PWYLLGOR CYFLAWNI PORTFOLIO- CYHOEDDUS

Thursday 5 November 2026, 09:30 - 13:20

Microsoft teams

Agenda

09:30 - 09:30
0 min

1. MATERION RHAGARWEINIOL

I'w Nodi *Cadeirydd*

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 - 09:30
0 min

2. AGENDA GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf

I'w Gymeradwyo *Cadeirydd*

- **Cyhoeddus**
- **Preifat**

2.1.1 Draft Minutes PDC Minutes Public CY.pdf (17 pages)
2.1.2 PDC Minutes Private Abridged CY.pdf (3 pages)

2.2. Blaengynllun Gwaith

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

2.2 Forward workplan.pdf (4 pages)

09:30 - 09:45
15 min

3. I'W ADOLYGU

3.1. Cofnod Gweithredu (0)

I'w Thrafod *Cadeirydd*

09:45 - 12:30
165 min

4. ER SICRWYDD

4.1. Adroddiadau Sicrwydd Blynyddol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

4.1 DPMO Programme Delivery Committee November 26.pdf (99 pages)

4.1.1. System Wybodaeth Gofal Cymunedol Cymru (WCCIS) a Chysylltu Gofal

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

4.1.2. Ap GIG Cymru

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

4.1.3. Adnodd Data Cenedlaethol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

Egwyl-10 munud:11:00-11:10

12:30 - 13:20
50 min

5. LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

5.1. Cynllun Uwchgyfeirio – Lefel 3, Cerrig Milltir Cyfnod 2

Er Sicrwydd *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

5.1 Escalation Status Update Report Nov26 vdocx.pdf (6 pages)

5.2. Adrodd ar Gynnyrch

I'w Nodi

- **Dull o adrodd ar gynnyrch/cadarnhau prif gynnyrch**
- **Hysbysiad am Geisiadau a Chanlyniadau Prawf/enghraifft adroddiad ar gynnyrch**
- **Ap GIG Cymru**

5.2 DHCW_ProductReportingApproach_PDC_1105_V1.pdf (4 pages)

5.3. Y Gofrestr Risg Gorfforaethol

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

- Goddefiant Risg y Rhaglen
- Dadansoddiad Tueddiadau Risgiau Corfforaethol

5.3 Corporate Risk Register.pdf (7 pages)

Egwyl-10 munud:11:00 -11:10

5.4. Adroddiad Rhaglenni Mawr

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.4 Programme Overview Report Programmes Delivery Committee Covering Paper Nov 2026.pdf (4 pages)

5.4.1. Fframwaith Systemau Meddygon Teulu (adroddiad cau)

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

5.4.2. Pontio i'r Cwmwl

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

5.4.3. Hwb Integreiddio

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

5.4.4. Y Saernïaeth Darged Genedlaethol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.4.5. Amnewid Audit+

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

5.4.6. System Wybodaeth Gofal Dwys Cymru

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

5.4.7. Caffael Datrysiadau Gwybodeg Radioleg (RISP) (adroddiad cau)

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

5.4.8. System Rheoli Gwybodaeth Labordy (LIMS)

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

5.4.9. Moddion Digidol: Gwasanaeth Presgripsiynau Electronig (EPS)

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.4.10. Moddion Digidol: Rhagnodi Electronig a Gweinyddu Meddyginiaethau (EPMA)

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

13:20 - 13:20
0 min

6. MATERION I GLOI

6.1. Unrhyw Faterion Brys Eraill

I'w Drafod *Cadeirydd*

6.2. Adroddiad Crynhoi Cynnydd y Pwyllgor i Fwrdd yr AIA

I'w Nodi *Cadeirydd*

6.3. Dyddiad y cyfarfod nesaf: 04 Chwefror 2027

I'w Nodi *Cadeirydd*

PWYLLGOR CYFLAWNI PORTFFOLIO - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

09:30-13:30 | 06 Awst 2026 | MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd y Pwyllgor	IGDC
Ruth Glazzard	RG	Cadeirydd Dros Dro'r Bwrdd	IGDC

Yn Bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd	IGDC
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl.	IGDC
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Michelle Sell	MS	Cyfarwyddwr Rhaglenni ac Ymgysylltu	IGDC
Meghan Morris	MM	Cyfarwyddwr Cynorthwyol Cynllunio	IGDC
Matthew Wintle	MW	Cyfarwyddwr Meddygol Cyswllt Gofal Eilaidd	IGDC
Laurence James	LJ	Arweinydd y Rhaglen	IGDC
Belinda Mills	BM	Cydlynydd Llywodraethu Corfforaethol/Risg	IGDC

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

DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WICIS	System Wybodaeth Gofal Dwys Cymru
GIG	Gwasanaeth Iechyd Gwladol	IGDC	Iechyd a Gofal Digidol Cymru
WCCIS	System Wybodaeth Gofal Cymunedol Cymru	LIMS	System Rheoli Gwybodaeth Labordy
BIPAB	Bwrdd Iechyd Prifysgol Aneurin Bevan	BIPCTM	Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
LLC	Llywodraeth Cymru	PDC	Pwyllgor Cyflawni Portffolio
DMC	Mamolaeth Ddigidol Cymru	OBC	Achos Busnes Amlinellol
EPS	Gwasanaeth Presgripsiynau Electronig	RISP	Caffael y System Gwybodeg Radioleg
UAT	Profion Derbynioldeb Defnyddwyr	CDR	Storfa Data Gofal
BIPBC	Bwrdd Iechyd Prifysgol Betsi Cadwaladr	WIVS	Gwasanaeth Dilysu Hunaniaeth Cymru
CDAI	Cynllunio a Darparu Ansawdd Integredig	DDaT	Bwrdd Digidol, Data a Thechnoleg
BIPBA	Bwrdd Iechyd Prifysgol Bae Abertawe	Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	Croeso a Chyflwyniadau Croesawodd y Cadeirydd bawb i Gyfarfod Pwyllgor Cyflawni Portffolio Iechyd a Gofal Digidol Cymru. Darparodd y Cadeirydd hefyd hysbysiadau cadw tŷ ynghylch agweddau technegol ar gofnodi'r cyfarfod, yr egwyl arfaethedig, a'r disgwyliadau o ran ymddygiad safonol.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb • Laura Tolley, Pennaeth Llywodraethu Corfforaethol / Dirprwy Ysgrifennydd y Bwrdd • Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol • Marian Wyn Jones, Aelod Annibynnol	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiant Nid oedd unrhyw ddatganiadau o fuddiant.	Nodwyd	Dim i'w nodi

RHAN 2 – AGENDA GYDSYNIO			
2.1	**Cofnodion y Cyfarfod Diwethaf** • Cyhoeddus • Preifat Penderfynodd **y Pwyllgor Cyflawni Portffolio:** **GYMERADWYO** cofnodion y cyfarfod diwethaf.	Cymeradwywyd	Dim i'w nodi
2.2	**Blaengynllun Gwaith** Penderfynodd y **Pwyllgorau Cyflawni Portffolio:** **NODI'R** Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
2.3	**Adroddiad Archwilio Mewnol** • **Adroddiad Archwilio System Wybodaeth Gofal Dwys Cymru** Penderfynodd **y Pwyllgor Cyflawni Portffolio:** **NODI** statws oedi presennol y rhaglen; NODI'R tri cham gweithredu wedi'u cwblhau a'r cam gweithredu dysgu sefydliadol sy'n weddill sydd ar y gweill; CYDNABOD y ddibyniaeth barhaus ar benderfyniadau a chyllid Llywodraeth Cymru; a chefnogi goruchwyliaeth barhaus o ymgysylltiad byrddau iechyd, llywodraethu, arweinyddiaeth diogelwch clinigol a dysgu sefydliadol ehangach.	Nodwyd	Dim i'w Nodi
RHAN 3 – PRIF AGENDA			
3.1	**Cofnod Gweithredu (0)** Penderfynodd y **Pwyllgorau Cyflawni Portffolio:** **NODI'R** Cofnod Gweithredu.	Trafodwyd	Dim i'w nodi
RHAN 4 - ER SICRWYDD			
4.1	**Adroddiadau Sicrwydd Blynyddol** Cyflwynodd Michelle Sell, Cyfarwyddwr Rhaglenni ac Ymgysylltu (MS), yr adroddiad a chadarnhaodd fod Llywodraeth Cymru bellach wedi cymeradwyo dyraniad Cronfa Buddsoddi Blaenoriaethau Digidol (DPIF), yn dilyn proses Oedi ac Adolygu DPIF, gan ganiatáu i raglenni digidol symud ymlaen. Nododd MS fod yr adolygiad cyllido blaenorol a'r oedi o dri mis wedi creu heriau cyflawni, gan olygu bod angen ailgynllunio cyflym ar draws y rhan fwyaf o raglenni. Byddai'r cyfarfod yn dechrau gyda'r adroddiad sicrwydd blynyddol, a byddai'n ymdrin â'r wybodaeth ddiweddaraf am raglenni meddyginiaethau digidol allweddol, gan gynnwys EPMA ac EPS, ac adroddiad cau ar gyfer rhaglen Microsoft 365. **Rhaglen Moddion Digidol** **Gwasanaeth Presgripsiynau Electronig (EPS)** Cyflwynodd Laurence James, Arweinydd y Rhaglen, yr adroddiad a thynnodd sylw at y canlynol:	Rhoddwyd sicrwydd	**Cam Gweithredu A01**

	• Y statws Coch Melyn Gwyrdd cyffredinol oedd Melyn–Gwyrdd. • Mae EPS yn disodli presgripsiynau papur gyda negeseuon electronig y gellir eu holrhain, gan arbed amser, lleihau gwaith gweinyddol a phresgripsiynau coll, a gwella profiad y claf. • Wedi'i lansio yn 2022, cyflawnodd EPS ei sesiwn fyw gyntaf ym mis Tachwedd 2023. Yn dilyn sicrwydd gan gyflenwyr, dechreuwyd ei gyflwyno'n genedlaethol ym mis Ionawr 2025. • Ymhlith y datblygiadau allweddol roedd cydnabyddiaeth gyfreithiol o bresgripsiynau electronig, uwchraddio systemau fferyllfeydd, enwebu fferyllfeydd unwaith, chwilio am fferyllfeydd daearyddol a gwaith dichonoldeb ar gyfer presgripsiynwyr anfeddygol. • Symudodd pob practis meddygon teulu i un cyflenwr erbyn mis Mai 2026, gan gynyddu'r broses gyflwyno o tua 12 i 30 practis y mis. • Mae EPS ar waith mewn 70% o bractisau meddygon teulu, 99% o fferyllfeydd cymunedol a phob contractwr offer dosbarthu, gan fod o fudd i tua 900,000 o gleifion. Mae bron i 27 miliwn o eitemau wedi cael eu dosbarthu'n electronig. • Cododd y defnydd o tua 240,000 o eitemau y mis ym mis Ionawr 2025 i bron i 2.7 miliwn erbyn mis Mehefin 2026. Mae adborth gan feddygon teulu, fferyllfeydd a chleifion wedi bod yn gadarnhaol iawn. • Darperir llywodraethu trwy Fwrdd Rhaglen EPS Gofal Sylfaenol, gyda risgiau'n cael eu huwchgyfeirio trwy lwybrau sefydledig. • Y camau nesaf yw cwblhau'r broses o gyflwyno gwasanaethau meddygon teulu a fferyllfeydd erbyn 30 Tachwedd 2026, trosglwyddo i wasanaeth cenedlaethol a ariennir yn gynaliadwy a phrofi defnydd ehangach mewn gofal brys, eilaidd a gwledig. Rhagnodi a Gweinyddu Meddyginiaethau Electronig (EPMA) Cyflwynodd Michelle Sell, Cyfarwyddwr Rhaglenni ac Ymgysylltu, yr adroddiad a'r • statws Coch Melyn Gwyrdd cyffredinol oedd Melyn–Gwyrdd. • Mae EPMA yn disodli presgripsiynau papur ar draws gwasanaethau cleifion mewnol ac allanol Cymru, gan ddefnyddio tri chyflenwr ac integreiddiadau cenedlaethol i gefnogi rheoli meddyginiaethau dolen gaeedig. • Mae'r manteision yn cynnwys llai o waith papur a gwallau trawsgrifio, cysoni meddyginiaethau'n gyflymach, cymorth i benderfyniadau clinigol a gwell rhyngweithrediadau trwy safonau data cenedlaethol.		

- Mae pob Bwrdd Iechyd yn fyw, a disgwylir i Felindre fod ar waith erbyn diwedd 2026. Mae sawl sefydliad bellach yn defnyddio'r Cofnod Meddyginiaethau a Rennir (SMR) i ddarllen gwybodaeth am feddyginiaethau a rhannu meddyginiaethau rhyddhau.
- Mae'r SMR yn darparu un cofnod cenedlaethol o feddyginiaethau, alergeddau ac anoddefiadau. Mae pedwar Bwrdd Iechyd yn defnyddio ei ryngwyneb rhaglennu cymwysiadau yn fyw, ac mae'r tri sy'n weddill yn cwblhau'r gwaith integreiddio.
- Mae llywodraethu cenedlaethol, sicrwydd technegol a chlinigol, dysgu a rennir a llwybrau uwchgyfeirio sefydledig yn cefnogi cyflawniad ar draws y dirwedd aml-gyflenwr.
- Mae adborth cynnar gan staff yn dangos llif gwaith, cyfathrebu a diogelwch cleifion gwell.
- Y camau nesaf yw cwblhau integreiddiadau, cynnwys pob cyflenwr yn rhyngwyneb rhaglennu cymwysiadau SMR, cefnogi gweithrediad byw Felindre, cadarnhau amserlenni'r Bwrdd Iechyd ac adrodd ar fuddion, archwilio EPS ar gyfer cleifion allanol, a sicrhau cyllid cymorth gweithredol cynaliadwy.

Cam Gweithredu A01

Er mwyn egluro a chyfleu bod rhybuddion clinigol, gan gynnwys rhybuddion rhyngweithio cyffuriau ac alergedd, wedi'u hymgorffori yn systemau EPMA yn hytrach na'r SMR ei hun. Camau gweithredu a neilltuwyd i Laurence James

Cytundeb Microsoft Enterprise
Cyflwynodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau, yr adroddiad gan nodi cau rhaglen Cytundeb Menter Microsoft.

- Y statws Coch Melyn Gwyrdd cyffredinol oedd Gwyrdd
- Cytundeb Menter Microsoft gwerth £180 miliwn yw contract digidol mwyaf GIG Cymru, gan ddarparu gwasanaethau rheoli dyfeisiau a diogelwch Microsoft 365.
- Roedd cytundeb 2022 yn cynnwys dau estyniad dewisol o flwyddyn. Ar ôl i'r cyntaf ddod i ben ym mis Mehefin 2026, dewisodd rhanddeiliaid negodi cytundeb newydd yn hytrach na defnyddio'r estyniad terfynol neu brisio safonol y sector cyhoeddus, gan sicrhau sicrwydd prisiau a'r offer gofynnol.
- Goruchwyliodd bwrdd rhaglen a gweithgor traws-GIG Cymru adnewyddu, gofynion trwydded a'r achos busnes, gyda diweddariadau rheolaidd i

	uwch reolwyr. • Roedd prisio diofyn yn peri risg o gost ychwanegol o £40 miliwn i sefydliadau'r GIG. • Fe wnaeth arbenigwr fireinio gofynion, dileu dyblygu a llunio trafodaethau, gan helpu i sicrhau telerau ffafriol o fis Mehefin 2026 ac osgoi cynnydd o tua £45 miliwn gan gynnwys TAW. • Mae'r cytundeb newydd yn costio ychydig yn fwy na'i ragflaenydd ond mae'n parhau i fod ymhell islaw'r prisio amgen dangosol. • Mae'r cytundeb hefyd yn buddsoddi yn Microsoft Copilot, gan gefnogi mabwysiadu deallusrwydd artiffisial GIG Cymru a gwerthuso achosion busnes ehangach. • Mae Copilot Chat yn gwasanaethu tua 135,000 o ddefnyddwyr, gan gynnwys 35,000 o ddefnyddwyr gweithredol misol. Mae tua 65,000 o staff wedi cwblhau 6,500 o sesiynau hyfforddi , gydag arolygon cynnar yn nodi arbedion o hyd at awr bob dydd . • Rhoddodd Archwilio Mewnol sicrwydd sylweddol. Y gwersi allweddol oedd ymgysylltiad cryf â rhanddeiliaid , llywodraethu traws-sefydliadol a dechrau adnewyddiadau tua 18 mis ynghynt. • Bydd anghenion trwyddedau yn cael eu hadolygu'n barhaus i wella gweledded ar draws y system, atal dyblygu a chryfhau rheolaeth. Ar y cyfan, roedd yr adnewyddiad yn llwyddiannus Penderfynodd y **Pwyllgorau Cyflawni Portffolio: NODI'R** adroddiad er **SICRWYDD**.		
Egwyl – 10 munud	**11:00 -11:10**		
RHAN 5 - **LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD**			
5.1	**Diweddariad Statws Uwchgyfeirio** Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd (CD) y diweddariad ar gynllun gwella monitro gwell Lefel 3 Cyfnod 2, sy'n canolbwyntio ar gyflawni rhaglenni mawr a chysylltiadau â rhanddeiliaid. Datblygwyd y cynllun yn ystod sesiynau datblygu'r Pwyllgor Cyflawni Portffolio yn gynharach yn y flwyddyn. Ers symud i Lefel 4, mae IGDC wedi gweithio'n agos gyda Llywodraeth Cymru a'r Uned Perfformiad a Gwella, gyda thri chyfarfod Atebolrwydd Perfformiad a Gwella a'r cyfarfod Bwrdd Uwchgyfeirio Lefel 4 cyntaf wedi'i gynnal gyda Llywodraeth Cymru. Mae'r egwyddorion uwchgyfeirio wedi'u cadarnhau, ac mae goruchwyliaeth ac ymgysylltiad y Bwrdd, yr uwch arweinyddiaeth a'r Tîm Gweithredol ar waith. Adolygodd y Pwyllgor y Cynllun Gwella Monitro Uwch	Rhoddwyd sicrwydd	Dim i'w Nodi

	Lefel 3 yn erbyn y meini prawf dadgyfeirio. Mae'r cynnydd yn cynnwys cwblhau carreg filltir Cynllun Buddsoddi Strategol Saernïaeth Darged Genedlaethol, symud GDCC i Ofal Sylfaenol Cymunedol ac Iechyd Meddwl gyda dull sy'n seiliedig ar gynnyrch a mesurau perfformiad newydd. Mae adborth gan ddefnyddwyr drwy'r ap hefyd yn cynhyrchu mewnwelediadau cynnar i welliant. Cyflwynwyd achos busnes y Cofnod Gofal Integredig ar amser, ac mae achosion defnydd Adnodd Data Cenedlaethol yn cael eu datblygu i ddangos gwerth. Cerrig milltir allweddol LIMS yw mis Medi 2026, cwblhaodd RISP ei lansiad terfynol ym mis Mehefin 2026, a chwblhaodd Gwasanaethau Gofal Sylfaenol y gwaith mudo i un darparwr ym mis Mai 2026. Mae trefniadau ariannu Moddion Digidol ac EPMA yn mynd rhagddynt, tra bod trafodaethau Gofal Dwys yn parhau. Mae fframwaith buddion a chynllun gwireddu yn cael eu datblygu, ochr yn ochr â theipoleg rhaglen gyson ar draws IGDC. Mae gweithgaredd seiberwydnwch yn parhau trwy ddangosfyrddau gwell, llywodraethu, adrodd ar risg, goruchwyliaeth o'r gadwyn gyflenwi a phrofion ymateb i ddigwyddiadau. Ni symudwyd ymlaen â'r asesiad allanol arfaethedig gan y bydd mewnbwn annibynnol yn cael ei ddarparu yn lle hynny drwy'r cynllun Lefel 4. Y risgiau parhaus allweddol yw dangos a chyfleu manteision a gwerth, a sicrhau adborth eang a mesuradwy gan randdeiliaid. Cwblhawyd cynllun gweithredu arolwg y rhanddeiliaid ym mis Gorffennaf, gyda mwy o ymgysylltu'n parhau drwy Lywodraeth Cymru, grwpiau cynghori, adborth rheolaidd ac ymgysylltu ar lefel y Bwrdd. **Penderfynodd y Pwyllgorau Cyflawni Portffolio:** **NODI'R** sefyllfa ddiweddaraf mewn perthynas â statws uwchgyfeirio IGDC er SICRWYDD		
5.2	**Y Gofrestr Risg Gorfforaethol** Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd (CD) yr adroddiad a dywedodd fod y llythyr cylch gwaith yn ei gwneud yn ofynnol i lefelau a ffiniau goddefgarwch risg clir gael eu sefydlu a'u cyfleu ar gyfer pob rhaglen, ochr yn ochr â phroses y cytunwyd arni ar gyfer cynyddu risgiau pan fyddant yn fwy na lefelau derbyniol. Mae'r dull goddefiant risg wedi'i ehangu y tu hwnt i risgiau i gynnwys problemau, digwyddiadau a heriau rhaglen eraill y mae angen eu huwchgyfeirio at Lywodraeth Cymru. Mae proses uwchgyfeirio ffurfiol a chyson wedi'i datblygu gan y Swyddfa Rheoli Prosiectau, sy'n caniatáu i bryderon gael eu huwchgyfeirio drwy'r Pwyllgor neu'n uniongyrchol lle mae angen gweithredu ar frys. Mae themâu traws-raglen allweddol hefyd wedi'u nodi, gan gynnwys capasiti'r Bwrdd Iechyd. Bydd y rhain yn cael eu cydgrynhoi mewn	Trafodwyd	Dim i'w Nodi

	adroddiad ar gyfer y Pwyllgor Goruchwylio Portffolio nesaf, pan fydd y dull goddefiant risg a chynyddu newydd yn dechrau cael ei gymhwyso. Nodwyd bod 17 o risgiau ar y Gofrestr Risg Gorfforaethol, a bod saith ohonynt wedi'u neilltuo i'r Pwyllgor. Amlygwyd y risgiau canlynol: • DHCW0298 Oedi wrth Weithredu WLIMS 2.0. • DHCW0333 Oedi Gweithredu WICIS • DHCW0347 Map Trywydd Pontio Saernïaeth Darged Genedlaethol • DHCW0348 Pontio i bensaernïaeth data newydd • DHCW0357 Rhaid prosesu data personol yn unol ag egwyddorion diogelu data • DHCW0358 Efallai na fydd modd darparu datrysiad newydd o fewn amserlenni machlud Audit+ a PDES (30 Ebrill 2027) • DHCW0354 Oedi ac Adolygu Cyllid DPIF: Cadarnhaodd MS fod gan y rhan fwyaf o gynlluniau DPIF sefyllfa ariannu glir bellach, er mai dim ond cytundeb mewn egwyddor y mae Gofal Critigol a Cysylltu Gofal wedi'i dderbyn ac maent yn aros am gadarnhad gan Lywodraeth Cymru. Mae rhai rhaglenni hefyd wedi derbyn llai o gyllid ac maent bellach yn adolygu eu cynlluniau, eu cerrig milltir a'u cyflawniadau ar gyfer gweddill y flwyddyn, gyda newidiadau'n cael eu cytuno trwy fyrddau rhaglenni. Bydd unrhyw effaith sylweddol ar gerrig milltir neu ymrwymiadau CTCI yn cael ei huwchgyfeirio trwy lywodraethu IGDC a, lle bo angen, i Lywodraeth Cymru. Mae'r oedi recriwtio hefyd yn creu heriau sylweddol i rai rhaglenni, yn enwedig lle mae angen capasiti ychwanegol, ac mae llwybrau amgen fel adnoddau masnachol yn cael eu hystyried. Mae'r risg gyffredinol yn parhau ar y gofrestr ac mae'r goblygiadau'n cael eu hasesu. Nododd CD fod tîm RADIS sy'n lleihau risg 25/26 (DHCW0349) bellach wedi'i dynnu oddi ar y gofrestr risg gorfforaethol yn dilyn cwblhau'r rhaglen. Mae hwn yn ddatblygiad cadarnhaol, gan fod y risg wedi cael ei monitro gan y Pwyllgor ers peth amser. Penderfynodd y Pwyllgorau Cyflawni Portffolio: • DRAFOD y Risgiau Corfforaethol a neilltuwyd i'r Pwyllgor Cyflawni Portffolio • NODI statws y Gofrestr Risg Gorfforaethol.		
5.3	Adroddiad Rhaglenni Mawr Cyflwynodd Michelle Sell, Cyfarwyddwr Rhaglenni ac Ymgysylltu (MS), y prif ddiweddariadau portffolio		

	rhaglenni a'r sgoriau CMG, sy'n asesu hyder cyffredinol y ddarpariaeth yn seiliedig ar risgiau, problemau, cyllid ac adnoddau. Cytunir ar raddfeydd drwy fyrddau rhaglenni a chadeiryddion goruchwylio annibynnol i sicrhau eu bod yn adlewyrchu barn ehangach y system. Mae'r adroddiadau'n adlewyrchu'r sefyllfa ar ddiwedd mis Mehefin, gyda phenderfyniadau ariannu dilynol i'w cynnwys mewn diweddariadau yn y dyfodol. Yna cafodd pum rhaglen eu graddio'n llwyd/heb eu hasesu yn bennaf oherwydd yr oedi cyllido DPIF. Ers hynny, mae'r Adnodd Data Cenedlaethol, Pontio i'r Cwmwl a Saernïaeth Darged Genedlaethol wedi derbyn cadarnhad ac mae ganddyn nhw ffordd glir ymlaen, tra bod Cysylltu Gofal a WICIS yn parhau i fod yn destun penderfyniadau. Mae LIMS yn parhau i fod yn her allweddol ac mae wedi cael ei chyfeirio at y Pwyllgor. Mae RISP wedi cwblhau ei gyflwyno'n llwyddiannus ledled Cymru, ac mae Audit+ wedi gwella o goch i felyngoch, gan adlewyrchu mwy o hyder yn y ddarpariaeth. Mae galwad uwchgyfeirio wythnosol gyda swyddogion cyfrifol uwch y Bwrdd Iechyd a'r ymddiriedolaethau hefyd wedi'i sefydlu i fynd i'r afael â rhwystrau critigol a rhoi sicrwydd ynghylch cynnydd. Fframwaith Systemau Meddygon Teulu (adroddiad cau) Tynnodd Sam Hall (SH), Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd "Gwyrdd" • Mae'r holl waith mudo meddyg teulu i'r system newydd wedi'i gwblhau, ac mae pob safle wedi cyrraedd gweithrediadau sefydlog. • Mae'r gwaith symud i un cyflenwr wedi galluogi parhad ledled Cymru, gan ganiatáu i staff symud yn rhydd rhwng systemau a lleihau amrywiad mewn gwasanaethau. • Mae'r tîm wedi cynyddu cyflymder mudo EPS, gan ymdrin bellach â 30 y mis yn lle 12, sy'n cefnogi targed cwblhau cynharach ar gyfer cyflwyno EPS. • Mae manteision y system newydd eisoes yn cael eu gwireddu, a mynegodd Sam ddiolch i'r tîm am eu hymdrechion. Pontio i'r Cwmwl Tynnodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau (SL), sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd "Heb ei Asesu" • Nod y rhaglen Pontio i'r Cwmwl yw mudo gwasanaethau GIG Cymru o ganolfannau data i'r		

cwmwl, gan dargedu gwell gwydnwch ac osgoi £19 miliwn mewn costau ychwanegol dros 10 mlynedd.
- Fe wnaeth oedi cyllid DPIF atal y gwaith mudo yn syth ar ôl i gontractau mawr gael eu dyfarnu, gan arwain at chwarter coll ac ôl-groniad. Parhaodd y cynllunio gyda'r tîm mewnol, ond daeth adeiladu'r parth mudo a glanio i ben.
- Mae'r cyllid bellach wedi'i gadarnhau, ac mae'r rhaglen yn dechrau datblygu eto. Mae'n debyg y bydd yr adroddiad nesaf yn dangos statws melyngoch oherwydd y gwaith sydd heb ei wneud, ond mae'r Cyfarwyddwr Gweithrediadau yn disgwyl dychwelyd i felyn-wyrdd wrth i'r cynnydd ailddechrau.
- Mae'r gwaith adeiladu ar y parth glanio wedi'i gwblhau i raddau helaeth.
- Mae gweithgaredd mudo wedi'i strwythuro'n dair colofn: llywodraethu/goruchwylio, dau fod mudo, a phod capasiti byrstio ar gyfer adnoddau arbenigol (seiber, saernïaeth). Mae caffael ar gyfer y rhain ar y gweill.
- Mae cynllunio tonnau wedi'i gwblhau ar gyfer tua 90 o geisiadau, gyda naw ton mudo wedi'u cwmpasu. Mae'r tîm yn dechrau mudo gwirioneddol, gan wynebu heriau o ran y gromlin newid wrth i staff addasu i sgiliau a ffyrdd newydd o weithio.
- Mae rhywfaint o oedi wedi digwydd gyda gwaith adeiladu seilwaith, ond mae ymdrechion i liniaru'r sefyllfa'n parhau. Y disgwyl yw y bydd y problemau hyn yn rhai tymor byr i ganolig wrth i dimau ddod i arfer â'r sefyllfa.

