PWYLLGOR CYFLAWNI PORTFOLIO- CYHOEDDUS

Thursday 6 August 2026, 09:30 - 13:30

Microsoft teams

Agenda

09:30 - 09:30
0 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a chyflwyniadau

I'w Nodi *Cadeirydd*

1.2. Ymddiheuriadau am Absenoldeb

I'w Nodi *Cadeirydd*

1.3. Datganiadau o Fuddiant

I'w Nodi *Cadeirydd*

09:30 - 09:40
10 min

2. AGENDA GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf

I'w Gymeradwyo *Cadeirydd*

- Cyhoeddus
- Preifat

2.1i DRAFT PDC Minutes PUBLIC 30 April 2026 -Condensed Copy-en-cy-C.pdf (15 pages)
2.1ii PDC Abridged Private Minutes-en-cy-C.pdf (3 pages)

2.2. Blaengynllun Gwaith

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

2.2 Forward workplan.pdf (4 pages)

2.3. Adroddiadau Archwilio Mewnol

I'w Nodi *Cyfarwyddwr Gweithredol Strategaeth*

2.3 Rep_PDC WICIS Internal Audit Review Report August 2026.pdf (5 pages)
2.3i DHCW-2526-11 WICIS Final Report.pdf (10 pages)

2.3.1. • Adroddiad Archwilio System Wybodaeth Gofal Dwys Cymru

I'w Nodi *Cyfarwyddwr Gweithredol Strategaeth*

PRIF-AGENDA

09:40 - 09:45
5 min

3. I'W ADOLYGU

3.1. Cofnod Gweithredu (0)

I'w Thrafod *Cadeirydd*

09:45 - 11:10
85 min

4. ER SICRWYDD

4.1. Adroddiadau Sicrwydd Blynyddol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

4.1DPMO Programme Delivery Committee August 26.pdf (54 pages)

4.1.1. Rhaglen Moddion Digidol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

- **Gwasanaeth Presgripsiynau Electronig (EPS)**

• **Rhagnodi Electronig a Gweinyddu Meddyginiaethau (EPMA)**

4.1.2. Cytundeb Microsoft 365 Enterprise

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

11:10 - 11:10
0 min

EGWYL-10 munud 11:00-11:10

11:10 - 13:30
140 min

5. LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

5.1. Diweddariad Statws Uwchgyfeirio

Er Sicrwydd *Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd*

5.1 Escalation Status Update Report vdocx.pdf (7 pages)

5.2. Y Gofrestr Risg Gorfforaethol

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

5.2 Corporate Risk Register.pdf (7 pages)
5.2i Appendix A DHCW Corporate Risk Register.pdf (4 pages)

5.3. Adroddiad Rhaglenni Mawr

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.3 Major Programmes Report Covering Paper Aug 2026.pdf (5 pages)
5.3i Major Programmes Assurance Reports June 26.pdf (27 pages)

5.3.1. Fframwaith Systemau Meddyg Teulu (adroddiad cau)

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

5.3.2. Pontio i'r Cwmwl

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

5.3.3. Hwb Integreiddio

Er Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

5.3.4. Saernïaeth Darged Genedlaethol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.3.5. Adnodd Data Cenedlaethol

Er Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

5.3.6. Cysylltu Gofal

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

5.3.7. Amnewid Audit+

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

5.3.8. System Wybodaeth Gofal Dwys Cymru

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

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

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

5.3.10. System Rheoli Gwybodaeth Labordy (LIMS)

Er Sicrwydd *Cyfarwyddwr Rhaglenni ac Ymgysylltu*

Egwyl -30 munud 12:30-13:00

5.4. Gwerth a Manteision y Rhaglen Fawr

I'w Thrafod *Cyfarwyddwr Gweithredol Strategaeth*

5.4 Value and Benefits Report Portfolio Delivery Committee Covering Paper Aug 2026.pdf (5 pages)
5.4i REP_DHCW Value Benefits PDC_Aug.pdf (8 pages)

