within the Analytics Community.
- Evaluate Impact of the Analytics Community.
- Further develop and launch information sharing gateway tool DPIA functionality.
- Relaunch and promote IG framework.

To enable delivery of the objectives and full benefits realisation, the ambitions of the programme are for every system to:

- Write relevant data to the NDR, to ensure other systems have current and complete data
- Read relevant data from the NDR, to ensure it has current and complete data
- Not read and write data to each other, to ensure the NDR and every system has current and complete data
- Read and write to the NDR using the mandated standard (FHIR R4), to ensure consistency

The NDR will persist data, to ensure a single source of truth and a complete, historical and up-to-date care record. To achieve this, the programme requires the NDR platform and every system to be:

- Technically able to read and write data (technical interoperability)
- Legally allowed to read and write data (information governance)
- Operationally assured to read and write data (API onboarding and monitoring)
- Contractually required to read and write data to and from the NDR platform (WG mandates, supplier contracts)

Annex: Case Studies

NDR NLP

- Adoption of Google's Natural Language Processing engine and to derive coding from clinical narrative

Clinic Letter RPOR/REG - MR RICE REG CLINIC PM WEEK 4 - 19 April 2023 - 19 April 2023

Dear Doctor

Date of Birth: 1954 NNN:

Diagnosis: 1. Right triathlon total knee replacement 7th March 2022.
 2. Stress fracture mid shaft right tibia and right distal fibula with tibial bowing.
 Plan: 1. Continue with partial weight bearing mobilisation
 2. To be reviewed in clinic following discussion of x-rays in complex knee meeting.

..... is more than a year since having her right total knee replacement. She was doing well for the first 6-7 months and was mobilising well. Around November/early December 2022 she had a fall when she fell backwards. Following this she noted pain in her right leg. She did not seek any medical advice at the time. Over the next few weeks, she noticed pain along her right leg and progressively worsening bowing deformity more apparent on weight bearing. She still gets intermittent pain in her right leg when walking.

On examination there is no knee effusion of erythema. No tenderness over the quadriceps insertion. Extensor mechanism is intact. She demonstrated a painless range of movement from 0-90° of flexion. She has a tibial bowing deformity with tenderness over the middle third of tibia.

X-rays of her right knee shows satisfactory total knee replacement. X-rays of her right tibia and fibula show a healing tibial fracture over the upper third/middle third junction with ongoing remodelling and a valgus deformity. There is a healed fracture along the distal fibula. The lateral view confirms overall satisfactory alignment.

She is to continue with partial weight bearing mobilisation. We will review her again in clinic following discussion of her x-rays in our complex knee meeting.

Yours sincerely

Hospno	Type	temporalAssessme	Text_Content	ConfidencePercentage	preferredTerm	snomedct
6139844	PROBLEM	CLINICAL_HISTORY	fall	98	Accidental Falls	217082002
6139844	PROBLEM	CLINICAL_HISTORY	fall	98	Falls	1912002
6139844	PROBLEM	CURRENT	pain	99	Pain	22253000
6139844	PROBLEM	CURRENT	erythema	97	Erythema	70819003
6139844	PROBLEM	CURRENT	erythema	97	Erythema	444827008
6139844	PROBLEM	CURRENT	tenderness	100	Sore to touch	71393004
6139844	PROBLEM	CURRENT	tenderness	100	Sore to touch	247348008
6139844	PROCEDURE	CURRENT	X-rays	98	Diagnostic radiologic examination	363680008
6139844	PROCEDURE	CURRENT	X-rays	98	Plain x-ray	168537006
6139844	PROCEDURE	CURRENT	X-rays	98	Radiographic imaging procedure	363680008
6139844	PROCEDURE	CLINICAL_HISTORY	total knee replacement	98	Knee Replacement Arthroplasty	609588000

Case Study #2

Forecasting & Predictive Analytics for Planning

- Many Health Boards across Wales commission third party suppliers to provide planning and forecasting dashboards
- A proof of concept was commissioned and completed with Aneurin Bevan Health Board to replicate the functionality of the current supplier
- Dashboards were further enhanced to include 'what if' analysis with the support of local planning teams
- Following a successful POC – this has now moved into production and is scalable for utilisation across NHS Wales



Bed Utilisation Forecasting

Shared

Beds Prediction ♥ 🔗

1m ago 🔄 ☰ ⋮

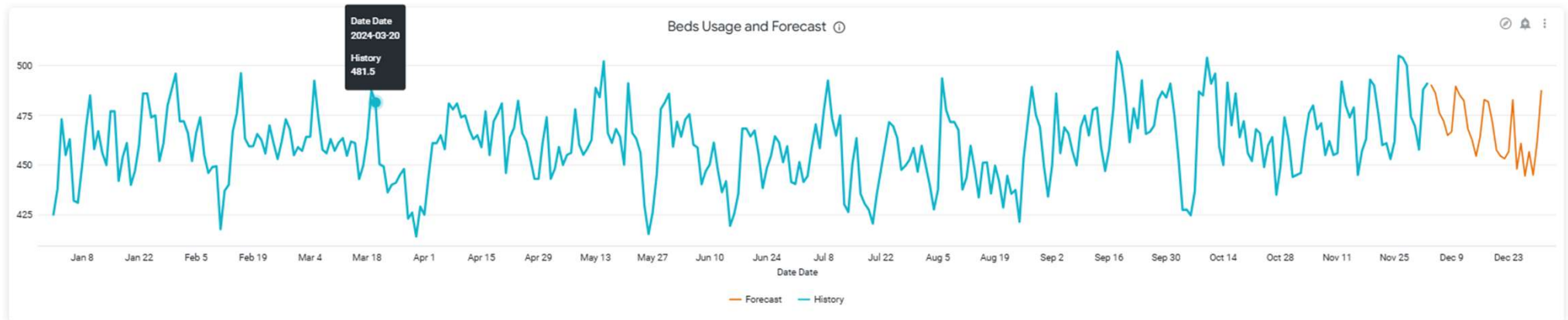
Date Date Hospital Speciality Name Num Available Beds (Threshold)

