

PWYLLGOR CYFLAWNI PORTFOLIO-CYHOEDDUS

Thu 30 April 2026, 09:30 - 12:40

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 Chymeradwyo

Cadeirydd

- Cyhoeddus

📄 2.1i DRAFT PDC Minutes PUBLIC 16 March 2026-en-cy-C.pdf (7 pages)

2.2.

Blaengynllun Gwaith

I'w Nodi

Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

📄 2.2 Forward Workplan .pdf (5 pages)

2.3.

Cylch Gorchwyl y Pwyllgor

I'w Chymeradwyo

Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

📄 2.3 PDC Terms of Reference 2026-27_.pdf (4 pages)

09:40 - 09:45

5 min

3. I'w HADOLYGU

3.1.

Mills Belinda
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Cofnod Gweithredu (0)

I'w Thrafod

Cadeirydd

09:45 - 11:10

4.

85 min

ER SICRWYDD

4.1.

Adroddiadau Sicrwydd Blynyddol

Er Sicrwydd

Cyfarwyddwr Gweithredol Strategaeth

📄 4.1 Annual Assurance Reports April 26.pdf (56 pages)

4.1.1.

System Rheoli Gwybodaeth Labordy - Adroddiad Diweddarau/Cau

Er Sicrwydd

Cyfarwyddwr Rhaglenni ac Ymgysylltu

4.1.2.

Caffael System Gwybodeg Radioleg - Adroddiad Diweddarau/Cau

Er Sicrwydd

Cyfarwyddwr Rhaglenni ac Ymgysylltu

4.1.3.

System Gwybodaeth Gofal Dwys Cymru (WICIS)

Er Sicrwydd

Cyfarwyddwr Rhaglenni ac Ymgysylltu

Break -10mins

11:00-11:10

11:10 - 12:40

5.

90 min

LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

📄 5.1 Escalation Status Update_.pdf (7 pages)

5.1.

Statws Uwchraddio – Cynllun Gwella Cam 2

Er Sicrwydd

Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

5.2.

Adroddiad Rhaglenni Mawr

Er Sicrwydd

Cyfarwyddwr Gweithredol Strategaeth

📄 5.2 Major Programmes Report.pdf (5 pages)

5.2.1.

Fframwaith Systemau Meddygon Teulu

Er Sicrwydd

Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl

5.2.2.

Cytundeb Microsoft 365 Enterprise

Er Sicrwydd

Cyfarwyddwr Gweithredol Gweithrediadau

Mills Belinda
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5.2.3.

Pontio i'r Cwmwl

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

5.2.4.

Moddion Digidol - Gwasanaeth Presgripsiynau Electronig (EPS)

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.2.5.

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

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.2.6.

Hwb Integreiddio

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

5.2.7.

Saernïaeth Darged Genedlaethol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.2.8.

Adnodd Data Cenedlaethol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.2.9.

Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd

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

5.2.10.


Cysylltu Gofal

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

5.3.

Y Gofrestr Risg Gorfforaethol

I'w Thrafod *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

 5.3 Corporate Risk Report.pdf (7 pages)

12:40 - 12:40

0 min

6.

MATERION I GLOI

6.1.

Unrhyw Faterion Brys Eraill

I'w Thrafod *Cadeirydd*

6.2.

Adroddiad ar Uchafbwyntiau'r Pwyllgor i Fwrdd yr AIA

I'w Nodi *Cadeirydd*

6.3.

Mills, Belinda
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Dyddiad y cyfarfod nesaf: 06 Awst 2026

I'w Nodi

Cadeirydd

Mills Belinda
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CYFARFOD EITHRIADOL PWYLLGOR CYFLAWNI RHAGLENNI – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 10:00 -11:00

 16 Mawrth 2026



MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd y Pwyllgor	IGDC
Rowan Gardner	RoG	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 Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	IGDC
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	IGDC
Belinda Mills	BM	Llywodraethu Corfforaethol / Cydlynnydd Risg (Ysgrifenyddiaeth)	IGDC

Acronymau

SHA	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	Y 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	Y Storfa Data Gofal
BIPBC	Bwrdd Iechyd Prifysgol Betsi Cadwaladr	LLC	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 (IGDC), a nododd y bydd cyfarfodydd y Pwyllgor Cyflawni Rhaglenni yn cael eu cynnal yn amlach oherwydd newid statws uwchgyfeirio 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"> • Marion Wyn Jones, Aelod Annibynnol • Ruth Glazzard, Aelod Annibynnol/Cadeirydd IGDC • Michelle Sell, Cyfarwyddwr Rhaglenni ac Ymgysylltu 	Nodwyd	Dim i'w nodi
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</p>	Trafodwyd	Dim i'w nodi

Cofnodion wedi'u cadarnhau ar gyfer:
Pwyllgor Cyflwyno Rhaglenni Eithriadol - y Cyhoedd Mawrth 2026
"Cynhyrchwyd y ddogfen gyda chymorth Co-pilot."



	newydd ar y cofnod gweithredu.		
	Penderfynodd y Pwyllgor Cyflawni Rhaglenni: NODI'R Cofnod Gweithredu.		
2.3	<p>Statws Uwchgyfeirio – Diweddariad ar y Cynllun Gwella Cyflwynodd Chris Darling (CD), Cyfarwyddwr Materion Corfforaethol Ysgrifennydd y Bwrdd y diweddariad:</p> <p>Cynllun Gwella Monitro Uwch (Mai 2025-Mawrth 2026) - Cynllun Cyfnod 1 Statws:</p> <ul style="list-style-type: none"> Amlinellodd CD gynnydd cynllun gwella Cam 1 (Mai 2025–Mawrth 2026) a chyflwynodd gynllun Cam 2 sydd ar ddod, a fydd yn parhau tra bod y sefydliad yn parhau i fod mewn proses uwchgyfeirio. Mae'r rhan fwyaf o gerrig milltir Cam 1 wedi'u cwblhau, er bod nifer fach wedi'u cyflawni'n hwyrach na'r disgwyl (Cyflwynwyd y Saerniaeth Darged Genedlaethol ynghylch Cyflwr y Dyfodol fis yn hwyr). Aeth map ffordd arian ap GIG Cymru ynghylch apwyntiadau cleifion allanol, chwech o'r saith Bwrdd Iechyd yn fyw ychydig ar ôl y dyddiad cau ym mis Medi, gyda'r un olaf yn cael ei gwblhau ym mis Ionawr 2026. Dyddiad targed Achos Busnes y Cofnod Gofal Integredig oedd Ionawr 2026, ychydig yn hwyrach na'r disgwyl, ond mae ar y trywydd iawn i'w gwblhau erbyn diwedd Mawrth 2026. Y dyddiad targed ar gyfer Cytundebau Rheolwyr Data ar y Cyd â chyrrff GIG Cymru oedd 31 Gorffennaf 2025 ond fe'i cyflawnwyd ar 31 Medi 2025. Fodd bynnag, mae dwy raglen (yn enwedig LIMS a RISP) yn parhau i fod oddi ar y trywydd iawn ac yn garreg filltir anghyflawn. Nid yw'r garreg filltir olaf, sef mudo meddygon teulu, wedi'i chwblhau eto ond nid oedd i fod i'w chwblhau tan ddiwedd mis Mawrth ac mae'n cyrraedd ei cherrig milltir wedi'u hamserlennu ar hyn o bryd ac yn symud ymlaen yn ôl y cynllun. Esboniodd IE fod oedi yn rhaglenni LIMS a RISP oherwydd pwysau sylweddol ar yr amserlen mewn prosiectau cymhleth, aml-sefydliadol. Mae pob sefydliad yn rheoli ei weithrediad ei hun gyda Philips, y cyflenwyr allanol, gan ei gwneud hi'n anoddach rheoli amserlenni. Er gwaethaf yr oedi, mae timau'n gweithio'n ddwys i gyflawni cynnydd, gyda lansio byw allweddol yn digwydd yn llwyddiannus. Pwysleisiodd IE fod rhaglenni diagnostig o'r fath yn gymhleth yn eu hanfod ac yn aml yn wynebu oedi yn rhyngwladol, a dylid cydnabod yr ymdrech i'w cyflawni. Nodwyd bod cerrig milltir ar gyfer Moddion Digidol a Gofal Dwys wedi'u cwblhau. Cafodd rhai elfennau eu gohirio, megis gwaith disodli system ar gyfer CANISC a gwaith setiau data sy'n 	Trafodwyd	Dim i'w Nodi

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gysylltiedig â chanser, ac mae'r gwaith yn dal i fod ar y trywydd iawn i'w gwblhau erbyn diwedd mis Mawrth.

- Mae **Cynllun Gweithredu Adolygiad y Rhanddeiliaid** bron wedi'i gwblhau (88%) a disgwylir iddo gyrraedd 90% erbyn diwedd y mis.
- Mae'r cynnydd cyffredinol yn gryf, gyda dros 90% o'r cerrig milltir wedi'u cyflawni, er bod oedi'n tueddu i gysgodi'r llwyddiant hwn.

Adborth LIC ar Uwchgyfeirio - Ionawr 2026

Esboniodd CD fod adborth gan Lywodraeth Cymru wedi tynnu sylw at yr angen i gryfhau arweinyddiaeth systemau, ymgysylltiad rhanddeiliaid, a chanfyddiadau, gan fod oedi yn cysgodi cynnydd cyffredinol.

Ffocws y Dyfodol ar Uwchraddio

- Mae'r meini prawf uwchgyfeirio yn parhau heb eu newid, **gan ganolbwyntio ar gyflawni cerrig milltir y cytunwyd arnynt ar gyfer Rhaglenni Sylweddol er mwyn magu hyder mewn cyflawni, arweinyddiaeth system, a chydlyn**, yn ogystal â **gwella perthnasoedd â rhanddeiliaid** ar draws y system.

Ffocws Cynllun Drafft Cam 2

- Mae cynllun Cam 2 yn lleihau nifer y cerrig milltir yn fwriadol ar gyfer Rhaglenni Mawr er mwyn gwella ffocws ac eglurder ar gyflawni.
- Mae'n rhoi mwy o bwyslais ar adborth gan rhanddeiliaid, gan gynnwys arweinyddiaeth System ac Ymgysylltu â Rhanddeiliaid, ac yn ymgorffori camau gweithredu o'r cyfarfod Atebolrwydd Cyhoeddus gan Ysgrifennydd y Cabinet wrth ddrafftio cynllun cam 2.

Cyflwynodd CD y cynllun Cam 2 wedi'i fireinio, gan nodi ei fod yn dal i fod ar ffurf ddrafft ond yn agosach at y fersiwn derfynol. Mae'r cynllun yn rhestru'r rhaglenni sydd yn cael eu huwchgyfeirio, eu cerrig milltir allweddol (un neu ddau fesul rhaglen), amserlenni cyflawni, a nodiadau perthnasol.

1. Mae'r garreg filltir Saerniaeth Darged Genedlaethol yn gofyn am gyflwyno cynllun buddsoddi erbyn diwedd mis Mawrth 2026 a strategaeth ymgeisio i Lywodraeth Cymru erbyn mis Medi 2026, gyda mân newidiadau o'r fersiwn flaenorol:

Nododd IE mai dyma'r cyflwyniad cyhoeddus cyntaf o'r cynllun Cam 2 drafft. Mae'r ffocws wedi symud o gerrig milltir trafodion i amcanion mwy thematig sy'n mynd i'r afael â'r pryderon sylfaenol a arweiniodd at uwchgyfeirio. Mae IE yn tynnu sylw at y gwaith saerniaeth darged fel gwaith sy'n mynd rhagddo'n dda, gydag ymgysylltiad cryf a chyfranogiad rhanddeiliaid. Mae'r strategaeth ymgeisio sydd ar ddod, a ddisgwylir ym mis Medi, yn garreg filltir allweddol a fydd yn caniatáu i GIG Cymru gyd-fynd ag unrhyw gyfarwyddiadau polisi newydd gan y llywodraeth ar ôl mis Mai.

2. Ap GIG Cymru, y ffocws bellach yw mesurau

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perfformiad, gan adlewyrchu adborth o gyfarfodydd atebolrwydd cyhoeddus a cheisiadau gan y llywodraeth. Mae'r garreg filltir yn nodi newid o drin y fenter fel rhaglen i'w rheoli fel cynnyrch parhaus, gyda Chyfarwyddwr Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl yn trosglwyddo i'r tîm goruchwyllo ar ddiwedd y mis: Esboniodd SH fod ap GIG Cymru yn symud o fetrigau sy'n canolbwyntio ar raglenni (fel niferoedd defnyddio) i fesurau perfformiad sy'n canolbwyntio ar gynhyrchion mwy ystyrlon. Bydd y rhain yn asesu defnyddioldeb, ymgysylltiad â nodweddion penodol, ac effaith wirioneddol yr ap ar ddefnyddwyr. Mae'r tîm yn datblygu metrigau clir ac yn trafod gyda chydweithwyr yn Llywodraeth Cymru sut i ddangos y canlyniadau hyn, gyda chynlluniau i rannu'r mesurau a'r fethodoleg derfynol gyda'r pwyllgor.

3. Nododd CD fod carreg filltir y **Cofnod Gofal Integredig** yn cynnwys cyflwyno'r achos busnes drafft, parhad o Gam 1 nad yw wedi'i gwblhau eto.

4. Mae carreg filltir yr **Adnodd Data Cenedlaethol (NDR)** yn canolbwyntio ar **ddau achos defnydd arfaethedig, Codio Clinigol a Dangosfwrdd Rhagolygon] (Rhagfyr 2026)** sy'n dal i gael eu hadolygu a heb eu cwblhau eto, gan ddarparu rhywfaint o hyblygrwydd yn y ffordd y cânt eu datblygu:

5. Nododd CD y rhaglenni diagnostig ochr yn ochr â chyflwyno **LIMS a RISP**.

6. Mae **mudo meddygon teulu** wedi bod yn gyson ar y trywydd iawn gyda cherrig milltir chwarterol drwy gydol y flwyddyn ariannol ddiwethaf. Mae'r cerrig milltir yn parhau fel y cynlluniwyd hyd at ddiwedd y flwyddyn ariannol hon: Cadarnhaodd **SH** fod y rhaglen mudo meddygon teulu yn parhau ar y trywydd iawn, hyd yn oed wrth iddi fynd i mewn i'r cam mwy cymhleth o fudo meddygon teulu a ddewisodd beidio â gadael Vision i ddechrau. Nododd SH gydweithrediad cryf gan feddygon teulu a'r cyflenwr trydydd parti, gyda'r nod o'i gwblhau erbyn diwedd mis Mai.

7. **Rhaglen EPS:** Esboniodd SH fod cyflwyno'r EPS mewn gofal sylfaenol yn mynd rhagddo'n gyflymach nag a gynlluniwyd yn wreiddiol. Mae'r tîm yn manteisio ar y perthnasoedd a adeiladwyd yn ystod y mudo i feddygon teulu i gefnogi gweithrediad EPS llyfn ac amserol, y mae meddygon teulu yn awyddus i'w gyrchu, gan ei wneud yn gam nesaf blaenoriaeth uchel ar ôl i'r mudo i feddygon teulu gael ei gwblhau.

Tynnodd IE sylw at y ffaith y bydd y defnydd o EPS yn cael ei gyflawni 10 mis cyn yr amserlen wreiddiol ac o dan y gyllideb o sawl miliwn o bunnoedd.