Hwb Integreiddio

Tynnodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau (SL), sylw at y canlynol:
- Y statws Coch Melyn Gwyrdd cyffredinol oedd "Melyn–Coch"
- Mae'r Hwb Integreiddio yn cael ei ailadeiladu i ddisodli platfform perchnogol gydag ateb mewnol, gyda'r nod o gael mwy o hyblygrwydd, costau trwyddedu is, a rheolaeth dros eiddo deallusol.
- Adeiladwyd y seilwaith a'r llif cynhyrchu cyntaf gyda chymorth partneriaid (Kainos), yna trosglwyddwyd hwy i'r tîm mewnol, a gafodd ei gryfhau trwy recriwtio cyn yr oedi.
- Mae holl adnoddau craidd tîm yr Hwb Integreiddio bellach ar waith ond mae profi adnoddau o feysydd busnes eraill yn gyfyngiad ac mae ymdrechion ar y gweill i'w gwella.
- Rhaid cwblhau'r gwaith mudo erbyn mis Mehefin 2027 er mwyn osgoi costau trwyddedu cyflenwyr ychwanegol; mae'r dyddiad cau hwn yn parhau i

	fod mewn perygl, ac mae goblygiadau ariannol yn cael eu hadolygu gyda'r adran gyllid. • Mae'r cynllun mudo yn cynnwys 10 cam, gyda chydlynu parhaus â Byrddau Iechyd ar gyfer amserlennu a phrofi. • Bydd y platfform newydd yn safoni ac yn rhesymoli llifau integreiddio rhwng systemau GIG Cymru, gan anelu at ostyngiad o tua 300 o lifau i 50–100, er y gall rhywfaint o gydgrynhoi ddigwydd ar ôl mudo oherwydd cyfyngiadau profi. Y Saernïaeth Darged Genedlaethol Tynnodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd "Heb ei Asesu" • Nod y rhaglen yw mapio a gwella'r systemau a'r gwasanaethau digidol ar draws GIG Cymru, gan fynd i'r afael â chymhlethdod ac amrywiad gan ddefnyddio offeryn o'r enw RDOC i gofnodi'r ystâd bresennol a datblygu cynllun gwladwriaeth ar gyfer y dyfodol. • Oedwyd y gwaith oherwydd adolygiad cyllid ond ailgychwynnwyd ar 17 Gorffennaf 2026 gyda thua 90% o'r cyllid gofynnol wedi'i ddyrannu; cyfarfu bwrdd y rhaglen i adolygu cynllun lefel uchel ar gyfer gweddill y flwyddyn. • Mae'r dull newydd yn canolbwyntio ar weithgareddau sy'n seiliedig ar becynnau gwaith, gan ymgysylltu â phartneriaid masnachol ar gyfer ymchwiliadau pensaernïol dwfn mewn meysydd sylfaenol, gyda phump neu chwe ymchwiliad dwfn wedi'u cynllunio ar gyfer y flwyddyn a'r cyntaf yn dechrau ym mis Medi. • Bydd y gwaith hefyd yn asesu gallu pensaernïaeth ar draws GIG Cymru, yn nodi bylchau sgiliau ac yn datblygu cynllun gallu, tra bydd RDoC yn parhau i gael ei wella i gefnogi modelu cyflwr y dyfodol. • Y brif her yw capasiti ac arbenigedd saernïol cyfyngedig ledled Cymru, sy'n gofyn am gydweithio agos â sefydliadau'r GIG, y gymuned saernïol a Chyfarwyddwyr Digidol i gydbwyso'r gwaith hwn yn erbyn blaenoriaethau eraill. Adnodd Data Cenedlaethol Tynnodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd "Heb ei Asesu" • Mae platfform a chynhyrchion yr Adnodd Data Cenedlaethol wedi'u hadeiladu'n llawn ac yn weithredol, gyda'r ffocws bellach yn symud i		

	wneud y mwyaf o'r defnydd a dangos gwerth ledled Cymru. • Cafodd y cyllid ei effeithio gan oedi ac adolygiad y DPIF, gan arwain at ostyngiad o 8%; mae'r gostyngiad hwn yn cael ei gymhwyso'n gyfartal i ddyraniadau canolog a dyraniadau'r Bwrdd Iechyd. • Mae cynnydd diweddar yn cynnwys mudo data alergeddau yn llwyddiannus i'r storfa data clinigol, gwaith parhaus ar ddiagnosteg a mesurau canlyniad a adroddir gan gleifion (PROMs), a chwblhau'r amgylchedd data diogel ar blatfform Google. • Mae byrddau iechyd mewn gwahanol gamau o integreiddio eu data i'r Adnodd Data Cenedlaethol, gydag Aneurin Bevan wedi cwblhau mudo'r holl ddata lleol, gan alluogi galluoedd dadansoddi gwell. • Mae hyfforddiant a datblygiad yn parhau drwy'r Rhaglen Dadansoddi Uwch, gyda'r garfan ddiweddaraf wedi'i chwblhau. • Mae blaenoriaethau wrth symud ymlaen yn cynnwys cynnal gwasanaeth byw, yn enwedig ar gyfer y Storfa Data Clinigol, a datblygu'r fainc waith deallusrwydd artiffisial codio clinigol i gefnogi codio mwy effeithlon a dangos gwerth yr Adnodd Data Cenedlaethol. • Mae'r achos defnydd deallusrwydd artiffisial codio clinigol wedi'i amlygu fel enghraifft allweddol o fanteisio ar alluoedd yr Adnodd Data Cenedlaethol i drawsnewid tasgau â llaw a darparu manteision i'r system gyfan. Cysylltu Gofal Tynnodd Sam Hall (SH), Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Heb ei Asesu” • Mae Cysylltu Gofal yn parhau i gael ei effeithio gan yr oedi cyllido DPIF, heb gadarnhad eto o amseriad na lefel y cyllid. • Mae rhywfaint o waith wedi parhau, gan gynnwys gweithgaredd i gefnogi ymadawiad o blatfform y Cyfarwyddwr Gofal a gwaith fframwaith iechyd meddwl parhaus, ond mae byrddau iechyd hefyd yn cael eu heffeithio gan yr ansicrwydd. • Mae costau ymadawiad y Cyfarwyddwr Gofal yn uwch nag a ragwelwyd ac maent yn cael eu hadolygu gyda Microsoft a thimau IGDC. Os na chaiff cyllid ei gadarnhau'n fuan, bydd adnoddau'n cael eu symud o weithgarwch heb ei		

	ariannu i flaenoriaethau eraill er mwyn osgoi defnydd aneffeithlon o gapasiti. Er gwaethaf yr ansicrwydd, mae'r rhaglen wedi parhau i wneud cynnydd, gan gynnwys cyflwyno'r ICR mewn pryd. • Cyflwynodd Cysylltu Gofal yr ICR mewn pryd ond mae'n aros am adborth, gyda CLILC yn nodi bod angen gwaith darganfod pellach mewn gofal cymdeithasol i ddiffinio beth ddylai cofnod gofal integredig ei olygu cyn ymuno ag iechyd. • O ystyried bod llawer o'r gwaith paratoadol sy'n cefnogi gweithredu EHR y Bwrdd Iechyd wedi'i gwblhau, mae'r rhaglen yn ystyried troi tuag at waith yr ICR, yn amodol ar gyllid. • Mae gweithdy gyda Byrddau Iechyd a thrafodaethau gyda Llywodraeth Cymru wedi'u cynllunio i archwilio'r cyfeiriad hwn. Fodd bynnag, mae gweithredu EHR yn parhau i fod yn hanfodol i ddarparu'r data a fydd yn bwydo'r ICR, a gallai oedi wrth ariannu wthio amserlenni cyflawni'r Bwrdd Iechyd yn ôl. • Cyflwynwyd fframwaith dilysu apiau iechyd meddwl yn ôl y cynllun ym mis Ionawr, gyda'r ail ffrwd waith sy'n cwmpasu ei ddyluniad, ei broses a'i fodel cyflawni ar y trywydd iawn erbyn mis Awst. • Mae cynnydd cyffredinol yn parhau i fod wedi'i gyfyngu gan ansicrwydd cyllido a'r oedi recriwtio, a allai ei gwneud hi'n anodd ailadeiladu capasiti a momentwm yn gyflym ar ôl i'r cyllid gael ei gadarnhau. Amnewid Audit+ Tynnodd Sam Hall (SH), Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Melyn–Coch” • Roedd y prosiect mewn sefyllfa goch o'r blaen ond fe wellodd i wyrdd ambr ar ôl datblygiadau diweddar. • Nod IGDC oedd creu datrysiad strategol mewnol ar gyfer Audit Plus, sy'n ganolog ar gyfer llif data i feddygon teulu, Llywodraeth Cymru, Iechyd Cyhoeddus Cymru, ymchwil, a chreu carfannau ar gyfer brechu/sgrinio. • Mae cynnydd wedi’i ohirio oherwydd problemau llywodraethu gwybodaeth yn ymwneud â defnyddio data a deddfwriaeth, na all IGDC eu datrys ar ei ben ei hun; mae Llywodraeth Cymru a		

	chontractwyr yn cymryd rhan. Dim amserlen ar gyfer datrysiad. • Cytunwyd mewn egwyddor ar ddisodli tactegol gan ddefnyddio EMIS ES&R gan y Grŵp Llywodraethu a Sicrwydd. Mae'r gwaith symud i EMIS (o fudiadau blaenorol) yn galluogi'r ateb hwn, sy'n gost-effeithiol ac yn caniatáu rhedeg deuol gydag Audit Plus o fis Ionawr. • Mae trafodaethau masnachol a rhedeg deuol i ymestyn porthwyr data wedi'u cynllunio i liniaru'r risgiau o golli porthwyr. • Mae'r ateb tactegol yn gadael data mewn systemau meddygon teulu ac yn symud y data sydd ei angen yn unig, gan osgoi problemau llywodraethu gwybodaeth yr ateb strategol, a fyddai'n trosglwyddo'r holl ddata i IGDC. • Mae'r gwaith o baratoi ar gyfer yr ateb tactegol ar y gweill, gyda disgwyliadau i symud i statws gwyrdd melyn ar gyfer y bwrdd nesaf. System Wybodaeth Gofal Dwys Cymru Tynnodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Heb ei Asesu” • Nod WICIS yw digideiddio cofnodion gofal dwys, gan ddisodli prosesau papur i wella canlyniadau i glinigwyr a chleifion. • Mae'r rhaglen wedi wynebu llawer o gyfnodau o oedi ac mae ar hyn o bryd ar stop, gan aros am gyllid a phenderfyniad Llywodraeth Cymru. Mae IGDC wedi cynnal rhywfaint o gyllid i gadw ymgysylltiad clinigol yn weithredol, yn enwedig ar gyfer Bwrdd Iechyd PBC, a ymrwymodd i'r rhaglen yn ddiweddar. • Mae Cwm Taf Morgannwg eisoes yn defnyddio system ddigidol ac ni fydd yn gweithredu WICIS. • Mae ymrwymiad clinigol cryf ar draws Byrddau Iechyd, ond mae oedi mewn perygl o golli ymgysylltiad Clinigol a chymorth cyflenwyr. Mae'r cyflenwr yn barod i'w ddefnyddio ond gall roi'r gorau i adnoddau os na wneir penderfyniad yn fuan. • Po hiraf y parheir y saib, y mwyaf yw'r risg i gymorth clinigol a momentwm y rhaglen. Caffael System Gwybodaeth Radioleg Tynnodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Gwyrdd” • Mae RISP (Rhaglen System Gwybodaeth Radioleg) wedi cwblhau ei chyflwyniad yn llwyddiannus ar		

	draws holl Fyrddau Iechyd ac ymddiriedolaethau GIG Cymru, gan ddisodli dau brif system gydag un ateb a ddarperir gan Philips. Gyda Chaerdydd a'r Fro ac Aneurin Bevan yn cwblhau'r gweithrediad ar ddechrau mis Mehefin. • Mae'r un ateb bellach wedi'i safoni ledled Cymru, gan ddarparu system gyson ar gyfer rheoli gweithgaredd radioleg a rhannu delweddau ac adroddiadau gyda chlinigwyr. • Mae'r adroddiad cau wedi'i gymeradwyo a bydd yn cael ei gyflwyno i'r pwyllgor yn y cyfarfod nesaf. • Cafodd RISP ei gaffael fel fframwaith gyda phob sefydliad yn ymrwymo i'w gontract ei hun, a greodd heriau wrth reoli un cyflenwr ar draws deg contract. • Mae gweithdai gwersi a ddysgwyd ar y gweill i adolygu'r dull hwn. • Mae gan bob sefydliad ei enghraifft ei hun ond mae'r ateb yn cael ei weithredu mewn ffordd safonol, gan gefnogi symud a hyfforddi staff yn haws. • Mae ystyriaeth hefyd ynghylch a ddylai IGDC ddarparu goruchwyliaeth genedlaethol barhaus a rheoli contractau er mwyn cadw manteision datrysiad a gafaelir yn ganolog. • Mae effaith sylweddol y trawsnewidiad ar dimau digidol a gweithredol lleol yn wers allweddol arall ar gyfer rhaglenni cenedlaethol yn y dyfodol. • Symudodd y rhaglen o statws felyngoch i wyrdd oherwydd ei chwblhau'n llwyddiannus, gyda chapasiti ac arbenigedd y tîm lleol yn cael eu hamlygu fel yr allwedd i'w chyflawni. System Rheoli Gwybodaeth Labordy Tynnodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Coch” • System rheoli gwybodaeth labordy sylfaenol ar gyfer GIG Cymru yw LIMS, sy'n trin samplau o bractisau meddygon teulu ac ysbytai. • Etifeddwyd y rhaglen o'r cydweithrediad ac roedd angen cynllun lliniaru, a arweiniodd at derfynu'r contract gwreiddiol ac uwchraddio gyda'r cyflenwr presennol. • Mae'r ateb craidd wedi'i ddefnyddio a'i brofi'n drylwyr, gyda thîm cymorth LIMS mewnol IGDC yn rheoli systemau etifeddol a newydd. • Mae'r gweithrediad yn cael ei weithredu fesul cam: Disgwylir i Gyfran 3 (microbioleg) fynd yn weithredol yn yr wythnos sy'n dechrau 10 Awst 2026, gyda chyfarfod "ie/na" wedi'i drefnu ar gyfer 7 Awst 2026 i gadarnhau parodrwydd. Mae		

	Iechyd Cyhoeddus Cymru wedi chwarae rhan allweddol yn y cyfnod hwn. • Mae Cyfran 4 (gwyddorau gwaed) wedi'i gynllunio i gael ei weithredu'n raddol yn dechrau ar 21 Medi 2026, ac yna Gyfran 5 (trallwysiad gwaed) ym mis Tachwedd, sy'n risg uchel a fydd yn cael ei brofi a'i ddilysu'n helaeth. • Y nod yw cwblhau rhaglen LIMS erbyn diwedd mis Rhagfyr, gyda chydlynu gofalus i osgoi risgiau i argaeledd gwaed. **Penderfynodd y Pwyllgorau Cyflawni Portffolio:** NODI'R diweddariad yn yr Adroddiad Trosolwg o'r Rhaglenni Mawr ar statws rhaglenni allweddol a reolir gan IGDC.		
5.4	**Gwerth a Manteision y Rhaglen Fawr** Cyflwynodd Meghann Morris, Cyfarwyddwr Cynorthwyol Cynllunio (MM) yr adroddiad gan nodi dull newydd o ddangos tystiolaeth, mesur a gwireddu gwerth yn gyson ar draws portffolio IGDC, gan gynnwys rhaglenni, cynhyrchion a gwasanaethau. Bydd y model newydd yn safoni sicrwydd gwerth ar draws cylch oes y rhaglen, gan symud y ffocws o gyflawni i ganlyniadau mesuradwy ar gyfer cleifion, clinigwyr a'r system ehangach. Bydd yn asesu'r gwerth a fwriadwyd, y gwerth sy'n dod i'r amlwg a'r gwerth a wireddwyd gan ddefnyddio tystiolaeth briodol, gyda thimau cyflawni yn gyfrifol am fesur a bydd trefniadau llywodraethu presennol yn cael eu defnyddio yn hytrach na chreu rhai newydd, gyda gweithio mewn partneriaeth effeithiol ar draws GIG Cymru yn hanfodol i wireddu manteision. Bwriad y dull yw cryfhau tystiolaeth, gwella hyder mewn buddion a adroddir a chefnogi gwell gwneud penderfyniadau a blaenoriaethu portffolio. **Cam Gweithredu A02** I ychwanegu at gyfarfod adolygu Llywodraethu Blynyddol nesaf Cadeirydd y Pwyllgor ystyriaeth o sut y gall y PDC gynnal goruchwyliaeth o wireddu buddion ar ôl cau'r rhaglen. **Gweithred wedi'i haseinio i Chris Darling.** **Penderfynodd y Pwyllgorau Cyflawni Portffolio:** **DDERBYN/TRAFOD** y dull Sicrwydd Gwerth arfaethedig gan IGDC fel ffordd o gryfhau'r diffiniad, y mesur a'r sicrwydd o werth ar draws y portffolio digidol cenedlaethol.	Trafodwyd	**Cam Gweithredu A02**
5.5	**Dull Adrodd ar Gynhyrchion Mawr** Cynigiodd Isis Hreczuk Hirst, Pennaeth Perfformiad Sefydliadol (IHH), ddull adrodd cynnyrch IGDC cyson ar draws tri dimensiwn: perfformiad (canlyniadau, buddion a gwerth i ddefnyddwyr), cyflawni (newid effeithiol, rhagweladwy) ac iechyd (cynaliadwyedd, gwydnwch a hyfywedd hirdymor). Byddai'r dull yn sail i sicrwydd,	Nodwyd	Dim i'w Nodi

	asesu risg, dangos gwerth ac adrodd cyson. Hebddo, gallai adrodd barhau i fod yn dameidiog, cynhyrchion yn anodd eu cymharu, a gweithgaredd yn cael blaenoriaeth dros ganlyniadau, tra gallai problemau iechyd danseilio darpariaeth, gwydnwch a chynaliadwyedd yn y dyfodol. Mae'r fframwaith yn cael ei dreialu, gyda chynlluniau ar gyfer ymgysylltu â rhanddeiliaid ym mis Medi a chynnig mireinio yn dychwelyd i'r pwyllgor ym mis Tachwedd. Gofynnwyd i'r pwyllgor a oedd y tri dimensiwn yn cydbwyso llwyddiant, gwerth a chynaliadwyedd cynnyrch yn briodol cyn datblygu a gweithredu manwl. Cefnogodd SL ddull adrodd cynnyrch IGDC ar draws tri dimensiwn: perfformiad (canlyniadau, buddion a gwerth i ddefnyddwyr), cyflawni (newid effeithiol, rhagweladwy) ac iechyd (cynaliadwyedd, gwydnwch a hyfywedd hirdymor), a gwnaeth y sylw bod angen mwy o weledd ar draws holl brif gynhyrchion IGDC yn y dyfodol. **Penderfynodd y Pwyllgorau Cyflawni Portffolio:** **NODI'R** dull arfaethedig o adrodd ar gynnyrch ar draws IGDC. **NODI** bod y dull wedi'i fwriadu i ddarparu golwg gyson ar berfformiad, darpariaeth, iechyd, risg a chanlyniadau cynnyrch. **CEFNOGI** datblygiad parhaus model adrodd cynnyrch hyfyw lleiaf, gan gynnwys awtomeiddio fesul cam ac adrodd peilot gyda thimau cynnyrch dethol.		
RHAN 6 – MATERION I GLOI			
Unrhyw Faterion Brys Eraill • Ni chodwyd unrhyw fater brys.		Trafodwyd	Dim i'w nodi
Adroddiad Crynhoi Cynnydd y Pwyllgor i Fwrdd yr AIA		Nodwyd	Dim i'w nodi
Dyddiad y cyfarfod nesaf: • 05 Tachwedd 2026		Nodwyd	Dim i'w nodi

PWYLLGOR CYFLAWNI PORTFFOLIO - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

13:20-13:36 | 06 Awst 2026 | MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd y Pwyllgor	IGDC

Yn Bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd	IGDC
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau	IGDC
Michelle Sell	MS	Cyfarwyddwr Rhaglenni ac Ymgysylltu	IGDC
Meghann Morris	MM	Cyfarwyddwr Cynorthwyol Cynllunio	IGDC
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl.	IGDC
Belinda Mills	BM	Cydlynydd Llywodraethu Corfforaethol/Risg (Ysgrifenyddiaeth)	IGDC

Acronymau			
AIA	Awdurdod Iechyd Arbennig	WPAS	System Gweinyddu Cleifion Cymru
NDR	Adnodd Data Cenedlaethol	LINC	Rhwydwaith Gwybodaeth Labordai Cymru
SRO	Uwch Swyddog Cyfrifol	BAU	Busnes fel Arfer
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd	WICIS	System Wybodaeth Gofal Dwys Cymru
GIG	Gwasanaeth Iechyd Gwladol	IGDC	Iechyd a Gofal Digidol Cymru
WCCIS	System Wybodaeth Gofal Cymunedol Cymru	LIMS	System Rheoli Gwybodaeth Labordy
BIPAB	Bwrdd Iechyd Prifysgol Aneurin Bevan	BIPCTM	Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
LLC	Llywodraeth Cymru	PDC	Pwyllgor Cyflawni Portffolio

RHYDDID GWYBODAETH	Rhyddid Gwybodaeth		

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	Croeso a Chyflwyniadau Croesawodd y Cadeirydd bawb i Gyfarfod Pwyllgor Cyflawni Portffolio Iechyd a Gofal Digidol Cymru.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb • Laura Tolley, Pennaeth Llywodraethu Corfforaethol | Dirprwy Ysgrifennydd y Bwrdd • Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth • Marian Jones, Aelod Annibynnol • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol • Marian Wyn Jones, Aelod Annibynnol • Ruth Glazzard, Aelod Annibynnol	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiant Nid oedd unrhyw ddatganiadau o fuddiant.	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO			
2.1	Cofnodion Preifat Penderfynodd y Pwyllgor Cyflawni Portffolio: **GYMERADWYO** cofnodion preifat y cyfarfod diwethaf.	Cymeradwywyd	Dim i'w nodi
RHAN 3 - PRIF AGENDA			
3.1	Cofnod Gweithredu Nid oedd unrhyw gamau gweithredu ar y cofnod gweithredu. Penderfynodd y Pwyllgorau Cyflawni Portffolio: NODI'R Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
3.2	Adroddiad Rhaglenni Mawr: Derbyniodd y Pwyllgor y wybodaeth ddiweddaraf am ddatblygiadau allweddol ar y canlynol: Cytundeb Microsoft Enterprise System Wybodaeth Gofal Dwys Cymru Penderfynodd y Pwyllgorau Cyflawni Portffolio: NODI'R diweddariad yn yr Adroddiad Trosolwg o'r Rhaglenni	Trafodwyd	Dim i'w nodi

	Mawr ar statws rhaglenni allweddol a reolir gan IGDC.		
RHAN 4 - MATERION I GLOI			
4.1	**Unrhyw Faterion Brys Eraill** Ni chodwyd unrhyw fater brys.	Nodwyd	Dim i'w nodi
4.2	Dyddiad y cyfarfod nesaf: 05 Tachwedd 2026	Nodwyd	Dim i'w nodi

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Eitem ar yr Agenda: Agenda Item:	2.2

Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	05 November 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:	For Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the report	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
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	November 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 05 November 2026:

Item	Executive Lead
Annual Assurance Reports Q3 • Welsh Community Care Information System & Connecting Care • NHS Wales APP • National Data Resource	Executive Director of Strategy
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Corporate Risk Tending Analysis	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Escalation Status - Improvement Plan Update	Director of Corporate Affairs/Board Secretary
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Major Product Reporting Approach	Director of Corporate Affairs/Board Secretary
Major Programmes Report	Executive Director of Strategy

4.2 The items below have been identified for the following meeting on 04 February 2027:

Item	Executive Lead
Annual Assurance Reports Q4: • GP Systems Framework • Cloud Migration Programme • National Traget Architecture	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
Escalation Status - Improvement Plan Update	Director of Corporate Affairs/Board Secretary
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Major Product Reporting Approach	Director of Corporate Affairs/Board Secretary
Major Programmes Report	Executive Director of Strategy
Portfolio Delivery Committee Annual Report	Director of Corporate Affairs/Board Secretary
Portfolio Delivery Committee Cycle of Business	Director of Corporate Affairs/Board Secretary
Portfolio Delivery Committee Effectiveness Self-Assessment	Director of Corporate Affairs/Board Secretary
Portfolio Delivery Committee Terms of Reference	Director of Corporate Affairs/Board Secretary

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Portfolio Delivery Committee

5th November 2026

Annual Assurance Reports

- Connecting Care
- National Data Resource
- NHS Wales App

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Portfolio Delivery Committee: Annual Assurance Report

Connecting Care & WCCIS

2nd October 2026

Brief overview of Programme

Concise overview of the project scope

- Objective
- Name main workstreams
- Outline core benefits
- Ensure you are being accessible throughout the presentation when using language and links. Check the guidance: Accessibilitychecklistfordigitalcontent creators

- The Connecting Care Programme supports information sharing requirements, case management and workflow for Health and Social Care organisations across Wales with the aim of improving services and support for the people of Wales.
- Supporting care providers working in the community , spanning Social Care, Community Health and Mental Health, the programme will create the opportunity for a more integrated care approach facilitating access to better data at the point of care, leading to more efficient and informed decision making resulting in better outcomes for the citizens.
- It is split into the following workstreams:
  - Community and Mental Health Applications
  - CareDirector and Exit
  - Integrated Care Record
  - Digital and Data Designs

An additional Social Care workstream is managed by the Welsh Local Government Association.