2024/01/01 - 2024/12/31

is Grange University Hospital

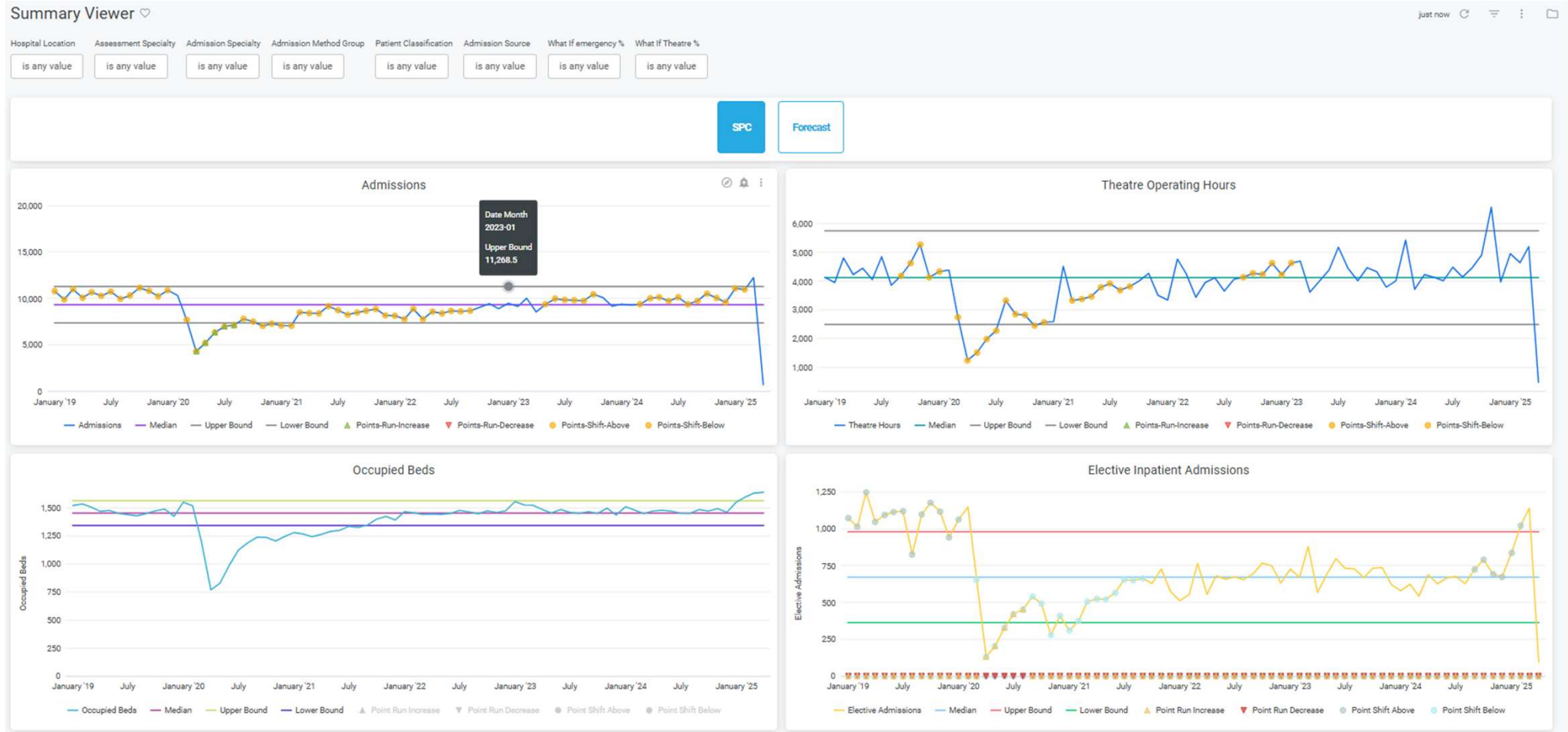
is any value

is 440



Number of Beds (20D Forecast)				Number of Beds (20W Forecast)				Number of Beds (12M Forecast)			
Date Date	Num Available Beds	# of beds (*forecast)	Difference	Date Week	Num Available Beds	# of beds (*forecast)	Difference	Num Available Beds	Date Month	# of beds (*forecast)	Difference
2025-04-23	440	499*	59	2024-12-30	440	475*	35	440	2024-12	423*	-17
2025-04-22	440	496*	56	2024-12-23	440	456*	16	440	2024-11	471	31
2025-04-21	440	473*	33	2024-12-16	440	467*	27	440	2024-10	464	24
2025-04-20	440	456*	16	2024-12-09	440	473*	33	440	2024-09	471	31
2025-04-19	440	465*	25	2024-12-02	440	341*	-99	440	2024-08	452	12
2025-04-18	440	461*	21	2024-11-25	440	482	42	440	2024-07	453	13
2025-04-17	440	486*	46	2024-11-18	440	471	31	440	2024-06	454	14
2025-04-16	440	491*	51	2024-11-11	440	469	29	440	2024-05	462	22
2025-04-15	440	505*	65	2024-11-04	440	467	27	440	2024-04	464	24
2025-04-14	440	478*	38	2024-10-28	440	455	15	440	2024-03	454	14
2025-04-13	440	478*	38	2024-10-21	440	456	16	440	2024-02	460	20

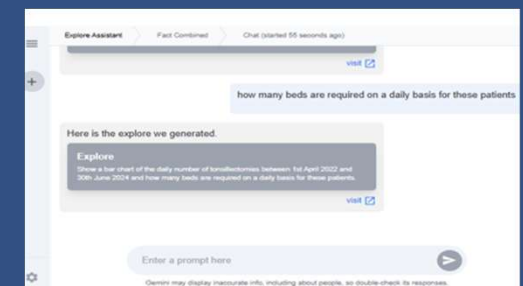
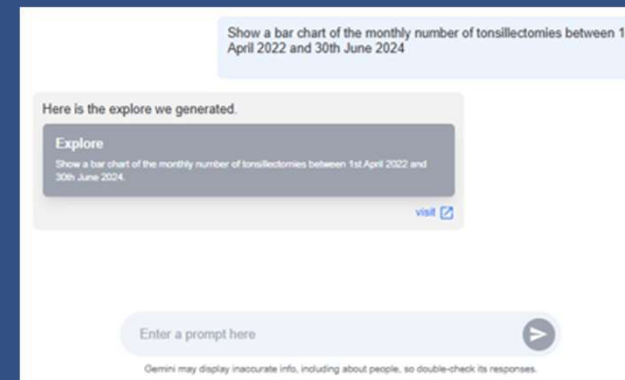
Dynamic Planning Summary



Case Study #3

Conversational Analytics Using Gemini

- How many of us want to know the answer to a question that means you must find someone who can query a data warehouse and structure the code required to understand the data?
- Early use of Gemini demonstrates that with by training the models we could unlock access to data and insight for basic queries freeing up our analytical teams for more advanced requirements
- Gemini reads data stored within our NHS Wales tenancy; this means that no data is shared with Google or used to train models for wider use



Gemini Conversational Analytics

Explore Assistant

Explore Assistant | Fact Combined | Chat (started 7 seconds ago)

Show a bar chart of the monthly number of tonsillectomies between 1st April 2022 and 30th June 2024

Here is the explore we generated.

Explore
Show a bar chart of the monthly number of tonsillectomies between 1st April 2022 and 30th June 2024.

Enter a prompt here

Gemini may display inaccurate info, including about people, so double-check its responses.

Explore 27 rows - 1.949s - just now

Filters: Fact Combined Start Date is from 2022/04/01 until 2024/06/30 AND Dim Procedure Procedure Description contains tonsillectomy

Visualization: Bar chart

Count Procedures

April July October January '23 April July October January '24 April

Powered by Looker

Explore Assistant

Explore Assistant | Fact Combined | Chat (started 55 seconds ago)

visit

how many beds are required on a daily basis for these patients

Here is the explore we generated.

Explore
Show a bar chart of the daily number of tonsillectomies between 1st April 2022 and 30th June 2024 and how many beds are required on a daily basis for these patients.

Enter a prompt here

Gemini may display inaccurate info, including about people, so double-check its responses.