Rhaglen EPMA: Nododd CD fod carreg filltir EPMA yn dilyn dull ychydig yn wahanol, gan adlewyrchu trafodaethau gyda Llywodraeth Cymru ynghylch yr hyn y dylid ei gynnwys yn llythyr cylch gwaith IGDC. Nid yw'r llythyr cylch gwaith terfynol wedi'i gyhoeddi eto, felly gall y dull newid, ond mae'r cynnig yn amlinellu goruchwyliaeth system ar gyfer rhaglen EPMA:

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	<ul style="list-style-type: none"> • Esboniodd IE, yn wahanol i'r rhan fwyaf o Raglenni Cenedlaethol mawr lle mae cyllid yn llifo trwy IGDC i Fyrddau Iechyd, mae cyllid EPMA yn mynd yn uniongyrchol o Lywodraeth Cymru i raglenni lleol. Mae gan bob rhaglen EPMA leol ei llywodraethiant ei hun ochr yn ochr â'r rhaglen genedlaethol. Mae Llywodraeth Cymru yn ystyried alinio EPMA â fformat strwythuredig rhaglenni cenedlaethol mawr eraill, a fyddai'n gofyn am newidiadau i drefniadau llywodraethu a chyllido Bwrdd Rhaglen EPMA Cenedlaethol, yn enwedig gan fod y rhan fwyaf o raglenni lleol yn eu camau terfynol. Bydd angen i IGDC addasu strwythurau llywodraethu os cadarnheir y newid hwn yn y llythyr cylch gwaith. <p>8. Gofal Dwys: wedi'i drefnu i'w gwblhau erbyn diwedd y mis er mwyn cynnal trywydd archwilio o gynnydd. Gellir gosod carreg filltir ddiwygiedig y tu hwnt i'r mis hwn, yn amodol ar gadarnhad o'r camau nesaf ac addasiadau i'r cwmpas.</p> <p>9. CANISC: Esboniodd CD fod carreg filltir disodli meddalwedd Canisc wedi'i chwblhau, a bod y system amgen bellach wedi'i chyflwyno. O ganlyniad, mae'r carreg filltir hon yn cael ei dileu, gan leihau nifer y rhaglenni mawr sy'n cael eu cynyddu o naw i wyth.</p> <p>Cydllynu Rhaglenni/Goruchwylio Systemau: Nododd CD fod pedair carreg filltir, gan gynnwys:</p> <ul style="list-style-type: none"> • 10.1 Dangos manteision rhaglenni, • 10.3 Sicrhau cydnerthedd a diogelwch seiber, • 10.2 Gweithredu'r gwaith teipoleg o Gam 1 fel llawlyfr ymarferol ar gyfer y system gyfan, • 10.4 Comisiynu Asesiad Annibynnol, ar y cyd â Llywodraeth Cymru, i adolygu arweinyddiaeth y system, cynyddu risg, a chyflawni'r rhaglen yn gyffredinol. <p>Canfyddiadau Rhanddeiliaid Nododd CD fod:</p> <ul style="list-style-type: none"> • 11.1 Cynllun Datblygu Sefydliadol wedi'i ddatblygu ar gyfer Adran Iechyd, Gofal Cymdeithasol a Thîm Polisi Llywodraeth Cymru • 11.2 Sesiwn wedi'i hwyluso gyda Grŵp Cynghori Rhanddeiliaid IGDC i gasglu adborth ar ganfyddiadau o weithio gydag IGDC • 11.3 Sut i fesur boddhad drwy ein Rhaglenni a'n Cynhyrchion sy'n cael eu darparu. • 11.8 Nododd CD fod y cynllun hefyd yn cynnwys pwynt olaf o'r sesiwn datblygu sy'n ymwneud ag Ymgysylltu'r Bwrdd â'r llywodraeth drwy'r uned Perfformiad a Gwella, gan sicrhau goruchwyliaeth a chydlyniant ar lefel arweinyddiaeth y system. <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</p>		
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Mills Belinda
22/04/2026 14:32:46

Cofnodion wedi'u cadarnhau ar gyfer:
Pwyllgor Cyflwyno Rhaglenni Eithriadol - y Cyhoedd Mawrth 2026
“Cynhyrchwyd y ddogfen gyda chymorth Co-pilot.”



	NODER er SICRWYDD y sefyllfa ddiweddaraf ynghylch Uwchgyfeirio gan gynnwys y cynllun Cam 2 drafft.		
2.4	<p>Cylch Gorchwyl y Pwyllgor Cyflawni Rhaglenni Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol Ysgrifennydd y Bwrdd (CD) y diweddariad a nododd fod yr eitem ar yr agenda yn bennaf am ddau reswm: adolygu'r Cylch Gorchwyl ar ddiwedd y flwyddyn ac adlewyrchu symudiad sefydliadol tuag at Fodel Gweithredu Cynnyrch-Gwasanaeth . Cynigiodd CD ddiwygio'r Cylch Gorchwyl i ailenwi'r pwyllgor o'r "Pwyllgor Cyflawni Rhaglenni" i'r "Pwyllgor Cyflawni Portffolio," gan ganiatáu iddo gwmpasu cynhyrchion a rhaglenni gan gadw'r acronym presennol ar gyfer parhad.</p> <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni: GYMERADWYO Cylch Gorchwyl y Pwyllgor Cyflawni Rhaglenni i'w gyflwyno i Fwrdd yr SHA.</p>	Cymeradwywyd	Dim i'w Nodi
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"> 30 Ebrill 2026 		Nodwyd	Dim i'w nodi

Mills, Belinda
22/04/2026 14:32:46

Cofnodion wedi'u cadarnhau ar gyfer:
Pwyllgor Cyflwyno Rhaglenni Eithriadol - y Cyhoedd Mawrth 2026
"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:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	30 April 2026

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	

Mills, Belinda
22/04/2026 14:32:46



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)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A
<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: N/A	
<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: N/A	
<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: N/A	
<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	

Mills Belinda
22/04/2025 14:32
Forward Workplan



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
Portfolio Delivery Committee	April 2026	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 Portfolio 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 30 April 2026:

Item	Executive Lead
Action log	Chair
Annual Assurance Reports Q1: • Laboratory Information Management System -Update/ Closure Report • Radiology Informatics System Procurement -Update/ Closure Report Welsh Intensive Care Informatics System (WICIS)	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 Improvement Plan Status Update	
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
Welcome and Introductions	Chair

4.2 The items below have been identified for the following meeting on 06 August 2026:

Mills, Belinda
22/04/2026 14:32
Forward Workplan



Item	Executive Lead
Annual Assurance Reports Q2: • Digital Medicines Programme Electronic Prescriptions Service (EPS)	Executive Director of Strategy
Electronic Prescribing and Medicines Administration (EPMA)	
• Microsoft 365 Enterprise Agreement	
Action log	Chair
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 Improvement Plan Status Update	
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Major Programmes Report	Executive Director of Strategy
Minutes	Chair
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:	The Committee is being asked to
Recommendation:	
NOTE the report	

Mills, Belinda
22/04/2025 14:32
Forward Work Programme

IECHYD A GOFAL DIGIDOL CYMRU DIGITAL HEALTH AND CARE WALES PORTFOLIO DELIVERY COMMITTEE TERMS OF REFERENCE

Eitem ar yr Agenda: Agenda Item:	2.3
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Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	30 April 2026

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:	Laura Tolley, Deputy Board Secretary Head of Corporate Governance
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Approval
Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the Portfolio Delivery Committee Terms of Reference to go to the SHA Board.	

Mills Belinda
22/04/2025 14:32:46



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)	All risks are relevant
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A
<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: N/A	
<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: N/A	
<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: N/A	
<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	

Mills, Belinda
22/04/2025 14:32



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.
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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
Laura Tolley	February 26	Reviewed
PDC Development Session	March 2026	Discussed
Chris Darling	February 26	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PDC	Portfolio Delivery Committee	SOs	Standing Orders
SFI's	Standing Financial Instructions		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

- 3.1 In-line with the Special Health Authority’s Standing Orders, Terms of Reference for Committees of the Board should be reviewed on an annual basis.
- 3.2 Portfolio Delivery Committee Terms of Reference were reviewed and agreed by the Committee in February 2024 and approved by the SHA Board in March 2024.

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

- 4.1 The review of the [Portfolio Delivery Committee Terms of Reference](#) by Members of the Committee allows for any comments or changes to be incorporated prior to submission to the SHA Board for approval.
- 4.2 The Terms of Reference have been reviewed by the Corporate Governance Team. There are a limited number of changes made to the Terms of Reference, these changes have been tracked and left in the document so that Committee members can easily see the changes made.
- 4.3 The main amendments to the Terms of Reference is the change of Committee name from ‘Programmes Delivery Committee’ to ‘Portfolio Delivery Committee’ which incorporates the Committees role in overseeing DHCW Products as well as Programmes. In addition, the terms of reference reflect the Committees duties under the Well-being of Future Generations (Wales) Act 2015, to ensure the Act’s requirements are fully embedded into DHCW’s governance arrangements.

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

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
APPROVE the Portfolio Delivery Committee Terms of Reference to go to the SHA Board	

Mills, Belinda
 22/04/2025 14:32



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Digidol Cymru
Digital Health
and Care Wales

Programmes Delivery Committee

30th April 2026

Mills, Belinda
22/04/2026 14:32:46

Annual Assurance Reports

- [Welsh Intensive Care Information System \(WICIS\)](#)
- [Radiology Informatics Solution Procurement \(RISP\)](#)
- [Laboratory Information Management System \(LIMS\)](#)

Mills, Belinda
22/04/2026 14:32:46



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Programmes Delivery Committee: Annual Assurance Report

Welsh Intensive Care Information System

April - 2026

Mills, Belinda
22/04/2026 14:32:46

Brief overview of Programme

- The objective is to deliver a modern digital ICU system for Wales by completing build, validation and implementation planning. Name main workstreams
- Workstreams include:
 - Technical Assurance Group
 - Clinical Assurance Group
 - Implementation Group
 - Contract Management

This will support safer, standardised intensive care documentation and data flows nationally.

Summary Position

Although initial configuration and testing revealed significant patient safety concerns which led to a pause in implementation and a review of the programme commissioned by Welsh Government. Recommendations have been addressed through strengthened governance and clinical engagement which has confirmed an agreed clinically assured way forward.

The proposal was shared with Welsh Government in September 2025.

In January 2026, Welsh Government requested the Programme obtain agreed scope for phase 1 implementation by 16th March 2026. The Programme produced a document setting out agreed scope by the required timeframe, following further engagement with clinicians and the wider Programme Board.

The revised way forward is supported by DHCW, the supplier, National clinical leads, the Programme Board, and Welsh Government.

Progression was also endorsed by four Health Boards to date, who provided signed letters in support of an incremental implementation.

Milly Polinda
22/04/2026 14:32:46

Key challenges

- **Clinical Engagement:** The DHCW Programme have worked alongside the newly appointed Programme Chair and National and local Clinical leads to assess change requirements for the product and regain clinical buy in to the Programme. Continual checkpoints with prolonged pauses have presented challenges in continued engagement and clinical buy in.
- **Health Boards:** HB commitment responses to date are based on the 5 HBs continuing with WICIS – if this changes, there is a risk to others not realising the benefits of an all-Wales system and not having a voice from all in decision making. BCUHB have begun reengagement but need more time to refamiliarize with the Programme following a period of absence due to resource constraints.
- **Risks:** DHCW currently have an escalation to PDC in relation to the current position as it places the Programme and NHS Wales in a challenging position.

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Strategic and Policy Alignment

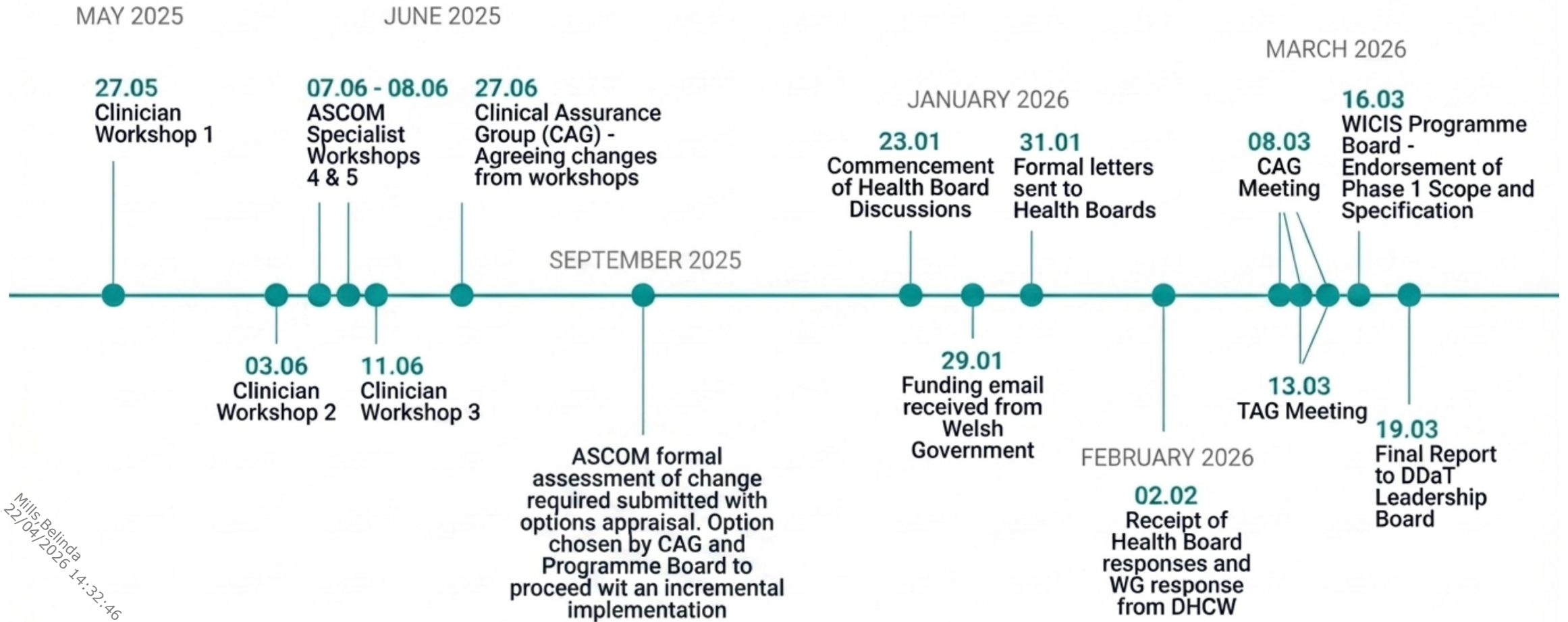


- WICIS demonstrates strong strategic fit by directly supporting Wales' national digital health ambitions, clinical standards, and critical care improvement priorities.
- It delivers on the Welsh Government's *Informed Health and Care* strategy by enabling electronic, real-time data capture and decision support for clinicians, and aligns with GPICS guidance, which emphasises the need for clinical information systems to manage the complexity of critical care data and improve safety and efficiency.
- The system also underpins the *Delivery Plan for the Critically Ill*, enhancing ward-based care, timely admissions and discharges, reduction in variation, and improved information for research and planning.
- By replacing error-prone paper records and standardising practice across Wales, CCCIS supports the Critical Illness Implementation Group's vision for modern, accessible technology to improve outcomes and operational effectiveness—making it a clear fit with national strategy, clinical needs, and service transformation goals.

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Programme Timeline to Date

HIGH-LEVEL UPDATE



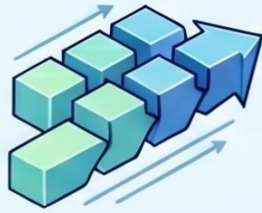
Mills, Belinda
22/04/2026 14:32:46

Programme Overview

STRATEGIC FOUNDATIONS

Safer, Faster, Incremental Delivery

Transitioning to a modular rollout reduces risk and ensures a cost-effective digital transformation.



Supporting Staff Through Change

Staged steps allow ICU staff to absorb digital changes effectively without operational disruption.

Proven National Success

This modular approach mirrors successful digital health models used across Wales and England.



THE IMPLEMENTATION JOURNEY

PHASE 1: CORE BEDSIDE ESSENTIALS



Focuses on bedside vitals and critical system integrations to deliver immediate clinical value.

PHASE 2: FULL DIGITAL EXPANSION



Scaling to a comprehensive digital record once the core foundation is stable and proven.

WORKFLOW INTEGRITY (MALLEABILITY)

Flexible phase boundaries ensure clinical processes remain seamless and protected during the transition.