5.5. Dull Adrodd ar Gynhyrchion Mawr

I'w Thrafod *Pennaeth Perfformiad Sefydliadol*

5.5 DHCW_ProductReportingApproach_PDC_Final.pdf (7 pages)

13:30 - 13:30
0 min

6. MATERION I GLOI

6.1. Unrhyw Faterion Brys Eraill

I'w Thrafod *Cadeirydd*

6.2. Adroddiad ar Uchafbwyntiau'r Pwyllgor i Fwrdd yr AIA

I'w Nodi *Cadeirydd*

6.3. Dyddiad y cyfarfod nesaf: 05 Tachwedd 2026

I'w Nodi *Cadeirydd*

PWYLLGOR CYFLAWNI PORTFFOLIO - CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

09:30-12:40 | 30 Ebrill 2026 | MS Teams

Yn Bresennol (Aelodau)	Blaenly threnn au	Teitl	Sefydliad
David Selway	DS	Cadeirydd y Pwyllgor	IGDC
Ruth Glazzard	RG	Cadeirydd Dros Dro'r Bwrdd	IGDC
Marian Wyn Jones	MJ	Aelod Annibynnol	IGDC

Yn Bresennol	Blaenlythrennau	Teitl	Sefydliad
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	IGDC
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
Alison Maguire	AM	Cyfarwyddwr Rhaglen Diagnosteg	IGDC
Helen R Thomas	HRT	Arweinydd Rhaglen Gofal Brys a Gofal mewn Argyfwng	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		

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 • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol	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 **Penderfynodd y Pwyllgor Cyflawni Portffolio:** **GYMERADWYO** cofnodion y cyfarfod diwethaf.	Cymeradwywyd	Dim i'w nodi

2.2	**Blaengynllun Gwaith** **Penderfynodd y Pwyllgor Cyflawni Portffolio:** **NODI'R** Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
2.3	**Cylch Gorchwyl y Pwyllgor** Nododd y Cadeirydd fod y Pwyllgor wedi'i ailenwi'n Bwyllgor Cyflawni Portffolio i adlewyrchu ei gwmpas ehangedig, sydd bellach yn cynnwys goruchwylio cynhyrchion yn ogystal â rhaglenni. **Penderfynodd y Pwyllgor Cyflawni Portffolio: GYMERADWYO** Cylch Gorchwyl y Pwyllgor Cyflawni Portffolio.	Cymeradwywyd	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 Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth (IE), yr adroddiad a phwysleisiodd ar sefyllfa ariannu Iechyd a Gofal Digidol Cymru, gan egluro bod Llywodraeth Cymru wedi oedi ac yn adolygu Cronfa Fuddsoddi Blaenoriaethau Digidol (DPIF), sydd wedi creu rhywfaint o ansicrwydd i sawl rhaglen fawr. Nododd IE nad yw rhai rhaglenni (e.e. LIMS, RISP, EPS, EPMA, WCCIS) o fewn cwmpas yr oedi a'r adolygiad ac maent yn symud ymlaen gyda llythyrau cyllido un flwyddyn, tra bod eraill (gan gynnwys Ap GIG Cymru, Cysylltu Gofal, a'r Adnodd Data Cenedlaethol) yn cael eu hadolygu, gyda chyflwyniadau wedi'u gwneud yn ddiweddar i'w hasesu. Mewn ymateb, mae IGDC wedi atal cyllid ymlaen i bartneriaid, lle mae cyllid wedi'i wasgaru trwy IGDC i gyrff partner y GIG, gan gyfyngu ar ymrwymiadau ariannol newydd, a gofyn i raglenni leihau costau lle y bo modd. Bydd rhaglenni sy'n cael eu hadolygu yn cael eu marcio fel "heb eu hasesu" oherwydd ansicrwydd, tra bod eraill yn parhau i fod ar waith ond wedi'u nodi am risg adnoddau nes bod y statws ariannu yn y dyfodol wedi'i gadarnhau. **System Wybodaeth Gofal Dwys Cymru (WICIS)** Cyflwynodd Helen R Thomas, Arweinydd Rhaglen Gofal Brys a Gofal mewn Argyfwng (HRT) yr adroddiad: • Nod rhaglen WICIS yw darparu system ICU ddigidol fodern, safonol i Gymru, gan wella dogfennaeth, diogelwch a llif data cenedlaethol drwy adeiladu, dilysu a chynllunio gweithredu fesul	Rhoddwyd sicrwydd	Dim i'w Nodi

cam.