Core benefits have been identified as:

- Right information available at the right time - moving from paper to IT system
- Right information available at the right time - moving to Connecting Care mobile application, which in this case can be applied to any organisation adopting Connecting Care systems for health and social care
- Reduction in travel by removing 'back to base' requirement when using mobile application
- Standardised documentation resulting from availability of national forms on Connecting Care solutions
- Improved processing of electronic forms and referrals reducing amount of paper and storage in use
- Improved insight and decision-making from better quality information

Strategic and Policy Alignment



- Summary of how the program aligns with strategic goals and policy directives

The regulatory framework that supports this investment is summarised as follows:

- The Well-being of Future Generations (Wales) Act 2015 aims to create a society where individuals' physical and mental well-being is prioritised, and where choices and behaviours that promote future health are recognised. Key enablers of this goal include robust digital leadership, shared responsibility across public services, and a transition to community-based models.
- A Healthier Wales: our Plan for Health and Social Care (2018) presents a long-term vision for a comprehensive approach to health and social care that prioritises health and well-being while emphasising illness prevention. New technologies and digital solutions will play a crucial role in this integrated system approach to health and social care.
- *"The Welsh Community Care Information System (now renamed Connecting Care) is a national programme enabling the safe sharing of information between health and social care. Providing a single electronic patient record will enable health and social care to undertake joint decision making and provide joined-up care, benefiting everyone who receives health services, care and support. At the same time, we will also ensure delivery at pace locally, across organisations and nationally." - A Healthier Wales, page 25*
- The duty of quality outlined in the Health and Social Care (Quality and engagement) (Wales) Act 2020 establishes a legal responsibility to enhance service delivery standards. Quality enablers are essential to supporting this objective. There are two enablers that are particularly relevant:
  - **Information** to better understand services, to learn, make decisions and improve quality.
  - **Whole systems perspective** that helps make decisions that make things better across the whole health and care system in Wales including:
- Building Capacity through Community Care – Further Faster 2023 is an initiative by the Minister for Health and Social Services and Deputy Minister for Social Services, backed by £30m, to support community care in Wales to reduce pressures on hospitals.
- The Children Act 1989/2004
- Social Services and Well-being (Wales) Act 2014
- Rights of Children and Young Persons (Wales) Measure 2011

Programme Timeline to Date

HIGH-LEVEL UPDATE

Q1 2025/26 –

- Market engagement RFI carried out for ICR discovery

Q2 2025/26

- User stories / personas and ICR research carried out (NHS England)

Q3 2025/ 26 –

FUNDING FOR YEAR RECEIVED October

- Recruiting team for ICR discovery

Q4 2025/26

- 10 engagement workshops carried out for ICR discovery
- Discovery completed for ICR
- Initial draft OBC completed for ICR (milestone achieved)
- SBUHB Mental Health EHR contract awarded to Access/ Rio

Q1 2026/27

- ABUHB Mental Health EHR contract awarded to RIO
- PTHB Community and Mental Health EHR contract awarded to Access/ Rio
- BCUHB and CTM Mental Health EHR contract awarded to Access/ Rio
- Access/ Rio live in SBUHB mental health services

Q2 2026/27–

FUNDING FOR YEAR CONFIRMED September

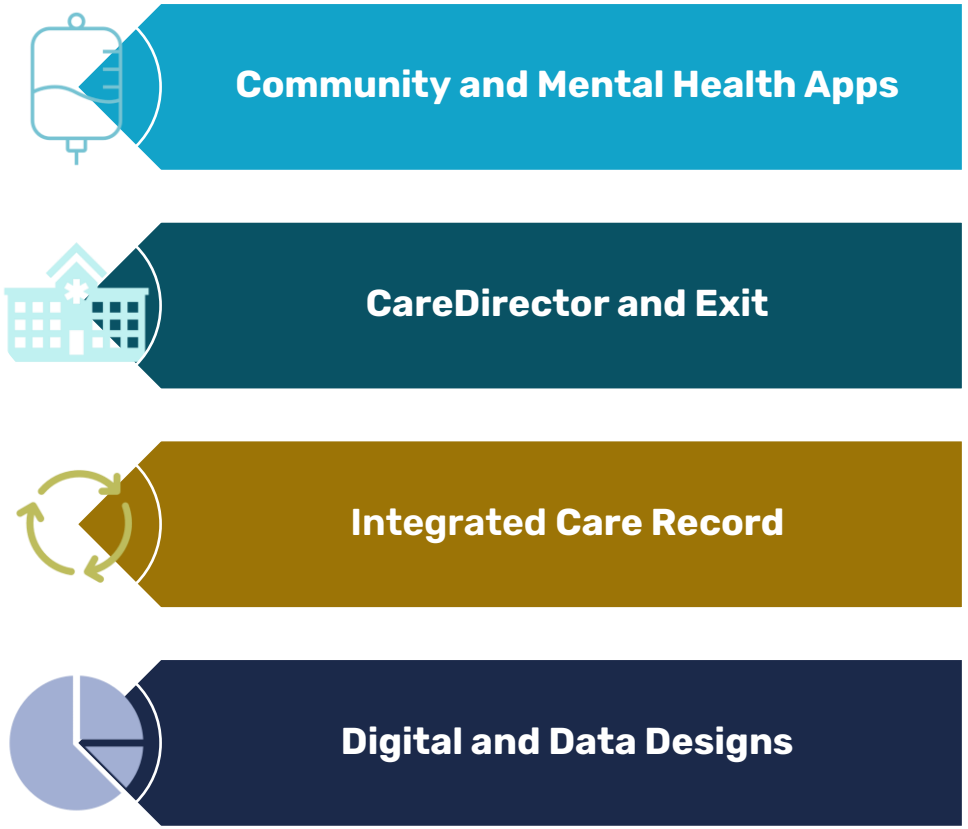
Q3 2026/27

- Future of Connecting Care workshop held with HB Digital and Service Leads to agree priorities for remaining financial year and future years
- Planned workshop on Integrated Care Record

Q4 2026/27

- HBs to initiate remaining procurements
- Agreement of priority services/ areas to develop CH data standards
- Create plan to deliver CH data standards

Programme at a Glance



Vision for Connecting Care

"To support **integrated health and care across Wales** by enabling safe information sharing, better access to data at the point of care, and more joined-up decision-making across community health, mental health and social care services."

"The Policy vision from A Healthier Wales : "Connecting Care/WCCIS is described as enabling the safe sharing of information between health and social care, providing a single electronic patient record to support joint decision-making and joined-up care."

Programme Governance

Programme Board

Chair – Helen Thomas, CEO, DHCW

Programme Assurance Group

Chair – Anthony Tracey, DoD, HDDUHB

Objectives: validate the prioritisation and assure the delivery of the programme

Community & Mental Health Implementation Group

Chair: Lee Mullin, Deputy Director, Community & Mental Health Digital Services, DHCW

Objectives: update on implementation progress and facilitate the sharing of knowledge, artefacts drive efficiency through working together

Care Director Exit Group:

Chair: Connecting Care Service Owner

Objectives: activities relating to Health Boards' Exit from CareDirector, and DHCW activities to support effective and timely management of risks and issues relating to Exit.

Integrated Care Record Discovery Group

On hold pending WLGA's completion of the OBC review & update

Governance Structure



Benefits/Value

- Relevant background
- If available insert table/overview e.g. of predicted cost or time savings

Right information available at the right time - Moving from paper to IT system				
Who	Saving	Applied to	Description	
Nursing staff	8 minutes	Per working day	The assumption is that there will be a reduction in duplication completing paperwork and updating the system for all nursing staff engaged in handover activities. Previous case history is now digital so staff member can review online and do not have to look at paper and/or create new paper records.	
Nursing staff and Allied Health Professionals (AHPs)	10 minutes	Per referral	Based on entering new referrals into a system that has integration to demographics service so that patients' data does not need to be entered from scratch.	
Mental Health (MH) and Learning Disabilities (LD) services	17 minutes	Per referral	Based on entering new referrals into a system that has integration to demographics service so that patients' data does not need to be entered from scratch. There is an additional saving for data capture that extends beyond the nursing referral.	
MH and LD	67 minutes	Per working day	This metric has been calculated based on improvements in the way that office duty staff are able to process and complete patient related enquiries.	
Right information available at the right time - Moving to Connecting Care mobile application				
Who	Saving	Applied to	Description	
MH and LD	34 minutes	Per client on caseload	For all staff managing a personal caseload. This metric is calculated based on being able to access and update digital care treatment plans for each client by using a mobile application.	
All Nursing staff	20 minutes	Working day	An average of 8.1 miles per person, per day (travel back to base) can be saved with the introduction of a mobile app supporting access to case load data for front-line staff working in the community, releasing an additional 20 minutes of clinical time to care.	
MH and LD	20 minutes	10% of working days	An average of 8.1 miles per person, per day (travel back to base) can be saved with the introduction of a mobile app supporting access to case load data for front-line staff working in the community, releasing an additional 20 minutes of clinical time to care. For this staff group, a reduction factor is applied to take 10% of working days as this does not apply to every day that they work.	
Reduction in travel by removing 'back to base' requirement when using mobile application				
Who	Saving	Applied to	Description	
All Nursing staff	8.1 miles	Per working day	An average of 8.1 miles per person, per day (travel back to base) can be saved with the introduction of a mobile app supporting access to case load data for front-line staff working in the community.	
MH and LD	8.1 miles	10% of working days	An average of 8.1 miles per person, per day (travel back to base) can be saved with the introduction of a mobile app supporting access to case load data for front-line staff working in the community. For this staff group, a reduction factor is applied to take 10% of working days as this does not apply to every day that they work.	

Benefits/Value

Standardised documentation resulting from availability of national forms on Connecting Care solutions				
Who	Saving	Applied to	Description	
Community nurses	9.5 minutes	Per referral	The national form 'Confidential Community Nursing Service Patient Record' which District Nurses complete for every new referral will save nursing time of 9 minutes and 30 seconds per form.	
AHPs	5 minutes	Per referral	Completion of documents when forms are available online was projected to save all staff 5 minutes per referral.	
MH and LD	15 minutes	Per referral	15 minutes saving was identified when using national forms, specifically "CPA recovery assessment' and 'Initial assessment', documents which are completed as part of the nursing assessment for every patient.	
Improved processing of electronic forms and referrals reducing amount of paper and storage in use				
Who	Saving	Applied to	Description	
Nursing	44%	Total costs for printing, postage, storage	It is expected that there will be a significant reduction in paper, printing and postage costs, and associated record storage, as a result of staff using a digital system.	
MH and LD	31%	Total costs for printing, postage, storage	It is expected that there will be a significant reduction in paper, printing and postage costs, and associated record storage, as a result of staff using a digital system.	
Improved insight and decision-making from better quality information				
Who	Saving	Applied to	Description	
Band 7 auditor	25.5 minutes	Per community audit	A time saving of 25.5 minutes for each Band 7 undertaking a clinical audit of patients records by using patient dashboard.	
MH and LD in patient auditors	15 minutes	Per occupied bed / day	A time saving of 15 minutes for each audit performed by Band 5/6 undertaking a clinical audit of patients records by using patient dashboard.	
Reduction of avoidable death as reported by Regulation 28				
Who	Saving	Applied to	Description	
Welsh citizens	£700K	per forecast of preventable death avoided	At a cost avoidance of 30% of £2.335M, so £700K per event. To be predicted per Health Board for the lifetime of the Connecting Care programme. The benefit accrues to the Welsh economy so is a whole programme benefit and not attributable to individual partner organisations.	

Programme Structure

The Programme consists of four overarching workstreams:



- Despite a lack of confirmed funding through Qs 1 and 2 of 26/27, work continued across three of the four priority workstreams. Work on the Integrated Care Record (ICR) was stood down during this time
- Funding has now been confirmed for the remainder of 26/27 across all workstreams, except ICR
- The Programme is working with Health Boards to re-baseline plans against the allocated budget

Key challenges

- Highlight key challenges and any 'Alerts' to the Committee e.g. funding challenges

- Delayed and short-term funding arrangements, limiting effective long-term planning.
- Lack of multi-year funding certainty to support resource continuity, forcing reliance on FTC and contingent workforce.
- Recruitment freeze affecting programme and project delivery capacity.
- Complexity of coordinating engagement, governance and delivery across a large, multi-organisational system.

Community and Mental Health Applications

Summary

Provide a digital record across community and mental health services, where critical information is recorded securely and accurately helping to keep people safe and enable staff to deliver high-quality care

Key deliverables are EHRs across Health Boards in community and mental health

Progress

Mental Health:

To date, four Health Boards have procured mental health EHRs – ABUHB, BCUHB, CTMUHB, SBUHB

CAVUHB and HDDUHB have existing products that will need to be replaced

Community Health:

One Health Board has procured a combined community and mental health EHR – PTHB

CAVUHB have an existing product, which will need to be replaced, and ABUHB use a number of internal tools to manage Community.

Next Steps

Confirm procurement routes and timescales for remaining Community EHR procurements in BCUHB, CTMUHB, HDDUHB, SBUHB, and for a combined system in CAVUHB

All have committed to milestones to have commenced procurement before the end of Q4 26/27

ABUHB are not procuring a Community solution at this time

EHRs for Community and Mental Health – key messages

Five Health Boards have procured a mental health EHR	On track to meet Strategic Programme for Mental Health target of March 2028 All Mental Health contracts awarded to date have been awarded the same supplier
One Health Board has procured a community health EHR	Five HBs have plans in place to commence procurement by March 2027 The supplier picture in Community Health is likely to be very similar
Collaboration and coordination across HBs is a key success criteria	Programme governance encourages alignment and facilitates sharing of knowledge, experience, best practice and resources Cross-Wales integrations discussion taking place Convergence around process and data models will drive efficiency with the supplier, support interoperability and national reporting Coordination with suppliers and sub-contractors will reduce competition for resources and drive consistency

CareDirector/ Exit

Summary

Supporting CareDirector BAU operations and service management for all user-organisations

Joint working with WLGA to support the safe exit and transition from CareDirector to new health and social care platforms

Progress

Clearly defined roles and responsibilities between DHCW and WLGA around Exit

Settlement agreement agreed by all Health Boards and Local Authorities to support Exit

Data extraction capability in place and being expanded to support specific HB requirement

Next Steps

Finalise work package for Data extraction infrastructure and resources for HBs

Confirm and finalise detailed Exit plans for Health Boards

Health Board and Local Authority Exit status – key messages

One Local Authority has commenced Exit and begun using the new system	Ceredigion went live in September 26
All Health Boards must plan to Exit CareDirector by September 2027	HDDUHB is last HB to procure a replacement system, but this is under way. Platform has unsupported software components or extended support ending July 27
Local Authorities plan to Exit CareDirector between March and May 2027	Two Health Boards are reliant on Local Authority Exits Programme is establishing data extraction capability

Integrated Care Record (ICR)

Summary

Provide a Wales-wide, person-centred digital record enabling information to be securely shared across health and social care organisations

To ensure that relevant information follows the individual, supporting safer, more coordinated and more efficient care regardless of which organisation is providing the service

Progress

A discovery was delivered culminating in a raft OBC being developed and submitted to WG for review at the end of March ‘26 to establish momentum and provide a basis for discussion

OBC took pragmatic view and set out recommended first step of Shared Care Record View

It recognised the potential for an Integrated Care Record utilising NDR capabilities however it accepted that vision was based firmly in the long term

WLGA requested more time to do discovery and WG requested the Strategic Vision and Roadmap to contextualise the OBC

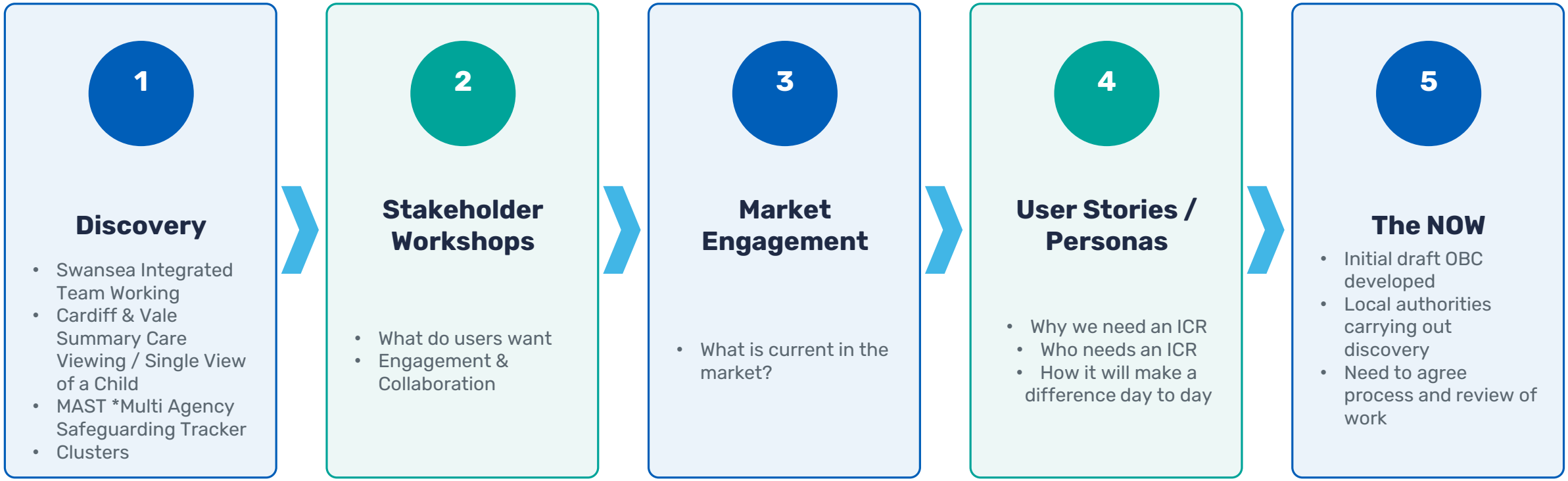
Next Steps

The ICR Project within DHCW is currently operating at reduced levels (no programme funding allocated for 26/27)

Local Authorities acting through Welsh Local Government Association (WLGA) are progressing with their discovery and having growing confidence in timelines

Need to jointly create the Strategic Vision and Roadmap for ICR, with WG and WLGA

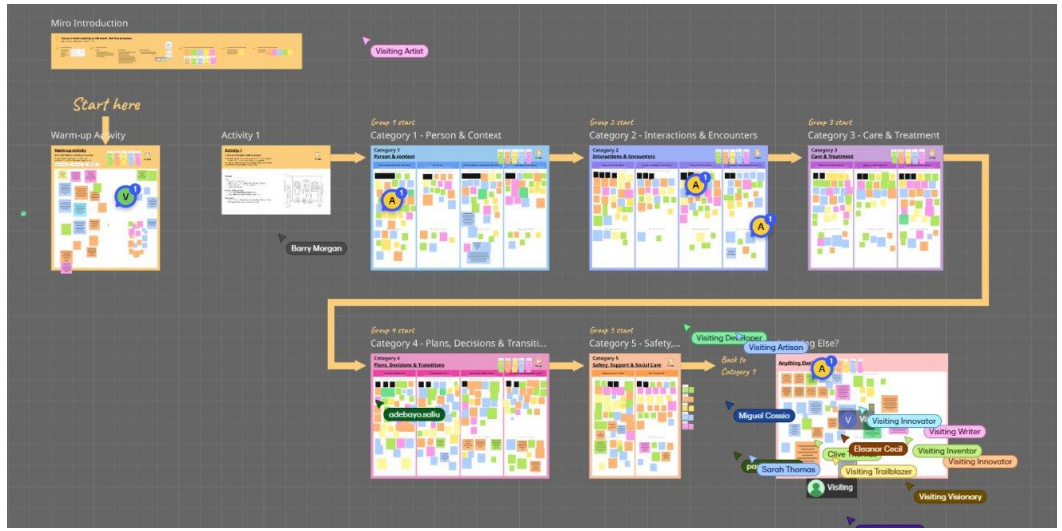
Integrated Care Record: what we did and where we are….



Integrated Care Record Discovery Workshops

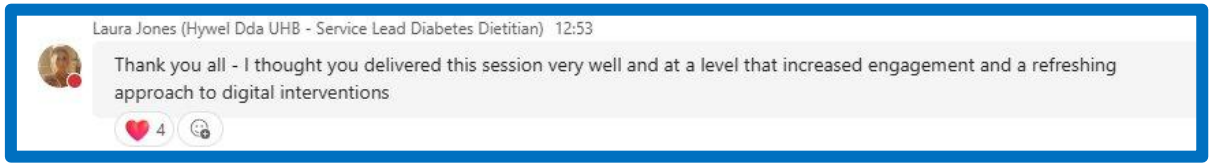
We carried out stakeholder workshops as part of our discovery...

- ❑ Over 270 responses to the attendance form
- ❑ 7 face-to-face workshops across Wales
- ❑ 3 online workshop
- ❑ Over 4,500 individual post it notes capturing attendee thoughts
- ❑ Including 2,357 individual insights captured online
- ❑ Attendees from multiple professions and teams, including AHPs, mental health, community nursing, digital, WAST, social care services and Social Care Wales









Proposed Solutions for consideration by the OBC

Summary Care View:

A *read-only snapshot* of key clinical information

Shared Care Record View:

A dynamic, interactive view of a person's information (more of a deep-dive compared to the summary care view)

Integrated Care Record:

A *strategic, longitudinal record* that brings together data across health and social care into a more unified model, can do more than just view (e.g. edit, process)

System map – Shared Care Record View



Intended outcomes

- Broadens access to key information across all the stakeholders.
- Ensures all information can be accessed via one central method, removing need for multiple systems and log ins.

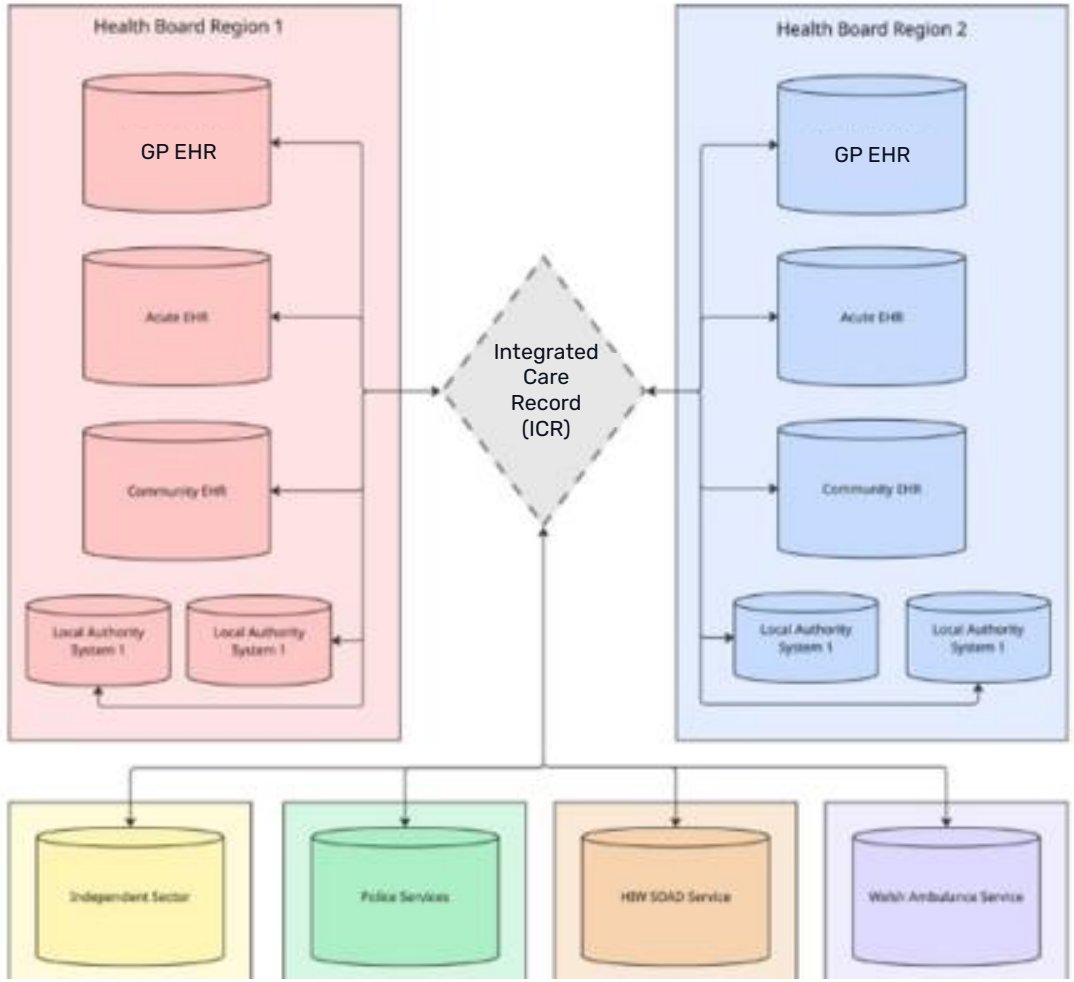
Known Limitations

- Reliable and useful information depends on good source data and connectivity/integrations. Manual data entry into EHRs will still drive visibility in Shared Care Record/s
- The main limitation is that these records tend to be view-only at present, and do not enable joined-up workflows and shared processes across health, social care and police partners.
- DHCW would extend concept to allow writeback around specific items where interoperability and IG controls are agreed between partners (start small and scale and spread)

Future State

- Wales intends to deliver an integrated health and care record in the medium to longer term which could address these limitations, but this will be a long-term development. It should look to incorporate all services where relevant or consider ways to incorporate those pathways as appropriate.

System map – Dedicated shared solution for Integrated Care Record (ICR) workflows



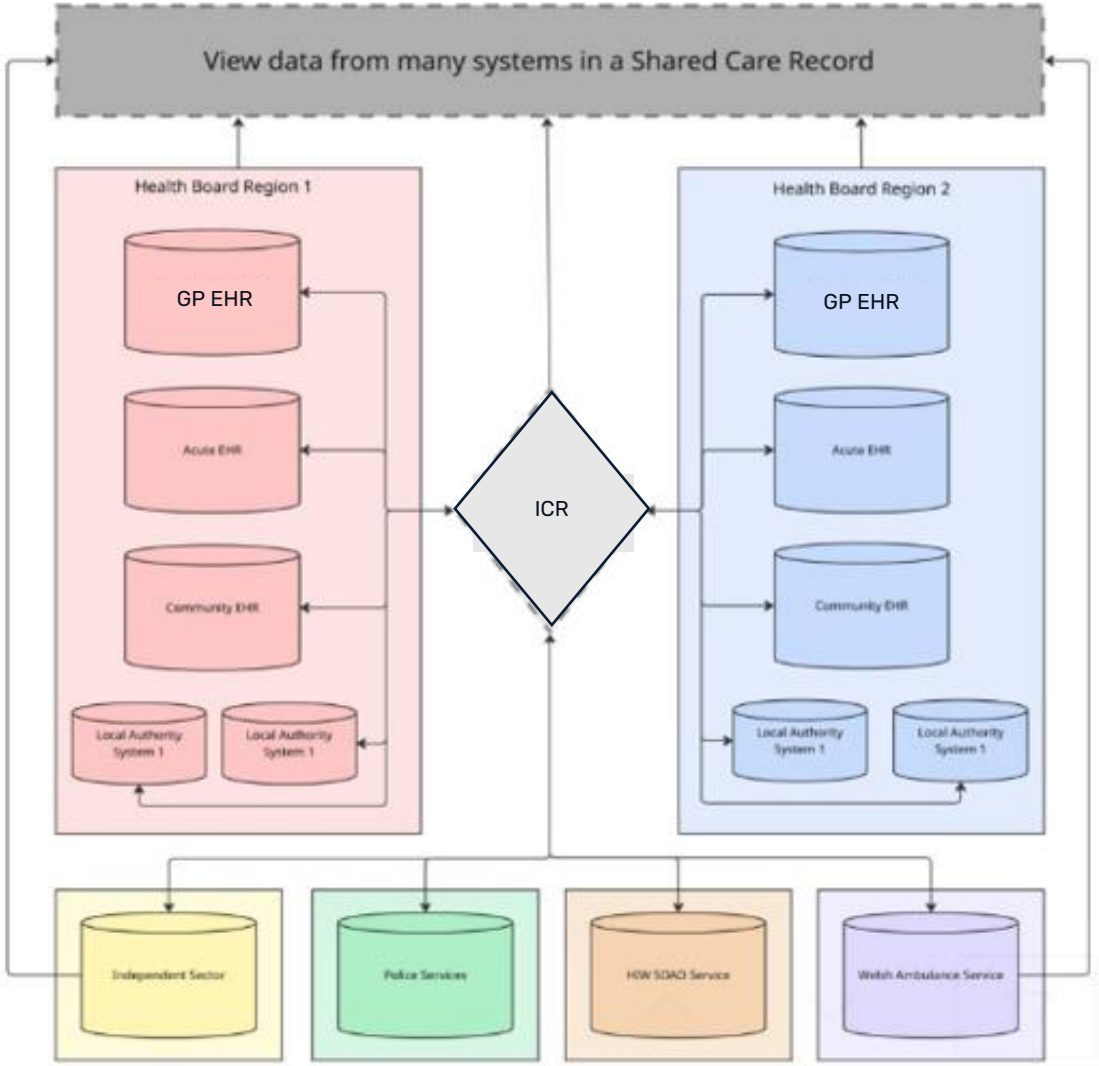
Intended outcomes

- Supports timely access across all partners e.g. Health, Police, Ambulance Services, Local Authorities etc.
- Fill gaps left by local systems.
- Requirements should include structured data feeds which can be integrated with other systems including Shared Care Record, EHRs and ePMA systems for full open standards integration

Known limitations

- Workflow solutions sit between EHRs and organisations, so will require agreement across all partners on configurations, data sharing approaches and SOPs.
- Doesn't replace clinical notes or records which will still sit in individual EHRs.