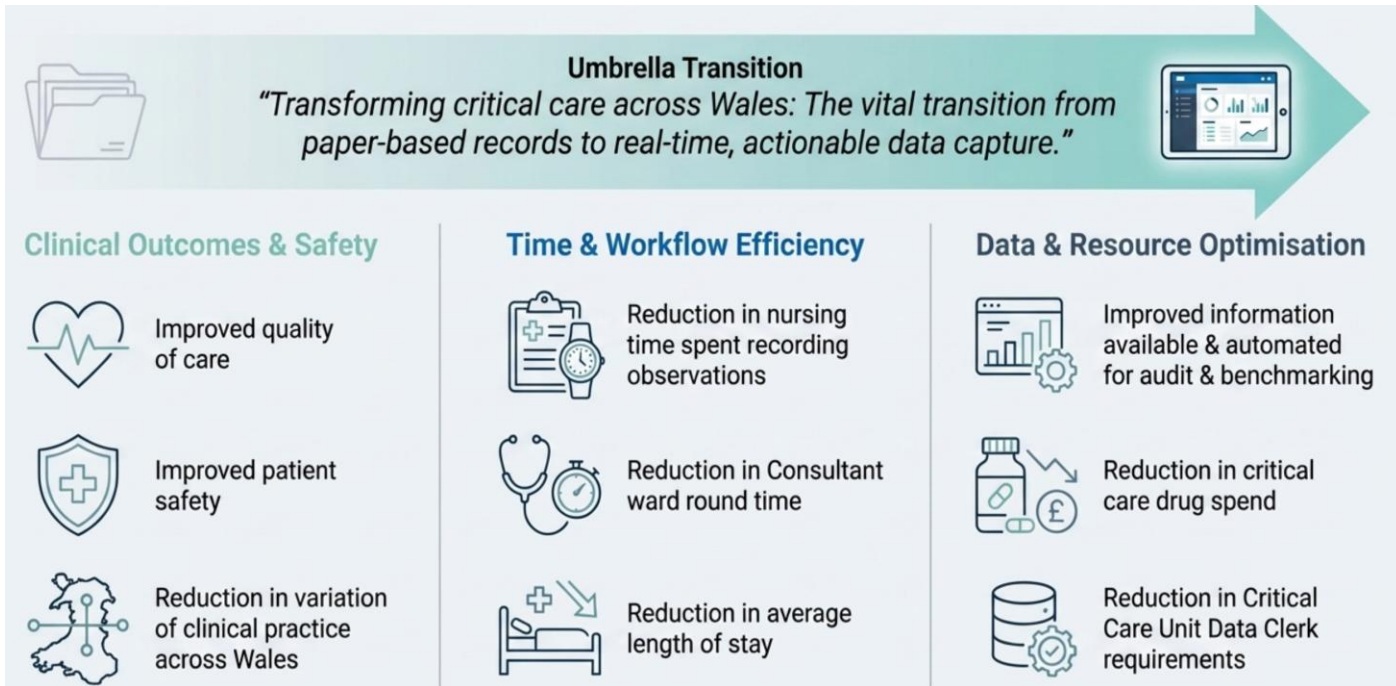
Mills, Bell
22/04/2026
12:46

Benefits Forecast

The Business Case approved by Health Board Chief Executives in 2019 included circa £22,115,000 in productivity improvement, as a result of implementing the digital solution. The original benefits and new proposed benefits are in the process of being revalidated to reflect current circumstances.

Benefits around critical care drug spend will need to be reviewed in light of decisions around use of the drug module in the system.

Mills, B. (2023) 22/04/2023 14:32:46



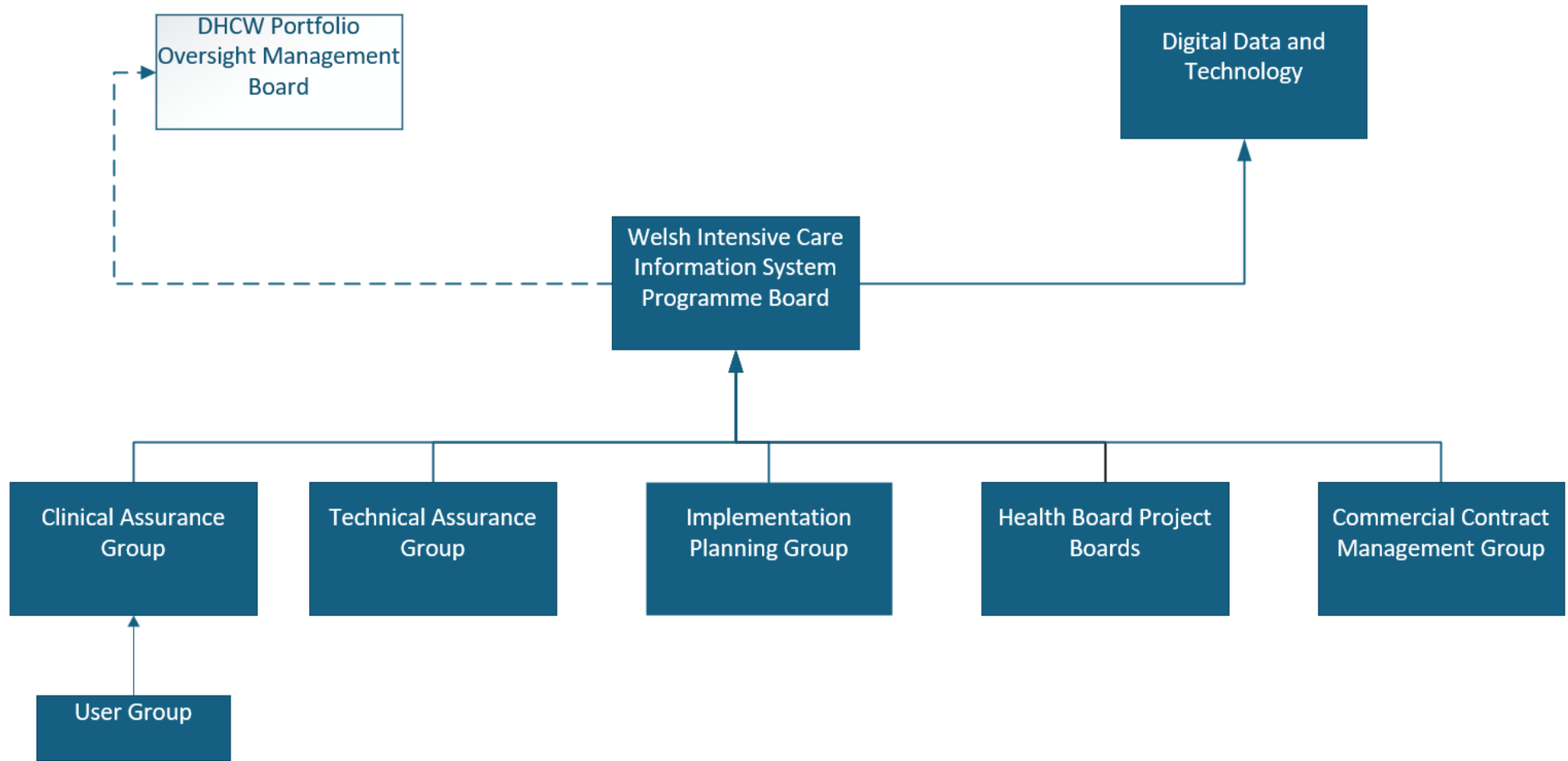
Programme Governance

Taking on board suggested changes and feedback from stakeholders, a revised governance structure was agreed in March 2025. These changes include:

- Review of Programme board attendance with suggestions for representation to be sought from all Health Boards with seniority and who can act on behalf of their organisation, with authority to make decisions.
- Introduction of a 'user-group' with attendance from everyday users of the WICIS system, who can discuss and suggest system improvements and changes.
- Introduction of a revised 'Clinical Assurance Group', who will report into the monthly programme board and additionally management change through an appropriate change and release management process including patient safety review and proposal.
- Introduction of a monthly 'Implementation Planning Group' - taking from health board feedback who will work together to discuss and agree the overall implementation planning and requirements, feeding into the monthly Programme board.
- Appropriate representation to be sought from all Health Boards with a commitment to regularly attend each of the requirement groups and boards.
- Updated Terms of Reference for review

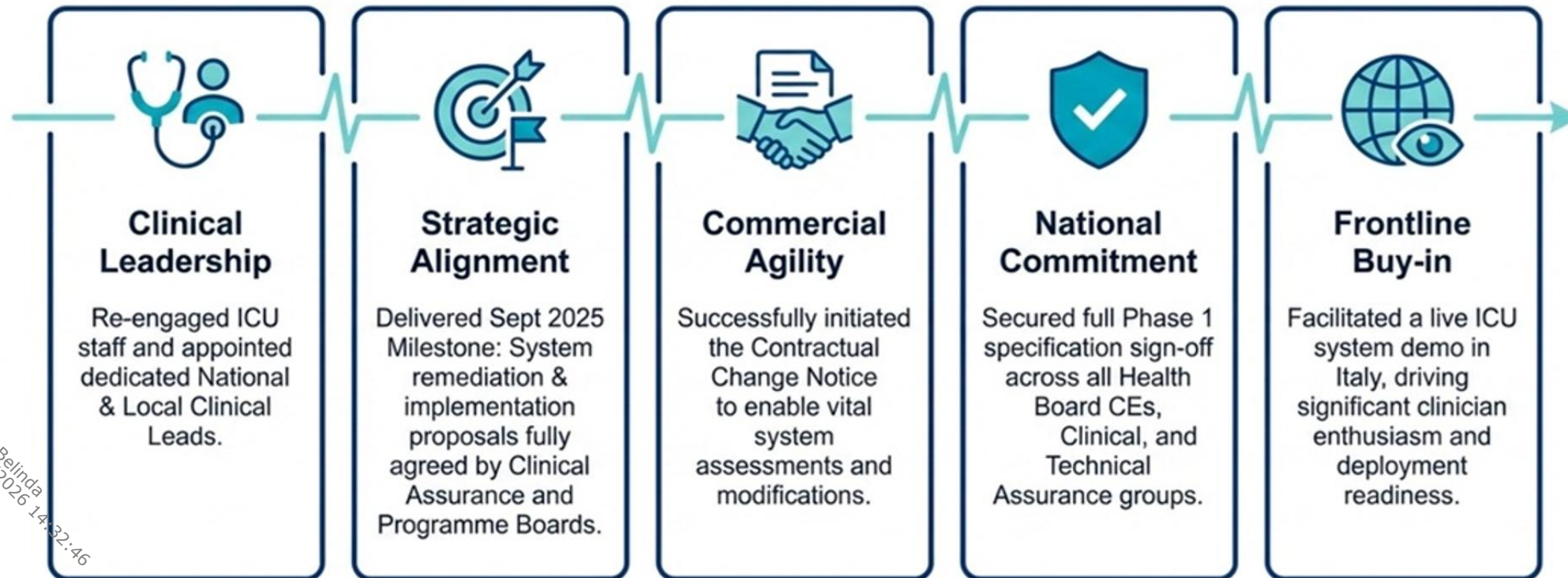
Michelle
22/03/2026 13:46

WICIS Programme Structure



Mills, Belinda
22/04/2026 14:32:46

Key Successes



Mills, Belinda
22/04/2026 14:32:46

Diolch / Thank you

For more information, please visit the
DHCW website

[Home - Digital Health and Care Wales](https://dhw.nhs.wales/)
(<https://dhw.nhs.wales/>)

Mills, Belinda
22/04/2026 14:32:46



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Digital Health
and Care Wales

Programmes Delivery Committee: Annual Assurance Report

Radiology Information System Procurement

Date – April 2026

Mills, Belinda
22/04/2026 14:32:46

Brief overview of Programme

- The objective of this programme is to procure replacement Picture Archiving and Communications System (PACS), Radiology Information System (RIS) and Patient Dose Management System (PDMS) systems for all Health boards in Wales.
- The current PACS contracts end in 25/26. (Health Board contracts have varying terms; DHCW currently provide the RIS). The NHS Wales RISP Programme is Philips' largest implementation across Europe.

Picture archiving and communication solution (PACS)

- Centralised image and data management—allowing storage, retrieval, sharing and viewing of multi-modality medical imaging across the organisation.
- A unified workspace for clinicians to view prior studies, collaborate, report and interpret imaging efficiently.
- Scalability, interoperability and enterprise-level deployment across sites, with secure and flexible workflows enabling teams, departments and locations to connect.
- Support for performance, productivity and workflow optimisation: e.g., improved access, assignment/resident workflows, critical findings management, peer review.

Radiology Information System (RIS) solution from Soliton IT (via their product Radiology+ RIS) provides the following:

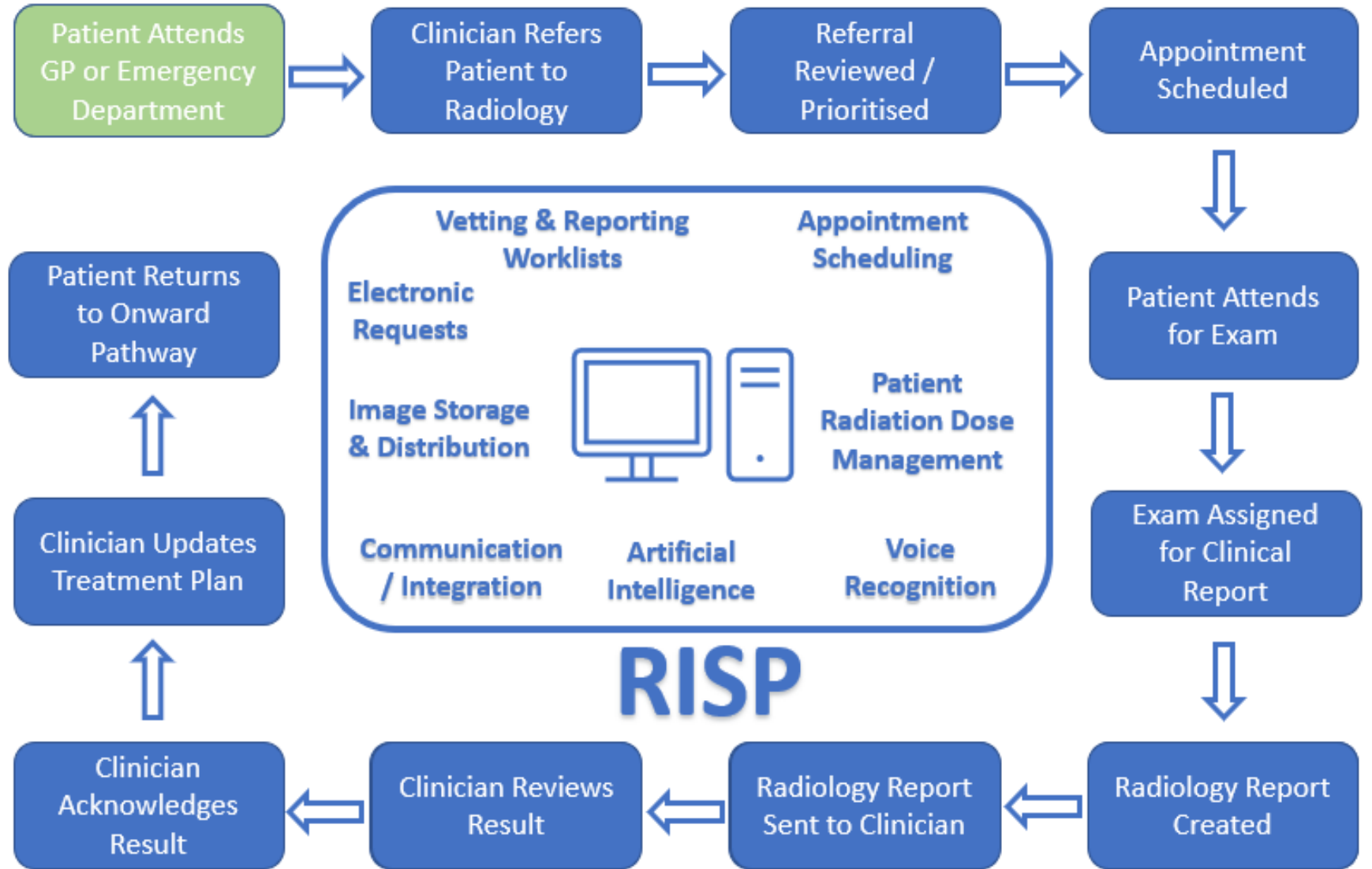
- End-to-end management of radiology workflows: patient scheduling, resource management, image and result handling, and results distribution.
- A configurable rules engine and modular architecture that allows customisation by site, department or multi-site network.
- Seamless integration with existing systems (PACS, EPR, PAS, vendor-neutral systems) to reduce silos and leverage legacy infrastructure.
- Advanced reporting and analytical tools to support statistical review, performance tracking and management insight. Support for multi-site operations including image/data sharing and remote reporting to optimise resource utilisation across trusts or clinics.

Patient DOSE is a dose management solution that automatically monitors, evaluates and reports the radiation dose that patients receive for multi-facility, multi-modality and multi-vendor imaging environments.

Mills, Belinda
22/04/2026 14:32:46

What is RISP?

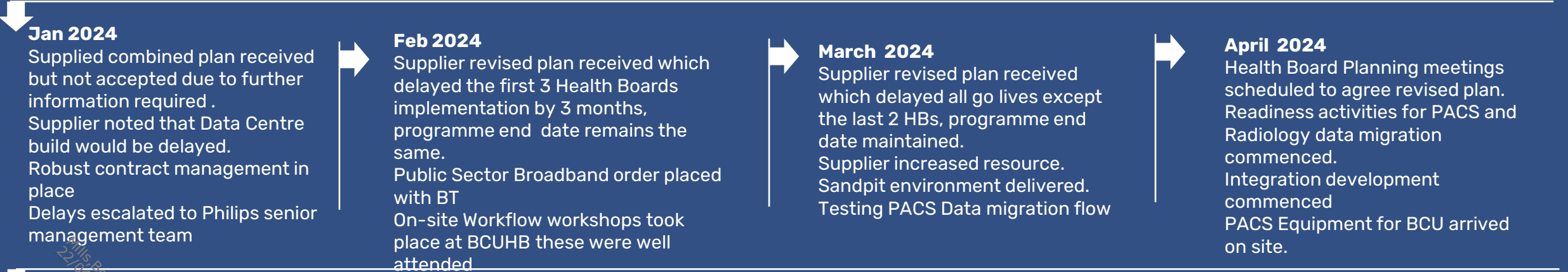
An end-to-end **Radiology Solution** that integrates with national application, and infrastructure.