- Yn dilyn pryderon diogelwch cynnar ac adolygiad gan Lywodraeth Cymru, cytunwyd ar adferiad a chryfhawyd llywodraethu/arweinyddiaeth glinigol. Cyflwynwyd dull diwygiedig (Medi 2025).
- Ar ddechrau 2026, ail-ymgysylltodd y rhaglen yn gyflym â rhanddeiliaid i gadarnhau cwmpas Cam 1, gan sicrhau sicrwydd clinigol a chefnogaeth weithredol a chwrdd â therfynau amser Llywodraeth Cymru.
- Mae'r risgiau allweddol yn parhau: ymgysylltiad clinigol parhaus yn ystod seibiannau, cyfranogiad amrywiol Byrddau Iechyd ac ansicrwydd cyllido parhaus (wedi'i uwchgyfeirio i PDC), er bod ymrwymiad yn gwella (gan gynnwys ymgysylltiad newydd â BCU).
- Mae achos buddion yn parhau i ganolbwyntio ar ddisodli prosesau papur a galluogi gofal mwy diogel a mwy effeithlon a data o ansawdd gwell, gyda rhagdybiaethau ariannol (e.e. gwariant ar feddyginiaethau) dan adolygiad.

System Rheoli Gwybodaeth Labordy - Adroddiad Diweddaru/Cau

Cyflwynodd Alison Maguire (AM), Cyfarwyddwr y

Rhaglen Ddiagnosteg, yr adroddiad:

- Mae LIMS yn rhaglen adfer gymhleth yn dilyn caffael aflwyddiannus; mae'r ddarpariaeth wedi'i hailgynllunio o ddull cywasgedig cychwynnol ac mae bellach yn rhedeg tan ddiwedd mis Medi 2026.
- Mae'r raddfa'n parhau i fod yn sylweddol (38 labordy, ~8,000 o leoliadau, 2,000+ o brofion), gan yrru cymhlethdod gweithredu a dibyniaeth fawr ar gapasiti Byrddau Iechyd ar gyfer penderfyniadau profi a ffurfweddu.
- Cynnydd allweddol: Aeth y Seiliau Technegol Cenedlaethol yn fyw ym mis Hydref 2025. Aeth Patholeg Gellog yn fyw yn llwyddiannus Iedled Cymru (Ion-Chwe 2026). Mae Byrddau Iechyd yn mynd rhagddo i gyflwyno'r mortiwari i ymdopi â phwysau'r gaeaf.
- Lleoliadau nesaf: Microbioleg (dan arweiniad Iechyd Cyhoeddus Cymru i raddau helaeth), yna gwyddorau gwaed a thrallwysiad gwaed; cynlluniwyd cyflwyno'r gwasanaethau sy'n weddill erbyn diwedd mis Medi, gan nodi na fydd pob Bwrdd Iechyd yn mabwysiadu cydran trallwysiad gwaed LIMS 2.
- Prif risgiau/problemau: Cyfaint uchel o ddiffygion/newidiadau a thagfeydd wrth ddefnyddio UAT; gofynion cynyddol o ran cwmpas/ffurfweddu (gan gynnwys gofyniad newydd am fynediad llawn amser real i ddata hanesyddol); mudo data a chymhlethdod rheoleiddiol ar gyfer trallwysiad

gwaed; a phwysau ariannu oherwydd amserlenni estynedig a chostau ychwanegol cysylltiedig (cais am gyllid i Lywodraeth Cymru, gyda chynlluniau wrth gefn dan ystyriaeth).

- Llywodraethu / Sicrwydd Wedi'i reoli'n genedlaethol gan IGDC gyda chyflenwr o dan gontract canolog; safoni clinigol dan arweiniad strategaeth genedlaethol a grwpiau cynghori penodol i ddisgyblaethau; cyflawniad wedi'i gefnogi gan fyrddau haenog a grŵp gorchwyl a gorffen profi wythnosol, gyda chefnogaeth profi allanol ychwanegol yn cael ei chyflwyno i wella rhagweladwyedd.
- Mae manteision yn parhau o safoni parhaus, cefnogaeth achredu a llai o faich gweithredol trwy seilwaith a gynhelir gan gyflenwyr. Mae adborth cynnar gan randdeiliaid yn gadarnhaol ar ôl mynd yn fyw, gan gefnogi momentwm ar gyfer y disgyblaethau sy'n weddill.