Explore 229 rows - 1.337s - just now

Filters: Fact Combined Start Date is from 2022/04/01 until 2024/06/30 AND Dim Procedure Procedure Description contains tonsillectomy

Visualization: Table

Start Date	Count Procedures	Count Beds
1 2024-06-28	1	1.0
2 2024-06-24	2	1.0
3 2024-06-21	3	2.0
4 2024-06-13	2	0.0
5 2024-06-10	1	0.0
6 2024-06-07	2	2.0
7 2024-06-04	2	1.0
8 2024-05-31	3	3.0

Powered by Looker

Case Study #4

Digitalising Growth Chart in Welsh Clinical Portal

- Data captured in Clinical Application
- Data writes in real-time and compliant with interoperability standards to the Care Data Repository
- Growth Chart measurements available to consume by other applications from CDR APIs
- Data streamed in real-time and available for analytics in NDAP
- The data layer is application agnostic – meaning any application can write the growth chart measurements and read growth chart measurements from CDR; despite WCP being used in this scenario



Digital Growth Chart in Welsh Clinical Portal

PAS - NHS No: 323 493 3960 | Hospital No: SRM5002223 | COULTER, Ruaraidh (M) | Born: 17-Nov-2010 (14y 5m)

Growth chart

323 493 3960 CRN SRM5002223
COULTER, Ruaraidh (Mstr.)
17-Nov-2010 (14y 5m)
17 Powell Street Male
Tir-Y-Berth
Hengoed, CF82 8AS

Patient details

Reference UK-WHO
Date of birth 17-Nov-2010 Sex Male
Gestation 40 weeks + 0 days
Mid parental height **1**
Maternal height 154 cm
Paternal height 170 cm

Observations

Date of measurement* 12-May-2025

Parent / Carer measurement

Measurements

Height cm

Weight kg

Head circumference cm

BMI kg/m²

Location / Comments

Height Weight BMI Head circumference

UK-WHO Down's Syndrome

BOC 17.0.12 UK CA

COULTER, Ruaraidh (Mstr.) - 323 493 3960
Boys - UK-WHO - Height/Length

1.0.0.58891 Username: Ni126642 Password:

Improved care and patient safety, enabling efficiencies

Neonatal records at BC UHB

Baby 1 dob 26.6.22, Gestation 27⁺6 weeks

Date	Height	OC	Length
26.6.22	1.38		
29.6	1.16	26.3	
3.7	1.33		
6.7	1.4	27.4	
10.7	1.48		
13.7	1.61	28.2	
17.7	1.62		
20.7	1.73	28.29	
24.7	1.95		
27.7	2.21		
31.7	2.34	31.7	
3.8	2.59	32.4	
7.8	2.68		
10.8	2.81	33.4	
14.8	2.95		
17.8	3.12	34.8	
21.8	3.25		
24.8	3.3		
28.8	3.38		
31.8	3.62	35.5	50
4.9	4.9	38.2	55
7.10	5.76	41.7	
9.11	8.4	45	67
10.2.22		47.5	
5.4.23			
4.2.24		47.5	
23.5		48	
7.8		50	
9.10		50	
13.11	13.6	51.3	
15.11		51.5	
26.2.24		52	
27.3		52	
27.4		52	

46.24 - OFC - 52cm

Automatically tabulated measures

PAS - NHS No: 320 329 5164 | Hospital No: U276322 | THOMAS, Natalie (F) | Born: 17-Oct-2014 (10y 7m)

320 329 5164 CRN U276322
THOMAS, Natalie (MS) 17-Oct-2014 (10y 7m)
57 TYN-Y-PARC ROAD CARDIFF, CF14 6BJ Female

Growth chart

Patient details

Reference UK-WHO
Date of birth 17-Oct-2014 Sex Female
Gestation 36 weeks + 0 days
Mid parental height 190 cm
Maternal height 190 cm
Paternal height 200 cm

Observations

Date of measurement* 19-May-2025
 Parent / Carer measurement

Measurements
Height cm
Weight kg
Head circumference cm
BMI kg/m²

Location / Comments

Results table

Date of measurement	Age of patient	Height (cm)	Weight (kg)	BMI (kg/m ²)	Head circumference (cm)	Comment	Attribution
24-Oct-2014	1 week	51	3.5				MILLER, Gay (NADEX:ga030349), Paediatric Informatics Clinical Nurse Specialist, 03-Apr-2025
16-Jan-2015	2 months, 4 weeks and 2 days	53	5				MILLER, Gay (NADEX:ga030349), Paediatric Informatics Clinical Nurse Specialist, 03-Apr-2025
07-Apr-2015	5 months and 3 weeks	62.5	8				MILLER, Gay (NADEX:ga030349), Paediatric Informatics Clinical Nurse Specialist, 07-Apr-2025
03-Aug-2015	9 months, 2 weeks and 3 days	70	9.2				MILLER, Gay (NADEX:ga030349), Paediatric Informatics Clinical Nurse Specialist, 07-Apr-2025
17-Oct-2015	1 year	74	9.9	18.08			MILLER, Gay (NADEX:ga030349), Paediatric Informatics Clinical Nurse Specialist, 03-Apr-2025
12-Jun-2019	4 years, 7 months, 3 weeks and 5 days	106	18	16.02			MILLER, Gay (NADEX:ga030349), Paediatric Informatics Clinical Nurse Specialist, 03-Apr-2025
15-Jul-2021	6 years, 8 months and 4 weeks	115	21.5	16.26			PERRY, Sian (NADEX:si012007), Paediatric Clinical Informatics Nurse, 03-Apr-2025
20-Oct-2023	9 years and 3 days	121	24.5	16.73			PERRY, Sian (NADEX:si012007), Paediatric Clinical Informatics Nurse, 03-Apr-2025
18-Feb-2025	10 years, 4 months and 1 day	139	31	16.04			PERRY, Sian (NADEX:si012007), Paediatric Clinical Informatics Nurse, 03-Apr-2025
13-Mar-2025	10 years, 4 months, 3 weeks and 3 days	139	32	16.56			MILLER, Gay (NADEX:ga030349), Paediatric Informatics Clinical Nurse Specialist, 15-Apr-2025
22-Apr-2025	10 years, 6 months and 5 days	140	32.5	16.58			PERRY, Sian (NADEX:si012007), Paediatric Clinical Informatics Nurse, 22-Apr-2025

Theme: Traditional Monochrome
Type of view: Charts Results table
Chart type: Centiles SDS

1.0.0.58881 Username: NI126642 Password: Save and close Cancel

IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES MAJOR PROGRAMMES REPORT

Eitem ar yr Agenda: Agenda Item:	5.1
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Enw'r Cyfarfod: Name of Meeting:	Programmes Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	06 November 2025

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Ifan Evans, Executive Director of Strategy
Paratowyd gan: Prepared By:	Yasamin Henson, Principal Planning Manager
Cyflwynwyd gan: Presented By:	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: Purpose of the Report:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Major Programmes Overview Report update on status of key programmes managed by DHCW.	



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	
<u>DEDDF LLESIAENT CENEDLAETHAU'R DYFODOL</u> <u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<u>SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS</u>	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	
<u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u>	N/A
<u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u>	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	
<u>DATGANIAD ASESIAID O'R EFFAITH AR GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD- GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
DHCW Portfolio Oversight Management Board	16 th October 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The [attached report](#) provides an overall RAG status dashboard for key programmes and projects in the DHCW portfolio, together with individual assurance highlight reports for each.

Scope of Report

The Major Programmes Overview Report consists of assurance highlight reports which summarise the main progress and issues for noting and discussion. It also includes the RAG dashboard for Other Programmes and notes any changes to the status of escalations relevant to the Programme Delivery Committee.

Project Management Tooling

A new project management tool has been rolled out across DHCW. This enables the automation of reports and portfolio level dashboards in Power BI. The Q2 assurance reports for the Programmes Delivery Committee have been prepared in this tooling. The full Assurance reports can be found [here](#)

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

The portfolio now includes more programmes reporting a RAG status with reasonable or high confidence in delivery. With 2 programmes currently not subject to assessment.

Audit+ Replacement has recently been scored as a major programme. The programme team are in the process of establishing a governance board and baselining the delivery plan, therefore, formal reporting has not yet commenced. The Digital Maternity Cymru programme has now formally closed, and reporting ceased. This has been replaced by the Maternity Data Standards Project which was scored as a standard project.