Mills, Belinda
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RISP Programme to date

Following approval of the Outline Business Case (OBC) in Oct 2021, the procurement of a new solution which combines picture archive and communication, patient dose management and radiology management functionality commenced in Jan 2022. Following which, a preferred supplier was chosen in Jan 2023 and the contract signed in September 2023. The original Go live dates were revised due to the contractual elements taking longer than envisaged to conclude and delays on supplier delivery of the Infrastructure. Technical and planning meetings have been taking place and revised dates have been agreed with all Health boards and Trusts.



RISP Programme

Deployment Timeline

Public Health Wales (PHW) went live as scheduled in February 2025 and achieved stable operations in March 2025.

Powys went live at Llandrindod Wells & Obstetrics further go lives are phased to align with other HB/Trust go lives.

BCUHB: went live on the 8th September

Hywel Dda: went live on the 1st December 2025

NIAW went live on the 26th Jan 2026

CTM: Went live on the 16th March 2026

SBUHB: Went live on the 30th March

VCC: As result of the global worklist concerns and requirement to have 3 years of PACS data VCC have moved their date to the 20th April.

Cardiff: Moved to 1st June due to the delays on delivery of the PSBA link

ABUHB: Moved from November 2025 to 11th May 2026 then in April 2026 further delayed to 22nd June 2026 to accommodate plan adjustments

Programme will close at the end of June.

Public Health Wales - 04/02/25

Powys THB - 14/07/25

Betsi Cadwaladr UHB - 08/09/25

Hywel Dda UHB - 01/12/25

National Imaging Academy Wales - 26/01/26

Cwm Taf Morgannwg UHB - 16/03/26

Swansea Bay UHB - 30/03/26

Velindre UNHST - 20/04/26

Cardiff & Vale UHB - 01/06/26

Aneurin Bevan UHB - 22/06/26

Programme Governance

Project Management

- National team in place who manage the national delivery and support Health Boards in their local implementations .
- Centrally funded Health Board Project Manager, IT support, PACS/RIS Support to lead & support implementation locally and wider stakeholder engagement.
- Local Project Management boards in place

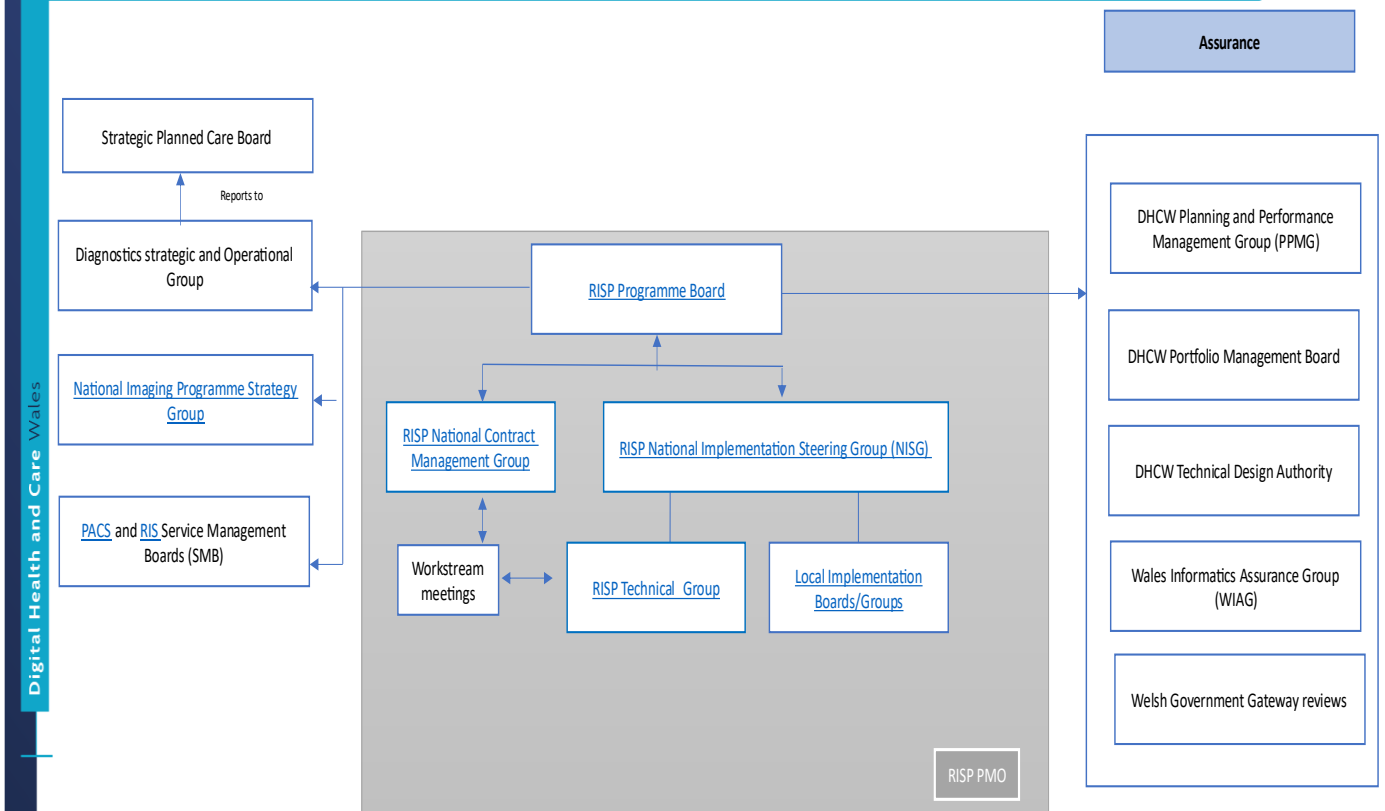
National Team

- While there is a single supplier and system with RISP, each organisation holds its own contract and is responsible for managing its own implementation.
- The Local contracts mean Health Boards and supplier responsible for local implementations supported by the National Team
- Limited National team in place to support National delivery including development, architecture, testing.
- At request of NHS Wales CEs DHCW are providing additional National commercial/service management support.

Clinical Support

- National Clinical lead in place – Consultant Radiologist based in Cwm Taf Health Board.
- Imaging academy to lead / support standardisation and Transformation.
- National Imaging Programme escalation for any aspects of transformation /standardisation .
- Imaging Academy support to provide a centralised point to host and facilitate national discussions and demonstrations

RISP Governance Structure



RISP Programme

Benefits Realisation

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

Since the development of the OBC, the benefits associated with the procurement of the Radiology Informatics System have been re-assessed and additional benefits identified. The benefits identified are based on time assessment studies, cash releasing savings, reduction in clinical time and reduction in average patient waiting times within the Radiology department in NHS Wales.

The benefits identified were included in the FBC with an expectation that health boards will realise these post go-live as well as demonstrating local benefits outcomes.

These will be reviewed following the all Wales deployment and re-baselined to reflect an accurate benefit realisation.



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Challenges

1

Global worklist: During the transition period there will be two PACS systems in use across NHS Wales. Health Boards raised a requirement to maintain visibility from both systems across all organisations. There was no viable digital/ technical solution within the required timescales to meet this requirement. In mitigation, the rollout sequence and some organisational implementation dates have been adjusted, and local processes have had to be introduced during the transition period.

2

Independent contracts: The programme commercial case adopted a master supplier / deployment order model in which Health Boards and Trusts have independent contracts. It was assumed that separate contracts and software instances would enable independent decisions. In practice there are significant interdependencies and the supplier lacks the resources to manage multiple implementations at the same time. As a result the programme has evolved into a hybrid national-local model, which has helped to manage tension between local choices and system impact, especially changes in implementation dates.

3

Supplier Management: The commercial model requires robust supplier engagement and contract management in each organisation, which has stretched the capacity and capability of local teams. Occasionally supplier management has lacked co-ordination and join-up across NHS Wales. In response, NHS Chief Executives requested that DHCW provided greater central support and coordination of contracts to manage the supplier more effectively; particularly that the PACS Data Migration approach and timescales needed to be considered collectively.

4

Go Live Date Changes: Health Board changes to the original planned go live dates have resulted in a longer implementation timetable, which has extended the programme duration and required maintaining the legacy system for longer. The longer duration of implementation, programme, and legacy system has driven additional costs which were not planned.

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Programme-wide Final/Next Steps

1 VCC Go live – 20th April

2 CAVUHB Go live – 1st June

3 ABUHB Go live – 22nd June

4 Programme closure – End of June

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Key Successes



Radiology Data Migration



Delivery of National Integrations



Go lives (PHW, PTHB, BCUHB, HDUHB, NIAW, CTMUHB & SBUHB)

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User/Stakeholder Feedback

- SBUHB RISP Go live 31st March 2026

Just coming up for air and just wanted to thank you for all the support over the weekend. Gareth, your help crafting the cutover plan on the run up to the weekend and control over the weekend was a great help. I am also aware that you had other DHCW teams on standby and controlled this aspect leaving SBU to focus on the task at hand. Those other team were impacted by being available on the weekend and we also thank them.

David & Sarah the help on the run up with the cutover plan was greatly appreciate, with the help on the weekend it is fair to say you were with us to the end.

Becs and John, Thank you for the fabulous support, the weekend went extremely well however there were a couple of times when the sense of panic set in and you grounded it immediately.

Thank you greatly – great co-operational all around.

Gareth Williams Project Manager SBUHB

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Diolch / Thank you

For more information, please visit the
DHCW website

[Home - Digital Health and Care Wales](https://dhw.nhs.wales/)
(<https://dhw.nhs.wales/>)

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GIG
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Digital Health
and Care Wales

Programmes Delivery Committee: Annual Assurance Report

LIMS 2.0 Programme

April 2026

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Brief overview of Programme

The objective of this programme is to procure a replacement Laboratory Information Management System which will contribute to the Welsh Government Pathology statement of intent by developing safe, sustainable, and standardised pathology services through end-to-end information and communication technology systems and services

- The programme was established in the NHS Wales Collaborative.
- A contract was awarded to a LIMS supplier but was terminated by mutual agreement, requiring a programme reset and change of LIMS product / supplier.
- The programme was transferred to DHCW, which managed the programme reset, contractual reset, and development of a contingency plan, securing agreement from all NHS Wales delivery partners to a revised timetable. This reset enables continuity of essential laboratory service provision across NHS Wales until 2030.
- This is a multi-year replacement programme due to the inherent complexity of the system. It requires extensive configuration and rigorous testing, as it is critical to the delivery of health services and must meet high standards of reliability and safety.
- The revised LIMS2 timetable condensed four years of planned activity into a two year 'condensed plan', being the remaining duration of the contract for the legacy LIMS product which is being replaced.
- The inherent complexity of the programme, and the compressed timetable and pace of delivery required from all partners, has resulted in pressure on resources, particularly around configuration and testing of the new product.

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The Lab's Digital Brain


2782 users
>3M Tests processed per Month


7927
Locations



18997
Clinicians


2332
Configured Tests


LIMS2


38
Labs


6725
Test Items


13102
Calculated Results


64734
Comment Shortcuts


16262
Defined Ranges


1490
Rule Based Interpretations


290
Interfaced Analysers


560 Printers
/~1.5K Print Rules


40
System Interfaces

LIMS 2.0 Programme update

Following approval of the Business Case in September 2021, a procurement commenced, and a contract was awarded to Citadel Health on the 14th October 2021. As a result of ongoing delays to delivery and to ensure continuity in Laboratory services, all Health Boards and Trusts endorsed the decision to terminate the Citadel contract and invoke the contingency plan to extend the current LIMS agreement. As part of the extension there was a requirement to upgrade to the latest solution

Nov 2017 – Oct 2021

- LINC programme established by NHS Collaborative
- Business Case developed / approved
- Documented future state workflows (to help inform procurement & design)
- Procurement for replacement system; Citadel Health appointed to complete the design, build, roll-out and support



Nov 2021 – Dec 2022

- Supplier appointed
- Programme team / resources mobilised
- Commenced design phase for all aspects of the build (core LIMS design; interfaces to national/local systems; interfaces to instrumentation; design of hosted infrastructure)
- Hosted design changed to reflect challenges in securing IT hardware



Jan 2023 – March 2023

- LINC Programme was transferred to DHCW
- Governance was reviewed and simplified
- Detailed discussions took place with the supplier & Health Boards to agree a revised implementation plan
- A review of the programme was undertaken, and it was determined that the programme was not deliverable by the Summer of 2025



April 2023 – July 2023

- On the 13th June 2023 NHS Wales and Citadel Health jointly agreed to end the contract for the Implementation of the LIMS, this decision was made on the basis of the current and future requirements of the pathology service in Wales
- The Legacy LIMS agreement was extended by 5 years until June 2030 to enable continuity of service provision by the Laboratories. Required a system upgrade



August 2023 – Dec 2023

- Discovery / mobilisation stage 1 commenced
- Launch stage 2 commenced
- Data centres and Infrastructure in place
- Initial Wales solution delivered
- Future state workflows handover to InterSystems
- Solution Design and scope agreed
- NHS Wales static data prepared and uploaded into initial Wales solution
- Joint NHS Wales/InterSystems launch event delivered



Jan 2024 – August 2024

- Set-up stage 3 commenced
- Configuration team trained by InterSystems to build the system
- Complete build and initial test of the LIMS system
- Commence Migration of data from legacy LIMS systems
- Deliver training and prepare for formal testing phase (User Acceptance Testing)



Sep 2024 – Dec 2025

- Conducting formal cycles of User Acceptance Testing (UAT)
- Tranche 1- Technical go live completed
- Adoption approach changed to adoption by discipline across Wales
- Due to volume of defects, changes requested and complexity of solution UAT has not completed as expected and programme is in delay.
- LIMS Programme board confirmed that the revised implementation plan extends to the end of September 2026 with significant additional costs



Jan 2026 – June 2026

- Tranche 2- Cellular pathology /Andrology went live across Wales
- Mortuary Live in ABUHB
- Ongoing UAT and readiness activity for remaining tranches(3,4 & 5)
- Adoption of tranche 3 –microbiology to deploy into service (and rollout across Wales)
- Continue with legacy data migration



July 2026 – Dec 2026

- Adoption of tranche 4 Blood sciences and tranche 5 Blood Transfusion commences (roll-out & adoption of system across Wales)
- Complete migration of legacy data
- Programme closure

Programme at a Glance



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- The revised 'condensed plan' programme timetable has extended into 2026.
- Reasons for the delay include:
 - extension of User Acceptance Testing (UAT),
 - a large number of defects outstanding,
 - volume of changes requested/redesign of some disciplines,
 - delays in delivery of some of the functionality
 - availability/capacity of required specialist resource across the supplier & NHS Wales to complete all the activities in the condensed timelines.
- A revised 'extended plan' has been agreed with delivery partners, which extends to the end of September 2026. This incurs significant additional costs. DHCW have approached WG to explore whether any funding is available through the DPIF allocation. Should this not be available, the costs will need to be met by DHCW/Health Boards/Trusts.