System Map - Care Record View and Integrated Care Record



In practice Wales can benefit from a combination of options.

- Shared access/integrations between Local Authority AMHP systems and Health EHRs supports a joined-up view of individual patients.
- A dedicated Integrated Care Record solution provides more structured workflows across all organisations and provides high quality automated data capture at source.
- This high-quality data can feed into a shared care record, whether view only or read-write for wider stakeholders

ICR OBC Review

OBC Position

- OBC took pragmatic view and set out recommended first step of Shared Care Record View.
- It recognised the potential for an Integrated Care Record utilising NDR capabilities however it accepted that vision was based firmly in the long term.
- A fully integrated Care Record utilising the NDR capabilities might be the long term strategy – more work is required to co create the Strategic Vision with Health Boards and Local Authorities

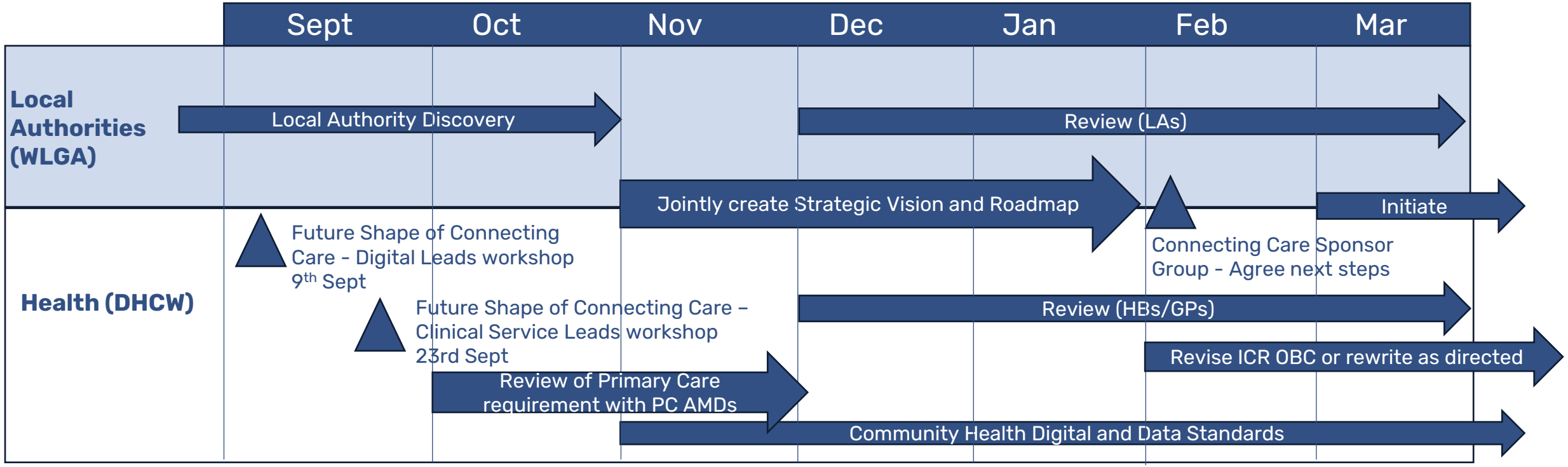
Initial review workshop held with WG and WLGA (Q1)

- WLGA requested more time to do discovery
- WG requested the Strategic Vision and Roadmap to contextualise the OBC

Next Steps

- Local Authorities acting through Welsh Local Government Association (WLGA) are progressing with their discovery and having growing confidence in timelines
- The ICR Project within DHCW is currently operating at reduced levels (no programme funding allocated for 26/27).

Timeline (draft to be confirmed with WLGA)



Digital and Data Designs

Summary

Supporting and facilitating the development of national digital and data designs across community and mental health

Key deliverables are the **mental health core** dataset and DHCW responsibilities in the National Mental Health Digital and Data Delivery Plan

Progress

A MH operational dataset has been produced and is the recommended basis for EHR implementations

A MH reporting dataset is being finalised and being considered by the Welsh Information Standards Board (WISB)

A proof of concept (POC) for a framework for the evaluation of user-facing applications and discovery for the infrastructure to deliver them directly to users of mental health services has been completed

Next Steps

Finalise and mandate the MH reporting dataset. Work with WG policy leads and SPMH to agree and phased approach to implementing the mental health core dataset

Working with the SPMH to inform the Open Access Mental Health Support (OAMHS) OBC with findings from the mental health applications POC project

Initiate work to develop Community Data Standards

Digital and Data Designs – key messages

Deliver consistent data standards

Supporting convergence around common Community Health data standards

Building on Mental Health work, including use of SNOMED and FHIR to support interoperability, reporting and analysis

Programme-wide Final/Next Steps

- Overview of workplan for next year

Key outcomes from the Future of Connecting Care Workshop – Digital Directors session on 09.09.2026:

Agreed Priorities for 2026/27

The following priorities were agreed:

- Continued support for CareDirector migration and exit activities
- Integrations with DHCW systems (e.g. EMPI) to be supported as high priority
- Acceleration of Community and Mental Health EHR implementations (where and if possible)
- Development of Community Data Standards
- Progression of Integrated Care Record activities
- Continued collaboration with Community by Design and related transformation programmes
- Clarification of the future approach to Mental Health application work

Future Purpose & Scope of Connecting Care

There was strong support for maintaining a national mechanism to:

- Coordinate implementation activities
- Share learning and good practice
- Lead interoperability initiatives
- Support development of integrated care capabilities
- Maintain focus on data standards and ICR delivery

There was agreement that clearer articulation of purpose is needed before future governance, and funding arrangements can be confirmed

Key outcomes from the Connecting Care Workshop – Service Leads, 23.09.26

Agreed Direction & Priorities

- Participants endorsed the existing priorities and direction agreed by Digital Directors priorities, with additional focus on the following:
    - Information should follow the person across organisational boundaries.
    - Care needs and pathways should guide priorities and technology choices.
    - Closer alignment with Community by Design and wider transformation programmes.
    - Outcomes
        - timely availability of information to reduce risk and improve point of care decision making
        - reduce clinical administration burden and use existing evidence to measure benefits.

Additional conclusions:

- Support for Data Standards in Community was very clear but the need for clear ownership, stewardship and information quality to support safe care was highlighted.
- The need to strengthen clinical input was also highlighted. It was suggested this could be through established professional and community networks but that a review of the programme's communications and engagement strategy was required

Connecting Care – Community and Mental Health Applications Roadmap

HBs involved	Workstreams	26/27		27/28			
		Q3	Q4	Q1	Q2	Q3	Q4
**procurement complete: implementation only*		**Community Health EHRs**					
BCUHB CAVUHB CTMUHB HDDUHB PTHB* SBUHB	Procurement	Health Boards to initiate CH procurements	CH procurements	CH procurements conclude and contracts awarded			
	Implementation				CH implementations	CH implementations	CH implementations
		Mental Health EHRs					
ABUHB BCUHB CTMUHB PTHB SBUHB	Integrations (Rio)	Priority Rio integrations planning and agreement	Priority integrations complete				
CAVUHB	Procurement	Remaining Health Boards initiate procurement					
ABUHB BCUHB CAVUHB CTMUHB PTHB SBUHB	Go-live (predicted)		• ABUHB • PTHB				
		Mental Health Applications Framework					
ALL/ TBC	Next steps	Review of final report from POC project and agree next steps with SPMH					
		Associated Milestones and Deliverables					
Milestones & Deliverables		5949: Support HBs to award first CC contract	5950: Supporting HBs to deliver their CC implementation plans SPMH OAMHS OBC developed				• All HBs to have live MH EHRs (March 28) • All HBs to have live CH EHRs (March 28)

Dependencies, Risks and Required Decisions

Risks:
- Lack of clarity of future funding
- Capacity across TAG, DHCW and Health Boards

Required decisions:
- WG: confirm future funding arrangements

Dependencies on other workstreams:
- CareDirector Exit
- Community data standards
- SPMH/ OAMHS

Other workstreams dependent on this:
- Community By Design
- Integrated Care Record
- Community data standards
- SPMH/ OAMHS

Connecting Care – CareDirector & Exit Product Roadmap

Workstream	HBs involved	26/27		27/28			
		Q3	Q4	Q1	Q2	Q3	Q4
Exit							
Exit from Care Director	**ABHB PTHB HDDHB CTMHB SBUHB**	Support for BAU arrangements for ongoing usage of WCCIS through exit planning Procurement arrangements for LHB Exit agree target supplier – Plan Data migration and Exit planning. Framework for Health Boards migrating from CareDirector (WCCIS) to Rio. Arrangements with WLGA and OneAdvanced to facilitate system wind down and DM environment available to all. Support for movement of WCCIS Blob documents data to Rio documents as part of migration – Legacy documents available via migrated PDFs.	ABUHB, PTHB and HDDUHB – target Exit date. Examine work with PI/MAST to share default summary data from WCCIS	Decommission WCCIS Service working with OA	Confirm All WCCIS data from original CareDirector system now removed	Legacy data position TBA – DM Environment access or possible other arrangements with WCCIS data (NDR)	Support activity for All Health board sites to be live with Rio no further dependency on WCCIS
CareDirector Operations and Service Management							
Business as usual	**ABHB PTHB HDDHB CTMHB SBUHB**	Capitalise on DHCW Communities of Practice, Welsh Government Digital Learning funding and DHCW professional development funding. Realign CareDirector Change Advisory Board with the agree upon roles and responsibilities between the Welsh Local Government Association and DHCW. Develop and validate the proposed data set for MAST ITT, including mandatory fields, data standards and interoperability requirements. Contract Change Note approved for halting 2026 DR Test. Rationalise NHS ADFS estate to reflect real time use.	Patching & Maintenance Strategy. Year-End Planning & Resource Alignment. DWP Rates & Budget Planning.	Update documentation repositories for operational processes, ensuring easy access for teams. Confirmation local finance uprates implementation.	Manage governance approvals, stakeholder engagement, and change control activities to support Health Board migrations.	Facilitate the removal and handover of WCCIS infrastructure, ensuring an orderly transition and closure of service governance arrangements.	End of WCCIS Operational usage
Associated Milestones and Deliverables							
Milestones & Deliverables		5949: Support HBs to award first CC contract	DM migration work plans to support move from WCCIS to RIO	All WCCIS LHB's fully exited from WCCIS system with all data as required	5950: Supporting HBs to deliver their CC implementation plans 5951: Complete planning and initiate Exit activities	WCCIS fully decommissioned and kit removal from each data centre arranged	WCCIS Fully closed and system data safely removed	WCCIS Data Legacy position agreed	All HBs to have live MH EHRs (March 28)

Dependencies

Exit from CareDirector
- Health Boards confirm target migration and exit dates.
- Rio implementation and data migration plans approved.
- Agreement on legacy data retention and access arrangements.
- Supplier support arrangements in place with WLGA and OneAdvanced.
- Successful migration of documents and required historical records.
- All participating Health Boards live on Rio before WCCIS decommissioning.

CareDirector Operations & Service Management
- Ongoing service stability maintained throughout migration period.
- Change governance aligned between DHCW, WLGA and stakeholders.
- Funding, DWP rates and annual budget approvals confirmed.
- Annual patching, maintenance and security activities completed.
- Health Board migration schedules agreed and communicated.
- Documentation and operational knowledge repositories kept current.

WCCIS Service Decommissioning
- Health Board exits completed and verified.
- Formal approval to retire infrastructure and service components.
- Data migration and archival requirements satisfied.
- Supplier contract closure activities completed.
- Data centre exit, hardware removal and support arrangements agreed.

Connecting Care – CareDirector & Exit Budget and Risk Forecast

Workstream	HBs involved	26/27	27/28

Exit

Exit from Care Director

HBs involved: ABHB, PTHB, HDDHB, CTMHB, SBUHB

Task	Cost
ESL SQL (2016)	£191,335.60
ESL WIN Server 2016 (approx.)	£105,000.00
Data Migration Environment (LHBs)	£583,354.48
Data Migration Support (LHBs)	£250,000.00

Task	Cost
ESL SQL (2016)	£95,667.60
ESL WIN Server 2016 (approx.)	£245,000.00
Data Migration Environment (LHBs)	£581,075.06
Data Migration Support (LHBs)	£250,000.00

CareDirector Operations and Service Management

Business as usual

HBs involved: ABHB, PTHB, HDDHB, CTMHB, SBUHB

Task	Cost
Staffing	£150,000.00
Out of Hours Support (Overtime)	£10,000.00
OneAdvanced (Supporting Costs)	£25,000.00
Contingency	£10,000.00

Task	Cost
Staffing	£300,000.00
Out of Hours Support (Overtime)	£20,000.00
OneAdvanced (Supporting Costs)	£50,000.00
Contingency	£20,000.00

Risks and Contingency

Risks

- Welsh Local Government Association (WLGA), failing to support ESL costings.
- ESL: Microsoft SQL Server 2016 [Funding Negotiations Underway]
- ESL: Microsoft Windows Server 2016 [Unknown Cost at Present]
- ESL: Microsoft Dynamics CRM 2016 [Realised & Accepted]
- Support arrangements and funding to facilitate Data Migration of health boards.
- Digital Maturity of Health Boards and their staff, in relation to SQL and ETL skills.
- Health Boards lack of confirmation of exit plans, target migration and exit dates.
- Lack of operational support resources OneAdvanced / DCHW to support ongoing migration.
- Risk Hywel Dda Health Board not selecting preferred supplier within exit timeline.
- DHCW Data Centre repurposing and transition of services to Cloud, via Cloud Transition Programme.
- WCCIS capacity for transactions introducing performance issues.
- Post R2.21 deployment agreement, freezing CareDirector code base and major system changes.

Contingency

- Use Inter-Authority Agreement / Master Services Agreement and progress to Welsh Government.
- Use Inter-Authority Agreement to progress purchase order. Health Board funds covered and in budget.
- Use Inter-Authority Agreement when costs confirmed by Microsoft.
- Managed as an active issue and accepted by all WCCIS account holders.
- Refer to Connecting Care programme budget for 27/28 and informal discussions with external suppliers.
- Initiate an open market bid and invitation to tender to provide professional services.
- To progress DPIA with WLGA to enforce exit agreement.
- Actively working with supplier to ensure continuity of support services.
- Extended access to the DM environment until a supplier has been selected.
- Exit process will conclude before data centre reorganisation, kit decommissioning scheduled for Dec 27.
- Enforce Transactional Load Calculator and regular reporting to operational sites.
- Utilise stored procedures and internal workflow functionality to rectify application / platform issues.

Connecting Care – Integrated Care Record Roadmap

Period	26/27		27/28			
	Q3	Q4	Q1	Q2	Q3	Q4
Activities	Include ICR in the CC Business Justification Case					
	Workshops with HBs around the Discovery Work already undertaken		Agree forward plan	Re-establish Delivery Team	Sprints for Build/Buy (Depending on Route)	
	Jointly create Strategic Vision and Roadmap		Share Strategic Vision and Roadmap with HBs	Identify Approach	RFI and Procurement – If this is the approach Design if Building	
	Review of Primary Care requirements with PC AMDs	Review of requirements with GPs	Rewrite/Revise OBC			
	Review OBC	Walk HBs through OBC	OBC to be shared with WG	Sign-off of OBC from WG		

Associated Milestones

Milestones & Deliverables	**6149: Roadmap Complete:** Provide a strategic vision and road map for ICR					

Dependencies / Decisions / Risks

Dependencies on Other Workstreams:
- Community Health Digital and Data Standards
- National Data Repository (NDR)
- Community & Mental Health Applications

Workstreams Dependent on ICR:
- Community by Design

Decisions:
- Joint Strategic Vision and Roadmap agreed by DHCW, WLGA & WG
- Clear steer from WG on where ICR sits
- OBC Review and agreed
- Build or Buy decision

Risks:
- No funding for the ICR
- Lack of engagement from local authorities (like previous years)

Connecting Care – Digital and Data Designs Roadmap

HBs involved	Workstreams	26/27		27/28			
		Q3	Q4	Q1	Q2	Q3	Q4
Community Health Data Standards							
ALL	Planning	• Agreement of priority services/ areas to develop CH data standards	• Create plan to deliver CH data standards				
	Delivery/ standards development			• Execute plans	• Execute plans	• Execute plans	• Execute plans
Associated Milestones and Deliverables							
Milestones & Deliverables			5956: Minimum operational community dataset to support interoperability between systems				All HBs to have live CH EHRs (March 28)

Dependencies, Risks and Required Decisions

Risks:
- Lack of clarity of future funding

Required decisions:
- WG: confirm future funding arrangements

Dependencies on other workstreams:
- Mental Health EHR delivery
- Community Health EHR delivery
- Community by Design

Other workstreams dependent on this:
- Community By Design
- Integrated Care Record

Finance – Connecting Care and CareDirector/ Exit

Health Board (HB)	Milestones	HB Disbursement Financial Year 2026/27
ABUHB	Complete procurement, Contract Award, Initiate implementation, Implementation stages (TBC) of MH systems and prepare and initiate exit plan to meet Sept 27 close of CareDirector	£2,508,378
BCUHB	Initiate procurement activities for CH system	£575,000
CavUHB	Initiate Procurement, Complete procurement activities for CH/MH system	£1,960,509
CTMUHB	Initiate Procurement, Complete procurement activities for CH system	£1,052,427
HDUHB	Initiate Procurement, Complete procurement, Contract Award of CH system	£1,123,343
PTHB	Complete procurement, Contract Award Initiate implementation of CH/MH systems and prepare and initiate exit plan to meet Sept 27 close of CareDirector	£1,123,343
SBUHB	Implementation stages (TBC) of MH systems and prepare and initiate exit plan to meet Sept 27 close of CareDirector	£1,105,581
	Total	£9,448,581

Central Funding	Deliverables	Financial Year 2026/27
DHCW Connecting Care	Central Team, CC Governance and Assurance, Data Extraction Infrastructure and ETL, Data Standards, Service Design	£1,663,617
DHCW Care Director	Care Director Support team, additional supplier support costs	£810,000
HB Microsoft Licenses	Initiate Procurement, Complete procurement activities for CH/MH system	£148,324

Key Successes

- Four Health Boards have procured a Mental Health EHR, and one has procured a combined Community and Mental Health EHR.
- Delivered: Neurodevelopmental Service Assessments (ASD & ADHD) for Under 18s - Aggregate Data Collection; Learning Disabilities (Specialist Inpatient Services) - Patient Level Data; Memory Assessment Services (MAS) - Patient Level Data Set
- Delivered 10 Integrated Care Record engagement workshops across Wales, engaging 270+ stakeholders and capturing 4,500+ insights to inform the OBC.
- Delivered the initial Integrated Care Record OBC draft to plan by March 2026, demonstrating effective mobilisation of a newly recruited team and maintaining momentum against challenging timescales.
- Successful proof of concept project, in partnership with Orcha, to develop a potential framework for mental health self-help apps.
- Targeted support for BCUHB to develop their OBC for a Community EHR system.

Benefits Realised

Overview of benefits realised to date

- It is too early in the EHR implementations across Health Boards to document any formal benefits realisation, as outlined in the OBC, but, informally, we have seen
  - Increased collaboration across Health Boards , which resulted in the agreement of a national set of baseline requirements across community and mental health
  - Very positive engagement and reaction to the series of ICR workshops
  - Improved digital access for staff through upgrade of devices

- Five Health Boards have procured a replacement EPR for mental health (SBUHB, ABUHB, PTHB, BCUHB, CTMUHB)
- SBUHB went live in previously paper-based mental health services in March 26
  - 500+ users moved from paper to digital

User/Stakeholder Feedback

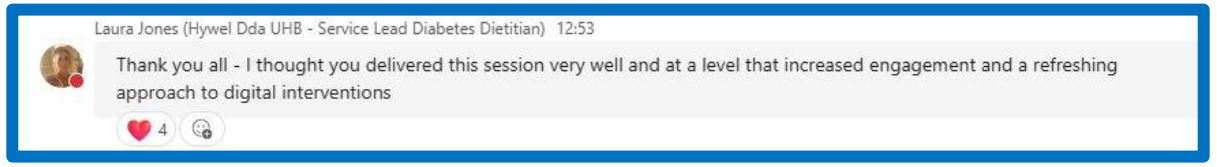
- Feedback/quotes/survey results – focus on qualitative data

"Thank you so much for all you've done to get to this point [final version of an OBC for a Community EHR]."

Alison Kemp, Associate Director, Primary Care & Community Services, Betsi Cadwaladr University Health Board

Integrated Care Record Workshop:

- ❑ Over 270 responses to the attendance form
- ❑ 7 face-to-face workshops across Wales
- ❑ 3 online workshop
- ❑ Over 4,500 individual post it notes capturing attendee thoughts
- ❑ Including 2,357 individual insights captured online
- ❑ Attendees from multiple professions and teams, including AHPs, mental health, community nursing, digital, WAST, social care services and Social Care Wales



Diolch / Thank you

For more information, please visit the DHCW website

Home - Digital Health and Care Wales (https://dhcw.nhs.wales/)

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Portfolio Delivery Committee: Annual Assurance Report

National Data Resource Programme

October 2026

NDR Programme Overview



Adnodd Data Cenedlaethol
National Data Resource
IGDC • DHCW

- 10-year federated programme: partnership between all NHS Wales Health Boards, NHS Trusts, Special Health Authorities, Social Care Wales and Welsh Government to deliver modern, scalable data capabilities and deliver better care through the use of data.

- Core benefits:
  - ✓ Better connected care through more complete and timely information across systems and care settings.
  - ✓ Improved decision-making through trusted national data, reporting and analytical insight.
  - ✓ Greater productivity by reducing duplicated infrastructure, manual data collection and repeated technical development.
  - ✓ Faster research and innovation through secure access to richer, linked national datasets.
  - ✓ More consistent and equitable services through common standards and better coordination across Wales.
  - ✓ A sustainable national data capability that can support future digital services, advanced analytics and responsible use of artificial intelligence.

Strategic and Policy Alignment



- **A Healthier Wales (2018)**: Enables more joined-up, person-centred care by supporting secure information sharing across health and social care.
- **Digital and Data Strategy for Health and Social Care in Wales (2023)**: Delivers shared national platforms, trusted data, common standards and analytical capability to support digital transformation.
- **DHCW Strategy 2024–2030**: Supports open, secure and standards-based architecture, including national data platforms and interoperable services.
- **Strategic approach to social care data**: Supports a more consistent and joined-up approach to collecting, sharing and using health and social care data.

Programme Timeline to Date

HIGH-LEVEL UPDATE

June 2019

NDR Programme established

Team recruitment commenced

2020

SNOMED-CT terminology server go live

Analytics groups launched with academic leadership

NDR's all-Wales Analytics Learning Programme launched

2021

NDR team diverted to support COVID-19 response

Programme strategic reset – NDR Data Strategy developed in partnership with all-Wales stakeholders

2022

NDR Data Strategy published

Google Cloud independently selected as underlying NDR platform

National API management platform established

2023

Deployment of the Care Data Repository and National Data & Analytics Platform following independent assurance

National digital information governance tooling procured

2024

ABUHB commenced full migration to NDR

GitHub GIG Cymru launched as an all-Wales service

NHS Wales Performance & Improvement migrated local data warehouse to NDR

2025

Care Data Repository begins storing and making care data available

Secure Data Environment build commenced

Commencement of PHW migration and Social Care data framework activities

2026

Human-in-the-loop AI Clinical Coding App proof of concept delivered

ALP officially accredited with 40 university HE credits

Achieved 700 GitHub users

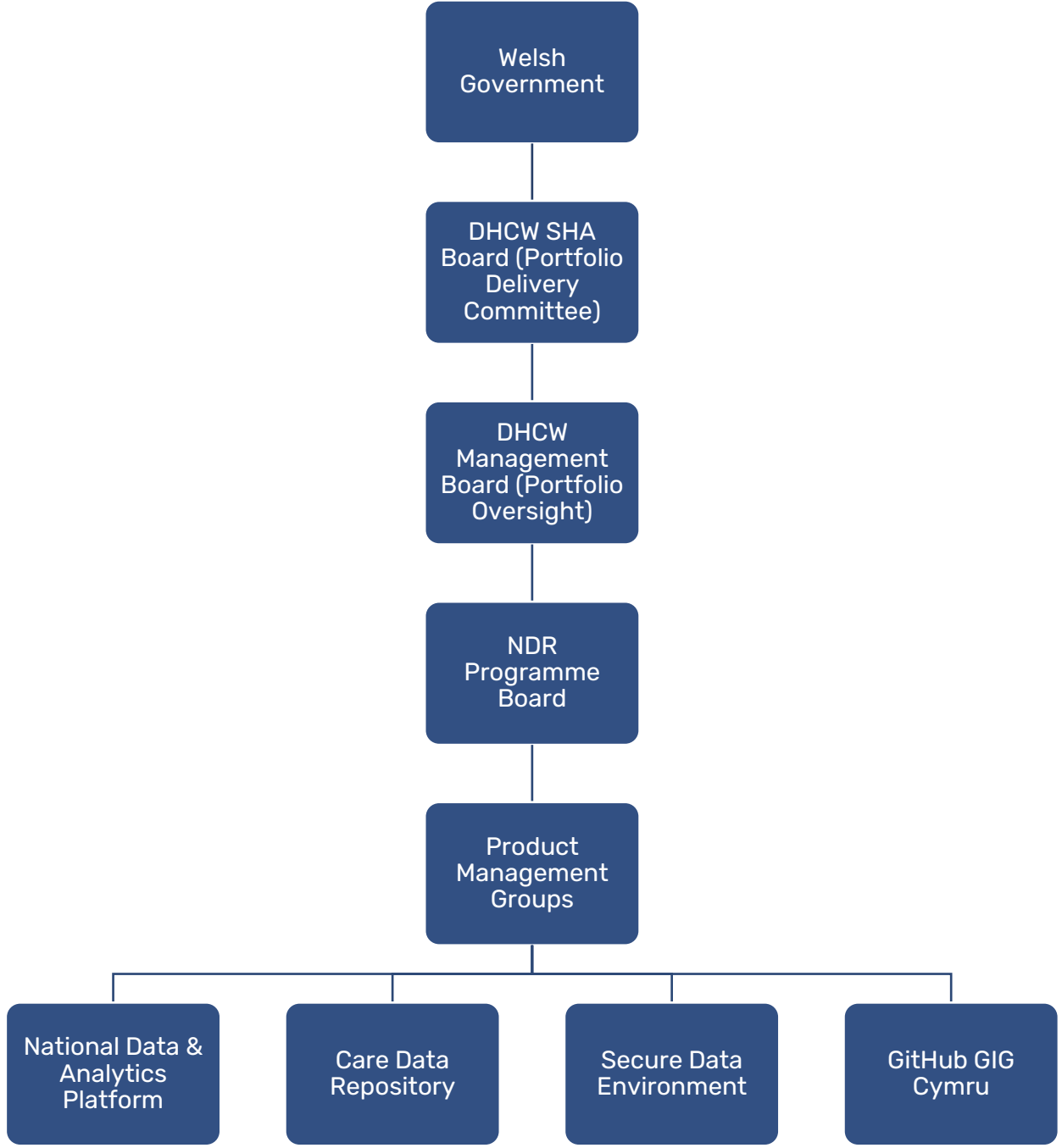
DPIF pause and review; recruitment curtailment

Programme Governance

NDR Programme Oversight Chair: Dr Iain Bell, Director of Knowledge & Research, Public Health Wales

Product Management Groups (PMGs) were established from 2024 onwards. Acting as both delivery enablers and governance forums, PMGs support agile ways of working, reflecting live, operational products and services, while maintaining oversight and control.

PMGs report directly to the NDR Programme Board, providing assurance through Portfolio Oversight Management Board to the Portfolio Delivery Committee.