Since Q1, the following RAG status changes occurred:

Improved:

GP Systems Migration: RED → GREEN

Bridgend Transition: AMBER/GREEN → GREEN

Cancer Informatics Programme: AMBER/RED → AMBER/GREEN

Microsoft Enterprise Agreement: NOT ASSESSED → GREEN

Declined:

National Data Resource, Cloud Transition and National Target Architecture:

GREEN → AMBER/GREEN

Digital Services for Patients and the Public: AMBER/GREEN → AMBER/RED



One programme / project is **RED**

No confidence of successful delivery requiring critical decisive action:

- **LIMS 2.0:** Tranche 1 technical dry run has commenced however delays to UAT remain.

Three programmes /projects are **AMBER/RED** with low confidence of successful delivery requiring urgent management attention:

- **RISP:** Revised go-live dates pending HB agreement, local RAGs vary. Some go live dates moved.
- **Connecting Care:** Funding secured late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners. Timelines remain challenging.
- **DSPP:** Plan and budget are confirmed with recruitment underway, longer-term funding remains unapproved.

Programmes with RED and AMBER/RED RAG statuses have outlined their respective 'route to green' within their individual reports and the overarching RAG Dashboard. The primary factors contributing to the current status include:

- Completion of outstanding testing activities including the resolution of a high volume of bugs and defects.
- Availability of Health Board resources to carry out User Acceptance Testing (UAT) within the required timescales.

The remaining programmes/projects are reporting AMBER/GREEN or GREEN or have not been assessed as activity has been suspended due to a formal review/reset or have been completed.

Digital Eyecare Programme

Following the formal project closure in July 2025 a one page summary of the Digital Eyecare Programme Closure Report is included.

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

Major Programmes – ALERTS for ACTION

There are no ALERT escalations for PDC.

Major Programmes – ASSURE for AWARENESS

There are currently two open ASSURE escalations for PDC related to the LIMS2.0 and RISP programmes, both concerning implementation timelines.



6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad:
Recommendation:

The Committee is being asked to

NOTE the Major Programmes Overview Report update on status of key programmes managed by DHCW.

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

Eitem ar yr Agenda: Agenda Item:	5.2
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Enw'r Cyfarfod: Name of Meeting:	Programmes Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	06 November 2025

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Bethan Walters, Corporate Risk Manager
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to
<p>DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee. NOTE the status of the Corporate Risk Register. NOTE the annual Trend analysis report</p>	



1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

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

RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	All are relevant to the report
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

<u>SAFONAU ANSAWDD IGDC</u> <u>DHCW QUALITY STANDARDS</u>	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: ISO 14001 ISO20000 ISO 27001 BS 10008	

<u>GALLUOGWR Y DDYLETSWYDD ANSAWDD</u> <u>DUTY OF QUALITY ENABLER</u>	Leadership
<u>PARTH ANSAWDD</u> <u>DOMAIN OF QUALITY</u>	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below: Safe Care Governance, Leadership and Accountability	

<u>DATGANIAD ASESIAID O'R EFFAITH AR</u> <u>GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: Risk Management and Assurance activities equally affect all. An EQIA is not applicable	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be financial implications
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report. The risk owners will be clear on the expectations of managing risks assigned to them
ECONOMAIDD- GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Risk Management Group	07/10/2025	Reviewed
Laura Tolley, Deputy Board Secretary	Oct 2025	Reviewed
Chris Darling, Board Secretary	Oct 2025	Reviewed
Management Board	17/10/2025	Approved

Acronymau 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	WICIS	Welsh Intensive Care Information



	and the Public		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 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

- 4.1 In terms of DHCW’s Corporate Risk Register, there are currently 18 risks on the Corporate Risk Register, of which 7 are for the consideration of this Committee.

The risks assigned to the Programmes Delivery Committee are as follows:

- DHCW0237 New requirements impact on resources and plan

- DHCW0298 Delay in the Implementation of WLIMS 2.0
- DHCW0333 WICIS Implementation Delay
- DHCW0318 Welsh Language Scheme Compliance
- DHCW0347 National Target Architecture Transition Roadmap
- DHCW0348 Transition to new data architecture
- DHCW0349 RADIS Team scaling back 25/26

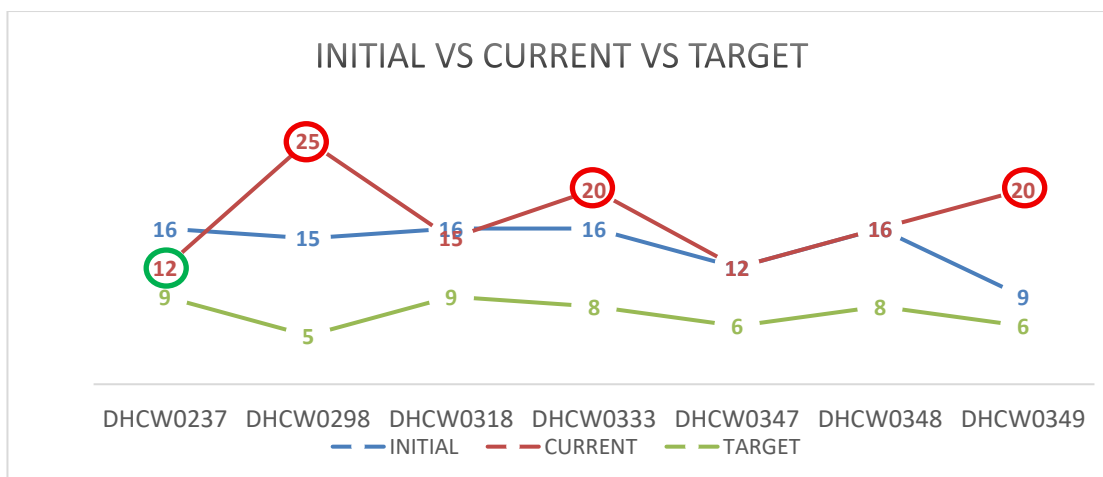
4.2 The Risk register presents the Committees public register representing the 7 public risks assigned to this Committee at item [5.2i Appendix A](#)

4.3 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 2 Significant and 5 Critical risks assigned to the Committee. The key indicates the current position of the risk.

4.4 On the Corporate Risk Register there are fifteen critical risks overall, of which five are assigned to the Programmes Delivery Committee.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0281 →		DHCW0298 - Delay in WLIMS Implementation 2.0 ★
	MAJOR (4)			DHCW0349 - RADIS Team Scaling Back 25/26 ←	DHCW0336 Audit + Withdrawal from Contracts ↔ DHCW0337 Sustainable Digital Services and Development Funding Model ↔ **DHCW0341 ↔ **DHCW0342 ↔ DHCW0346 DDaT Governance Review Implementation ↔ DHCW0348 Transition to new data Architecture ↔	DHCW0331 - Fixed term funding resource ↔ DHCW0333 - WICIS Implementation Delay ↔ DHCW0263: DHCW Functions ↔ DHCW0320 - Citizen and stakeholder trust in use of HSC data ↔
	MODERATE (3)		DHCW0300 - Canisc (Screening and Palliative Care) →	DHCW0318 - Welsh Language Scheme Compliance ↔	DHCW0347 National Target Architecture Roadmap → DHCW0237 - New Requirements impact on resources and plan ★	DHCW0351 - Changes in political landscape in Wales ★
	MINOR (2)					
	NEGLIGIBLE (1)					

4.5 The Committee are asked to consider the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action.



Please note that DHCW0347 and DHCW0348 current scores are tracking the same as the initial scores.

DHCW0298 and DHCW0237 are both re-escalations.