Programme Governance

Project Management

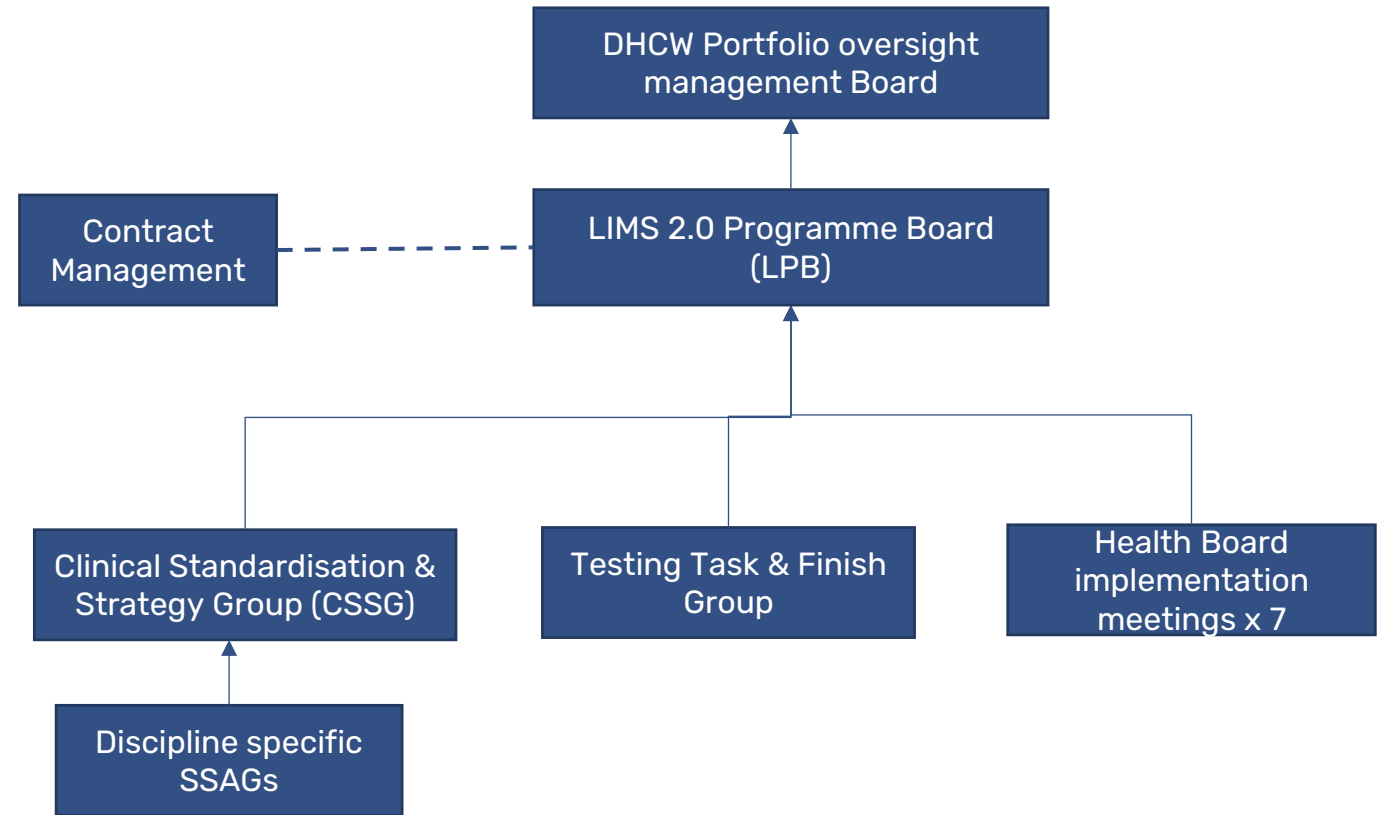
- National team in place who manage the overall programme
- Centrally funded Health Board IT leads and discipline leads to support implementation locally and support wider stakeholder engagement
- LIMS Programme Board in place chaired by Programme oversight chair (ABUHB Executive Director of Allied Health Professionals)
- Local Project Management boards in place

National Team

- Single All Wales contract managed centrally
- National team in post to support multiple workstreams including Build, Data migration, Interfaces, testing, deployment, business change, service management and system support

Clinical Support

- National Clinical and Standardisation Strategy Group (CSSG) chaired by SBUHB Clinical Lead for Laboratory medicine
- Individual discipline specific Standing Scientific Advisory groups (SSAG) in place, chaired by Health Boards
- Senior Responsible Owner (SRO) for Blood Transfusion in place to review and sign off the Blood Transfusion validation activity



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LIMS 2.0 Programme

Benefits Realisation

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

Work was undertaken on benefits analysis for the new Laboratory Information Management System OBC. Workshops were held with health board and trust representatives and a list of potential benefits were identified, defined and the source of measurement data identified.

Benefits identified were based on time assessment studies, cash releasing savings, reduction in clinical time, and improved data analysis and reporting.

Other key benefits were included in the FBC with an expectation that Trusts and Health Boards will take ownership for the delivery of the benefits plan via their Local Deployment Projects.

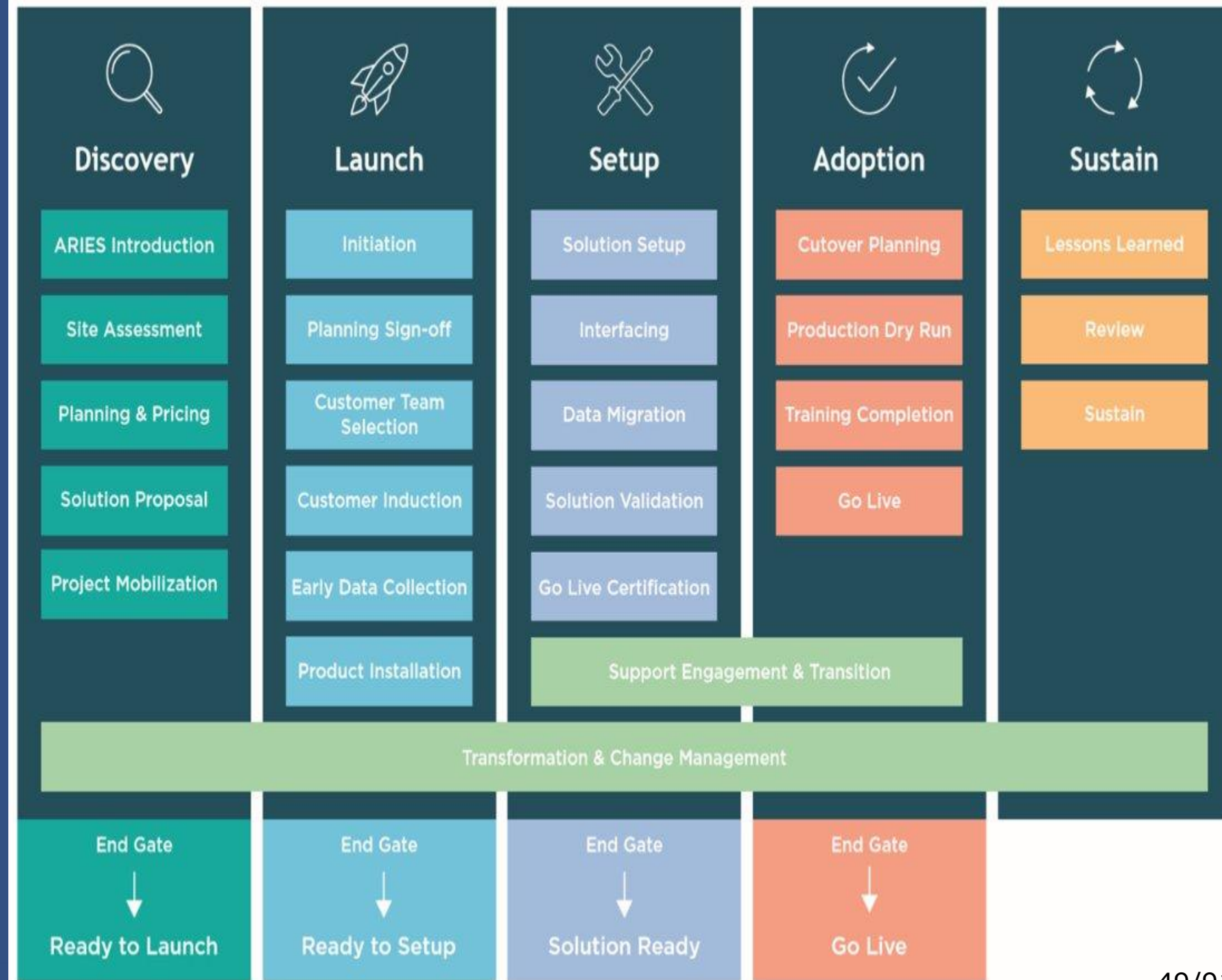
Any additional benefits identified across NHS Wales will be reported once implementation begins.

As the contingency plan has been invoked, it is likely that not all benefits outlined in the FBC will be able to be realised by the system upgrade.



Programme Structure

The Programme is following the supplier's methodology 'Aries' to deliver the programme



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Key challenges

- When the Contingency Plan was first agreed with delivery partners, it was acknowledged that timescales would be challenging and a different approach would be needed, particularly around configuration changes and testing capacity. The risk mitigation was documented as "a need to minimise configuration changes and the programme will need to be prioritised over other activity, nationally and locally, with Health Boards and DHCW aligning and protecting resources across operational and digital teams".
- In practice it has been difficult to control configuration changes and to prioritise resources to the LIMS programme over other operational pressures.
- The LIMS 2.0 Programme Board in November 2025 accepted that the Programme would not be able to meet its planned timetable of implementing all disciplines by the end of March 2026.
- Critical path activities and lead times extend beyond that window, notwithstanding efforts by all partners to recover the timetable. The revised 'extended plan' will complete implementation in September 2026 with significant additional costs
- DHCW have approached WG to explore whether any funding is available through the DPIF allocation. Should this not be available, the costs will need to be met by DHCW/ Health Boards/Trusts

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Key Challenges



Specialist Resources

The availability of specialist resources has been a key constraint due to the highly specialised nature of the work. This is across DHCW, the supplier and Health Boards and Trusts. Many of the specialists involved are balancing this programme alongside their operational responsibilities, which limits the time they can dedicate and makes them susceptible to being reassigned to urgent operational demands.



Defects

One of the key contributing factors to the delay in implementation has been the volume of outstanding defects. This is largely attributable to the depth and breadth of the system, and its inherent complexity.



Solution Changes

The new solution is not a direct replacement for the legacy system which was highly customised to meet specific Wales requirements.

- 469 developments specifically for Wales
- 262 delivering additional functionality
- 23 additional developments planned
- 22 software patches and 70 contractual change notes have been submitted.



Legacy Data

The migration of legacy data presents significant complexity, with the requirement to build a 'trickle feed' to keep Health Board legacy systems in sync with TCLE. Particularly challenging is Blood Transfusion where some of the data spans more than 40 years, is of variable quality, and originates from multiple legacy systems that have each been configured differently over time.

Programme-wide Final/Next Steps



Plan agreed: prioritisation of resources is key (incl. additional external support), robust contract management, additional funding.

1

Tranche 3 – Microbiology adoption QTR1

2

Tranche 4 – Blood Science adoption QTR2

3

Tranche 5 – Blood Transfusion adoption QTR2

4

***NEW/Under Review* Tranche 6 – Legacy system archive & Programme closure**

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Key Successes



Tranche 1 – Technical go live - included in this is LIMS (Bulk Upload and Trickle Feed), Welsh Results Reporting Service (WRRS), Enterprise Master Patient Index (eMPI), Welsh Clinical Portal (WCP) , Integration Services. ETR,GPTR, GPLINKS.



Data Migration (BioChem/Cervical Screening/CellPath)



Tranche 2 Go live – Cellular pathology/Andrology across Wales



Mortuary Go live at ABUHB

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User/Stakeholder Feedback

- January 2026 saw a major achievement for digital diagnostics in Wales, as TrakCare Laboratory Enterprise (TCLE) was successfully implemented in Cellular Pathology departments across all Health Boards, completing one of the largest national laboratory system transitions in recent years.
- This marks a significant step forward in improving how laboratory services operate – supporting consistent, standardised workflows, improved data quality, and greater connectivity with national digital systems
- The rollout involved extensive collaboration between Digital Health and Care Wales, Health Board digital and pathology teams, and InterSystems. Together, they coordinated system configuration, infrastructure upgrades, workflow redesign, training and hands-on go-live support. Their hard work ensured a smooth transition with minimal disruption to patient services.

Being the last Health Board to go live definitely had its perks – many of the early teething issues had been ironed out by our colleagues elsewhere, so consider that our backhanded compliment! The rollout went far more smoothly than expected, and even some of our most committed technophobes have admitted they quite like it. While the go-live week itself was surprisingly calm, it's only now, as the dust has settled, that we're hearing the real grumbles from Pathologists about some of the more cumbersome workflows. I suppose you can't have everything – but overall, it's been a successful transition and a big step forward."

– Amanda Savage, Specialist Services Manager – Cytology, Betsi Cadwaladr UHB

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Diolch / Thank you

For more information, please visit the
DHCW website

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Dashboard Summary

RAG Framework

The overall RAG is assessed by each programme based on delivery confidence across three areas: timeline, quality and resources. A 'Not Assessed' RAG status has been added to the framework to reflect programmes that cannot assess confidence of delivery because activity has been suspended (e.g. a formal review and reset) or is complete (e.g. closure).

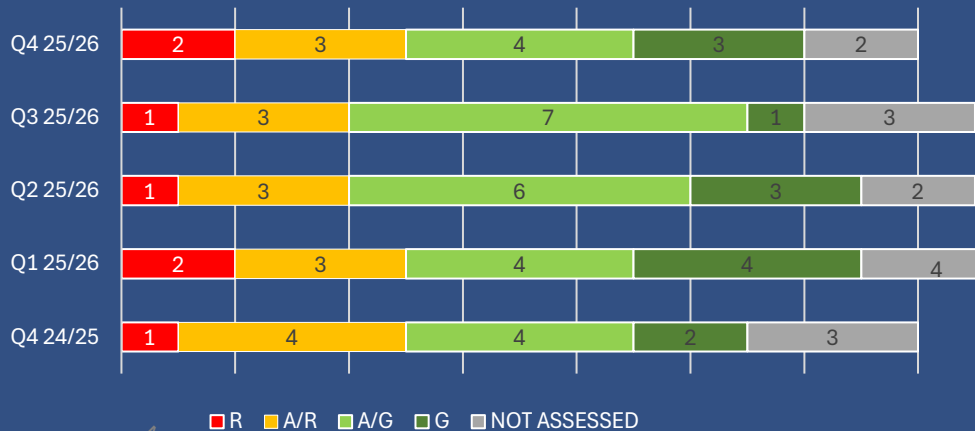
Major Programme Scoring

Only those major programmes reported to the Management Board Oversight Session are detailed in this summary.

Other Programmes

A dashboard has been included to demonstrate the health of other programmes, but these are only reported to the Committee if there are matters which have been escalated by the DHCW Portfolio Management Board.

Overall Portfolio Health Summary



Since Q3, the following RAG status changes occurred:

Declined:

Audit+ Replacement NOT ASSESSED → RED

Integration Hub AMBER/GREEN → AMBER/RED

Improved:

National Target Architecture AMBER/GREEN → GREEN

Microsoft Enterprise Agreement Renewal AMBER/GREEN → GREEN

Q4 25/26 Status Update:

The portfolio health has declined, with 7 programmes reporting a RAG status of reasonable or high confidence in delivery, 2 programmes are currently not subject to assessment.

RAG status summary of Programmes/Projects:

Three programmes are **GREEN**

High confidence of successful delivery:

- **GP Systems Framework:** WG confirmed 2025/26 funding and indicative 2026/27 funding is sufficient to complete remaining migrations. 168 practices have successfully migrated.
- **National Target Architecture:** The project has delivered against agreed milestones, with the Strategic Investment Plan completed and submitted to WG in March 2026.
- **Microsoft Enterprise Agreement Renewal:** Negotiations complete, with governance approvals underway and Commitment to Participate documents shared across NHS Wales.

Four programmes/projects are **AMBER / GREEN**

Reasonable confidence of successful delivery with some aspects requiring attention:

- **EPMA:** Rollout is complete at BCUHB and underway at CAVUHB and CTMUHB, but SMR integration issues, revised go-live timelines and delays to allergy data migration are impacting delivery.
- **EPS:** Uptake continues to grow, with over 18 million prescription items processed and 176 practices now onboarded.
- **NDR:** All remit letter milestones achieved, with most deliverables completed or close to completion; contractor resource has ceased as planned.
- **Cloud Transition:** Reasonable confidence of delivery by March 2028, with strong progress on application migration, organisational change, and a managed re-baseline of infrastructure activity.

Three programmes /projects are **AMBER/RED**

Low confidence of successful delivery requiring urgent management attention:

- **RISP:** PHW, PTHB, BCUHB, HDUHB, NIAW, CTMUHB & SBUHB now live. Decision by 2 Health Boards to move go live dates into 2026/27 will impact Programme Resources.
- **Connecting Care:** Lack of confirmed funding for 26/27 will begin to impact all areas of delivery.
- **Integration Hub:** Reduced confidence in timely delivery ahead of the June 2027 Fiorano contract end due to significant resourcing risks, despite successful go-live, Alpha and Beta progress, and a clear roadmap.

Two Programmes / projects are **RED**

No confidence of successful delivery requiring critical decisive action:

- **LIMS 2.0:** Delivery no longer feasible within 2025/26 due to continued delays, significant UAT defects, decoupled deployments, deferred tranches, and critical path activities extending into 2026/27, alongside a fixed end-of-life backstop of July to exit TCL2016.
- **Audit+ Replacement:** RAG status has deteriorated to Red due to low buy-in of the in-house solution, which has been placed on hold while alternative options are under urgent review as instructed by project governance group. Increased risk to delivery against the April 2027 contract end.