Benefits/Value

Helping citizens receive more joined-up, informed and responsive health and care.

Helping professionals access trusted information, insight and tools to support decision-making.

Helping organisations reduce duplication, improve efficiency and accelerate delivery through shared national capabilities.

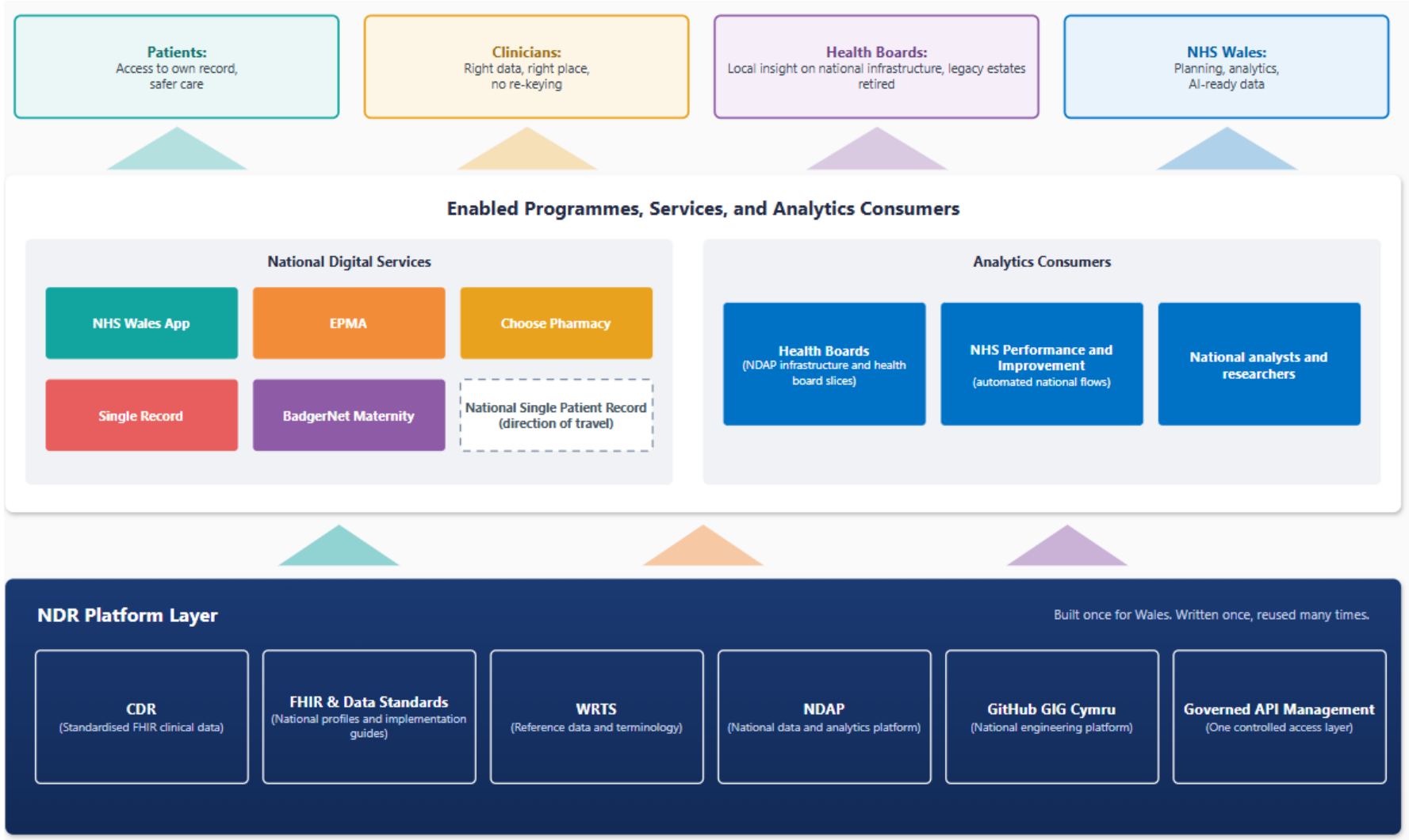
Helping the workforce develop the skills, confidence and shared practices to make effective use of data, digital and analytics.

Helping Wales build sustainable national capabilities that support innovation, research, prevention and long-term improvement in health and care outcomes.



NDR Platform

This diagram shows how the NDR platform underpins national digital services, analytics and ultimately programmes, services and analytics provided to patients, clinicians, health boards and NHS Wales.



Products and Services

Products

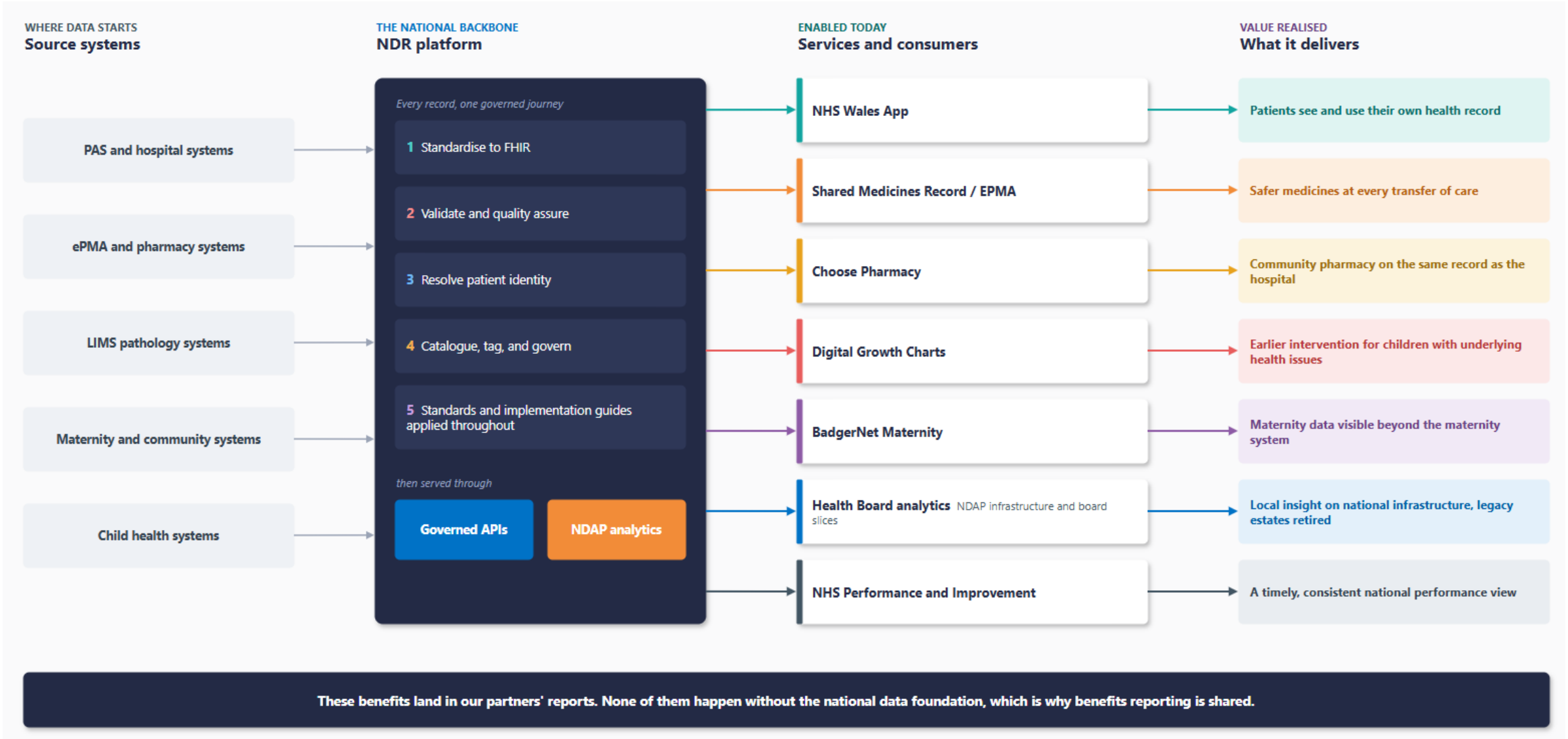
- Care Data Repository (CDR)
- GitHub GIG Cymru
- National Data & Analytics Platform (NDAP)
- Clinical Coding App
- Secure Data Environment (SDE)
- Terminology Server

Services

- FHIR Standards
- Capability
- Information Governance

**Further information on individual products and services can be found in the appendix*

Value Delivered Through Partners

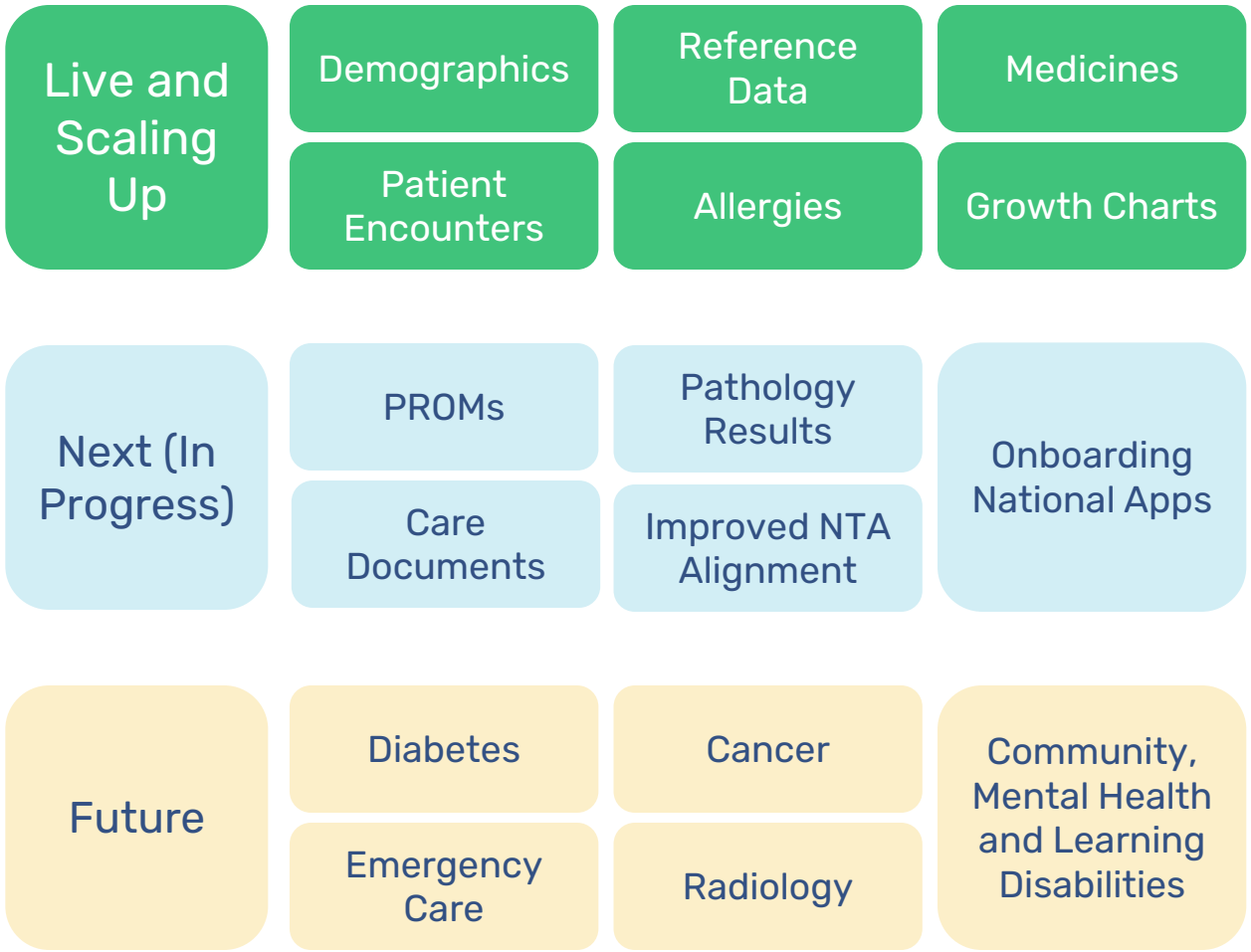


Care Data Repository

Summary: A national repository enabling agreed health and care information to be stored once and made available to authorised services across organisational and system boundaries.

Progress: The CDR is established and available, with a growing pipeline of national data flows.

Next Steps: Confirm organisational onboarding commitments, agree sequencing and dependencies, and move priority data flows into production. Using standards-based application programming interfaces (APIs), applications will be able to read data from, and write data to the CDR.

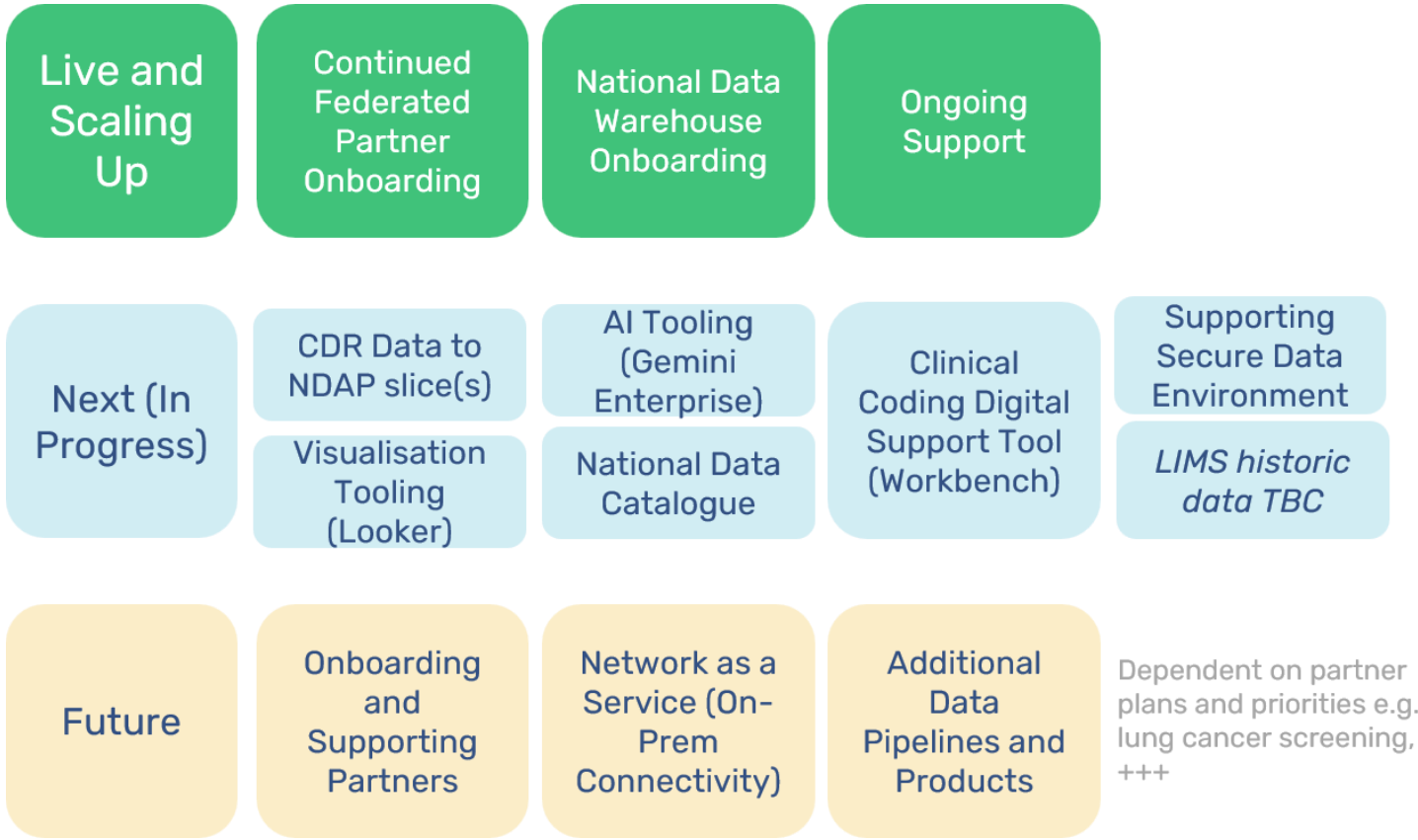


National Data and Analytics Platform

Summary: Provides secure, segregated local and national analytics capabilities, enabling approved users to access their own organisations' data (and other organisations' where these are made available appropriately), generate insights and support national reporting submissions, and operational, clinical and planning use cases.

Progress: Core platform capabilities are established; all partner organisations have access to their own secure partitions, with onboarding activity underway.

Next Steps: Expand data availability, onboard priority analytical products and organisations, and increase adoption through delivery of nationally agreed use cases.



Secure Data Environment

Summary: Provides a secure, governed environment where NHS Wales and approved partners can work collaboratively with sensitive health and care data to support research, innovation, service improvement, and training.

Progress: The build of the SDE within the NDR platform is progressing incrementally. Specifications and the data-layer structure have been agreed, with initial testing of the governed data-sharing mechanism completed.

Next Steps: Complete the remaining platform build, configuration and testing; progress data onboarding and management processes; and prepare the service for wider launch and continuous improvement.



Design

- Undertake build of the approved design
- Re-visit national governance
- Embed all required accreditation and standards into the build

Build

Launch

- SDE service live in NDR
- Service management and continuous improvement
- Move towards a self-sustaining service
- Pursue accreditation and ensure compliance with existing org held certs and standards

GitHub GIG Cymru
and Solutions Exchange

Summary: A secure national engineering platform helping Wales' teams develop, manage and share digital solutions, automate delivery and collaborate across organisational boundaries.

Progress: Growing adoption is enabling teams across Wales to collaborate, reuse code and solutions, automate delivery and adopt modern engineering and AI-assisted development within a governed national environment.

Next Steps: Expand adoption, skills and support, increase reuse between organisations and further establish the service as shared national infrastructure for modern, secure digital and analytics delivery.

Accelerating national impact through collaboration, reuse and automation

1112	732	23	206	628
Repositories	Members	Organisations	AI users	Live projects



Clinical Coding Workbench

Summary: An AI-assisted, human-in-the-loop digital app that identifies relevant information stored in patients' care documents, reviews data and identifies potential clinical codes, while keeping final decisions with qualified coding professionals.

Progress: The proof of concept has received positive feedback from coding teams. Development is now progressing towards a production-ready minimum viable product, with the application, AI components, data integration and assurance activity being developed and tested.

Next Steps: Complete the minimum viable product, evaluate its performance using controlled test data, secure the necessary assurance and approvals, and prepare for pilot implementation with organisations.

c. 1.1m inpatient episodes per year

140,000 uncoded episode backlog

- The Clinical Coding App will alleviate the administrative burden associated with coding, addressing routine cases with ease thus enabling clinical coders to focus entirely on complex, high-value cases
- Estimated 20% productivity improvement equating to 20-34WTE clinical coders released
- Qualified clinical coders will remain the final decision-making authority on all clinical coding

Terminology

SNOMED-CT = Systematised Nomenclature of Medicine Clinical Terms - provides a standardised, shared vocabulary for electronic health records to record diagnoses, symptoms, procedures, medications, and clinical measurements

Summary: Provides the national clinical terminology services that ensure health and care information is recorded, shared and interpreted consistently across NHS Wales.

Progress: The national terminology service is operational and provides NHS Wales with a single authoritative source for SNOMED CT, code systems, value sets and terminology services used across clinical and digital platforms.

Next Steps: Continue expanding terminology services to support NDR platforms, FHIR standards and national interoperability requirements, whilst maintaining a resilient national service.

🩺 DIRECT CARE

Consistent recording of diagnoses, symptoms, procedures and medicines

🔗 CONNECTED SYSTEMS

Standardised information that can be shared and interpreted consistently

SNOMED-CT

📊 DATA & INSIGHT

Supports clinical reporting, analysis and population health

🏥 USED ACROSS NHS WALES

One common language, many systems and uses, better consistency and interoperability

FHIR Standards Service

The Fast Healthcare Interoperability Resources (FHIR) is a standard for exchanging healthcare information electronically.

Summary: The FHIR team develops and maintains the national interoperability standards that allow health and care systems across Wales to exchange information consistently, securely and at scale using HL7 FHIR.

Progress: FHIR standards team and service are established and maturing. The implementation guide and validation processes are established and are being applied through CDR onboarding, development of APIs and national interoperability initiatives.

Next Steps: Continue the development of priority national FHIR resources, support onboarding organisations and suppliers, and expand adoption of common standards across NHS Wales.

v2.7.0

Latest Wales FHIR Implementation Guide

Development complete and released following successful ballot review.

Standards

FHIR resources developed to support the Clinical Document Store project in the CDR.
Encounter-UEC to enable CDR storage and retrieval of emergency department data.

ADOPTION

Choose Pharmacy • LIMS (diagnostics) • EPMA (Shared Medicines Record) • PROMs • Growth charts

Wales → UK

- Work completed on Welsh FHIR resources to support diagnostics which has influenced the design of UK Core through our involvement with HL7UK

NATIONAL STANDARDS → CONSISTENT DATA → INTEROPERABLE SERVICES

Capability

Summary: Builds the skills and confidence people need to use data effectively, strengthening analytics capability across health and social care and supporting a more data-driven Wales.

Progress: ALP 2026 combines technical and professional skills with real-world, pan-Wales collaborative analytical projects across Core, Full and Cloud streams. It is now university accredited, with successful completion worth 40 university credits.

Next Steps: Expand access through flexible online learning, strengthen accredited development pathways, and grow a sustainable national pipeline of analytics skills, collaboration and applied learning.

Building Wales' data and analytics capability

6 ALP cohorts | **2** leadership cohorts

8 Big Data events | **1** Big Data Fund

300 community members



Information Governance

Summary: Delivering a national Information Sharing Gateway that provides a consistent, transparent and digital approach to managing information sharing arrangements across Wales.

Progress: The national WASPI register has been established, all five regional WASPI groups are onboarded, and 137 public bodies are now active within the platform. The programme has moved from build into adoption and embedding activities.

Next Steps: Increase organisational adoption, expand workflow and assurance capabilities, and introduce DPIA functionality to further digitise information governance processes.

137 public bodies active within the tool

171 registered users

Enabled the publication of the WASPI ISP register using data from the tool

Operationalised a workflow feature to streamline the management of information sharing protocols

Next (in progress)

- Onboarding to DPIA functionality
- Go live with ISP sign off process within tool
- Increase roll out across schools
- Full roll out of data sharing functionality

Annual Delivery Review (Oct 2025 – Sep 2026)

All 2025–26 Remit Letter milestones achieved	Delivered the Government's priority commitments while supporting urgent national digital programmes.
Care Data Repository expanded	Encounters enabled through APIs, with medicines, allergies, PROMs and pathology capabilities progressively strengthened.
NDAP established	Enables data acquisition, secure storage and consumption, providing shared infrastructure for analytics across Wales.
Partner migration and onboarding	Early migrations completed, with ABUHB reaching 95% and further organisations actively progressing adoption.
Maternity data made available through NDAP	BadgerNet integration gives applicable health boards access to maternity data for analysis and improvement.
National standards and reusable digital assets delivered	Published FHIR resources and reference-data standards improve interoperability, consistency and safe data exchange.
National Data Catalogue v2 delivered	Improves discovery, understanding and responsible reuse of data held across the national platform.
Information-sharing assurance modernised	The national WASPI register and ISG workflows strengthen consistency, transparency and information-governance assurance.
Analytics capability strengthened across NHS Wales	Accredited learning developed practical analytical skills, with 14 sessions and consistently high participant satisfaction.
GitHub GIG Cymru launched and scaled	A shared, reusable development environment grew beyond 500 users, supporting collaboration and reducing duplication.

Delivery Planned for Next 12 Months

Q3-4 2026-27

- **Care Data Repository** - Maintain the CDR, support consumer and supplier onboarding, and sustain Shared Medicines Record development. **Value:** Maintains essential national data infrastructure supporting continued contribution to, and retrieval of care data.
- **National Data and Analytics Platform** - Migrate priority datasets; support partner migrations, data stewardship and national self-service capabilities. **Value:** Expands secure access to national data, enabling organisations to adopt shared analytical capabilities.
- **Analytics, forecasting and AI use cases** - Deliver further proofs of concept for alongside planning and forecasting tools. **Value:** Tests practical uses of advanced analytics to improve validation, insight and evidence-based planning.
- **Clinical Coding App** – Commence implementations of the Clinical Coding App to Health Boards and Trusts across Wales. **Value:** Establishes the foundations for more efficient, consistent and technology-supported clinical coding.
- **Secure Data Environment** – Complete the build of the Secure Data Environment and launch to enable secure collaborative research projects. **Value:** Creates secure infrastructure for relevant, approved data collaboration, analysis and research across organisational boundaries, to complement other offerings including SAIL.
- **Data exchange standards** - Develop and publish further FHIR (interoperability) resources, supporting clinical application product owners to adopt and implement standards; deliver Social Care Wales' minimum operational datasets. **Value:** Enables consistent, interoperable exchange of health and social care information across Wales.
- **Reference data and data stewardship** - Implement core reference standards and establish a National Data Stewardship Centre of Excellence. **Value:** Improves data consistency, integrity, ownership and assurance across national systems and services.
- **Welsh Reference Data and Terminology Service** - Complete the redesigned service and establish the plan for migrating existing systems by March 2027. **Value:** Provides consistent clinical terminology supporting safer interpretation and reuse of information across systems.
- **NDR onboarding** – Complete the co-produced NDR Onboarding Plan and deliver to Government. **Value:** Provides a coordinated route for organisations to adopt NDR capabilities and progress local delivery.

2027-28

- Phase 5 business plan partnership development is currently underway. Delivery will be aligned with expectations of all partners and Welsh Government.

Key challenges

Funding and Sustainability

Establishing long-term funding arrangements and sustainable operating models as services transition from programme delivery into business-as-usual.

Transition to BAU

Embedding governance, support, ownership and operational processes to ensure NDR services can be sustained and continually improved.

Capacity & Specialist Skills

Recruitment restrictions and competition for specialist skills, particularly in areas such as FHIR, cloud engineering, data architecture and information governance.

Balancing Live Services and Change

Supporting growing operational services and onboarding activity while continuing to deliver new capabilities and programme commitments.

Dependencies & External Constraints

Reliance on partner organisations, supplier roadmaps, API availability and wider enabling activity, including arrangements required for primary care data flows.

Information Governance & Public Trust

Maintaining confidence in the use of health and care data through clear legal gateways, defined data controller responsibilities, transparent governance and public engagement initiatives such as the Data Promise.

Programme-wide Next Steps

Shape Phase 5 (2027-29) Co-develop the Phase 5 business plan with partners, agreeing future priorities, outcomes and investment requirements.	**Begin BAU transition** Commence the phased transition of mature products and services into sustainable operational arrangements, while the programme continues.	**Drive adoption and onboarding** Support partners to increase adoption of NDR products and services, converting delivered capability into routine use and delivery of value and benefits.
Accelerate benefits realisation Strengthen focus on demonstrating and measuring how NDR capabilities deliver better outcomes and experiences for patients and citizens and improve services.	**Establish sustainable funding** Develop the longer-term funding model for NDR-enabled products and services, aligned to Phase 5 and BAU transition.	**Increased delivery of strategic capabilities** Continue delivery and maturation of the remaining programme commitments and enabling capabilities, alongside transition and adoption.

Key Successes

- ABUHB full migration away from local data infrastructure, and full adoption of NDR tools and capabilities
- NDR platform continues to support other national programmes and services including digital medicines through the shared medicines record, and the NHS Wales app.
- NHS Wales Data Submissions Service Launched - NDR tools and capabilities utilised to streamline NHS Wales' organisations submission processes for national reporting
- 700+ users collaborating through GitHub GIG Cymru, with Solutions Exchange making NHS Wales solutions easier to discover and reuse
- Six years of ALP has built a 300+ data collaboration Welsh alumni. ALP recognised with formal university and CPD accreditation

Benefit & Value

NDR is now delivering measurable value through national platforms, reusable data assets, workforce capability and growing adoption across Wales.

National capabilities are now operational and delivering measurable value across NHS Wales.