Caffael System Gwybodeg Radioleg - Adroddiad Diweddaru/Cau

Cyflwynodd Alison Maguire (AM), Cyfarwyddwr y

Rhaglen Ddiagnosteg, yr adroddiad:

- Mae'r Rhaglen Radioleg yn cwmpasu tair prif gydran: PACS, sy'n rheoli delweddu ei hun (megis delweddau MRI a sgan), y System Gwybodaeth Radioleg (RIS), sy'n cefnogi'r llif gwaith clinigol o'r dechrau i'r diwedd gan gynnwys apwyntiadau, amserlennu ac adrodd ar ganlyniadau diagnostig, a thrydedd system o'r enw Dos y Cleifion, sy'n monitro ac yn gwerthuso amlygiad cleifion i ymbelydredd yn ystod gweithdrefnau radioleg.
- Mae'r rhaglen yn cyflawni dull integredig drwy gyfuno PACS a RIS fel rhan o un trawsnewidiad, yn hytrach na'u trin fel gweithrediadau ar wahân, gyda'r nod o wella cydgysylltu ar draws delweddu, rheoli llif gwaith a monitro diogelwch cleifion.
- Mae Cyfnodau Mynd yn Fyw wedi digwydd ar gyfer Powys, Betsi Cadwaladr, Hywel Dda, yr Academi Ddelweddu, Cwm Taf Morgannwg, Bae Abertawe, a Felindre. Aeth pedwar sefydliad yn fyw mewn un mis.
- Mae Caerdydd a'r Fro ac Aneurin Bevan wedi'u hamserlennu ar gyfer mis Mehefin, gyda'r rhaglen i ddod i ben ddiwedd mis Mehefin.
- **Llywodraethu:** Mae gan bob Bwrdd Iechyd ei gontract ei hun gyda'r cyflenwr ac mae'n gyfrifol am ei weithredu. Mae IGDC yn darparu rheolaeth rhaglenni a rhyngwynebau cenedlaethol ac mae wedi cymryd camau i gefnogi rheoli contractau a thrafodaethau cyflenwyr ar gais Prif Weithredwyr y GIG.

	• **Buddion:** Mae'r system newydd wedi'i safoni ledled Cymru, gan alluogi mwy o waith trawsffiniol a rhannu delweddau, gan gefnogi dull "Unwaith i Gymru". Mae'r system yn barod i'w defnyddio, heb unrhyw ddatblygiadau pwrpasol ar gyfer Byrddau Iechyd unigol. **Heriau Allweddol:** • **Rhestr Waith Fyd-eang:** Mae gweithrediad systemau cymysg yn cyfyngu mynediad at ddelweddau ei gilydd yn ystod y cyfnod pontio, gan olygu bod angen datrysiadau lleol dros dro a chyfrannu at oedi cyn mynd yn fyw. **Model contractio annibynnol:** Mae contractau a Chytundebau Lefel Gwasanaeth ar wahân i'r Byrddau Iechyd yn anodd eu rheoli ar raddfa fawr, gan sbarduno symudiad tuag at gydlynu cenedlaethol cryfach dan arweiniad IGDC. • **Capasiti a dilyniant cyflenwyr:** Mae cefnogi nifer o weithrediadau cyfochrog wedi ymestyn capasiti cyflenwyr, gan gynyddu'r risg dosbarthu ac ysgogi newidiadau i ddyddiadau mynd yn fyw. • **Pontio i Fusnes Fel Arfer** Mae angen sefydlogi cydlynol a pherchnogaeth glir wedi gweithredu'r rhaglen ac ar ôl i raglennu gau ar gyfer problemau sy'n weddill o ganlyniad i gyflwyniadau cyflym. **Penderfynodd y Pwyllgorau Cyflawni Portffolio: NODI'R** adroddiad er **SICRWYDD**.		
RHAN 5 – LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD			
5.1	**Diweddariad Statws Uwchgyfeirio** Cyflwynodd Chris Darling (CD), Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd y diweddariad: • Symudodd IGDC o fonitro arferol lefel 1 i fonitro uwch lefel 3 ym mis Mawrth 2025, yn benodol ar gyfer cyflawni rhaglenni mawr o dan Fframwaith Uwchgyfeirio ac Ymyrryd GIG Cymru. • Dirprwywyd cyfrifoldeb goruchwylio i'r Pwyllgor Cyflawni Portffolio, gydag amlder cyfarfodydd yn cynyddu i bob chwe wythnos. • Ar 8 Ebrill, uwchgyfeiriwyd IGDC i ymyriadau wedi'u targedu lefel 4 gan Lywodraeth Cymru. • Nodwyd nad oes cyfarfod Perfformiad, Ansawdd a Chyflenwi Integredig wedi bod ers cyfarfod diwethaf y pwyllgor. • Mae cyfarfod Bwrdd Cyflawni DDAT wedi'i drefnu ar gyfer 13 Mai, lle bydd rhaglenni ar draws y system, gan gynnwys y rhai sydd o dan statws uwchgyfeirio, yn cael eu hadolygu. • O 01 Ebrill 2026 ymlaen, bydd Byrddau	Rhoddwyd sicrwydd	Dim i'w Nodi