4.6 Committee members are asked to note the following changes to the Corporate Risk Register as a whole (new risks, risks removed and changes in risk scores):

NEW RISKS (3) – 3 public, 0 Private

There were three new risks escalated during the period.

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0298 (Re-escalation)	Delay in the Implementation of WLIMS 2.0	Service Delivery	Programmes Delivery Committee
DHCW0237 (Re-escalation)	New requirements impact on resources and plan	Development of services	Programmes Delivery Committee
DHCW0351	Changes in political landscape in Wales	Service Delivery	Audit and Assurance Committee

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

There were no changes in score during the period

RISKS REMOVED (5) – 5 public, 0 private.

There were five risks removed during the period.

Reference	Name	Commentary	Committee Assignment
DHCW0345	Funding for Operational delivery of Care Director in FY25/26	Funding agreed and letter received risk closed	Programmes Delivery Committee



DHCW0344	Funding for Care Director in FY25/26	Funding agreed and letter received risk closed	Programmes Delivery Committee
DHCW0350	Increased Cadence of GP Migrations	Sale of INPS complete. Agreement with buyer to expedite the migrations to complete in May 2026, mitigating risk of services being withdrawn before migrations are complete	Digital Governance and Safety Committee
DHCW0340	GP Systems and Services provided by third party INPS (subsidiary of cegecim) could be withdrawn	Sale of INPS complete. Agreement with buyer to expedite the migrations to complete in May 2026, mitigating risk of services being withdrawn before migrations are complete	Digital Governance and Safety Committee
DHCW0207	Document Management Strategy	Document Management plan now at 88% complete, feedback on progress has been provided to our external auditor who has approved closing the non-compliances. Risk to be held at directorate level until plan is 100% complete.	Audit and Assurance Committee

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Dadansoddiad o Duedd Risgiau Corfforaethol

Corporate Risk Trending Analysis

01.10.2024 – 31.08.2025

Chris Darling

Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y
Bwrdd | Director of Corporate Affairs | Board Secretary

Context

- In line with the DHCW Risk & BAF Framework a committee assignment approach is in place for all corporate risks.
- All corporate risks are added to the corporate risk register with the approval of the relevant Executive Lead.
- Corporate risks are reviewed each month via Management Board.
- During the period October 2024– August 2025 deep dives have taken place on the corporate risks assigned to the committees by the relevant committee.
- In May 2025 the Board Assurance Framework Report was approved by the SHA Board with corporate risks assigned to each of the five DHCW strategic missions.
- As part of the risk work-plan for 2025/26 a review of the movement of all corporate risks during this eleven-month period of operation was agreed, which is presented in these slides.

Corporate Risks – Changes since 1 October 2024

- On the 1 October 2024 there were 14 risks on the corporate risk register.
- Between 1 October 2024 – 31 August 2025 there have been 14 risks escalated to the Corporate Risk Register
- Between 1 October 2024 – 31 August 2025 there have been 11 risks removed (de-escalated or closed) from the Corporate Risk Register
- Risk movement shows there have been a high number of risks de-escalated or closed during the eleven-month period.

Corporate Risks not mitigated – 1 October 2024 – 31 August 2025

The full list of the eleven risks that have remained on the register over the last twelve-month period is noted below.

Programmes Delivery Committee

DHCW0300 – Canisc Screening & Palliative Care

DHCW0318 – Welsh Language Scheme Compliance – NHS Wales App

DHCW0331 – WICIS Implementation Delay

Audit & Assurance

DHCW0331 – Fixed Term Resource Funding

DHCW0337 – Sustainable Digital Services and Development Funding Model

Digital Governance & Safety

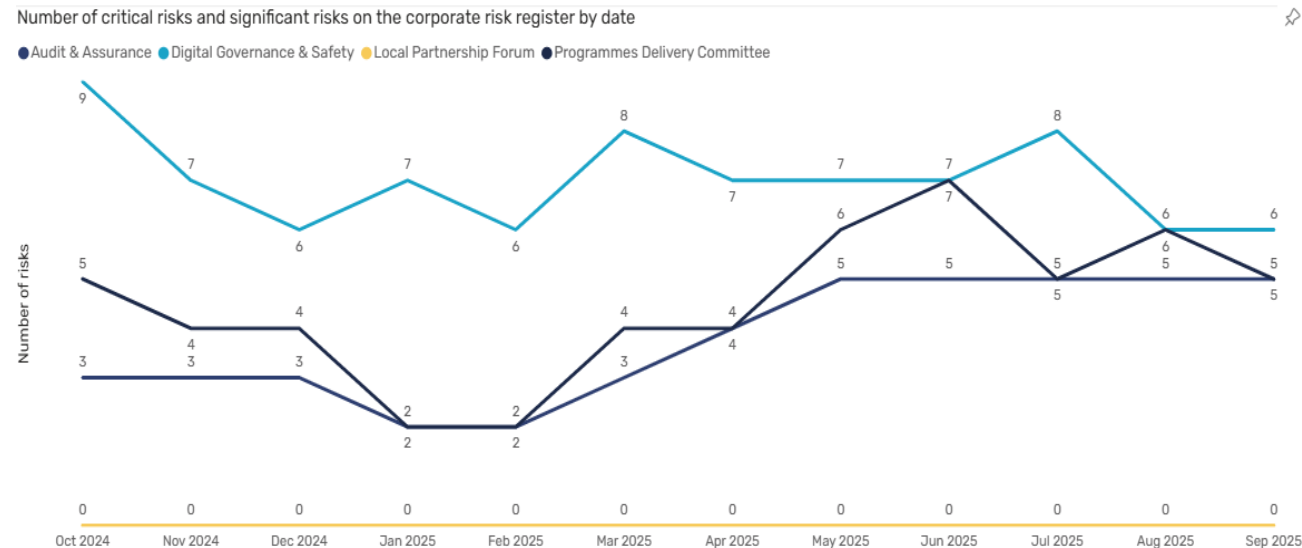
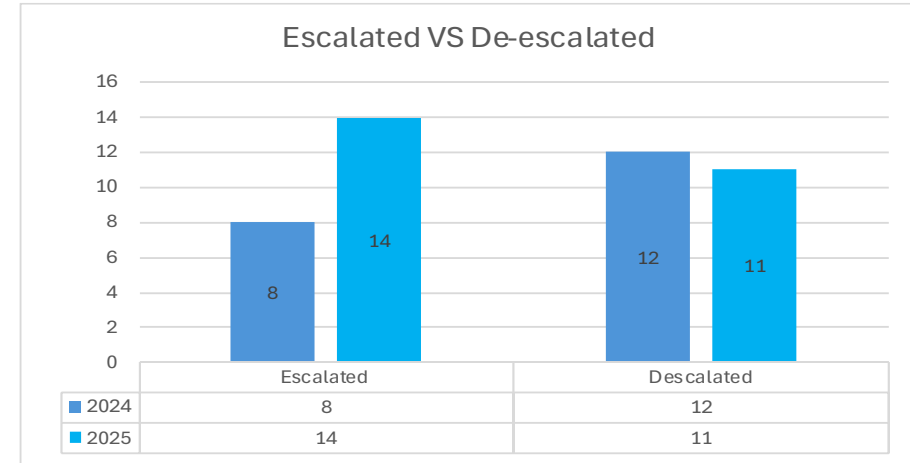
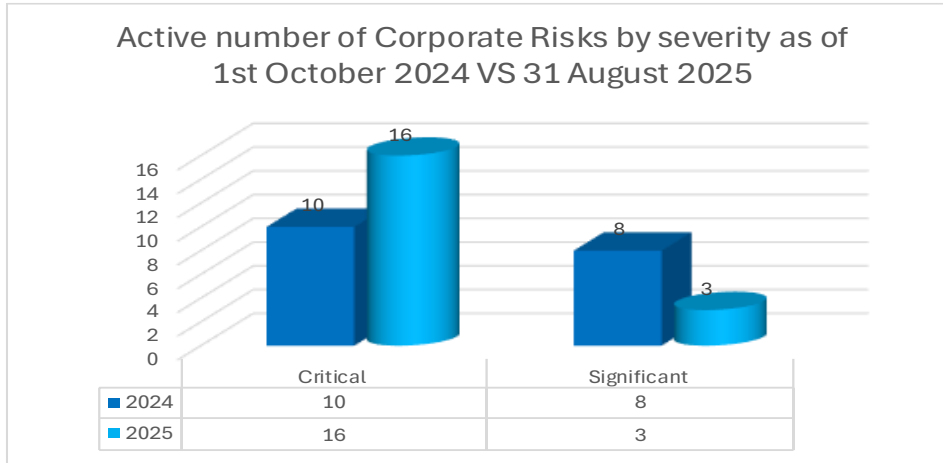
DHCW0263 – DHCW Data Functions