Two programmes are **NOT ASSESSED**

Programme cannot assess confidence of delivery as activity has been suspended or complete:

- **Welsh Intensive Care Information System:** Programme status remains unassessed, pending agreement of funding beyond Phase 1. All discovery phase assessment criteria completed.
- **DSPP:** Programme has now transitioned to a product-led approach, programme reporting will now cease.

Programme / Project Scoring

Since quarter 3 , the Co-pilot Enablement project has been scored as a Standard project/programme.
RAG colours will not be allocated until a Board has approved a baseline plan.

Scoring Thresholds:

Major Projects = Score of 30-42

Standard Projects = Score of 14-28

Project	Finance	Timescale	Risk	Stakeholders	Contract Complexity	Technical Complexity	Dependencies	Total
Co-pilot Enablement	2	2	2	6	2	2	2	18

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Lifecycle Checkpoints - Closure of Programmes

The following closure reports have been included in the pack and summarised as a one-page overview on the following slide(s).

Lifecycle Position	Pipeline	Discovery	Feasibility / Alpha	Definition / Private beta	Delivery / Public beta	Operations (live)	Closure
Digital Services for Patients and the Public (DSPP)							Summary Closure Report

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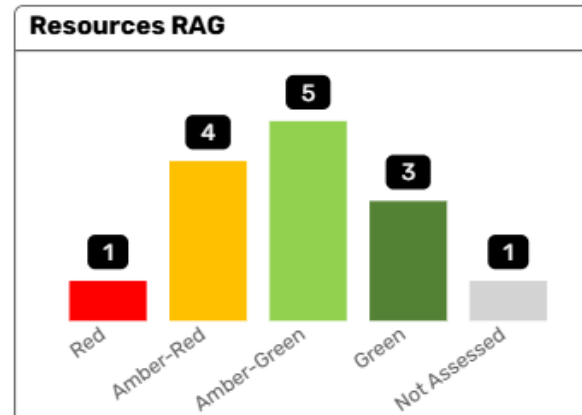
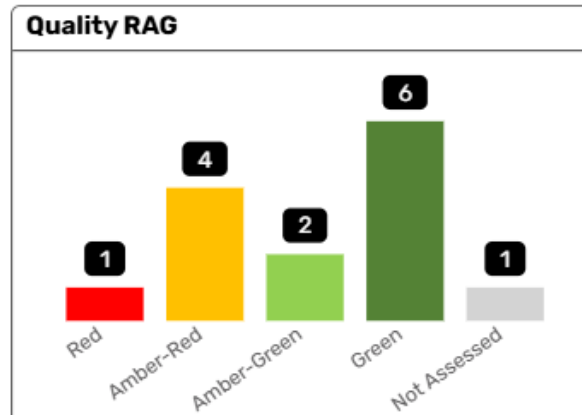
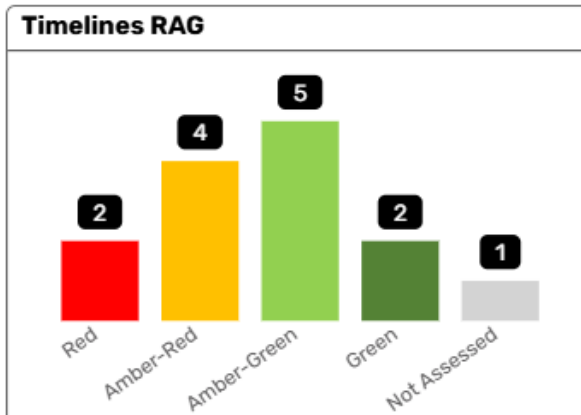
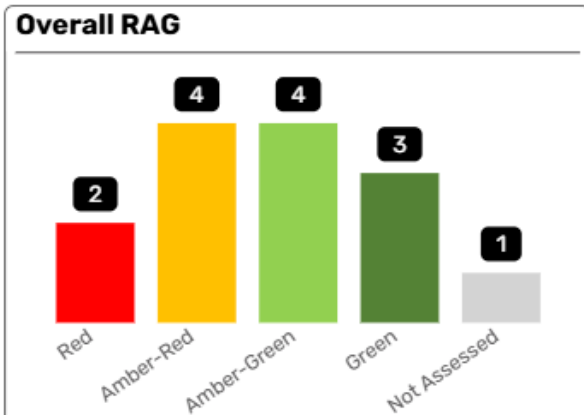
Background [Full Report](#)

DSPP programme was established to transform how people in Wales access and manage their health and care through national digital services. Its primary delivery was the NHS Wales App, a bilingual, national gateway to health and care services. DSPP evolved from rapid initial delivery into scaled national service operation, embedding modern practices and transitioning to DHCW product-based governance by March '26.

Project Performance	Service Transition and Outstanding Risks	Lessons Learnt
Successfully delivered a complex national digital service at pace, moving to a live product within 12 months and then the delivery of new features and services.. The programme met its original mandate and is closing as the NHS Wales App transitions to product delivery.	All key documentation, commissioning and open issues and risks were transferred to the Product team prior to programme closure, as part of transition activity from October 2025. An OCP has concluded, aligned to the confirmed new delivery team structure. Parallel activity to establish in-house development, support and platform teams concluded Oct '25.	Reuse of existing platforms can accelerate delivery but requires stronger early alignment on long-term collaboration and shared roadmaps.
Against Timescales		National digital delivery requires clear policy mandate and accountability
Core milestones for the NHS Wales App, public beta, GP services, and priority patient pathway features were delivered. Some secondary care and digital medicines milestones were delayed due to external dependencies. These will be delivered in FY26/27.	Capacity constraints within receiving directorate during transition period, impacting pace of governance and roadmap clarity.	Agile delivery must be protected from rigid pre-discovery specifications to maximise value and responsiveness.
Against Budget	Ongoing dependency on Health Board data quality and service readiness for realising full benefits of secondary care features.	Short-term funding constrain recruitment, planning, and transformation; long-term investment is essential.
The programme operated within its agreed funding envelope across its lifetime. Funding largely allocated on an annual basis, creating planning constraints, but expenditure was controlled. From 25/26, a core revenue allocation for NHS Wales App was confirmed	Risk of benefit dilution if agile, user-centred and benefits-led approaches are not preserved within product delivery.	User-centred design is critical but must be balanced with clinical, operational, and system realities.
		Digital delivery success depends as much on service change and local enablement as on technology itself

Undelivered / Unnecessary items		Outputs and Benefits	
Shared Medicines Record (patient-facing)	Paused following clinical review due to data availability concerns across Health Boards.	Improved access to services & increased transparency	581,828+ downloads and 10+ million logins since public beta, demonstrating sustained national uptake. 2.1+ million GP records accessed , supporting patient understanding and engagement.
Digital meds features (nominate pharmacy, prescription status, digital prescription)	Build largely complete; early adopter deployment deferred into 2026 due to dependency alignment and re-baselining decisions.	Reduced administrative burden	3.6+ million repeat prescriptions ordered , an estimated annual non-cashable staffing time saving equivalent to £2.9m* ; 207,381 GP appointments booked digitally, an estimated annual non-cashable staffing time saving equivalent to £363k*
Secondary care test results & patient-provided information	Not fully delivered within DSPP due to third-party supplier capacity and system readiness; expected to continue under product governance.	Better patient experience	64% positive sentiment for current features, rising to 85% positive when upcoming features are demonstrated.
Some planned publicity activity	Deferred or held due to Welsh Government guidance outside programme control.	Reduced service contact	65.5% of users viewing hospital referrals/appointments reported no need to contact GP or Health Board afterwards.
		Secondary care reassurance	Digital visibility of waiting list referrals and appointments reduced anxiety and improved confidence in care pathways.

Overall Summary Assurance Reports for Major Programmes and Projects



Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.2	Audit+ Replacement (AR)	Final	R	R	R	AR	Jayne Steed	<p>Due to an Issue relating to potential low uptake/buy-in of the in-house solution, RAG status deteriorated from Green to Red. Status confirmed at Governance and Assurance Group call on 26/03/26, Currently at a standstill with progressing the in-house solution, at the request of the Group, whilst a review of alternative options and associated risks to current solution expiring 30th April 2027 is undertaken. DHCW to report back to project governance at their next scheduled meeting where a change of scope to the project may be requested.</p>	<p>Authority to initiate the project was received February 2026 with a defined scope of a DHCW in-house replacement for Audit+.</p> <p>Pre-requisite third party supplier data replication activities are on track.</p> <p>Validation activities have commenced utilising the General Medical Services (GMS) data platform prototype and Welsh test data. A switch to live data is required to continue development and validation.</p> <p>A Data Privacy Impact Assessment (DPIA) has been distributed to GP stakeholder representatives for feedback and next steps.</p>	<p>A proposal from the Governance and Assurance Group members regarding a possible alternative solution or proceeding with in-house solution is expected after their next scheduled meeting. Depending on outcome, a fully resourced plan will need to be in place to deliver that preferred solution.</p>
2.6	Laboratory Information Management System 2.0 (LIMS 2.0)	Final	R →	R	AR	R	Alison Maguire	<p>RAG status remains RED. This is due to reduction in Tranche 1 scope (Technical go-live/Data Migration); progress of User acceptance Testing, volume of defects Tranche 4 (Blood Sciences/Newborn Screening/POCT) - implementation won't complete until Q2 2026/27 due to the number of defects to be resolved and critical instrument aliquot issue</p>	<ul style="list-style-type: none"> - Tranche 2a (Mortuary) - ABU adopted / mortuary module - 3 x parallel BT Data Migration activities underway (Telepath to LDR; LDR to TCL2016; TCL2016 to TCLE) 	<p>Commitment to Tranche 3, 4 & 5 timelines</p>

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.1	Integration Hub (IH)	Final	AR	AR	AR	AR	Jordan Walkley	<p>Overall RAG has been revised to Amber-Red, reflecting reduced confidence in achieving full delivery within the required timeframe ahead of the June 2027 Fiorano contract end. While foundational delivery milestones have been achieved, there are material risks that require focused attention to maintain momentum and mitigate schedule impact.</p> <p>The product has delivered key early outcomes. The Alpha phase was successfully completed, including establishment of the core Azure environment. Private Beta is complete, with the first production-ready integration flow successfully deployed on 11th February 2026. This demonstrates the viability of the Integration Hub platform and its associated monitoring capabilities. Public Beta will commence as additional integrations are onboarded and will continue through the migration from Fiorano 13.</p> <p>Development of MPI flows is a critical next priority. Core monitoring, message storage and replay functionality has been completed locally, but progression to scale is dependent on specialist database engineering support from Cloud teams. While priority inbound components are ready for UAT following the first flow go-live, overall progress is highly dependent on the availability of dedicated Product and DevOps capacity, particularly following the exit of Kainos.</p> <p>A forward roadmap has been produced and shared, reflecting current understanding. However, the ability to fully refine delivery backlogs remains constrained until key roles are in place.</p> <p>Internal resourcing remains the most significant risk. Ongoing reprioritisation of teams across the organisation has slowed onboarding and limited the development of internal capability. The loss of Kainos has created material delivery gaps, which will continue to impact pace and confidence.</p>	<ul style="list-style-type: none"> - Training continues to be delivered to internal teams with handover from Kainos colleagues delivered. - Successful go-live with first production flow between Public Health Wales and Master Patient Index (MPI), passing live patient data through the Integration Hub solution. - Future flows for migration outlined and prioritised to a point, backlogs developed for work to be undertaken, Product roles will need to land in team so this can be taken forward. - Monitoring solution finalised for first flow and operational. - Development & build of message storage and replay solution approved at key assurance groups and available locally. Dependency on cloud database build before this can be rolled out, this will need to be in place ahead of future flows being migrated. 	<p>Resources</p> <ul style="list-style-type: none"> - Accelerate onboarding of internal teams to build sustainable product ownership. - Identify and deploy additional short-term capacity from across operations to stabilise delivery and reduce critical dependency risks. <p>Timelines</p> <ul style="list-style-type: none"> - Increase pace of recruitment into key roles and embed new starters as quickly as possible to restore delivery momentum. - Agree and implement a coordinated plan with Health Boards to secure sustained and predictable testing capacity, reducing schedule risk as delivery scales.

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.3	Connecting Care (CC)	Final	AR →	AR	AR	AR	Sarah Weston	Funding uncertainty remains at this time for future years which is now imminent and will begin to impact on delivery. WG are working on assurance. The challenging timescale, resourcing challenge and future funding uncertainty means the programme remains at Amber-Red	<p>ICR: Successful series of discovery workshops. Discovery completion and OBC draft milestone are on track for completion.</p> <p>Community and Mental Health implementation: ITTs issued by five health boards, with two contracts awarded and three pending WG approval. Positive progress made on BCU's OBC for community. Cluster requirements finalised and included in national set.</p> <p>Exit: Settlement agreement agreed and signed by all contract-holding Health Boards on time.</p> <p>Digital and Data Designs: Completion of the Digital and Data Maturity Assessment.</p>	<p>Delivery confidence cannot improve without clarity on DPIF funding for 2026/27. In the absence of confirmed funding, the programme is operating in a constrained, risk-managed mode to limit financial exposure. Health Boards and local authority partners are currently reluctant to commit resources or confirm delivery plans while DPIF funding remains unresolved, significantly limiting system traction despite local willingness.</p> <p>Progression to green requires Welsh Government confirmation of funding (or indicative confidence) to unlock system commitment. Re-engagement and reconfirmation of Health Board participation once funding certainty is established. Scaling delivery can only take place after funding and partner commitment are secured.</p>
2.6	Radiology Informatics Solution Procurement (RISP)	Final	AR →	AR	G	G	Rebecca McGrane	<p>Overall Programme RAG status is Amber-Red: PHW, PTHB, BCUHB, HDUHB, NIAW, CTMUHB & SBUHB – live.</p> <p>Local Board RAG statuses range from Amber Green, Amber Red and Red reflecting some delays in milestone dates and concerns regarding likelihood of achieving others. RAG Status remains the same: ABUHB remains at Amber Red, CAVUHB remains at Red. RAG Status improved: VUNHST from Amber Red to Amber Green.</p>	<p>NIAW Go Live 26/01/26.</p> <p>CTMUHB go live 16th March 2026.</p> <p>SBUHB go live 30th March 2026.</p> <p>Reading Secondary Circuit Openreach installation of the circuit is complete.</p>	<p>ROUTE TO GREEN: Health Boards to agree to the Change Controls and new timelines issued by Supplier and assess their own RAG statuses against their local plans.</p>

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.60	Electronic Prescribing and Medicines Administration (Secondary Care) (EPMA)	Final	AG	→ AG	AG	AG	Laurence James	<ul style="list-style-type: none"> The overall status is "Amber/Green" because successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. All health boards and Velindre Cancer Centre (VCC) have signed a contract with their electronic Prescribing and Medicines Administration (ePMA) supplier from the national multi-vendor framework. Betsi Cadwaladr University Health Board (BC UHB) has completed their inpatient, acute settings, emergency departments and community hospitals implementations; being the first health board to write discharge medicines into the Shared Medicines Record (SMR). Cardiff and Vale University Health Board (UHB) are rolling out their ePMA solution. Cwm Taf Morgannwg (CTM UHB) commenced an early adopter in March with all remaining health boards and VCC are preparing for go lives in financial year 2026-27. 2/3 (67%) ePMA suppliers on the national framework have access to the Shared Medicines Record (SMR) Application Programming Interface (API) test environment to complete integration development with the SMR. 	<ul style="list-style-type: none"> Betsi Cadwaladr University Health Board (BCUHB) has completed their inpatient, acute settings, emergency departments and community hospitals ePMA implementations; becoming the first health board to write discharge medicines into the Shared Medicines Record (SMR). Cardiff and Vale University Health Board (CAV UHB) extended their ePMA implementation to medicines and surgery specialties at the University of Hospital of Llandough (UHL). National integrations have been delivered enabling Cwm Taf Morgannwg University Health Board's (CTM UHB) ePMA go live on 25th March 2026, on their cardiology early adopter ward at the Princess of Wales Hospital. 	
1.10	National Data Resource (NDR)	Final	AG	→ AG	AG	AR	Marie Jones	<p>All Remit Letter milestones have been achieved, and good overall progress has been made with the majority of key deliverables being achieved, or nearing completion. Several critical priorities emerged during 2025/26 which were enablers for other national digital programmes, and required the redirection of limited resources away from scheduled work.</p> <p>Contractor resource to support delivery and business continuity has ceased in line with commercial agreements.</p>	<p>Key Technical Achievements include:-</p> <p>Care Data Repository Team (CDR) provided the technical solution that underpins the Shared Medicines Record (SMR) which is now live in BCUHB. The SMR is being used by the electronic prescriptions and medicines and administration system (EPMA) and has gone through an initial use on a small number of wards before being rolled out to all sites across the Health Board.</p> <p>The Encounters flow for CaVUHB delivered by the CDR Team has enabled the flow of referrals and appointments to the Care Data Repository and onto the NHS Wales App for patients to see. This was the last flow which means the flow of the encounters data is now available across all Health Boards in Wales.</p> <p>National Data & Analytics Platform Team (NDAP) completed the configuration of Looker Core, migration of existing ABUHB dashboards and a proof of concept for a PHW public facing dashboard which has increased the data visualisation and predictive analytics capabilities for users across Wales</p> <p>The National Data & Analytics Platform team provided architectural advice and a technical solution to support to the Maternity Integration Taskforce to resolve issues with integration and data requirements. This resulted in the completion of a production environment to support integration across maternity services which is now live in PTHB, CTMUHB and BCUHB. This will enable the replacement of traditionally hand held notes with a new digital maternity system.</p> <p>GitHub GIG Cymru Solutions Exchange is now live. This is a publicly available online resource allowing people to search code, tools and other analytical assets developed within NHS Wales. The Solutions Exchange shares information about these resources openly, enhancing visibility and searchability, helping colleagues to collaborate with others working on similar projects and reducing duplication of effort.</p>	<p>Undertake an urgent exercise to identify planned deliverables against the available resources and anticipated funding for Yr2 phase 4 following the recent notification to DHCW (as host of the programme).</p>