	Uwchgyfeirio yn disodli cyfarfodydd perfformiad blaenorol, gyda chyfarfodydd bob yn ail fis wedi'u cynllunio yn seiliedig ar lefel uwchgyfeirio. • Mae'r bwrdd uwchgyfeirio cyntaf IGDC wedi'i drefnu ar gyfer mis Mehefin 2026. • Nodwyd bod oedi ac adolygu'r DPIF yn effeithio ar raglenni mawr o fewn cwmpas yr uwchgyfeirio. • Roedd gan y cynllun gwella monitro uwch (Mai 2025–Mawrth 2026) 47 o gerrig milltir; cyflawnwyd 45 (96%), 40 ar amser (85%), 5 yn hwyr ond wedi'u cwblhau, a 2 heb eu cyflawni (LIMS a RISP yn mynd yn fyw). • Mae gwersi sylweddol wedi'u dysgu dros y 10 mis diwethaf o gyflwyno'r rhaglen, yn enwedig o ran y dull cyflawni, ymgysylltu â rhanddeiliaid, cydweithio, llywodraethu'r rhaglen, Teipoleg a dull masnachol, gwireddu buddion, a'r cydbwysedd rhwng cyflawni gorfodol a gweithio ar y cyd. • Er bod y gwelliannau hyn wedi cryfhau dealltwriaeth a gallu, nid yw'r cynllun gwella cyffredinol wedi cyflawni'r lefel o newid a ddisgwyliwyd yn wreiddiol gan Lywodraeth Cymru ac mae wedi cael ei ystyried yn rhy drawsweithredol ei natur. • Roedd cynllun uwchgyfeirio cam dau wedi'i ddatblygu, ond mae ei statws wedi'i ohirio ar hyn o bryd tra bod fframwaith uwchgyfeirio diwygiedig yn cael ei gyflwyno. Unwaith y bydd hwn wedi'i gyhoeddi, bydd IGDC yn gweithio gyda Llywodraeth Cymru a'r Uned Perfformiad a Gwella ar ddull dau gam: yn gyntaf cam diagnostig, ac yna gwaith manylach i fynd i'r afael â materion a nodwyd. • Disgwylir diweddariadau pellach yn yr wythnosau a'r misoedd nesaf wrth i'r fframwaith hwn gael ei ddatblygu a'i weithredu. **Penderfynodd y Pwyllgorau Cyflawni Portffolio: NODI'R** sefyllfa ddiweddaraf mewn perthynas â statws uwchgyfeirio IGDC er SICRWYDD		
5.2	**Adroddiad Rhaglenni Mawr** Cyflwynodd Ifan Evans, Cyfarwyddwr Gweithredol Strategaeth, yr Adroddiad Rhaglenni Mawr fel trosolwg strwythuredig o gyflawni portffolio, gan gwmpasu statws RAG, hyder cyflawni, newidiadau cylch bywyd, uwchgyfeirio (gan gynnwys LIMS, RISP, a WICIS), a dull sgorio prosiectau newydd (gan gynnwys galluogi Copilot sy'n gysylltiedig ag Adnewyddu Saernïaeth Menter Microsoft 365). Nododd IE hefyd drawsnewidiad DSPP i fusnes fel arfer a bod rhaglenni nad ydynt yn rhaglenni mawr yn cael eu hadrodd trwy eithriad. Crynhowyd y portffolio yn dair grŵp: perfformwyr cryf (e.e.	Nodwyd	Dim i'w nodi