Health boards are using NDR capabilities, and several national services and platforms depend on NDR foundations to deliver their objectives.

Benefits delivered to date include cost avoidance, reduced duplication, increased reuse, improved workforce capability and growing adoption of national platforms.

The next phase focuses on scaling use cases, onboarding more organisations and translating established capability into wider clinical, operational and citizen value

£4.0m
Care Data Repository
Avoiding duplication by creating once-for-Wales operational data services

£800k
National Data & Analytics Platform
Per local organisation, avoiding duplicated investment through a shared national analytics platform

700 Users
1100 Repositories
Enabling teams across Wales to build once, improve together and reuse nationally

70 local systems
Aneurin Bevan
Storing and managing data for reuse, advanced analytics and A.I. through NDR's NDAP capabilities

320 Learners | 30 organisations
plus, a further 100 senior learners through ALP for Leaders.
Building the workforce capability needed to realise NDR benefits

User/Stakeholder Feedback

"The NDR has enabled Health Board-wide machine learning to predict missed appointments – previously not achievable on-premise. Early results are very promising, supporting targeted interventions, improved patient access and reduced wasted capacity."
- Lloyd Bishop, Deputy Director of Digital, Aneurin Bevan UHB

"National dataset submissions are now processed via NDR. Weekly executive summaries are also being generated automatically, reducing the time taken to consistently make key information visible."
- Swansea Bay UHB

"Pipelines for communicable disease data are progressing, enabling PHW to make better use of data to support surveillance, insight and public health action.
- Public Health Wales

"Thank you for this fantastic opportunity! I wanted to say, this programme has helped me develop so much and has actually helped me land a new role as a senior information analyst!"
- ALP 2025 alum

"Our partnership with NDR has helped automate data flows behind our daily reporting. This means less manual processing for P&I and a seven-day reporting process supporting national decision-making, without manual file retrieval."
- NHS Wales Performance & Improvement

"This has already started to improve the quality and focus of discussions, helped streamline analytical work, and ensured that outputs are more directly aligned to decision-making and service needs"
Asst Director - ALP for Leaders

Diolch / Thank you

For more information, please visit the DHCW website

Home - Digital Health and Care Wales (https://dhcw.nhs.wales/)

* Appendix 1: Products and Services

The NDR programme comprises ten products and services:

Care Data Repository National repository to enable shared care records, enabling real-time access to standardised patient information	**National Data & Analytics Platform** Cloud-based national analytics platform enabling secure data storage, advanced analytics and data visualisation.	**Secure Data Environment** Secure research environment providing controlled access to data for approved analysis and innovation.	**Capability** Develops Wales' data, digital and analytics skills, tools and ways of working to maximise NDR benefits.	**Clinical Coding App** AI-assisted coding to improve clinical coding efficiency, accuracy and productivity with human oversight.

FHIR Standards Defining national interoperability standards enabling consistent, secure exchange of health and care information across Wales.	**GitHub GIG Cymru** National code-sharing platform enabling teams to collaborate on analytics code, reuse solutions and develop once for Wales.	**Information Governance** Governance and frameworks for lawful, secure and responsible use of data; implementation of the Information Sharing Gateway	**Terminology** Providing national clinical terminology services, ensuring consistent coding and shared definitions and understanding of health information.

GIG CYMRU NHS WALES
Iechyd a Gofal Digidol Cymru
Digital Health and Care Wales

Portfolio Delivery Committee: Annual Assurance Report

NHS Wales App

October 2026

Move to product delivery

- ✓Discovery before commitment to deliver: Validate problems and solutions early
- ✓ Flexible roadmaps: Adapt plans as understanding deepens
- ✓Outcome over output: Measure success by user, service and system value
- ✓Continuous learning: Iterate based on evidence and feedback
- ✓Empowered teams: Give autonomy to find the best solutions
- ✓ Flexible funding: Long term, funding teams not features

A flexible, outcome-focused approach that prioritises continuous discovery, user value, and adaptive planning

* Rich experience	* Value	* Flexibility	* Feasibility	* Transparency

Core principles

Principle	Value to NHS Wales & Patients
User-centricity	Services shaped by patient and clinician needs
Continuous improvement	Frequent releases, lowering risk and delivering value regularly
End-to-end ownership	Clear accountability, collaboration and faster delivery
Outcomes over outputs	Measured by impact on access, experience, and efficiency
Sustainable, multi-disciplinary teams	Long-lived capability, less rework, collaboration, institutional learning, embedded clinicians
Joined-up services	Seamless patient journeys across NHS Wales digital touchpoints
Value and evidence-led decisions	Investment guided by data and insight, adding value to the patients, clinicians, staff and service

This needs: A modern governance model and agile delivery plan that is simplified, flexible, user-focused and value-driven.

Co-designed.
Co-developed.
Co-delivered.

NHS Wales App – Governance

Patient-facing digital services Advisory Group

- Link to/from DDaT Leadership and/or Delivery
- Provides strategic and policy direction regarding the **health outcomes** patient-facing digital services can support
- Maximise taxpayer value and patient impact – aim to do more, once, collectively
- Reviews data and insight to evaluate and influence direction
- Ensures alignment of delivery across the system
- Members: WG Policy, NHS P&I, PHW, WAST, HB, DHCW, including Clinical leadership

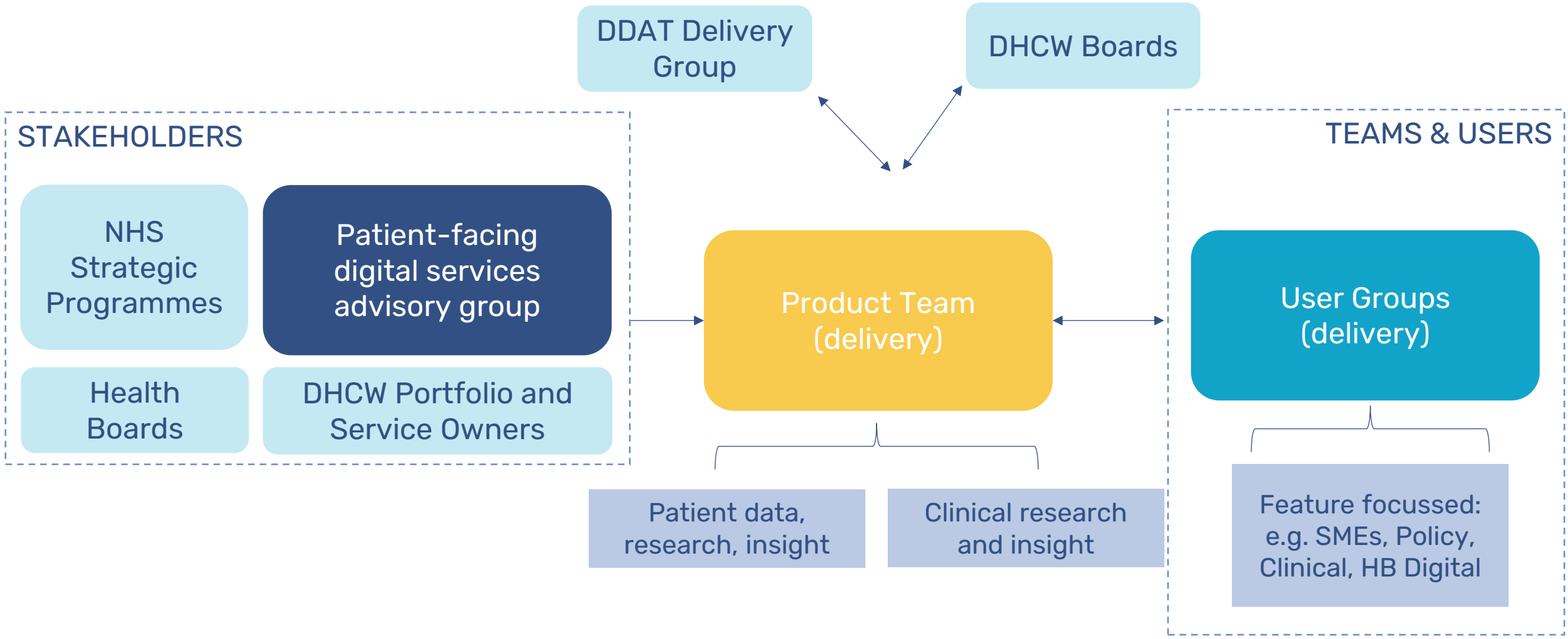
NHS Wales App Product Team (delivery)

- Links to NHS Strategic Programmes, with support of DDs/Service Owners/Programme Leads
- Balances strategic and policy alignment with user needs to build the roadmap
- Leads research with patients and clinicians to define opportunities according to needs and value
- Assembles multi-disciplinary delivery teams, including **clinical** and **policy** experts
- Works with delivery groups to assess impact, feasibility and dependencies for smooth delivery
- Members: Product, Development, Design, User research, Delivery – close link to Clinical and Policy

User Groups (delivery)

- Flexible groups of experts focussed on domains e.g. Medicines, Waiting lists, Appointments
- Assembled by Product team as needed, through the lifecycle, advised by Advisory Group
- Prioritise and shape new features and enhancements, within area of influence
- Provide insight, advice and guidance, understanding of complexity, to ensure successful delivery
- Members: By group role e.g. Service Owner, HB Digital, Clinical, Patient Safety, Policy, Patients
- With SMEs: Business Change, Comms, Engagement, Data, Solution & Technical Architecture

NHS Wales App – Governance



Our Vision

A simpler, more convenient, connected experience of NHS Wales services, so patients can **access care**, **stay informed**, and **manage their health** with confidence – whenever they need it, wherever they live in Wales.

Streamlined Access
Simplify appointment booking, renewing prescriptions, accessing medical records, finding the right service.

Empowered by Information
Provide up-to-date, evidence-based health information, cost-effective communication, and information about public health concerns.

Manage Your Care
Help people manage their care through access to self-care and prevention services, following care plans, and staying connected with care teams.

UNDERPINNED BY

Privacy and Security
Maintain the highest standards of data protection, keeping personal and medical information secure and confidential.

Accessibility and Inclusivity
Ensure the app works for all, regardless of age, ability or digital confidence, with intuitive design and a bilingual experience.

Equity
Designed and delivered so every person in Wales benefits equally, regardless of geography.

Roadmap – September 2026

Now	Being worked on now
Next	Planned next, after 'Now' is done
Later	Potential priorities after 'Next'

	Now	Next	Later
Referrals & Appointments	Extend Hospital appointments and waiting lists		
Health Records	Improve Test results experience Deploy Authorised Access Vaccinations pathfinder Equitable access to GP records	Provide Secondary Test Results	Equitable access to GP records Share Documents
Prescriptions & Medicines	Nominate Pharmacy	Digital prescriptions (barcode) Add Prescription Tracking	

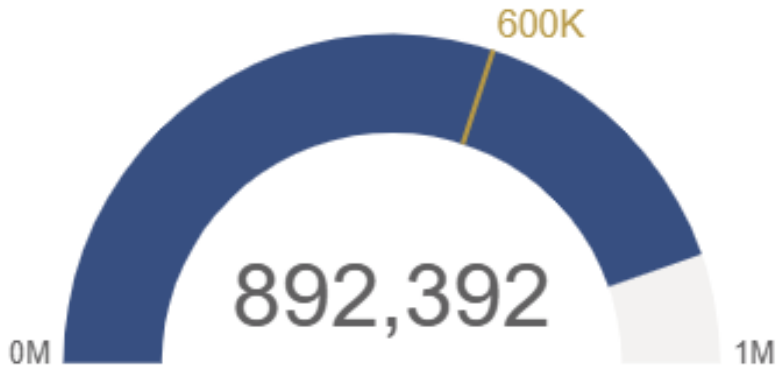
Roadmap – September 2026

	Now	Next	Later
Notifications & Messaging	**Notify patients: PROMS form**	**Update Personal details** **Update Comms Preferences** **Extend Communication Foundations** (APIs, Reminders, Throttling etc)	
Navigation & Experience	**Survey patients in-app** (always on) **Review Patient experience feedback**	**Survey patients in-app** (always on) **Develop content guidance**	**Survey patients in-app** (always on)
Platform & Operations	**Upgrade to Blazor** **Maintain security and performance** – BAU Upgrades e.g. MAUI, .NET	**Improve resilience and simplify development** – Remove EventStore **Mongo/Cosmos upgrade** **Improve Monitoring and alerting**	**Introduce light-weight CMS: enable rapid content updates** **Replace Qualtrics to reduce costs**

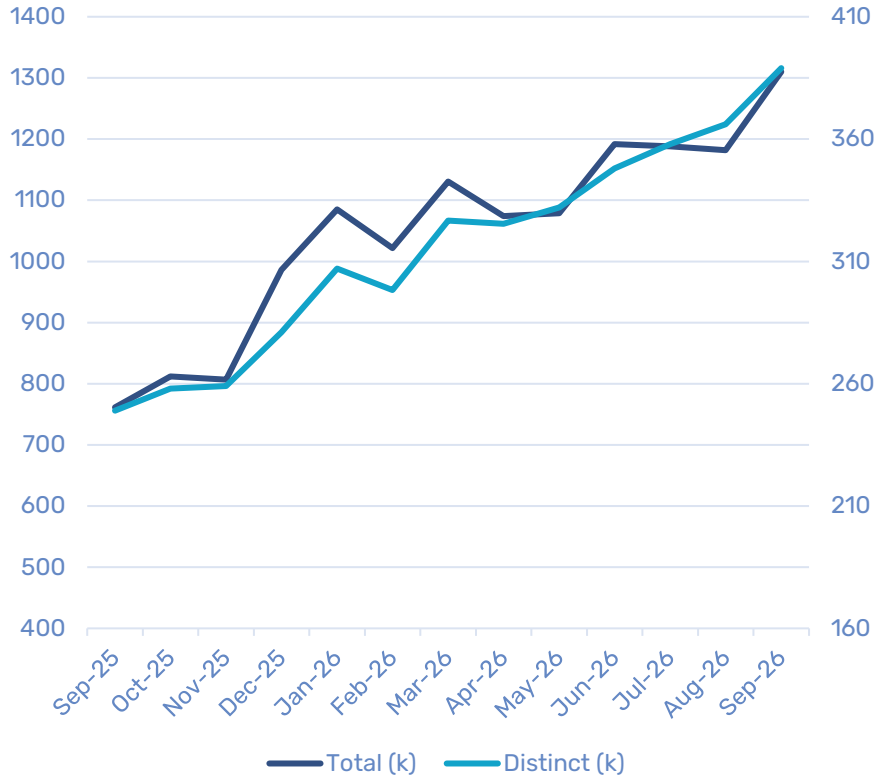
App Usage – September (1 of 2)

Total Registered Users continues to benefit from steady organic growth. With more than 29k new registrations this month, the total count of registered users is now just over 890k.

If growth continues at this rate more than 1m patients will have registered to use the app by the end of the financial year.



The app surpassed both login records in September. Total logins reached 1.3m and distinct logins 389k, both measures showing year on year increase of >50%.

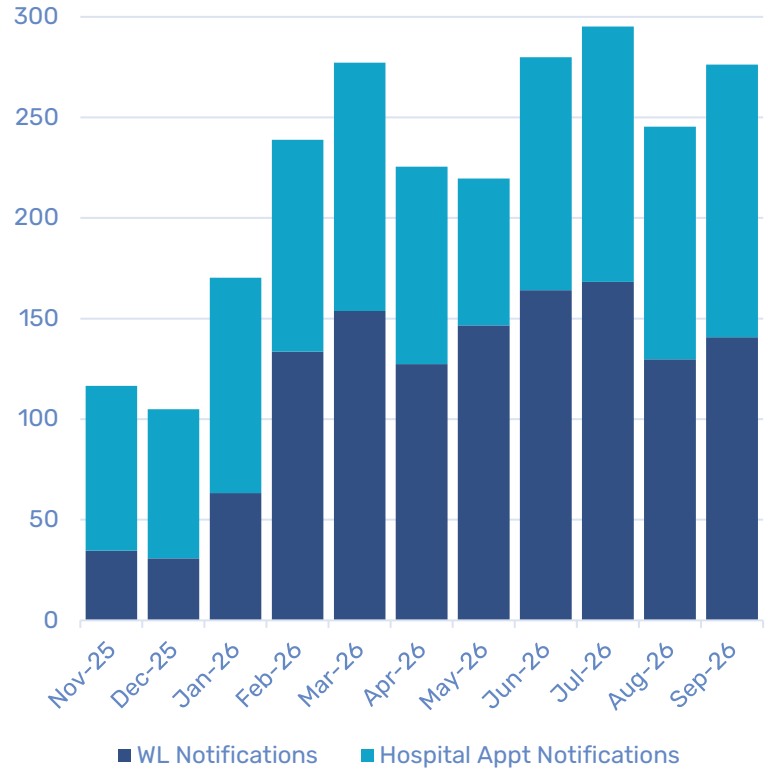


App Usage - September (2 of 2)

Repeat prescriptions offer a critical capability to app users with more than 5.2m ordered in total through the app. In September 287k repeat prescriptions were ordered.



Since launching hospital appointment and waiting list notifications late in 2025 more than 2.4m notifications have been sent via the app, 276k in September.



Continuous User Insight

Embedded into the development and iteration of the NHS Wales App.

Feedback directly shapes priorities and design.

4000+ user responses to bi-lingual in-app surveys across six key topics April-Sept 2026.

Clinicians embedded in delivery groups and research activity

- Listening at scale – low cost
- Always on, not one-off
- Feedback goes into design
- Clinicians are embedded into research and design
- System-wide engagement
- Working in the open

User Feedback

Repeat prescription ordering

“I am disabled, with mobility issues. This makes my life so much easier.”

“If it explained why it was rejected, that would help.”

“I don’t know if it’s been approved unless I chase it.”

Waiting list referrals and hospital appointments

"It's at your fingertips and easily accessible.“

"It is a good reminder.“

"Would like more information on what the appointment is for."

"We should be able to confirm or refuse the appointment online."

Diolch / Thank you

For more information, please visit the DHCW website

Home - Digital Health and Care Wales (https://dhcw.nhs.wales/)



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).

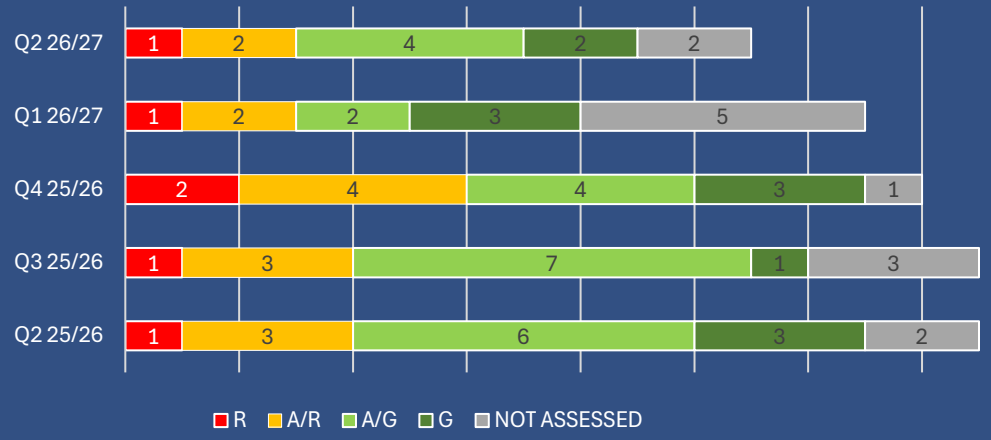
Major Programme Scoring

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 Q1, the following RAG status changes occurred:

NTA NOT ASSESSED → GREEN
Cloud Transition Programme NOT ASSESSED → AMBER/GREEN
NDR NOT ASSESSED → AMBER/RED
Audit Plus Replacement AMBER/RED → AMBER/GREEN

Q2 26/27 Status Update:

The overall health of Major Programmes has changed this quarter, with three programmes moving from NOT ASSESSED following confirmation of funding after the Welsh Government DPIF pause and review. RISP and the Microsoft Enterprise Agreement Renewal programme are no longer reporting, following submission of Programme Closure Reports.

RAG status summary of Programmes/Projects:

Two programmes are **GREEN**
High confidence of successful delivery:

- **GP Systems Framework**: All migrations complete, with cloud migration transitioning to BAU and project closure report complete.
- **NTA:** Architecture resource constraints remain, but mitigations are in place and delivery remains on track.

Four programmes/projects are **AMBER / GREEN**
Reasonable confidence of successful delivery with some aspects requiring attention:

- **EPMA:** Seven Health Boards are live, with final rollout and SMR integration progressing as planned.
- **EPS:** Adoption continues to increase, with 83% of GP practices now onboarded.
- **Audit+ Replacement:** Project mobilisation for ES&R is complete and delivery remains on track.
- **Cloud Transition:** Testing is complete, with go-live achieved and no significant delivery issues.

Two programmes /projects are **AMBER/RED**
Low confidence of successful delivery requiring urgent management attention:

- **Integration Hub:** Delivery is progressing, but migration, testing and dependency risks will potentially impact the June 2027 deadline.
- **NDR:** Delivery continues, though resource constraints are impacting capacity and timelines.

One Programme / project is **RED**
No confidence of successful delivery requiring critical decisive action:

- **LIMS 2.0:** Significant testing, defect resolution and data migration challenges continue to drive schedule delays

Two programmes / projects are **NOT ASSESSED**
Programme cannot assess confidence of delivery as activity has been suspended or complete:

- **Welsh Intensive Care Information System:** Status unassessed pending confirmation of post-Phase 1 funding and implementation milestones. Discovery criteria complete.
- **Connecting Care:** Funding is confirmed and delivery is progressing, but the programme has not yet been formally assessed.

Programme / Project Scoring

Since quarter 1 , the following projects have been scored.

Reporting will commence once the Programme/Project Boards been established' and 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
Welsh Point of Care Testing	6	4	4	6	6	4	4	**34**
Future Workforce Solution	4	4	2	2	2	4	2	**20**

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

POMB Submission Date: 10/9/2026

Radiology Informatics System Programme
Project Closure Report – Summary Slide

Background

The RISP Programme was established to modernise radiology services across Wales through the implementation of new digital systems and supporting processes, with the intended outcomes of improving diagnostic capability, standardisation and patient outcomes. The programme included procurement, implementation and deployment of a new integrated Radiology Information Solution (RIS) and Picture Archive & Communication System (PACS) across Health Boards and Trusts, with DHCW taking programme responsibility in January 2023 following earlier NHS Collaborative activity.

Project Performance

The programme has successfully achieved its core purpose of procuring and implementing the radiology informatics system, with all Health Boards and Trusts having implemented the solution. It has delivered an integrated RIS and PACS solution, improved image sharing and reporting capability, and strengthened integration across Health Boards and Trusts. Some residual issues remain for supplier resolution and will be managed through ongoing contract management and BAU

Against Timescales

- Pre-procurement completed June 2019 to December 2021, with procurement undertaken January 2022 to April 2023.
- Configuration, integration and deployment took longer than planned, with implementation completed in June 2026.
- Delays were caused by business case approvals, commercial changes, supplier readiness, deployment dependencies and local implementation challenges.
- All organisations were successfully deployed by June 2026.

Against Objectives

- Integrated RIS & PACS solution implemented across Wales.
- Shared radiology history and All-Wales patient view established.
- Improved access to imaging information and reporting capabilities.
- Enhanced diagnostic workflows and reduced duplicate examinations through better visibility of prior imaging.
- Some integration and image-linking activities remain in progress.
- Carbon reduction objective not demonstrably achieved.

Against Budget

- Total programme budget: £10.72m
- Total actual expenditure: £10.36m
- Overall underspend: £0.35m
- Revenue expenditure: £4.99m
- Capital expenditure: £5.38m

Financial performance remained within approved tolerances.

Issues / Risks to Transition

Programme Risks Closed

- Programme implementation and funding risks associated with delivery.
- Deployment schedule risks following completion of all go-lives.

Risks Transitioned to BAU

- Outstanding supplier deliverables.
- Data migration completion activities.
- Blind reporting functionality risk.
- Orchestrator and reporting standardisation risks.
- Clinical and technical risks associated with operational service delivery.

Benefits to realise

Benefits Realised at Closure

- National radiology platform deployed across Wales.
- Improved image sharing, reporting, and access to diagnostics.

Future Benefits

- Increased service resilience through standardisation.
- Optimised clinical workflows and service delivery.
- Continued benefits realisation through Health Board programmes.
- Further efficiencies through platform adoption and optimisation.
- Ongoing monitoring via the All-Wales Benefits Group.

Lessons Learnt

- Start procurement activity earlier and align with legacy contract end dates.
- Ensure robust cutover planning with multidisciplinary involvement.
- Clarify supplier and local team responsibilities from the outset.
- Strengthen communication and engagement beyond Radiology services.
- Resolve data quality issues prior to go-live.
- Maintain comprehensive business continuity arrangements.
- Confirm infrastructure, firewalls and technical prerequisites earlier.

Undelivered / Unnecessary items

The following activities transfer to business-as-usual arrangements:

- Outstanding supplier deliverables.
- HB Stable Operations milestone completion.
- HB Data Migration Completion certification.
- Contract performance monitoring.
- Ongoing technical enhancements and change requests.

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

POMB Submission Date: 10/09/2026

WISDM Project Project Closure Report – Summary Slid

Background

The Welsh Information Solution for Diabetes Management (WISDM) project was established to deliver a national digital diabetes solution for Wales, providing a shared multidisciplinary clinical record across primary, secondary and community healthcare settings. Following direction from the NHS Wales Information Management Board to avoid disease-specific systems, the project adopted an incremental approach, delivering diabetes functionality through national platforms including the Welsh Clinical Portal. The latest milestone, Release 0 v7 of the Diabetes Consultation Note, introduced paediatric functionality to enable clinicians to record, view and share information for children and young people with diabetes, supporting the long-term vision of a single digital diabetes record throughout a patient's lifetime.

Project Performance

The project successfully delivered multiple releases of the Diabetes Consultation Note between 2019 and 2026, including functionality for podiatry, antenatal reviews, technical enhancements, medication and pump updates, and paediatric diabetes care. The paediatric release entered User Acceptance Testing in July 2026, representing the agreed point for project closure, with remaining development transitioning into the DHCW product operating model for ongoing enhancement and support.

Against Objectives

The project achieved its core objective of establishing a nationally available digital diabetes record by delivering incremental functionality through existing national systems. Key capabilities have been implemented to support diabetes care across multiple clinical settings, while maintaining alignment with the strategic direction of developing solutions within shared national platforms rather than standalone disease-specific applications.

Against Timescales

The project delivered a series of releases over several years, achieving key milestones between 2019 and 2026. The final project milestone, Release 0 v7, was delivered to User Acceptance Testing in July 2026 as planned, providing an appropriate transition point from project-based delivery to ongoing product management.

Against Budget

Initial funding was provided by the All Wales Diabetes Implementation Group until 2020, after which DHCW funded delivery through existing organisational resources and the Integrated Medium Term Plan. While later phases of development were not separately funded, delivery continued through core resources, enabling progress to be maintained and providing a sustainable route for future development under the product operating model.

Significant Issues / Risks to Transition

The principal risk associated with transition relates to the underlying technical platform, with the Diabetes Consultation Note currently operating on an ageing version of Orbeon that presents sustainability, performance and operational support challenges. A platform rebuild has been approved and planned to improve long-term resilience, supportability and user experience while reducing the risks associated with the existing architecture.

Benefits to realise

The solution is already delivering value, with more than 10,000 Diabetes Consultation Notes created each month across four Welsh health boards. Future benefits are expected through continued adoption, enhanced information sharing, improved clinical workflows, and the planned platform rebuild, which provides opportunities for increased functionality, improved performance and greater sustainability.

Lessons Learnt

The project demonstrated the value of incremental delivery within national platforms, enabling functionality to be delivered progressively while responding to evolving user needs and organisational priorities. It also highlighted the importance of establishing clear ownership and governance when transitioning from project to product delivery, maintaining focus on technical sustainability throughout the lifecycle of long-running digital initiatives, and ensuring that benefits realisation planning extends beyond initial implementation into ongoing product development and operational improvement.