DHCW0320 – Citizen and stakeholder trust in uses of Health and Social Care data

DHCW0281 – **PRIVATE

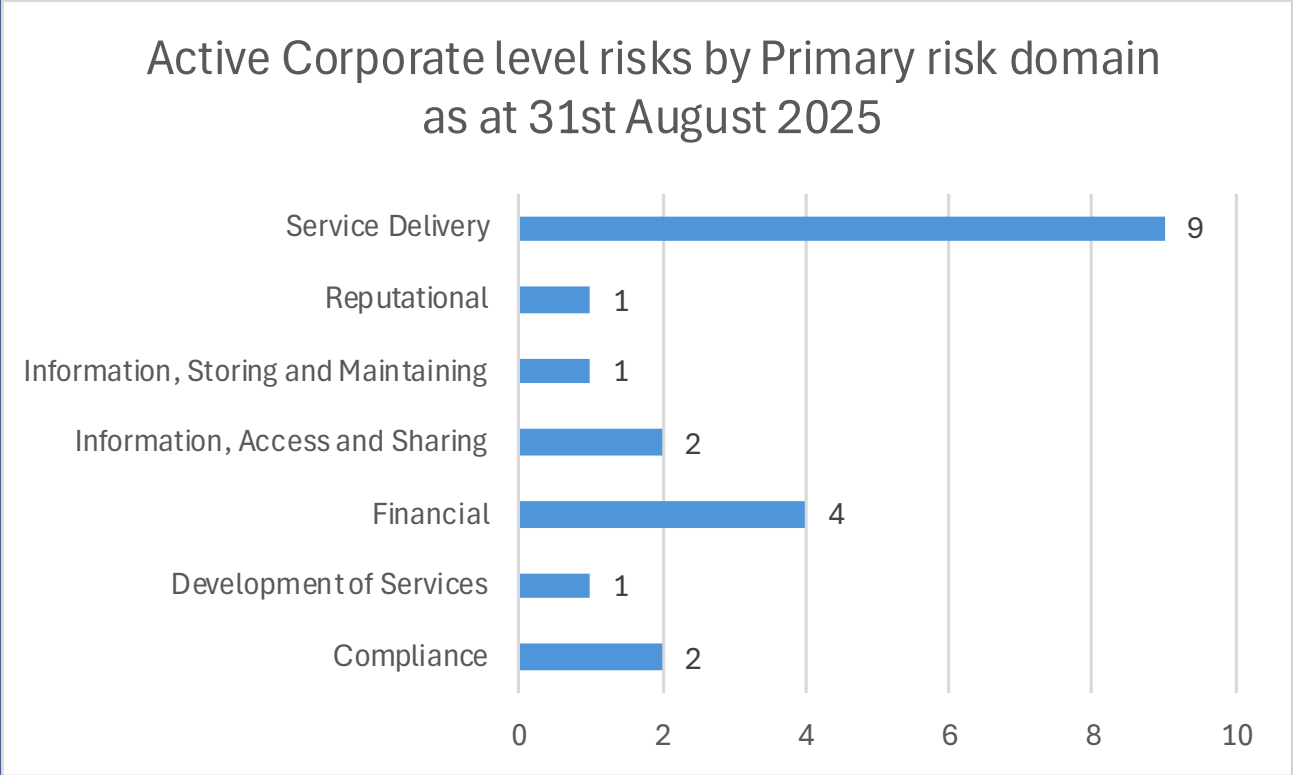
DHCW0336 – Audit + withdrawal of contracts

Movement in the Corporate Register from 01 October 2024 until 31 August 2025



Active Corporate Level Risks by primary risk domain as at 31 August 2025

The strong trends around service delivery and finance accurately reflect DHCW's current position regarding the risks to achieving our strategic objectives.



Number of Active Risks by Strategic Mission as at 31 August 2025

Mission	Number of Corporate Risks assigned
Mission 1 - Provide a platform for enabling digital transformation	5
Mission 2 - Deliver high quality digital products and services	8
Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care	4
Mission 4 - Drive better value and outcomes through innovation	1
Mission 5 - Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation	2

Diolch

IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES ESCALATION STATUS-IMPROVEMENT PLAN UPDATE

Eitem ar yr Agenda: Agenda Item:	5.3
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Enw'r Cyfarfod: Name of Meeting:	Programmes Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	6 November 2025

Cyhoeddus neu Breifat: Public or Private:	Public
IF PRIVATE: please indicate reason: OS YW'N BREIFAT: Nodwch reswm:	N/A

Noddwr Gweithredol: Executive Sponsor:	Helen Thomas, Chief Executive Officer
Paratowyd gan: Prepared By:	Chris Darling, Director of Corporate Affairs / Board Secretary
Cyflwynwyd gan: Presented By:	Helen Thomas, Chief Executive Officer

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the current status of the Enhanced Monitoring Escalation Improvement Plan including the update on the September 2025 milestone position and October 2025 milestones.	

1 ASESIAID O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply
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RISG GORFFORAETHOL (cyf, os yw'n briodol) CORPORATE RISK (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

<u>SAFONAU ANSAWDD IGDC</u> <u>DHCW QUALITY STANDARDS</u>	ISO 27001 - Information Security Management Systems
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

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

<u>DATGANIAD ASESIAD O'R EFFAITH AR</u> <u>GYDRADDOLDEB</u> <u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	



ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD- GYMDEITHASOL GOBLYGIADAU/EFFAITH SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	DYDDIAD DATE	CANLYNIAD OUTCOME
Helen Thomas, CEO	Oct 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DDaT	Digital, data, and technology	SRO	Senior Responsible Owner
LIMS	Laboratory Information Management System	RISP	Radiology Information System Procurement
DSPP	Digital Services for Patients and the Public		



3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 On 11 March 2025, DHCW's escalation status changed from [Level 1 – Routine Monitoring, to Level 3 – Enhanced Monitoring](#).
- 3.2 The increased escalation relates specifically to the delivery of major programmes, under the 'performance and outcomes' domain of the [NHS Oversight, Assurance, Escalation and Intervention Framework](#).
- 3.3 DHCW have worked closely with Welsh Government to confirm the arrangements for escalation via an agreed [Escalation Framework](#) and associated Enhanced Monitoring Improvement Plan to be monitored to inform the future escalation status.