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.40	Cloud Transition Programme (CTP)	✓ Final	AG → AG	G	AG	Sarah Murphy	<p>Overall RAG (A-G) reasonable confidence in successful delivery with some areas requiring attention. Confidence is high on completing migration of applications by the programme end date of Mar-28.</p> <p>We have established 3 main workstreams:</p> <ol style="list-style-type: none"> 1. Infrastructure Delivery - building the cloud infrastructure, on track to complete by end of Apr-26. 2. Migration and Optimisation- moving and improving existing applications, the first group of applications are planned for migration in May-26. 3. Organisational Change - supporting staff in new ways of working and ensuring benefits are realised. A supplier has been on boarded and working on multiple workstreams through to Sep-26. <p>Due to the size and complexity of the programme, all workstreams are being supported by expert suppliers.</p>	<ul style="list-style-type: none"> - Connectivity implementation complete - Critical Path Azure Platform Build - Security high level and low level designs complete - Welsh Government approval of the procurement for Lot 2 Migration Partner - Approval of refreshed Cloud Strategy, Operating Model, Revised governance, Training and Change Management Strategies. 	Secure external assurance on Azure landing zone Migrate early adopters in May / June 26 Onboard Migration Support supplier to provide capacity and capability to deliver at pace.	
2.60	Electronic Prescription Service (Primary Care) (EPS)	✓ Final	AG → AG	G	AG	Laurence James	<p>The programme remains rated "Amber-Green" due to the following progress:</p> <ul style="list-style-type: none"> • EPS is now enabled in 176 GP practices (48%), 634 community pharmacies (93%) and all four (100%) Dispensing Appliance Contractors, with 18.1 million prescription items claimed via EPS since November 2023. • All Community Pharmacy Patient Medication Record system suppliers operating in Wales are assured to receive digital prescriptions from GP practices via EPS. • 678,000 patients have received an electronic prescription via EPS. • The milestone to enable EPS in 176 GP practices by 31 March 2026 has been achieved. • An early adopter of one-off pharmacy nomination and geographic searching of EPS-enabled pharmacies has been completed, with positive feedback from the early-adopter practice. 	<ul style="list-style-type: none"> • Since November 2023, 18.1 million prescription items have been processed through the Electronic Prescription Service (EPS). • EPS is now enabled in 176 GP practices (48%), 634 community pharmacies (93%) and all four (100%) Dispensing Appliance Contractors, supporting digital prescribing for around 678,000 patients. • Between January and March 2026, 6 million prescription items were processed through EPS, with an additional 37 GP practices and 100 community pharmacies enabled to use EPS. • An EPS implementation schedule for GP practices has been produced, running until 30th November 2026, the target date for full rollout. • Software developments and early-adopter testing have been completed to support EPS use for patients without a nominated pharmacy, including one-off pharmacy nominations and geographic searching of EPS-enabled pharmacies. • Four national "Maximising EPS" webinars were delivered in March for end users. • Software development is progressing to enable EPS use in hospital's Urgent Primary Care settings, with first-of-type testing planned with Swansea Bay University Health Board. • First-of-type testing has identified a Dispensing Doctor Practice to undergo EPS assurance. 		

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
1.3	Microsoft 365 Enterprise Agreement Renewal	Final	G →	AG	G	AG	Shruti Chauhan	Negotiation complete. Orgs working through their internal governance to approve the EA Renewal Business case. Continuing to engage with Trustmarque to secure a few amendments within the contract	<p>Publishing the final Business Case on EA Renewal and the commitment to participate document.</p> <p>The conclusion of the negotiation stage, with a successful result which will provide M365 unit price certainty over a 5-year period across NHS Wales and a very significant cost avoidance over the 5-year term in comparison to standard 'SPA24' pricing.</p>
1.3	National Target Architecture (NTA)	Final	G ↑	G	G	G	Alex Percival	Overall RAG is Green due to the development of the Strategic Investment Plan for submission to WG on 31 March 2026.	<p>Strategic Investment Plan has been developed with Channel 3, Health Board and DHCW inputs.</p> <p>Ongoing updates and revisions to Ardoq platform, including trialling survey functionality.</p> <p>Community of Practice continuing to meet on a fortnightly basis.</p> <p>Initial 2026/27 Plan presented to Project Board and agreed, subject to DPIF funding.</p>
2.2	GP Systems Migrations	Final	G →	G	G	G	Jayne Steed	168 practice migrations have successfully completed their transfer to date.	<p>A further 39 migrations have been completed this quarter, bringing the total number of Vision to EMIS Web migrations undertaken to 168.</p> <p>There are 25 remaining migrations to complete and we remain on track to complete all migrations by the end of May 2026.</p>
2.5	Welsh Intensive Care Information System (WICIS)	Final	NA	NA	NA	NA	Helen Thomas	The Programme remains grey as milestones for implementation have not yet been agreed, awaiting a decision from Welsh Government following a submission of a strategic assessment to outline the requirements, including funding, to continue.	<ul style="list-style-type: none"> - Discovery stage completed, hitting all planned milestones - Workshop outputs and requirements agreed and submitted to Ascom for assessment - User workshops set up - Weekly progress reports submitted from February - CAG, TAG, Board agreed to scope of phase 1 implementation - Health Boards Signed letters of support for WICIS and implementation approach
3.1	Digital Services for Patients and the Public (DSPP)	Final	NA	NA	NA	NA	Rachel Carvell	<p>*Delivery confidence not assessed due to programme closure.</p> <p>*Revised milestone delivery scope approved by Programme Board (10 milestones de-scoped)</p> <p>*Delay to revised plan for digital medicines functionality (technical and operational constraints)</p> <p>*Risk for forward funding allocation (capital / DPIF)</p>	<p>Up to 29th March 2026:</p> <ul style="list-style-type: none"> * Registered Patients – 733,578 * GP Practice Appointments Booked – 206,467 * GP Practice Repeat Prescriptions Ordered – 3,614,631 * Patients Registered using WIVS – 6,446

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DHCW Commentary on Q4 25/26 Programme Delivery

DHCW IMTP
Portfolio

PROGRAMME

1.1	National Data Resource (NDR)	The CDR team delivered the technical solution underpinning the Shared Medicines Record and routed Encounters data into the CDR and onto NHS Wales App. The National Data & Analytics Platform team expanded visualisation and predictive analytics and deployed a production environment to support integration across maternity services. The Analytics Learning Programme is now accredited by UWTSD.
1.2	Integration Hub	The Integration Hub delivered its first successful production go-live, with the initial data flow operational, key assurance approvals secured, completion and signing of Kainos Work Package 67 (WP67), and transition from supplier to internal teams underway.
1.2	National Target Architecture	The National Target Architecture progressed key delivery milestones, including completion of all organisational interviews and Task & Finish sessions, consolidation of outputs to support analysis, submission of the Strategic Investment Proposal to WG at the end of March, and continued embedding of the Architecture Community of Practice as business-as-usual.
1.4	Cloud Transition Programme (CTP)	The Cloud Transition Programme progressed core cloud foundations, delivering a standard Azure environment with secure connectivity. The programme refreshed DHCW multi cloud strategy, programme governance and put plans in place to support staff through change and training. In readiness for the next phase, key assurance activity was completed, and contract award made to KPMG as system migration partner.
1.4	Microsoft Enterprise Agreement Renewal	The Microsoft Enterprise Agreement Renewal concluded successfully, with publication of the final business case and Commitment to Participate, securing five-year M365 pricing certainty across NHS Wales and delivering £34.2m of cost avoidance compared to standard pricing.
2.2	Connecting Care (CC)	The Connecting Care programme progressed key milestones, including completion and submission of the draft ICR Outline Business Case to WG for review, positive progress on community and mental health implementation across health boards, formal agreement of the Care Director exit, and commencement of discovery activity for the Mental Health Act solution.
2.2	GP Systems Framework	The GP Systems Framework continued to deliver at pace, completing a further 39 Vision to EMIS Web migrations this quarter, bringing the total to 168 practices migrated, with delivery remaining on track to complete all remaining migrations by the end of May 2026.
2.2	Audit+ Replacement	The Audit+ Replacement project is progressing through re-planning following agreement to extend Audit+ to 30 April 2027. Preparatory activities for third-party data replication remain on track. Assurance of the GMS Data Platform design is continuing, with further detail being incorporated into the DPIA on privacy, security controls, and data minimisation. Alternative design options have been considered and appropriately discounted. In parallel, a range of tactical and strategic alternatives to the DHCW in-house GMS Data Platform are being explored to ensure continuity of service while assurance activities continue.
2.4	Welsh Intensive Care Informatics System (WICIS)	The Welsh Intensive Care Information System progressed key engagement and assurance milestones, including consolidation and endorsement of scope 1 requirements by clinical, technical and programme governance, receipt of Health Board commitment letters, and submission of the agreed documentation to Welsh Government for consideration.
2.5	Radiology Information System Procurement (RISP)	The RISP programme progressed delivery with successful go-lives at NIAW in January, CTMUHB on 16 March, and SBUHB on 30 March, alongside resolution of system issues, continued supplier engagement, and coordination with health boards to support readiness and training.
2.5	Laboratory Information System 2.0 (LIMS2.0)	The LIMS programme progressed tranche-based delivery, including adoption of the mortuary module at ABU, completion of Tranche 2 (CellPath/Andrology), agreement of go-live plans for subsequent tranches, and advancement of parallel data migration activity to support future deployments.

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DHCW Commentary on Q4 25/26 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
2.6	Electronic Prescription Service (EPS)	The EPS programme continued to scale nationally, with EPS now live in 176 GP practices (48%), 634 community pharmacies (93%) and all dispensing appliance contractors, supporting 672k patients, achieving the Phase 4 GP milestone, and exceeding 18 million prescription items dispensed since November 2023.
2.6	Electronic Prescribing and Medicines Administration (ePMA)	The ePMA programme delivered significant rollout progress, completing implementation across inpatient, acute settings, emergency departments and community hospitals across multiple BC UHB hospital sites. BC UHB are the first health board to write discharge medicines into the Shared Medicines Record (SMR). CTM UHB also began ePMA in an early adopter ward becoming the first to integrate diagnostic results with their ePMA system to support prescribing.
3.2	Digital Services for Patients and the Public (DSPP)	The DSPP programme successfully concluded, completing programme closure activities, onboarding over 700k registered users, and delivering final go-lives for waiting list referral and appointment messaging prior to closure.

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Escalations | Management Board Portfolio Oversight

Major Programmes – Overarching Escalations to PDC

PPM Type	Portfolio	Name	ID	Status	Escalated	Type	Description	Closure Criteria	Update
Programme	2.5	Laboratory Information Management System 2.0 (LIMS 2.0)	ESC-1083	Open	September 2025	Assure	The timetable to transition from the current LIMS (TCL2016) to LIMS 2.0 (TCLE) by December 2025 will not be met, due to the extension of User acceptance testing (UAT), a large number of defects identified, limited availability of required specialist resource and delays in delivery of some of the functionality. Delays in adoption would incur significant costs for NHS Wales to prolong the use of obsolete and sunset LIMS systems, that will have limited support and increase the risk of failure.	Delivery against revised mitigation plan	<p>Last Governance Update: 25/03/2026: PPMG Action: Programme to assess impact of delays and PPMG to support the prioritisation of resource as required.</p> <p>Last Owner Updates: 07/04/2026: The revised implementation plan extends to the end of September 2026 with significant additional costs (4.5m.) DHCW have approached WG to explore whether any funding is available through the DPIF allocation. Should this not be available, the costs will need to be met by DHCW/ Health Boards/Trusts. there is still a significant risk of further delay</p>
Programme	2.5	Radiology Informatics Solution Procurement (RISP)	ESC-1085	Open	October 2025	Assure	Due to a series of Health Board go-live date changes, including movements by CAV into June and VCC into April, it has been evident for some time that the programme would not complete by the end of March as originally planned. AB's subsequent changes to their go-live date further extend delivery to 22nd June 2026. The programme is scheduled to close in June 2026; therefore, if ABUHB is unable to go live by 22 June 2026, central programme support will cease. While it is assumed that the Radis solution would continue to operate locally, this would be outside central programme support arrangements and would result in an ongoing cost pressure for DHCW. In addition, further go-live slippage remains a risk due to dependencies associated with delivery of the transitional global worklist requirement.	Approval at board and confirmation from the HBs that they will manage any financial implications	<p>Last 2 Owner Updates: 07/04/2026: CAV have agreed a go live on the 1st June AB have stated they can't meet their go live in May and Philips have offered them 22nd June as a revised date</p> <p>25/03/2026: UPDATE Mar 26: CAV have provisionally agreed a go live date of 1st June , SBUHB have moved to CAV's slot on the 30th March.</p>

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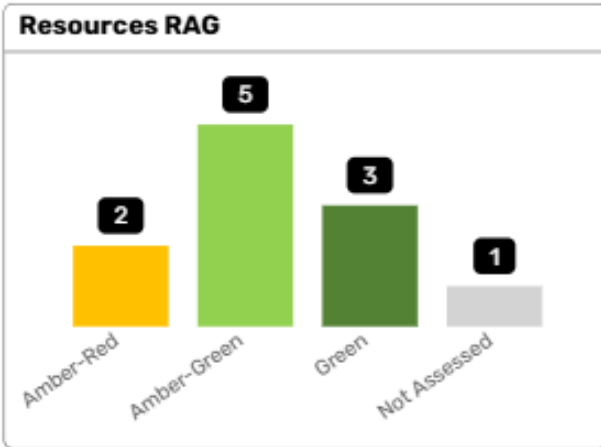
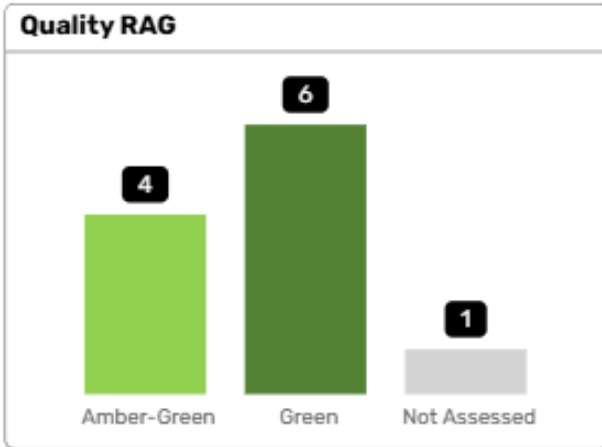
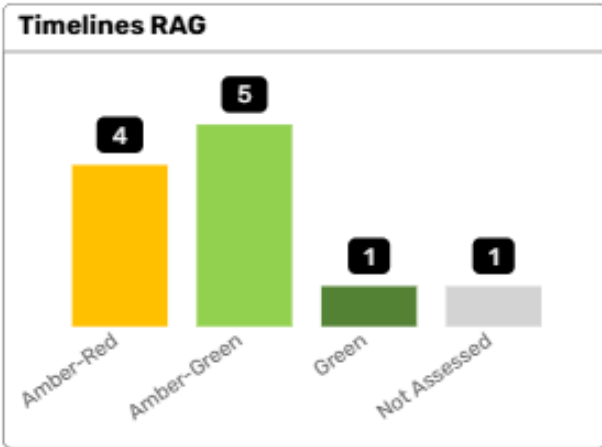
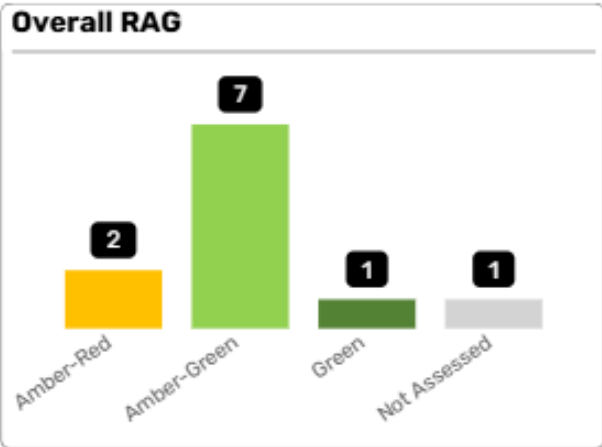
Escalations | Management Board Portfolio Oversight