Undelivered / Unnecessary items

Future enhancements not delivered within the project scope will continue under product management arrangements and include integration of blood pressure, diagnosis and medication data from primary care, enhanced document launch functionality, automated sending of consultation documents to primary care, and additional dietetic care plan enhancements. No unnecessary or redundant deliverables were identified as part of project closure.

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

POMB Submission Date: 10/9/2026

Fiorano 13 Migration
Project Closure Report – Summary Slide

Background

The Fiorano 13 Migration project was established to migrate integration flows from Fiorano v10.4 to v13, ensuring continuity of service on a supported platform and preparing the integration estate for future Integration Hub modernisation. By closure, 98% of identified feeds had been migrated; remaining feeds transfer to BAU management

Project Performance

Migration from Fiorano v10.4 to v13 completed, with 98% of identified feeds successfully running on the new platform. Remaining feeds are being managed through BAU by the Integration Team. Project can be formally closed as the core migration objective has been achieved.

Against Objectives

- Migrate active integration flows to Fiorano 13
- Maintain vendor support and platform stability
- Reduce cyber and operational risk
- Rationalise obsolete and unused feeds
- Establish cleaner integration baseline
- Strengthen readiness for Integration Hub delivery

Against Timescales

- Project established ahead of planned v10.4 support withdrawal in June 2025.Vendor support extension provided delivery flexibility. Focused Health Board notice issued March 2026.Project completed in June 2026.

Against Budget

Delivered using core operational team resources, with dedicated Project Manager support until December 2025. Migration supported contract negotiations that reduced annual Fiorano support from £997k to £786k, creating an annual cost avoidance benefit

Issues / Risks to Transition

Risks: All project risks closed.
Issues: No remaining project resources assigned.
Transition: Remaining feed developments transfer to the Integration Services backlog, owned by the Integration Services Product Manager and supported by the Operational Support Team.

Benefits to realise

Realised at closure:

- Active flows migrated to supported platform
- Reduced cyber and operational risk
- Platform stability maintained
- Obsolete and unused feeds rationalised

Future / ongoing benefits:

- Cleaner baseline for Integration Hub
- Easier prioritisation of integration modernisation

Lessons Learnt

- Complete end-to-end environment readiness before migration, including firewall, connectivity and infrastructure validation.
- Maintain sustained Health Board engagement, particularly for testing and migration planning.
- Use formal notices earlier if engagement is insufficient.
- Align migration activity with monthly Windows maintenance windows where practical to reduce downtime and disruption

Undelivered / Unnecessary items

- These activities transfer to BAU:
- Remaining national flows requiring further development before migration
- Future development, enhancement or modernisation of remaining integration feeds
- Ongoing support, maintenance and management of migrated feeds
- Records retained for future reference

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru | Digital Health and Care Wales

POMB Submission Date: 15/10/2026

NHS Wales Copilot Enablement

Project Closure Report – Summary Slide

Background

The project established a coordinated Once-for-Wales approach to the safe adoption of Microsoft Copilot across NHS Wales, combining governance, technical controls, communications, training and business change. It created the foundations for responsible AI adoption and future Microsoft 365 Copilot capabilities.

Project Performance

The project delivered the national Copilot Chat campaign, technical enablement and key governance controls. More than 28,000 colleagues actively used Copilot Chat and 6,753 attended training. Copilot is live in the national tenant and ongoing service ownership transfers to the M365 CoE. Closure is recommended, with defined actions continuing through BAU.

Against Objectives

- Governance and delivery capability established, with an identified gap in dedicated IG participation.
- National technical controls implemented, with remaining control decisions moving to sponsor/service leads.
- National reporting feasibility assessed.
- Business-value activity initiated with four NHS Wales organisations.

Against Timescales

All six milestones were achieved, including establishment of the working group, launch of the national campaign, completion of configuration and governance activity, and transition of Copilot into live service within the national tenant on 16th September 2026.

Against Budget

The closure report does not identify a separate project budget position. Delivery was undertaken collaboratively by the NHS Wales M365 Centre of Excellence and Microsoft. Any ongoing adoption, governance, analytics and service-management activity will be managed through BAU arrangements.

Issues / Risks to Transition

Risks: All recorded project risks are closed; no outstanding project risks or issues remain.
Transition: Copilot as a Service transfers to the M365 CoE through existing IT Service Management channels.
Actions: Outstanding controls, guidance, support model and analytics ownership require completion through BAU.

Benefits to realise

Realised at closure:

- National Copilot Chat enablement and adoption campaign.
- More than 28,000 active users and 6,753 training attendees.
- Enhanced digital skills, national collaboration and alignment with national strategy.

Future / ongoing benefits:

- Complete IG guidance and remaining controls.
- Continue adoption, learning and promptathons.
- Measure productivity, wellbeing and business value.
- Establish sustainable analytics and reporting.

Lessons Learnt

- Agree Information Governance participation and assurance early.
- Define ownership and BAU support before developing reporting solutions.
- Deliver technical controls alongside communications and adoption activity.
- Prioritise automated reporting over manual processes.
- Treat AI adoption as continuous learning, supported by scalable self-service resources and communities.
- Use existing national governance and collaboration structures.

Undelivered / Unnecessary items

The following transfer to BAU:

- Edge Sidebar, retention-policy and agent-sharing decisions.
- Final Copilot Chat safety guidance.
- Promptathons and extended learning offer.
- Long-term operational support model.
- Copilot analytics ownership and governance.
- Ongoing review of controls, guidance, adoption and value measurement.

GIG CYMRU NHS WALES | Iechyd a Gofal Digidol Cymru Digital Health and Care Wales

POMB submission date: 15th October 2025

GP Systems Migration Project

Project Closure Report – Summary Slide

Background

Full Closure Report

- INPS withdrew from the Welsh GP systems market after the 2023 mini-competition.
- The project safely migrated affected practices from Vision to EMIS Web while maintaining continuity of care.
- INPS entered administration in December 2024, creating a major continuity risk that was actively managed.

Project Performance

SUCCESSFUL CLOSURE

- All 193 practices migrated
- Stable operations achieved
- 95% positive evaluation

Undelivered / Unnecessary items

Transferred to GMS Services:

- All-Wales GP practice migration to cloud
- Decommissioning Vision in line with contract arrangements

Against Objectives

COMPLETE

- 193 practices migrated safely to EMIS Web
- Continuity maintained for over 1 million patients
- More than 5,500 practice staff supported
- Wales now operates a single GP clinical system platform

Against Timescales

- Completed May 2026
- 7 months ahead of original end date
- Cadence increased from 2 to 4 practices per week

Against Budget

- Closed within agreed financial governance arrangements
- Actual project expenditure: £6.39m
- Welsh Government allocation recorded: £4.32m
- No further project-specific commitments; ongoing costs transferred to service management

Significant Issues / Risks to Transition

- No outstanding project issues or risks at closure.
- Operational ownership transferred to GMS Services.
- Quarterly performance reviews continue with Optum and DHCW Digital Workplace.
- Support routes are established for desktop, connectivity and clinical system incidents.

Benefits to realise

- Primary benefit realised: continuity of clinical system provision, supporting patient safety and business continuity.
- All practices reached stable operations by 30 June 2026.
- Further benefits and disbenefits from a single supplier will be managed through operational services.

Lessons Learnt

- Start practice preparation earlier, including data checks, third-party readiness and staff planning.
- Define roles and accountability clearly across practices, DHCW teams and suppliers.
- Use consistent communications, clear escalation routes, weekly touchpoints and central records.
- Set explicit expectations for practice staffing and reduced services during go-live.
- Validate technical dependencies early using expanded checklists and supplier collaboration.
- Use live plans, shared trackers and version control to avoid conflicting actions.
- Tailor resources for larger practices and protect migration leads during peak delivery.
- Reinforce initial training with refresher guidance and on-site support.
- Maintain a live lessons log and apply learning during delivery, not only at closure.

RAG Framework

Version 5 (April 2025)

The RAG Framework is used to assess 'delivery confidence' in a consistent and proportionate way across the portfolio.
Programme Chairs and Boards use their judgement to assess overall confidence against the five ratings and the three domains below.

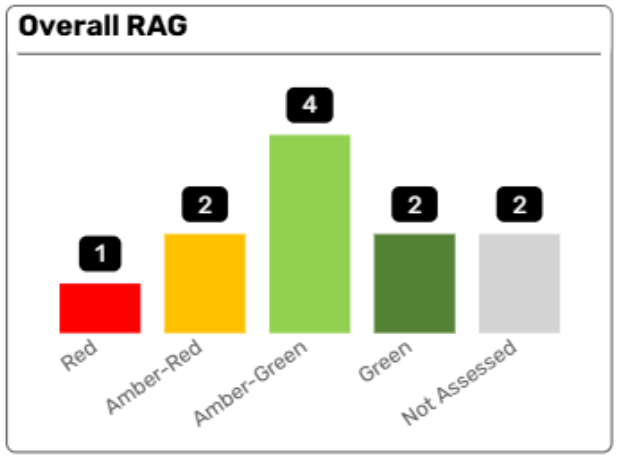
	Summary	Green	Amber Green	Amber Red	Red	Not Assessed	Typical issues
Overall Delivery Confidence	Consolidated view on delivery confidence at the whole programme level, informed by ratings in each domain.	**High confidence** of successful delivery and no major outstanding issues that threaten delivery	**Reasonable confidence** of successful delivery with some aspects requiring attention Action needed to ensure risks do not materialise into major issues threatening delivery.	**Low confidence** of successful delivery requiring urgent management attention Major risks and /or issues in key areas requiring action	**No confidence** of successful delivery requiring critical, decisive action Major issues which do not appear to be manageable or resolvable.	**Programme cannot assess confidence of delivery** because activity has been suspended (e.g. a formal review and reset) or is complete (e.g. closure).	
Quality	Confidence of delivering the programme outcomes and resulting benefits, as defined in the programme plan and against the **Duty of Quality**. In an agile programme user needs may include outcomes from discovery. User experience and feedback should inform confidence.	**High confidence** of delivering programme outcomes and benefits, meeting user needs, and meeting the Duty of Quality, without an adverse impact on time or budget (Evaluation, user feedback and satisfaction gives high confidence of benefits realisation and Quality)	**Reasonable confidence** of delivering programme outcomes and benefits, meeting user needs, and meeting the Duty of Quality, without an adverse impact on time or budget (Evaluation, user feedback and satisfaction gives reasonable confidence and programme has a plan to improve)	**Low confidence** of delivering programme outcomes and benefits, meeting user needs, and meeting the Duty of Quality, without an adverse impact on time or budget (Evaluation, user feedback and satisfaction gives low confidence and low likelihood of improvement)	**No confidence** of delivering programme outcomes and benefits, meeting user needs, and meeting the Duty of Quality, without an adverse impact on time or budget (Evaluation, user feedback and satisfaction gives no confidence and issues do not appear resolvable)	**Programme cannot assess confidence of delivering** outcomes and benefits, meeting user needs, and meeting the Duty of Quality because these have not been defined or are being formally reviewed and reset.	**Issue:** Unachievable specification, integration challenges, failed user acceptance testing, poor adoption, benefits in doubt, Duty of Quality concerns. **Manage:** Simplify requirements, reduce bespoke configuration, define interoperability standards, continuous agile approach and user research to meet user needs.
Time	Confidence of delivering the programme within the timetable set out in the programme plan.	Programme is ahead of or on schedule and has **high confidence** of meeting planned end date.	Programme may be behind schedule or risk of late delivery but has a plan giving **reasonable confidence** of recovering timetable and meeting planned end date.	Programme is behind schedule and/or high likelihood of late delivery and **low confidence** of recovering timetable and meeting planned end date.	Programme will be delivered significantly late and has **no confidence** of recovering timetable and meeting planned end date.	**Programme cannot assess delivery** within the timetable because the timetable has not been defined or is being formally reviewed and reset.	**Issue:** Delays in programme delivery, supplier delivery, partner delivery, etc. **Manage:** Reduce external dependencies, lock in commitments, monitor delivery.
Resources	Confidence that the resources available to the programme are sufficient to deliver the programme (primary consideration is financial resource but should also assess people capacity and capability)	£ - The programme is forecast to complete within budget or under budget. **People** – The programme is fully resourced, with no significant skill gaps	£ - The programme is forecast to exceed budget but has a plan giving **reasonable confidence** of recovery. **People** – The programme has some resource or skill gaps but has a plan giving **reasonable confidence** of recovery	£ - The programme is forecast to exceed budget and has **low confidence** of recovery or securing additional funding. **People** – The programme has significant resource or skill gaps and **low confidence** of recovery	£ - The programme will significantly exceed budget and has **no confidence** of recovery or securing additional funding. **People** – The programme has critical resource or skill gaps which do not appear resolvable giving **no confidence** of recovery	**Programme cannot assess whether resources are sufficient to deliver the programme** because the budget and resource plan has not been defined or is being formally reviewed and reset.	**Issue:** additional funding required, funding reduced, recruitment delays, specialist skills not available **Manage:** Detailed planning and delivery management, secure funding for whole programme period, strategic resourcing approach.

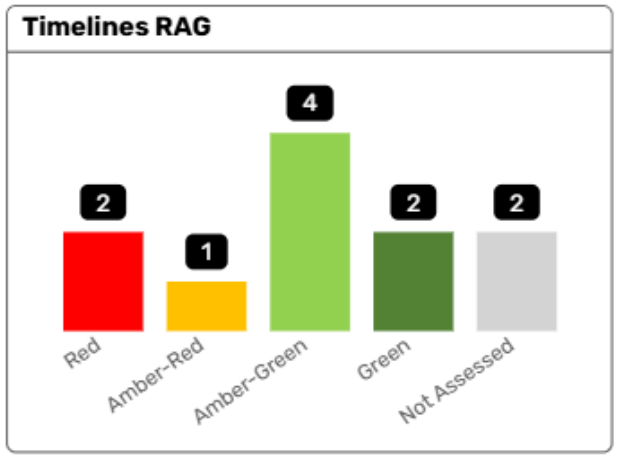
Guidance

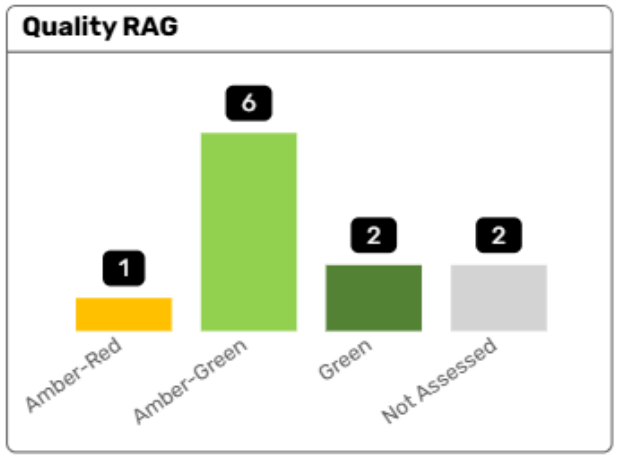
- **Overall Delivery Confidence** – should generally be Red if any of the Quality, Time, or Resources domains are Red, otherwise should reflect an average of the domains.
- **Formal Review** – A formal review and reset is external to and independent of the programme board. This excludes a gateway review.
- **Monthly review** - The Delivery Confidence should be assessed by the programme team and approved by the programme chair at least monthly. The RAG should be discussed at each programme board meeting for assurance.
- **Duty of Quality** – the six domains should be assessed across three areas: quality of programme delivery, quality of programme outcomes (usually the digital solution delivered by the programme), quality of programme benefits (usually impact on health and care service delivery).
- **Budget underspend and variance** – if there is underspend or in-year variance against plan this may not impact on delivery confidence but should be reported separately, because changes in spend profile can impact the deliverability of a programme over its full lifecycle.

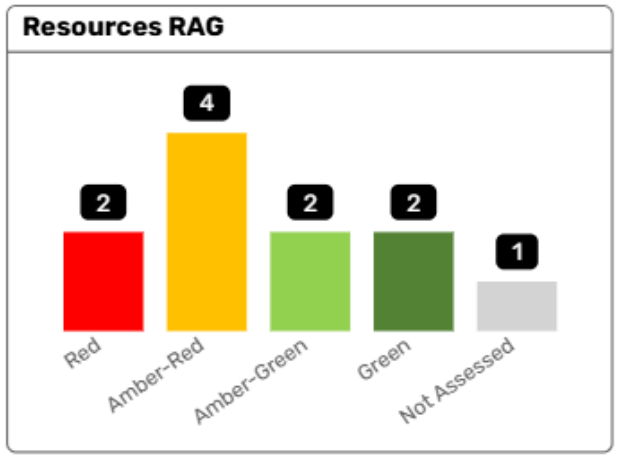
Overall Summary

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
2.6	Laboratory Information Management System 2.0 (LIMS 2.0)	Final	R →	R	AR	R	Alison Maguire	RAG Status remains RED: On 24th August the LIMS2.0 Programme went live with Tranche 3 (Microbiology), this was two weeks later than planned and has impacted on the remainder of the plan to complete implementation in QTR2. Following the Tranche 3 delay and additional configuration required the delivery schedule, has been revised with Tranche 4 (Blood Sciences) deployment moving from 21 September to 16 November 2026 and Tranche 5 (Blood Transfusion) moving from 24 November to 8 February 2027.	- T3 (Micro/Cervical Screening) hypercare period complete (4/9) - T5 (Blood Transfusion) - formal UAT commenced (21/9)	Formally Agree Tranche 4 Blood Sciences and Tranche 5 Blood Transfusion adoption plans and deploy

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 →	R	AG	AR	Marta Maia Silva	Overall RAG remains Amber/Red due to the scale and complexity of the migration programme required ahead of the June 2027 Fiorano contract end date. Confidence in delivery has improved following maturation of the roadmap, completion of early discovery activities and increased product team capability through onboarding of additional resources. However, significant migration activity remains and full migration of the Fiorano estate by June 2027 remains challenging. Progress continues across the product. Phase 2.1 (Demographics MPI Inbound) development is progressing, Phase 2.2 (Demographics MPI Outbound) discovery has completed with backlog development underway, and Phase 3 (MTED) discovery has commenced. The roadmap and backlog continue to be refined, providing greater confidence in migration sequencing and delivery planning. Stakeholder engagement and knowledge transfer activities have continued to support future migration phases. TDAG approval has been achieved and WIAG approval obtained for ADT messaging.	- Integration Hub roadmap refined, migration phases planned and ongoing backlog development undertaken to support future migration activity. - Continued development of the MVP Monitoring solution - Sprint planning, delivery cadence and stakeholder engagement activities maintained, supporting migration work. - Approval granted for WIAG Request for Change for ADT messages, and TDAG (design document for MPI Inbound and Outbound flows).	Timelines: continue with increased pace of recruitment on key roles and embedding as quickly as possible. Formulate plan with health boards to ensure sustained testing capacity.
1.1	National Data Resource (NDR)	Final	AR ↓	AR	AG	R	Marie Jones	Product teams have continued to maintain delivery where possible focusing available capacity on operational support, critical technical enablers and priority development activities. Resource pressures remains the most significant challenge across several workstreams, impacting delivery timelines and limiting the ability to progress at the desired pace.	Critical technical enablers and priority development activities have continued to be maintained. Key achievements include: • CDR: Enhanced encounters flows released to address data quality issues. • Clinical Coding Workbench App: Google expertise secured to deliver 'AI Human-in-the-loop' MVP solution. Presentation to Technical Design Assurance Group on 22 Sep 2026 for awareness. • FHIR: Interoperability standards for Organisational Resource, Care Documents, UEC message definitions and naming conventions has been submitted for international HL7 consideration. • IG: The Information Sharing Gateway tool is now in use by 132 public bodies across Wales. 'On The Road' events planned for the remainder of 2026. • Terminology: Good progress made in re-platforming the terminology server and is nearing completion. This will provide improved resilience and stability of the platform. • Data Dictionary: Completed development of the replacement solution, and established user engagement to capture further requirements to inform further development. • ABUHB: Pipeline between ABUHB on prem data and NDR has been created and tested to support migration activities. This includes the a dashboard that is now being tested, and the creation and testing of FHIR message standards for the in-house Clinical WorkStation (point of care local clinical portal).	There are six roles currently awaiting internal DHCW approval for CDR, NDAP and FHIR teams; which if successful may alleviate resource challenges in the short-term. In-person programme board and board development session held 29 Sep 2026; excellent engagement and programme scrutiny continues. The Board has requested further detail in regard to the amended delivery plan, the onboarding plans of federated partners and the impact on benefits given the change controls to milestones and ongoing resource challenges

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.7	Electronic Prescription Service (Primary Care) (EPS)	Final	AG →	AG	AG	AR	Laurence James	The overall status is "Amber-Green" because successful delivery is on track and appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. As of September 2026; • 38 million prescription items have been claimed through the EPS since November 2023. • 306 (83%) GP practices, 685 (100%) pharmacies and 4 (100%) Dispensing Appliance Contractors (DACs) are using EPS to send and receive prescriptions from GP practices digitally • Approximately 1.2 million patients have benefited from having their prescriptions sent electronically though EPS.	- All community pharmacies in Wales can now receive a prescription digitally from a GP practice through the Electronic Prescription Service (EPS). - Since November 2023, 38 million prescription items have been claimed through the EPS. - In total, EPS is being used by 306 (83%) GP practices, 685 (100%) Community Pharmacies and 4 (100%) of Dispensing Appliance Contractors (DACs) to digitally send and receive prescriptions, benefitting 1.2 million patients. - Between July – September 2026, 11 million prescription items were claimed through the EPS, with 86 GP practices and 9 community pharmacies starting to use EPS. - A controlled live testing phase of software at Morriston Hospital's Urgent Primary Care Centre to enable prescriptions to be sent digitally through EPS to a patient's nominated community pharmacy has commenced. - Testing of a Dispensing Doctor Patient Medication Record (PMR) supplier completed in readiness for live use in October. - Successful NHS Scotland Digital Prescribing and Dispensing Programme (DPDP) visit to Wales on 24th September to learn from our approach.	
2.2	Audit+ Replacement (AR)	Final	AG ↑	AG	AG	AG	Gary Jones	The Project has now improved from Amber-Red to Amber-Green overall, following a decision to decouple the former Audit+ Replacement Project into the immediate Enterprise Search & Report (ES&R) delivery route and the longer-term GMS Data Platform workstream. The project has established the core delivery controls needed for Board oversight, including milestone-level RAAG reporting and project mobilisation artefacts. No overdue tasks are identified and progress is complete across the project transition backlog and project mobilisation (set-up) artefacts, including RAIDDL log baselining. Development work on ES&R authored modules is currently at 31% of plan at this stage (ahead of planned progress).	* ES&R Delivery * DELIVERY \ PROJECT MGT RAG: Green Key project artefacts in place, Transition backlog complete and rebaselined controls. THIRD PARTY SUPPLIER - Technical - RAG: Green AWS-Managed Platform migrations complete. Dependency met, meaning any ES&R reports generated centrally will not impact GP system performance. - Supplier Management - RAG: Amber-Green An RFC has been submitted for SNOMED-CT reference datasets ('refsets') from EMIS. - Commercial \ Contracts - RAG: Amber-Green The ES&R Deployment Order (DO) remains an active dependency. A quote for a national ES&R service across all GP Practices has now been received and is being reviewed by Commercial Services colleagues. ES&R AUDIT MODULE DELIVERY RAG: Green ES&R audit modules continue to be developed in line with agreed prioritisation order and a weighting score has been applied to each module. There are currently 13 modules complete, which, as a simple, linear development metric, means that 31% of the overall plan is complete. Against the weighted plan (expressing each module's complexity score), progress is ahead of plan. IG (INFORMATION GOVERNANCE) RAG: Amber-Green ES&R DPIA has been drafted and reviewed by the Primary Care Information team and is ready for its DE (domain expert) review by the DPO service lead for approval and sign-off.	Following the decision to pivot to the ES&R delivery approach and the associated RAG status improvement to Amber-Green, the 'Route to Green' requires conversion of current Amber-Green delivery confidence into fully assured control by securing the ES&R Deployment Order, confirming governance transfer under the DQS Governance Group, approving core project controls, completing DPIA / IG assurance, maintaining module authoring cadence and defining the evidence and readiness criteria for parallel running and cutover.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.7	Electronic Prescribing and Medicines Administration (Secondary Care) (EPMA)	Final	AG →	AG	AG	AR	Laurence James	- 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 University NHS Trust have signed contracts with their electronic Prescribing and Medicines Administration (ePMA) supplier from the national multi-vendor framework. - Shared Medicines Record (SMR) data store and its Application Programming Interface (API) developed and published, enabling onboarding and access. - Migration of patient allergies and intolerances from the legacy allergies and intolerances data store into the SMR was completed on 24th June 2026. - Betsi Cadwaladr University Health Board (BC UHB) 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 and commenced rollout at Princess of Wales Hospital. - Powys commenced their go live on 5th May 2026 and is the first health board to read medicines on admission from the SMR read and to write discharge medicines with the SMR. - Aneurin Bevan University health Board (AB UHB) commenced an early adopter on 8th June 2026. Their ePMA system is integrated with the Shared Medicines Record (SMR) enabling the reading of medicines on patient hospital admission and updating/writing patient hospital discharge medicines to the SMR - Hywel Dda University Health Board (HDDA UHB) commenced ePMA use within Prince Philip Hospital in Llanelli on 15th July 2026.	- Overall, 88% (7/8) of health boards and trust are live with an ePMA procured from the national multi-vendor framework. Velindre University NHS Trust remains the organisation to go live. - Hywel Dda University Health Board (HDDA UHB) commenced ePMA use within Prince Philip Hospital in Llanelli on 15th July 2026. - Engagement sessions held with health boards and trust to review delivery plans against Welsh Government funding letter milestones. Individual reviews have been completed, resulting in a National ePMA milestone roadmap. - "Secondary Care ePMA Applications and the Outpatient Prescriptions: Electronic Prescription Service (EPS) Enablement Project" working group established and met on 30th September. The group will assess the feasibility for using the Electronic Prescription Service (EPS) with ePMAs, for sending eligible hospital outpatient prescriptions digitally to a patient's nominated community pharmacy. - Betsi Cadwaladr University Health Board's (BC UHB) final ePMA Programme Board met on 28th September. Assurances provided that the reading of medicines from the Shared Medicines Record (SMR) by their ePMA and full integration with the SMR for reading and writing allergies and intolerances will be progressed by their ePMA Business As Usual (BAU) product team.	

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.3	Cloud Transition Programme (CTP)	Final	AG ↓	AG	AG	AG	Sarah Murphy	The programme is Amber/Green at 30 September. Since June, the position improved following confirmation of 2026/27 funding and mobilisation of KPMG delivery support. The first migration to cloud, Welsh Address Matching service (WAMS) has completed, marking an important milestone, and a change in the programme activity towards scaled migration. Two KPMG Azure migration pods have started Wave 3 and 4 discovery. Within Infrastructure workstream Azure Landing Zone Phase 2 progressed through security remediation, DNS and firewall improvements. Azure role-based access control design concluded. In Change & Adoption University of South Wales were awarded training contract and onboarding commenced. The migration roadmap milestone including benefits realisation points reached 100% completion.	Infrastructure Delivery • Azure Landing Zone entered operational readiness, with supporting governance, security and platform capabilities established to support migration activity. • Azure Phase 2 delivery progressed, strengthening platform services and enabling onboarding of migration waves and programme tooling. • Significant progress achieved within the Single Backup Project, including technical testing, service design, operational readiness and migration planning. • Google Cloud Platform landing zone design completed, with architecture, security, networking and operating model requirements agreed and progressing towards implementation. Migration • Wave 1 migration completed for Welsh Address Matching Service (WAMS). • Migration and Modernisation discovery outputs translated into delivery plans, providing a structured roadmap for future migration waves and service optimisation opportunities. • WPAS migration planning progressed, including phased deployment design, stakeholder engagement and dependency management with Health Boards. • Additional migration candidates were assessed and prioritised, improving programme visibility of future migration waves and reducing delivery uncertainty. Organisational Change • Organisational Change activity moved further into delivery, with increased focus on workforce readiness, training development and stakeholder engagement. • Benefits management and reporting matured through enhanced dashboarding, benefits tracking and governance processes, improving visibility of programme outcomes. • Communications and engagement activity expanded across stakeholder groups, supporting awareness, readiness and adoption of cloud-enabled services. • Target operating model and service transition planning progressed, helping prepare operational teams for the long-term management and support of cloud services.	The rating recognises remaining assurance actions for WAMS and the Azure Landing Zone, re-baselined Welsh PAS plan and lack of contingency in 2027/2028 in current delivery plan. Focus will be maintained on remediation activity in hyper care period. Commitment recently received from Cwm Taf UHB will allow us to progress first WPAS migration, learn lessons and fold into the remaining health board planning sequence by March 2027. 2027/2028 migration wave plan will be informed by our experiences with wave 3 & 4, and funding award.
2.2	GP Systems Migrations	Final	G →	G	G	G	Jayne Steed	All 193 practice migrations are complete.	n/a	
1.3	National Target Architecture (NTA)	Final	G ↓	G	G	G	Alex Percival	The project is rated Green, having successfully restarted despite the ongoing dependency on securing the required architecture resources. The DHCW recruitment freeze continues to present a challenge to the acquisition of specialist architectural capability and has been recorded as a risk. However, mitigation strategies (such as utilising third party contracts to deliver on workpackages where appropriate) are in place. Overall delivery remains on track, and the project continues to move forward as planned. The position will be closely monitored to ensure any emerging impacts on timelines, milestones, and deliverables are identified and managed promptly.	Receipt of funding from WG and re-establishment of project. Commissioning of first Deep Dive, into Integration and Interoperability, which has now commenced. Development of additional Deep Dive Workpackages. Evaluation complete for the renewal of the Ardoq architecture repository. Creation and completion of an Architectural Skills Survey to understand gaps in skills, capability and knowledge across NHS Wales Digital Architecture Community.	