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

4.1 DHCW Escalation Activity

Since the last Programmes Delivery Committee members of DHCW attended the Welsh Government Integrated Quality, Performance and Delivery (IQPD) meeting held on 22 September 2025 and 27 October 2025. The escalation agenda item focused on:

- Progress against September milestones
- Forward look to October and November milestones
- Issues for escalation
- Risks and delivery concerns
- Deep dive into National Target Architecture (Sept) and the NHS Wales App (Oct)

Discussion points of note from 22 September IQPD:

- The NHS Wales App Silver Road Map, with a focus on the 'view secondary care appointments feature'.
- How to most effectively escalate through the DDaT governance structure, and the need to use this structure for system wide escalations.
- It was agreed a high level Connecting Care plan that can be shared with WG would be put together, to show when investment decisions would need to be made.
- A request for the benefits from the Digital Medicines (EPS and EPMA) programmes was requested.
- A national target architecture timeline was requested – to be included in the November IQPD meeting.
- In progressing the Welsh Intensive Care Information System (WICIS) there was a request for the final report to be submitted by the 25 September to include whether the solution can be safely deployed and whether it would be used by clinicians/had clinical buy-in.

Discussion points of note from the 27 October IQPD:

- Focus on the work on typology, commercial framework, once for Wales approach (milestones 10.3 and 10.4) and how this is used by the system to inform future digital programmes. The output of this work was considered by the PDC Development meeting on 25 September 2025.
- Implications of the Digital Maternity Cymru programme changing its approach on integration and DHCW's input and how this has changed
- Continued focus on LIMS, RISP delivery
- Considering if the stakeholder engagement action plan in response to the independent review was having the impact planned.
- Deep dive on the NHS Wales App delivering, including ensuring a common understanding of terminology in relation to delivery.

In addition to the IQPD meeting, the CMET meeting held on the 7 October included a DHCW digital update, which included updates on major programmes – Intensive Care, Connecting Care, NHS Wales App, Diagnostics and Joint Data Controller Agreement position.

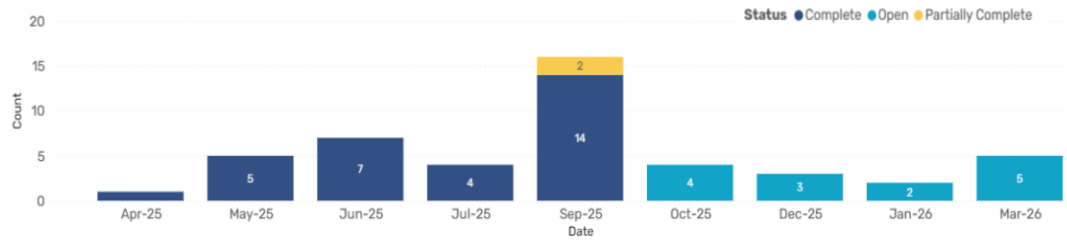
An additional Escalation meeting with Welsh Government took place on 10 October 2025, which focused on a number of areas, including how DHCW and WG work more effectively in partnership, including the DHCW SRO for Escalation meeting the WG Digital Policy lead on a weekly basis. This discussion also confirmed next steps for the typology, commercial framework, once for Wales (milestones 10.3 and 10.4) to go to the Directors of Digital Peer Group next for discussion.

In addition, the DDaT Leadership Board is scheduled to meet on the 4 November, with the agenda including LIMS, RISP, the NHS Wales App, Digital Maternity and Q4 2025/26 delivery congestion.

4.2 Enhanced Monitoring Improvement Plan

The SHA Board has assigned the Programmes Delivery Committee to oversee delivery of the [Enhanced Monitoring Improvement Plan](#), which sets out DHCW's response to the areas of concern/escalation and the proposed milestones and actions against the de-escalation criteria to demonstrate the required improvement. A shared information repository has been developed between DHCW and Welsh Government, to allow a transparent approach to tracking milestone delivery, with each milestone broken down by month. The repository also allows evidence to be uploaded, to show the evidence/outputs/outcomes that demonstrate the milestone has been completed. The distribution of milestone delivery over time can be seen below:

Progress against September Milestones | AC05-25/26



The plan sets out 32 milestones to be delivered by the end September, with 30 delivered and, and two partially delivered (milestone 1.5 and 2.2), and two milestones now delivered, but delivered after their target dates, these were: 4.1 NHS bodies entering into the WASPI Joint Data Controller Agreement – due for delivery by the end of July but delivered at the end of September 2025, 9.1 Colposcopy go-live – due for delivery by the end of June but delivered on 9 July 2025.

4.3 Enhanced Monitoring September 2025 Milestones

The Committee are asked to note the status of the end of September milestone position.

Performance Intervention area	Specific Deliverable/Milestone	Timeframe for Delivery	Output	Dependency	Evidence
1. National current and future target enterprise architecture development and design	1.5 Clear architectural maps and description of current architecture with risks, deficiencies and strengths mapped.	Sep-25	Architecture Maps and Assessments	P&P MAG recommendation	The current state has been mapped with risks and deficiencies mapped - see NTA As is v.1.1 report discussed at the Programme Board on 26/09/25. The future state mapping to include strengths and risks, deficiencies has not achieved the end of Sept 25 deadline, and Channel 3 have requested an additional 4 weeks to complete this work, which DHCW has approved via the NTA Programme Board.
2. Digital Services for Patients and the Public Programme (DSPP) with a focus on delivering NHS Wales App that supports system recovery and improved patient outcomes.	2.1 Public launch of NHS Wales App	Sep-25	NHS Wales App Public Comms Campaign	Ministerial direction on launch date.	The Minister Launched the NHS Wales App on 8 May 2025 at the inaugural DDaT Leadership Board, the public campaign will follow when the Minister directs this to take place. DDaT Leadership Board agenda for May 2025, IQPD minutes from August 2025.
2. Digital Services for Patients and the Public Programme (DSPP) with a focus on delivering NHS Wales App that supports system recovery and improved patient outcomes.	2.2 Q1 and Q2 Features delivered as per 'silver' roadmap approved by Minister.	Sep-25	NHS Wales App new features available	Planned Care Network / Health Boards – defining / agreement and implementation of granular waiting time information	Although 11 of the 13 features were delivered during Q1 and Q2 from the Silver Roadmap plan*. Two significant features have not been delivered, these being: 'Request to view clinical letters' and 'Choose nominated pharmacy' - end to end service available'. Request to view clinical letters - Revised approach in design, delayed 'alpha' to accelerate 'live' and 'all Wales' deployment. The choose nominated pharmacy feature has a dependency on NHS England input. In addition, 'Viewing secondary care appointments' - has a approach in place, which was agreed at the DDaT Leadership Board on 10 September, and will be discussed further at the Chief Executives meeting scheduled on 7 Oct, with a delivery date set to 14 Oct 2025 (see revised plan)**