Major Programmes – Overarching Escalations to PDC

PPM Type	Portfolio	Name	ID	Status	Escalated	Type	Description	Closure Criteria	Update
Programme	2.6	Welsh Intensive Care Information System (WICIS)	NA ESC-1091	Open	March 2026	Assure	**PRIVATE**	**PRIVATE**	**PRIVATE**

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Overall Summary



PORTFOLIO **PROJECT** **OVERALL** **TIME** **QUALITY** **RESOURCE** **COMMENTARY on AMBER/RED and RED RAG ratings**

2.3 Secondary Care Lung Function Testing



3.1 Welsh Nursing Care Record (Hospital) - WNCR - Paeds



1.2 API Management



1.2 Fiorano 13 Migration



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PROGRAMME HIGHLIGHT REPORTS | RAG STATUS
OTHER PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END DECEMBER 2025

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on AMBER/RED and RED RAG ratings
1.2	NHS Wales Referral Integration					
2.2	Eyecare ERS					
2.4	Welsh Emergency Care Data Set					
3.1	Welsh Information System for Diabetes Management					
5.6	ITSM Replacement Toolset					
2.3	Maternity Data Standards					
1.4	Device Optimisation Discovery Project	NOT ASSESSED				

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

Eitem ar yr Agenda: Agenda Item:	5.1
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Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	30 April 2026

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 for ASSURANCE the latest position in relation to DHCW's escalation status	

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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)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A
<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: N/A	
<u>SAFONAU ANSAWDD IGDC 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: N/A	
<u>GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER</u>	Leadership
<u>PARTH ANSAWDD 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: N/A	
<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	

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Escalation Status Update



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	PDC	DHCW Programmes Delivery Committee
JDCA	Joint Data Controller Agreement	PMO	Programme Management Office
DPIF	Digital Priorities Investment Fund		

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.
- 3.4 On the 16 December 2025, the Cabinet Secretary confirmed that the escalation status for DHCW following the tri-partite discussions in November 2025 had not changed DHCW's escalation status and it remained at Level 3, Enhanced Monitoring for Major Programme delivery. On the 6 January 2026, [the Director General for Health and Social Care / NHS Wales CEO wrote to DHCW](#) to provide feedback on the continuity of its escalations status for major programmes, feedback included:
- Progress made against the escalation milestones – not translating into the level of change, improvement and transparency that WG expected
 - Escalation framework is too transactional
 - Focus needs to be on system leadership, engagement, stakeholder perceptions, programme planning/reporting
 - There is a perception that risks and failure to deliver milestones are not being reported and escalation to WG in a timely and transparent manner
 - DHCW must focus efforts to change stakeholder perceptions, and this will be aided by delivering on your core priorities
 - Needs to be greater scrutiny and objective assurance in relation to programme delivery, risk and engagement
 - As system leaders, you need to look beyond your own organisations and guide the health and care system across Wales in adopting appropriate digital solutions, including system oversight on those programs that you are not leading upon.
- 3.5 On the 8 April 2026 Welsh Government confirmed DHCW's escalation status had increased to Level 4 – Targeted Intervention, with concerns around delivery, accountability and leadership.

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

DHCW Escalation Activity

DHCW are awaiting confirmation of next steps from Welsh Government following the increase in escalation to Level 4 but have been made aware it will be a two-phase

approach, with a diagnostic assessment followed by the plan to address the areas of concern.

Since the last Portfolio Delivery Committee, there has been no Integrated Performance, Quality and Delivery (IQPD) meetings have taken place focused on escalation and no DDaT Delivery Board or Leadership Board meetings have taken place, the next Delivery Board meeting is planned for the 13 May 2026.

In line with the changes to the NHS Wales oversight and escalation arrangements, from the 1 April 2026, future escalation oversight will take place via Escalation Boards chaired by the NHS Wales CEO / Director General for Health, Social Care and Early Years Group. DHCW received the draft terms of reference for this Board and the first meeting is planned for 9 June 2026.

4.2 Digital Priorities Investment Fund (DPIF) Pause and Review

It should be noted that at present, a pause and review of DPIF funded programmes is currently underway, impacting on numerous DHCW major programmes within the escalation scope. This pause and review has been included as a DHCW risk on the risk register.

4.3 Enhanced Monitoring Improvement Plan

The [Enhanced Monitoring Improvement Plan](#) set out DHCW's response to escalation with the plan spanning from May 2025 to March 2026.

The plan was monitored closely by the DHCW Portfolio Delivery Committee, specifically the delivery of the 47 escalation milestones, relating to major programme delivery, programme co-ordination and learning, and stakeholder relations. The end of March 2026 final position relating to delivery of the Enhanced Monitoring Improvement Plan milestones:

- Of the 47 milestones, 45 (96%) have been delivered
- Of the 45 milestones delivered 40 (85%) were delivered to time, five milestones delivered missed their original target date, but were delivered before the end of March 2026.
- Two milestones were not delivered by the end of March and remain un-delivered at the time of writing. These milestones relate to LIMS go-live/product deployment and RISP go-live/product deployment. The Programme Boards for LIMS and RISP continue to oversee delivery planned for 2026/27.

Significant learning has been taken from the Enhanced Monitoring Improvement Plan, including learning relating to:

- Programme delivery
- Stakeholder relations and collaboration
- Programme and commercial typology
- Value and benefit articulation

- Delivery through mandate and delivery through collaboration

Sincere thanks go to DHCW and NHS Wales staff and stakeholders who have contributed to delivering 96% of the escalation milestones. However, as the increase in escalation status indicates, the milestone delivery from the Enhanced Monitoring Improvement Plan has not achieved the desired change to address the issues and concerns to improve delivery.

4.4 Enhanced Monitoring Improvement Plan – Phase 2

The [feedback from](#) Welsh Government in January 2026, that DHCW remain in level 3, Enhanced Monitoring for escalation, led to DHCW working on a Phase 2 Enhanced Monitoring Improvement Plan focused on:

- Fewer milestones for major programmes in escalation i.e. one per programme
- More emphasis on programme/system delivery of major programmes and what needs to change to make this effective
- More work on stakeholder engagement/perceptions – particularly measuring feedback
- Factor in Public Accountability Meeting formal feedback and draft Remit Letter priorities

The [Enhanced Monitoring Phase 2](#) plan was discussed and agreed at the PDC Development session held on the 3 March, which considered the priorities for the plan. This Enhanced Monitoring Phase 2 plan was shared with Welsh Government and discussed at the Integrated Quality, Performance and Delivery (IQPD) meeting held on the 16 March, no feedback has been received on this plan to date, and with the increased escalation to Targeted Intervention – Level 4 escalation, further feedback will be sought on the status of this plan in the context of the diagnostic review planned as part of the new approach to escalation Level 4.

4.5 Targeted Intervention – Level 4 Approach

Level 4 escalation will involve direct intervention by Welsh Government and NHS Performance and Improvement to assess capability and capacity to deliver and implement the required improvements and support. Regular oversight and escalation meetings will take place with Welsh Government in line with the new accountability arrangements.

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

5.1 DHCW has been further escalated to Level 4 – Targeted Intervention on 8 April 2026, with concerns relating to delivery, accountability and leadership. 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 effective collaborative working continues to be prioritised.

5.2 The DHCW Board must ensure they oversee and address the areas of concern



highlighted by Welsh Government and will work with Welsh Government and NHS Performance and Improvement to confirm next steps in relation to escalation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE for ASSURANCE the latest position in relation to DHCW's escalation status	

Mills, Belinda
22/04/2025 14:32

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

Eitem ar yr Agenda: Agenda Item:	5.2
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Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	30 April 2026

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 Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Major Programmes Overview Report update on status of key programmes managed by DHCW.	

Mills Belinda
22/04/2026 14:32:46



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)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) QUALITY IMPACT ASSESSMENT (ref if appropriate)	N/A
<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: N/A	
<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: N/A	
<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: N/A	
<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	

Mills, Belinda
22/04/2025 14:32:06



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 April 2026	Approved

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

Mills, Belinda
22/04/2025 14:32:06
Major Programmes Report



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.

The full Assurance reports can be found [here](#).

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

The portfolio health has declined, with 7 programmes reporting a RAG status of reasonable or high confidence in delivery, 2 programmes are currently not subject to assessment. Since Q3, the following RAG status changes occurred:

Digital Services for Patients and the Public: AMBER/RED → NOT ASSESSED

Audit+ Replacement: NOT ASSESSED → RED

Integration Hub: AMBER/GREEN → AMBER/RED

National Target Architecture AMBER/GREEN → GREEN

Microsoft Enterprise Agreement Renewal AMBER/GREEN → GREEN

Two Programmes / projects are **RED**

No confidence of successful delivery requiring critical decisive action:

- **LIMS 2.0:** Delivery no longer feasible within 2025/26 due to continued delays, significant UAT defects, decoupled deployments, deferred tranches, and critical path activities extending into 2026/27, alongside a fixed end-of-life backstop of July to exit TCL2016.
- **Audit+ Replacement:** RAG status has deteriorated to Red due to low buy-in of the in-house solution, which has been placed on hold while alternative options are under urgent review as instructed by project governance group. Increased risk to delivery against the April 2027 contract end.

Three programmes /projects are **AMBER/RED**

Low confidence of successful delivery requiring urgent management attention:

- **RISP:** PHW, PTHB, BCUHB, HDUHB, NIAW, CTMUHB & SBUHB now live. Decision by 2 Health Boards to move go live dates into 2026/27 will impact Programme Resources.

Connecting Care: Lack of confirmed funding for 26/27 will begin to impact all areas of delivery.

- **Integration Hub:** Reduced confidence in timely delivery ahead of the June 2027

Forano contract end due to significant resourcing risks, despite successful go-live,

Alpha and Beta progress, and a clear roadmap.

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.
- Health Board resource availability and commitment to implementation plans.
- Future years funding to be agreed by Welsh Government
- Increased risk to delivery due to low Health Board buy-in

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.

Programme/Project Closures

The DSPP programme has now formally closed, the Programme Closure Report is included for noting.

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 three open ASSURE escalations for PDC, two relating to the LIMS 2.0 and RISP programmes concerning implementation timelines, and one private escalation relating to the Welsh Intensive Care Information System programme.

6 ARGYMHELLIAD / RECOMMENDATION

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

Mills, Belinda
22/04/2025 14:32:06
Major Programmes Report

IECHYD A GOFAL DIGIDOL CYMRU

DIGITAL HEALTH AND CARE WALES

CORPORATE RISK REPORT

Eitem ar yr Agenda: Agenda Item:	5.3
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Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	30 April 2026

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 Governance and 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
DISCUSS the Corporate Risks assigned to the Portfolio Delivery Committee. NOTE the status of the Corporate Risk Register.	

Mills Belinda
22/04/2026 14:32:46



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)	N/A
<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: N/A	
<u>SAFONAU ANSAWDD IGDC 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 DUTY OF QUALITY ENABLER</u>	Leadership
<u>PARTH ANSAWDD 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 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: 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
Laura Tolley, Deputy Board Secretary	April 2026	Reviewed
Chris Darling, Board Secretary	April 2026	Reviewed
Management Board	16 April 2026	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 Portfolio 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 Portfolio 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 15 risks on the Corporate Risk Register, of which 7 are for the consideration of this Committee.

The risks assigned to the Portfolio 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

Mills Belinda
22/04/2025 14:32

- DHCW0347 National Target Architecture Transition Roadmap
- DHCW0348 Transition to new data architecture
- DHCW0349 RADIS Team scaling back 25/26
- DHCW0354 DPIF Funding Pause and Review

4.2 The Risk register presents the Committees public register representing the 7 public risks assigned to this Committee at item [5.3i Appendix A](#)

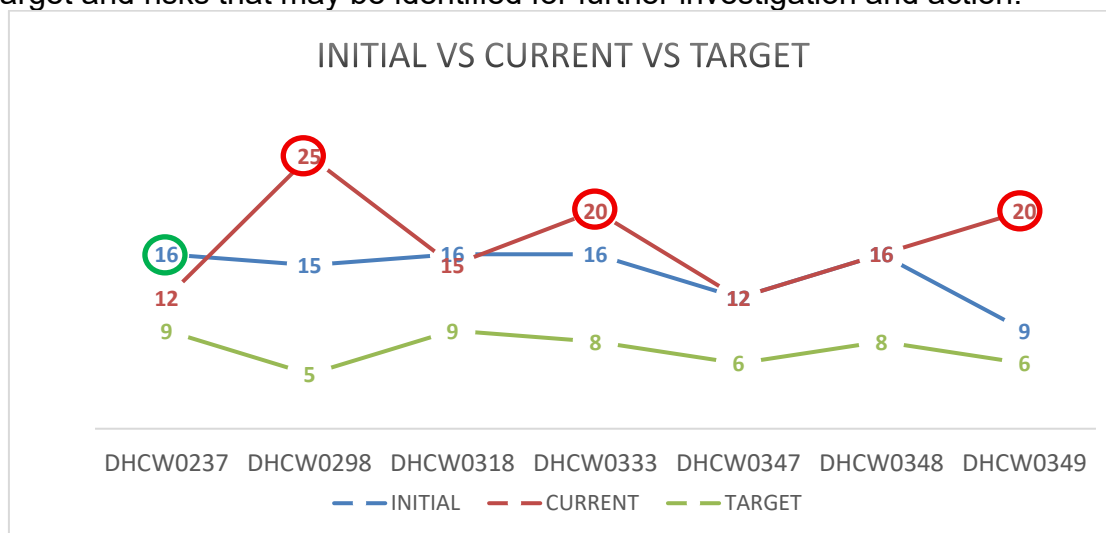
4.3 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 2 Significant and 5 Critical risks assigned to the Committee. The key indicates the current position of the risk.

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

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)					DHCW0298 – Delay in WLIMS implementation 2.0 ↔
	MAJOR (4)			DHCW0349 – RADIS Team Scaling Back 25/26 ↔	DHCW0337 Sustainable Digital Services and Development Funding Model ↔ **DHCW0341 ↔ **DHCW0342 ↔ DHCW0348 Transition to new data Architecture ↔ DHCW0354 DPIF Funding Pause and Review ★	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) ↔		DHCW0347 National Target Architecture Roadmap ↔ DHCW0237 – New Requirements impact on resources and plan ↔	DHCW0351 - Changes in political landscape in Wales ↔
	MINOR (2)					
	NEGLIGIBLE (1)					

Mills, Belinda
22/04/2025 14:32:18
5.3 Corporate Risk Report

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.



NB:

- 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 (2) – 2 public, 0 Private

There were two new risks was escalated during the period.

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0353	Programme Funding Connecting Care	Funding	Portfolio Delivery Committee
DHCW0354	DPIF Funding Pause and Review	Funding	Portfolio Delivery Committee

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

There were no changes in score during the period

RISKS REMOVED (3) – 3 public, 0 private.

There were three risks removed during the period.

Reference	Name	Commentary	Committee Assignment
DHCW0346	DDaT Governance Review	DDaT Governance Delivery Board now in place and meeting monthly - score reduced downgraded for management at Directorate level	Audit and Assurance Committee

Mills Belinda
 22/04/2025 14:32



DHCW0352	Delivery of 2025-2026 Milestones	The risk is closed, with the position managed as an issue through IMTP delivery narrative, quarterly PPMG oversight and performance reporting.	Portfolio Delivery Committee
DHCW0343	Programme Funding Connecting Care	Although some delays have been experienced HBs and DHCW have progressed work across the Programme mitigating issues around long-term commitments to resourcing by utilising internal capabilities or contingent support, so impact of this risk can be further reduced and risk can be downgraded to Directorate level	Portfolio Delivery 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

DISCUSS the Corporate Risks assigned to the Portfolio Delivery Committee.

NOTE the status of the Corporate Risk Register.

Mills, Belinda
22/04/2025 14:32