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.5	Welsh Intensive Care Information System (WICIS)	Final	NA	NA	NA	NA	Clair Watts	The overall programme remains unassessed as next steps of the programme have yet to be advised by Welsh Government. All milestones relating to agreement of scope 1 requirements have been met and completed with additional information as requested prepared and ready to submit.	- Face to face visit with BCU took place, to provide clarity on work achieved in scope 1, to demonstrate a demo of the Italian product and discuss next steps. BCU confirmed commitment to continue engagement with the programme, dependent on a decision and funding letter from WG. - Ongoing discussions and engagement with Ascom have taken place, including a meeting between Ascom CEO and DHCW CE to update on position and next steps, confirming DHCW commitment to continue pending a decision from WG. -Bergamo configuration of web version of Digistat system installed into WICIS TEST environment. - Options paper drafted to assess funding options to enable Programme progression - Funding proposal for support of clinical leads until March 2027 submitted for consideration. - Onsite meeting planned with BCUHB teams for tech rememdiation at Ysbyty Gwynedd site: temporarily postponed due to supplier concerns on financial arrangments. - Invasive procedures module	
2.3	Connecting Care (CC)	Final	NA	NA	NA	AR	Alison Paul	Award of DPIF funds for 26/27 has now been confirmed for the full amount of revenue requested (Sep 2026) Engagement through workshops with HB DoDs and Service Leads has identified integration between the CH&MH EHRs and National systems, and an Integrated Care Record were major priorities for effective, safe and timely decision making by health professionals in the provision of patient centred care CH&MH EHR Procurements and implementations are broadly progressing to plan - although some challenges remain with progress against tight timescales. However, delivery against the agreed milestones for 26/27 will be required before the remaining 50% funding will be released	September i) DPIF funds confirmed by WG for £11.25m revenue being the full amount requested. 50% funding has been released without further delay, but the remaining 50% will be subject to evidencing and delivery of credible plans, split: - 40% in Q3 following Welsh Government acceptance of revised delivery plans, milestones, benefits realisation plans and Transition plans to Business as Usual, and - 10% in Q4 following demonstrable progress against agreed milestones and evidence of delivery as assessed through the DPIF assurance process. ii) Priorities workshops delivered with DoDs and Service Leads, in September. Consensus agreed that an Integrated care record together with the integration of national systems with the CH&MH EHRs were major priorities The ORCHA - Mental Health Apps Framework project was delivered to time and budget August; Community & Mental Health EHRs; BCU Health Board formally approved their Community Health OBC July; PTHB Awarded the supplier contract for their CH&MH EHR The Thalamos Mental Health Act Systems Compliance Project report had Programme Board approval and been circulated to Health boards WCCIS Exit; Ceredigion's replacement system (Eclipse) went live in August	

Escalations | Management Board Portfolio Oversight

Major Programmes – Overarching Escalations to PDC

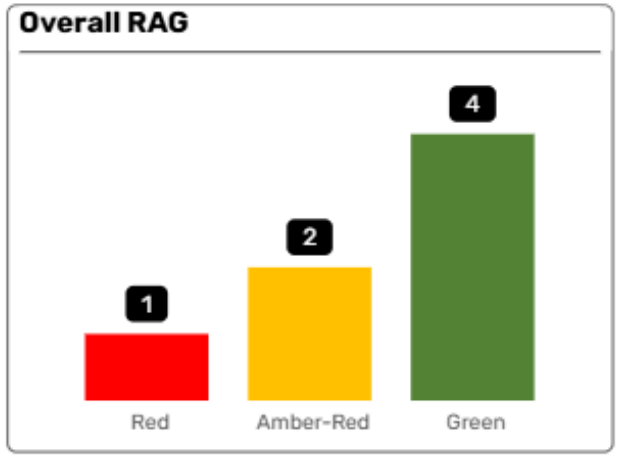
PPM Type	Portfolio	Name	ID	Status	Escalated	Type	Description	Closure Criteria	Update
Programme	2.5	Welsh Intensive Care Information System (WICIS) NA	ESC-1091	Open	Mar-2026	Assure	WG funding for WICIS was confirmed in Jan 2026 for Q4 2025/26 only, with an expectation that Health Boards agreed the scope of Phase 1 of a phased implementation. The Programme successfully had a scope document signed off by the Programme CAG, TAG and Board and submitted by the required date. The DDaT meeting was unfortunately cancelled and the programme was subsequently asked to produce additional information, specifically in relation to system specification, BCU commitment and Supplier commitment for the scope of phase 1. Lack of funding has resulted in local leads needing to stand down from their positions, the activity required for additional recruitment in LHBs has also not taken place, which will result in a lag in activity, should it be agreed the Programme can proceed. While the Programme Team respond to new queries, there remains no timetable for a response which presents an issue for the supplier, in terms of confidence and for assurance position of the asset under construction.	Following 16th March decision and confirmation of funding for 2026/27	11/08/26: UPDATE August 26: Awaiting a decision from Welsh Government, which is currently with the Minister. Helen Thomas has highlighted the contractual risks associated with any further delay in reaching a decision. 14/07/2026: UPDATE July 26: Further meeting held with Welsh Gov 26.06 and further information supplied to WG relating to funding and specification. Suggestion that funding is available subject to some additional scrutiny of the information, however no indication of when a decision may be forthcoming. Suggestion that the decision may be taken to DoD's, however nothing was presented in the recent DoD meeting. The issue becomes more challenging in terms of Programme restart, progression, implementation timescales and implementation feasibility as time goes on. Protracted pauses have and continue to have cost and confidence impact upon the Programme. Supplier engagement continues but remains challenging to sustain with no response from WG.

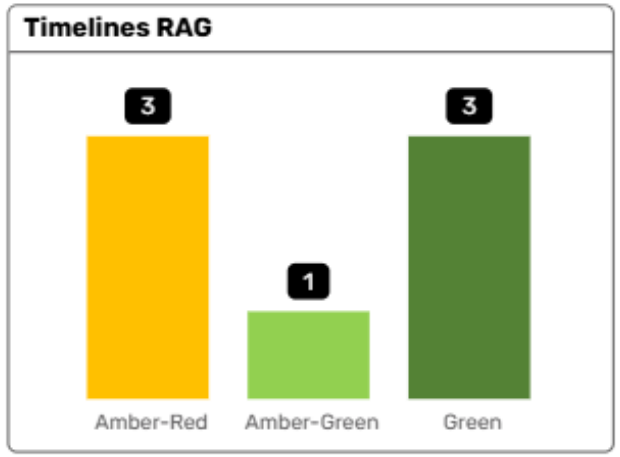
Escalations | Management Board Portfolio Oversight

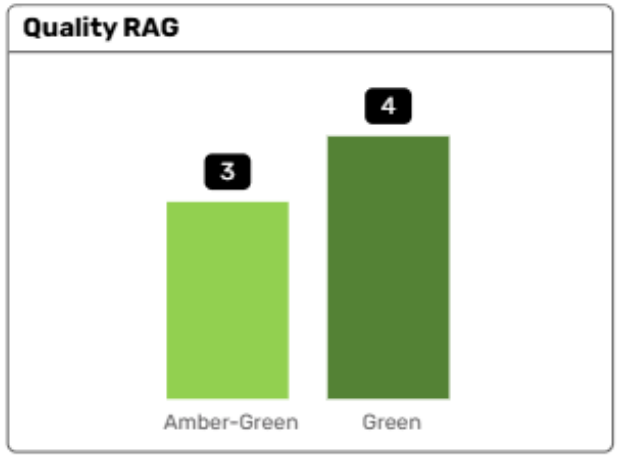
Major Programmes – Overarching Escalations to PDC

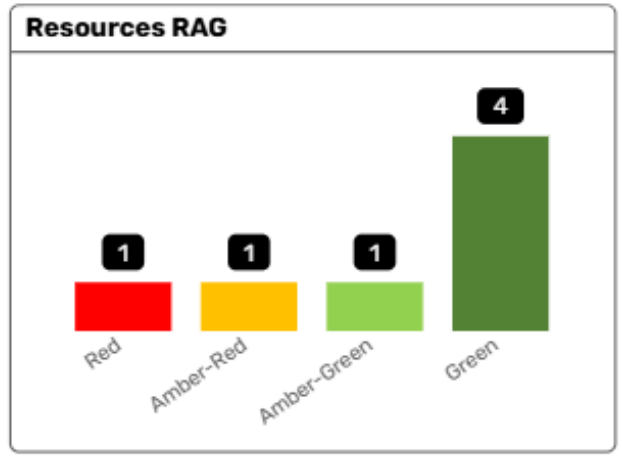
PPM Type	Portfolio	Name	ID	Status	Escalated	Type	Description	Closure Criteria	Update
Programme	2.5	Laboratory Information Management System 2.0 (LIMS 2.0) R	ESC-1083	Closed	Mar 2026	Assure	The timetable to transition from the current LIMS (TCL2016) to LIMS 2.0 (TCLE) by December 2025 will not be met, 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	Last Governance Update: 25/03/2026: PPMG Action: Programme to assess impact of delays and PPMG to support the prioritisation of resource as required. Last 2 Owner Updates: UPDATE Oct 26: This escalation has been superseded by ESC 1130 which has now been escalated to WG UPDATE August 26: Further delays have been encountered , T3 was due to go live on the 10th August but this has now been postponed to the 24th August this could impact T4 but difficult to quantify due to the number of activities required for T4.
Programme	2.5	Radiology Informatics Solution Procurement (RISP) AR	ESC-1085	Closed	Mar 2026	Assure	As a result of ABUHB request to move their go live date to May 2026 the programme will not complete at the end of March 2026 as planned, there is also a possibility of further requests to move beyond March as a result of the transitional global worklist requirement.	Approval at board and confirmation from the HBs that they will manage any financial implications	02/10/2026: UPDATE Oct 26: This escalation has been superseded by Welsh Government escalation (ESC 1130) and closure criteria met. 12/08/2026: UPDATE August 26: Further delays have been encountered , T3 was due to go live on the 10th August but this has now been postponed to the 24th August this could impact T4 but difficult to quantify due to the number of activities required for T4.

Overall Summary









PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	RED & AMBER/RED RAG COMMENTARY
1.1	NHS Wales Referral Integration	⇩				**Overall:** There has been no material delivery progress during this reporting period, with progression of the remaining Beta activities continuing to be dependent on the availability of WPAS resource. This dependency remains unresolved and is preventing the required integration activity from progressing.
2.4	Welsh Nursing Care Record	⇔				**Overall:** While product development remains on track and testing milestones have been achieved, uncertainty around DPIF funding conditions and the risk of delayed Health Board adoption beyond the current funding period could impact rollout timescales and benefits realisation.
2.5	Welsh Emergency Care Dataset	⇔				**Overall:** While progress has been made across data standards and data flow development, delays in agreeing implementation with the Early Adopter Health Board and finalising rollout plans for remaining Health Boards continue to present a significant delivery risk.
1.3	ITSM Replacement Toolset	⇔				

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS
OTHER PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END SEPTEMBER 2026

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on AMBER/RED and RED RAG ratings
1.4	GP Computer Refresh	⇔				
2.2	Eyecare ERS	⇧				
2.4	Secondary Care Lung Function Testing	⇧				

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

Eitem ar yr Agenda: Agenda Item:	5.1

Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	5 November 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:	Chris Darling, Director of Corporate Affairs / Board Secretary

Pwrpas yr Adroddiad: Purpose of the Report:	For Assurance
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE for ASSURANCE the latest position regarding DHCW's escalation status.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
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

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 initial increase in escalation related 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 worked closely with Welsh Government to confirm the arrangements for escalation via an agreed Escalation Framework, published in April 2025, and associated Enhanced Monitoring Improvement Plan.

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.

3.6 The NHS Wales Accountability Framework changed from the 1 April 2026, with the introduction of new arrangements for overseeing NHS bodies in enhanced levels of escalation.

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

4.1 DHCW Escalation Activity

Since the last Committee meeting, the Independent Well-led review has commenced, with significant progress made by the Independent Reviewers - Patricia Wright (Lead Reviewer) and Anthony Upshall. The Terms of Reference for the review were issued on the 10 August 2026. The Terms of Reference confirms the three questions to be considered:

> **Question 1**: Is the organisation well led with the clarity and ability to meet the requirements of its remit letter?
> **Question 2**: Is the organisation effective at delivering what it is required to deliver (aligned to its organisational plans and remit letter)?
> **Question 3**: Is what the organisation is delivering effective and delivering value to NHS Wales?

The core output of the review is a report including recommendations and required actions. Welsh Government are the owner of the output with NHSWP&I being responsible for its production.

The Terms of Reference confirm three key methods to gather evidence during the review, including:

- Document review and analysis
- Conservations/Focus Groups
- Observations

The report is due to be submitted to Welsh Government by the end of November 2026.

4.2 DHCW WG Accountability Board Meeting, 5 October 2026 and Escalation Board Meeting, 11 December 2026

The DHCW Executive Team attended the Welsh Government Accountability Board meeting on 5 October, which considered progress against the four NHS Wales Accountability Framework pillars, and the foundational Well-Led pillar. One action came out of the meeting to develop an NDR Masterclass session with Welsh Government.

DHCW's next Escalation Board meeting is scheduled for the 11 December 2026, which it is hoped will be after the publication of the Independent Well-Led Review report.

4.3 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
- 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 Phase 2 plan was discussed and endorsed 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 2026. The PDC Committee continue to oversee and monitor deliver of this plan, which focuses on the Level 3 Enhanced Monitoring areas of concern: major programme delivery and stakeholder relations. DHCW teams continue to work to address the actions set out within the plan, and the update for the Committee today focuses on progress against this plan. The latest position can be seen as appendix A.

4.4 NHS Wales Digital Blueprint and Ways of Working

It should be noted that the work commissioned by the NHS Wales Chief Executives to develop an NHS Wales Digital Blueprint and action plan has been progressing over the past few months, with a draft blueprint framework and roles and responsibilities documented and discussed by Steering Committee to better clarity roles and responsibilities across the NHS Wales digital health landscape.

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 (Level 3), 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 DHCW 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:	SHA Board is being asked to
NOTE for ASSURANCE the latest position regarding DHCW's escalation status.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
PRODUCT REPORTING APPROACH

Eitem ar yr Agenda: Agenda Item:	5.2

Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	5th November 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:	Isis Hreczuk-Hirst, Head of Performance
Cyflwynwyd gan: Presented By:	Isis Hreczuk-Hirst, Head of Performance

Pwrpas yr Adroddiad: Purpose of the Report:	To Receive/Discuss
Argymhelliad: Recommendation:	The Committee is being asked to

- **RECIEVE** and **DISCUSS** the Product Value reports for Test Requests and Results Notification and the NHS Wales App.
- **ENDORSE** the Product Value format as the basis for strategic product oversight at PDC.
- **NOTE** that a sizing exercise will be undertaken across the DHCW Product Portfolio
- **NOTE** that Product Delivery and Product Health information will primarily support operational and internal management, with material exceptions escalated as appropriate; and
- **SUPPORT** a centrally coordinated product-sizing exercise to inform the products, product families and reporting cadence proposed for future PDC oversight.

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
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
Chris Darling	26/10/26	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PDC	Portfolio Delivery Committee		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

Following the approach outlined in the August paper, work has progressed to establish a consistent model for product reporting across the DHCW portfolio. The agreed model comprises Product Value, Product Delivery and Product Health. Product Value will provide the principal view for PDC and external stakeholder oversight. Detailed Product Delivery and Product Health information will primarily support product teams, directorates and internal management, with material exceptions escalated where appropriate.

Two product reports as examples of Major Products have initially been selected for PDC consideration and endorsement of the proposed approach, while wider portfolio reporting continues to be developed. As the next stage, a Product Sizing Matrix methodology has been developed by the Operations Directorate to assess products consistently and help prioritise which products are brought forward, making best use of the limited time available at PDC.

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

The attached reports cover:

- Test Requests and Results Notification
- NHS Wales App

The reports seek to demonstrate Product Value across:

- About & Objectives – Purpose and outcomes
- Value & Benefits – User and service benefits
- User Feedback – User insight and feedback
- Challenges – Issues, dependencies and areas requiring attention
- Impact & Adoption – Measures, variation and explanation
- Roadmap – Complete, Now and Next

The Product Sizing Matrix will provide a consistent approach to assessing products against defined criteria—including reach, impact, complexity, demand, operational burden, strategic importance and risk—and assigning an indicative size of Small, Medium, Large or Strategic.

The exercise will help ensure that PDC oversight is proportionate and focused on the most significant products, while informing whether smaller products should be grouped into product families for reporting purposes.

The resulting assessment will inform recommendations on the products, reporting cadence and governance arrangements for future PDC oversight. DHCW Organisational Performance will co-ordinate the initial product-sizing exercise with DHCW Portfolio Management Office, product leads and relevant directorates.

Product teams will continue to produce Product Value reports every two months. Subject to the outcome of the sizing exercise, the latest relevant reports will be selected for quarterly PDC consideration, with material exceptions escalated through the appropriate governance route.

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

No individual product risk is escalated through this cover paper. However, implementation of the reporting approach is dependent on agreeing central coordination, validating the product-sizing methodology, maintaining proportionate reporting requirements and progressively reducing manual data collection. These matters will be addressed as part of the next phase of implementation.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to

- RECIEVE and DISCUSS the Product Value reports for Test Requests and Results Notification and the NHS Wales App.
- ENDORSE the Product Value format as the basis for strategic product oversight at PDC.
- NOTE that a sizing exercise will be undertaken across the DHCW Product Portfolio
- NOTE that Product Delivery and Product Health information will primarily support operational and internal management, with material exceptions escalated as appropriate; and
- SUPPORT a centrally coordinated product-sizing exercise to inform the products, product families and reporting cadence proposed for future PDC oversight.

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

Eitem ar yr Agenda: Agenda Item:	5.3

Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	05 November 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. RECEIVE AND DISCUSS the Corporate Risk Trend Analysis 01 October 2025 to 30 September 2026 NOTE the status of the Corporate Risk Register.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
	Risk Management and Assurance activities equally affect all. An EQIA is not applicable
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.
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
Management Board	15/10/2026	Approved

Laura Tolley, Head of Corporate Governance/Deputy Board Secretary	October 2026	Reviewed
Chris Darling Director of Corporate Governance/Board Secretary	October 2026	Reviewed

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

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 6 are for the consideration of this Committee.

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

- DHCW0333 WICIS Implementation Delay
- DHCW0347 National Target Architecture Transition Roadmap
- DHCW0348 Transition to new data architecture
- DHCW0358 A replacement solution may not be able to be delivered in Audit+ & PDES sunsetting timescales (30th April 2027)
- DHCW0362 PRIVATE
- DHCW0363 LIMS 2 Further Delays

4.2 The Risk register presents the Committees public register representing the 5 public risks assigned to this Committee at item 5.3i Appendix A

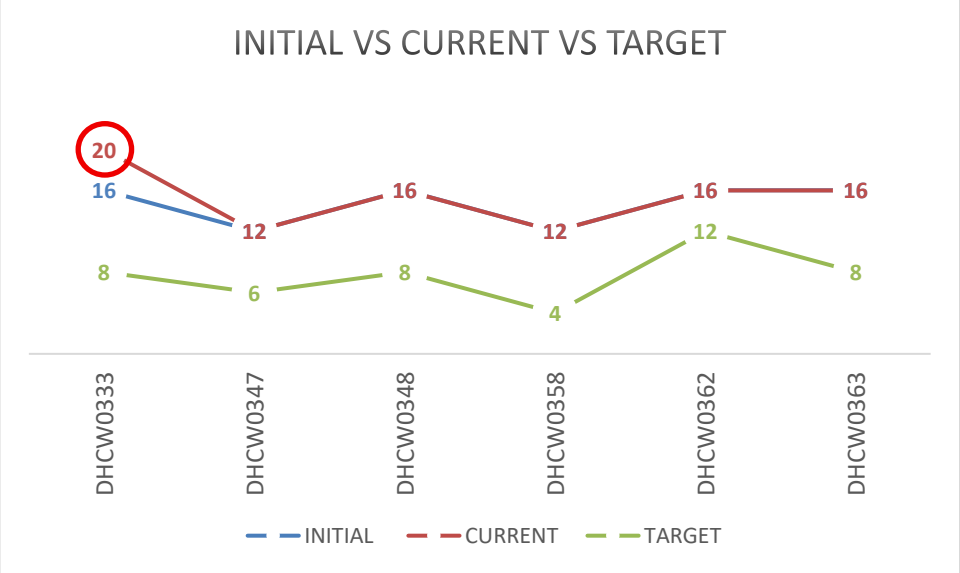
4.3 Committee members are also asked to receive and discuss the Annual Audit & Assurance Committee Corporate Risk Trend analysis covering the period of 01 October 2025 to 30 September 2026.

4.4 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 4 Critical risks assigned to the Committee. The key indicates the current position of the risk.

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

CONSEQUENCES	RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)					
MAJOR (4)			DHCW0358** ⟷	DHCW0337 Sustainable Digital Services and Development Funding Model ⟷ **DHCW0342 DHCW0348 Transition to new data Architecture ⟷ DHCW0355 Remit Letter Recruitment Pause ⟷ **DHCW0361 ⟷ **DHCW0362 ★ DHCW0363 – LIMS 2 Further Delays ★	DHCW0331 - Fixed term funding resource ⟷ DHCW0333 - WICIS Implementation Delay ⟷ DHCW0263: DHCW Functions ⟷ DHCW0320 - Citizen and stakeholder trust in use of HSC data ⟷ DHCW0359** ⟷
MODERATE (3)				DHCW0347 National Target Architecture Roadmap ⟷ DHCW0357 Personal Data must be processed in accordance with data protection principles	
MINOR (2)					
NEGLIGIBLE (1)					

4.6 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, DHCW0348, DHCW0358, DHCW0362 and DHCW0363 current scores are tracking the same as the initial scores.

4.7 Programme Risk Tolerance & Escalation Arrangements

In response to the Welsh Government Remit Letter requirement for DHCW to strengthen programme risk management arrangements, DHCW has reviewed its portfolio governance and reporting processes and introduced a clearer programme risk tolerance and escalation process.

DHCW has worked with the Chair of the Portfolio Delivery Committee, Programme Board Chairs and Programme leads to review programme risks and introduce the new process, ensuring a consistent understanding of risk tolerance thresholds and

escalation requirements across the portfolio.

Once this work has completed, the Programme Risk Tolerance and Escalation Process will be shared formally through the Portfolio Delivery Committee and also with Welsh Government.

The approach builds on existing governance structures and introduces defined escalation thresholds linked to delivery confidence ratings. This strengthens early warning mechanisms, improves consistency and transparency of escalation, and provides assurance that significant delivery risks and issues are identified, assessed and escalated in a timely and proportionate manner.

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

NEW RISKS (3) – 1 public, 2 Private
There were three new risks escalated during the period.

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0362	PRIVATE	Reputational	Portfolio Delivery Committee
DHCW0363	LIMS 2 Further Delays	Programme	Portfolio Delivery Committee
DHCW0364	PRIVATE	Service Delivery	Digital Governance and Safety Committee

RISKS WITH SCORE CHANGES (0) – 0 public, 0 private
There were no changes in score during the period

RISKS REMOVED (5) – 4 public, 1 private.
There were five risks removed during the period.

Reference	Name	Commentary	Committee Assignment
DHCW0354	DPIF Funding Pause and Review	Funding letter received and confirmed.	Portfolio Delivery Committee
DHCW0300	Canisc (Screening and Palliative Care)	Risk mitigated	Digital Governance and Safety Committee
DHCW0360	Outpatient Oncology Note (OON) in Data Warehouse	Discussed during deep dive at DG&S and downgraded for management at Directorate level	Digital Governance and Safety Committee

DHCW0357	Personal Data must be processed in accordance with the data protection principles.	Risk to Audit + now being satisfied by tactical solution	Portfolio Delivery Committee
DHCW0361	PRIVATE	Mitigated	Digital Governance and Safety 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.

5.2 DHCW's Remit Letter sets out the requirement to strengthen programme risk management arrangements.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
DISCUSS the Corporate Risks assigned to the Portfolio Delivery Committee. **RECEIVE AND DISCUSS** the Corporate Risk Trend Analysis 01 October 2025 to 30 September 2026 **NOTE** the status of the Corporate Risk Register.	

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

Eitem ar yr Agenda: Agenda Item:	5.4

Enw'r Cyfarfod: Name of Meeting:	Portfolio Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	5th November 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 Noting
Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the Major Programmes Overview Report update on status of key programmes managed by DHCW.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	All Missions Apply
DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	No, an EQIA is not applicable to the activity outlined in this report.
	STATEMENT BELOW IF APPLICABLE (INCLUDE DATE OF SUBMISSION)
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

Ifan Evans, Executive Director of Strategy	22nd October 2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

The full Assurance reports can be found here

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

The overall health of Major Programmes has changed this quarter, with three programmes moving from NOT ASSESSED following confirmation of funding after the Welsh Government DPIF pause and review. RISP and the Microsoft Enterprise Agreement Renewal programme are no longer reporting, following submission of Programme Closure Reports.

Since Q1, the following RAG status changes occurred:

National Target Architecture NOT ASSESSED → GREEN
Cloud Transition Programme NOT ASSESSED → AMBER/GREEN
National Data Resource NOT ASSESSED → AMBER/RED
Audit Plus Replacement AMBER/RED → AMBER/GREEN

One Programme / project is RED
No confidence of successful delivery requiring critical decisive action:

- LIMS 2.0: Significant testing, defect resolution and data migration challenges continue to drive schedule delays

Two programmes /projects are AMBER/RED
Low confidence of successful delivery requiring urgent management attention:

- **Integration Hub:** Delivery is progressing, but migration, testing and dependency risks remain ahead of the June 2027 deadline.
- **NDR:** Delivery continues, though resource constraints are impacting capacity and timelines.

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.
- Resource constraints.

Two programmes / projects are **NOT ASSESSED**
Programme cannot assess confidence of delivery as activity has been suspended or complete:

- **Welsh Intensive Care Information System:** Awaiting confirmation of post-Phase 1 implementation milestones before reassessment.
- **Connecting Care:** Funding is confirmed and delivery is progressing, but the programme has not yet been formally assessed.

Programme/Project Closures
Two major programmes, RISP and GP Systems Migration, have now closed. A summary of the closure reports are 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 is currently one open ASSURE escalations for PDC, relating to the Welsh Intensive Care Information System programme.

6 ARGYMHELLIAD / RECOMMENDATION

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