Performance Intervention area	Specific Deliverable/Milestone	Timeframe for Delivery	Output	Dependency	Evidence
3. Connecting Care to the agreed scope and business case, once agreed	3.2 Community Care specification and commercial strategy agreed	Sep-25	Approved specification and commercial strategy	WG approval of Connecting Care OBC	Specification agreed via OBC submitted to WG, the procurement approach was confirmed at the Connecting Care Programme Board on 12/09/25. This followed the WG Letter dated 28 August 2025, confirming 2025/26 funding for Connecting Care: £4,125,000 capital and £4,146,000 revenue. Some concern from Health Board partners about long term funding for the Programme beyond 2025/26.
4. Data Architecture including the National Data Resource and Data Standards.	4.2 Data migration plan and timetable agreed with stakeholders through NDR Programme Board and/or directed by WG	Sep-25	Data migration plan (may require WG to mandate)	WG direction/ mandate	Plan in place as set out in the Data migration plan and associated Appendices showing individual organisation plans, and the milestones which are in the NDR plan, agreed via the NDR Programme Board.
5. Diagnostics programmes, specifically RISP and LIMS and health board deployment	5.4 RISP live in one Health Board and one Trust by	Sep-25	RISP go live / product deployment	Subject to Programme Board dates remaining unchanged	PHW go live Feb 25, Powys July 25, BCU Sept 25. However, proposed future HB deployment dates have been changed by the Programme Board/HBs, and therefore close monitoring of future delivery is needed. Close monitoring has continued via the DDaT Leadership Board, Aug 25 meeting and DHCW deep dives have taken place at IQPD in July and Aug 25.
6. Primary care services; including the and ongoing migration to EMIS from INPS (Cegedim) VISION, and support to national primary care programme	6.1 Migration roadmap (GP practices from INPS to EMIS) regularly reported to WG	131 practices using EMIS by March 2026 40 practices migrated by Sept 25		Requirement changes as a result if INPS going into administration – cadence may change based on INPS negotiations.	16 practices were migrated in Q1 25/26, a further 24 will be migrated in Q2 25/26, to mean 40 practices have been migrated to EMIS as of 30/09/25. The last two practices successfully migrated on 30/09/25 to achieve the milestone.
7. Digital Medicines and prescribing including EPS roll out and development of shared medicines record.	7.2 Delivery against EPMA stakeholder engagement plan to ensure continuous improvement, to include patients, health care providers and technology providers.	Sep-25	Stakeholder engagement delivery plan	Engagement with patients is for Health Boards to take forward at a local level – DHCW are delivering the national integrations not deploying the ePMA solution	The EPMA Stakeholder Engagement Plan is in place, and progress against milestones is included, along with future activity. The plan showcases the comprehensive stakeholder engagement undertaken by the national Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme, along with the methods and channels through which this engagement was delivered, and outlines the stakeholder engagement plan for the 2025/26.
7. Digital Medicines and prescribing including EPS roll out and development of shared medicines record.	7.4 Continued rollout of EPS to programme timetable – 105 GP practices live with EPS by September 2025	Sep-25	Number of practices with EPS rolled out (105 Sept 2025)		EPS rolled out to 105 GP practices by 5 Sept 2025. This represents 28% of General Practice in Wales. In addition, EPS is live in all health board areas of Wales.
8. Intensive Care – undertake an assessment on the next steps for this programme, and how it should be resourced and led.	8.3 Revised WICIS Plan submitted to WG to include: • Summary of system re-design work • Resource requirements • Timescale to complete with indicative deployment dates	Sep-25	HealthBoard Engagement	Health Board engagement	Submitted as per WG / DDaT Leadership Board action on 25.09.25, the plan was approved by the WICIS Clinical Assurance Group and WICIS Programme Board prior to submission. To be discussed at CMET on 07/10/25.
9. Agreement of core milestones Cancer Informatics Programme – CANISC replacement.	9.3 Support the development and delivery of a data development roadmap for cancer services to address all the data shortcomings that hinder system management and oversight.	Sep-25	Road Map	Similar to P&P MAG recommendation re cancer data development	Data Development Road Map submitted to the Cancer Leadership Board to be considered on 26.09.25 It should be noted the Road Map paper describes the agreed requirements for the development of a Cancer Data Roadmap. This work has been led by the P&I Unit, with input from DHCW, and wider stakeholders. Once DHCW have received the functional requirements DHCW will work on an options paper for delivery. DHCW expect NHS P&I instruction in early October.
10. Major programmes - revised approaches and procedures for planning, performance, risk and programme management agreed and implemented.	10.1 Summary report on Major Programmes governance and implementation roadmap, through DHCW Programmes Delivery Committee	Sep-25	Review submitted to and approved by WG		Report submitted and endorsed by the DHCW Programmes Delivery Committee on 25/09/25 for submission to WG.
10. Major programmes - revised approaches and procedures for planning, performance, risk and programme management agreed and implemented.	10.3 Definition agreed for categories of 'major programmes' – endorsed by the DHCW Programmes Delivery Committee and presented to WG/partners	Sep-25	Major national digital programme definitions	DDaT Governance Structure	Approach discussed at DHCW Programmes Delivery Committee on 09.09.25, input gained from WG colleagues on 09.09.25, proposed final slide deck presented to the DHCW Programmes Delivery Committee on 25/09/25, this received Committee endorsement for submitting to WG.
10. Major programmes - revised approaches and procedures for planning, performance, risk and programme management agreed and implemented.	10.4 Framework for commercial options for 'major digital programmes' to be endorsed by the DHCW Programmes Delivery Committee and presented to WG/papers	Sep-25	Commercial framework for major programmes	DDaT Governance Structure	Approach discussed at DHCW Programmes Delivery Committee on 09.09.25, input gained from WG colleagues on 09.09.25, proposed final slide deck presented to the DHCW Programmes Delivery Committee on 25/09/25, this received Committee endorsement for submitting to WG.
11. Good progress against milestones in the action plan related to the recommendations from stakeholder survey.	11.4 Stakeholder review action plan delivery tracking (across the six themes assigned to DHCW): - 40% DHCW actions completed by September 2025	Sep-25	Delivery tracker		48 of the 75 DHCW specific recommendations, have been progressed, which represents 64% of the action plan, ahead of the 40% milestone target by the end of Sept 2025. The summary report included illustrates the impact of the recommendations progressed to date.
11. Good progress against milestones in the action plan related to the recommendations from stakeholder survey.	11.5 Update on system actions delivery from stakeholder review	Sep-25	Delivery tracker	WG/ partners input and engagement on delivery DDaT Governance structure	Of the 31 system wide tasks identified, 18 (58%) have been completed, and the remaining 12 are currently in progress.

Escalation Status Update

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Cymeradwyw

The two part complete milestones for September 2025, the NHS Wales App and national target architecture, are working on completing these milestones by the end of October 2025.

The four October 2025 milestones are:

- 4.3 Data standards refresh approved by new National Architecture and Standards Board (under DDaT Leadership Board)
- 5.1 Summary report on RISP Programme governance and implementation roadmap through programme board.
- 5.2 Summary report of LIMS2 Programme governance and implementation roadmap through programme board.
- 10.5 Opportunities, challenges and system learning from DHCW escalation to be captured and presented to WG/partners relating to delivery of major programmes.

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

- 5.1 DHCW has been put into Level 3 – Enhanced Monitoring for escalation in relation to delivery of major programmes. For the majority of major programmes included within DHCW’s Escalation Framework, working in partnership with other Health Bodies and wider partners is essential for successful delivery, and as such the Enhanced Monitoring Improvement Plan has a ‘dependencies’ column to ensure if action is required by a partner to achieve a milestone this is documented and tracked as part of the improvement plan.
- 5.2 The DHCW Board must ensure they continue to provide sufficient oversight and scrutiny of all areas of DHCW business. Major programmes account for circa 20% of DHCW’s investment annually and therefore ensuring continued assurance of digital product and service delivery will be vital whilst also ensuring enhanced scrutiny on major programme delivery.
- 5.3 The feedback received on the NHS Wales App delivery has led to a review of programme governance arrangements for the NHS Wales App/DSPP Programme and fast tracking the move from ‘programme’ to ‘product’ delivery.

6 ARGYMHELLIAD / RECOMMENDATION

**Argymhelliad:
Recommendation:**

The Committee is being asked to

NOTE the current status of the Enhanced Monitoring Escalation Improvement Plan including the update on the September 2025 milestone position and October 2025 milestones.