	mudo systemau meddygon teulu, EPS, EPMA, Microsoft 365 a saernïaeth darged), rhaglenni dan bwysau oherwydd cyfyngiadau (e.e. cwmwl, NDR, Cysylltu Gofal), a meysydd â llai o hyder (yn enwedig LIMS a'r ganolfan integreiddio) oherwydd cymhlethdod a dibyniaethau. Roedd y themâu allweddol yn cynnwys ansicrwydd cyllido, capasiti arbenigol cyfyngedig, cymhlethdod systemau etifeddol, a gwella aeddfedrwydd sicrwydd. Ar y cyfan, mae'r portffolio yn cyflawni ond o dan gyfyngiadau llym, gyda hyder anwastad ar draws rhaglenni. **Fframwaith Systemau Meddygon Teulu** 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 newid o ddwy system meddygon teulu i un system Optum ledled Cymru bron wedi'i gwblhau, gyda dim ond 12 practis ar ôl i fudo a disgwylir iddo gael ei gwblhau erbyn diwedd mis Mai. • Roedd y prosiect yn cynnwys symud tua 200 o bractisiau meddygon teulu ac roedd angen llawer o baratoi a chydlynu technegol, dan arweiniad y Prif Reolwr Cyflawni a'i thîm. • Mae arweinyddiaeth weithredol gref a chydweithio agos â phartneriaid wedi bod yn allweddol i gyflawni'r newid yn llwyddiannus o fewn amserlen heriol. **Cytundeb Microsoft 365 Enterprise** Tynnodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau (SL), sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Gwyrdd” • Mae IGDC a GIG Cymru yn adnewyddu eu cytundeb menter Microsoft 365 Cymru gyfan, sy'n cwmpasu offer fel Teams, SharePoint, OneDrive, Outlook, seilwaith, a galluoedd diogelwch. • Mae'r contract pum mlynedd presennol yn dod i ben; trafodwyd cytundeb newydd i sicrhau sefydlogrwydd prisiau hirdymor ac osgoi cynnydd sylweddol mewn costau. • Roedd y prosiect yn cynnwys cydweithio system eang, gyda bwrdd prosiect a grŵp gorchwyl yn cynrychioli pob sefydliad yng Nghymru, gan arwain at osod gofynion cynhwysfawr a thrafodaethau contract llwyddiannus gyda Microsoft. • Mae'r cytundeb newydd wedi'i gymeradwyo gan bob bwrdd, gan gynnwys IGDC, ac mae mewn trafodaethau cyn-lofnodi terfynol gyda Microsoft.		

- Gwelir y canlyniad fel enghraifft gref o gydweithio effeithiol ledled Cymru, gan ddarparu contract ffafriol ac osgoi costau i'r system.

Pontio i'r Cwmwl

Tynnodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau (SL), sylw at y canlynol:

- Y statws Coch Melyn Gwyrdd cyffredinol oedd "Melyn–Gwyrdd".
- Nod y rhaglen oedd symud gwasanaethau IGDC o ganolfannau data ar y safle i ddarparwyr cwmwl masnachol, yn bennaf cyflenwyr ar raddfa uwch, er mwyn lleihau costau, gwella effeithlonrwydd ynni, ac osgoi treuliau ailosod caledwedd.
- Mae tair ffrwd waith wedi'u sefydlu: Cyflwyno Seilwaith (cysylltedd, diogelwch, adeiladu platfform), Mudo ac Optimeiddio (symud a gwella gwasanaethau), a Newid Sefydliadol (adeiladu gallu rheoli cwmwl mewnol).
- Mae cynnydd allweddol yn cynnwys cwblhau adeiladu platfform Azure, cysylltedd rhwydwaith, dyluniadau diogelwch, ac ymgysylltu â phartneriaid cymorth mudo (KPMG ac Atos) a'r dyluniadau saernïaeth a adolygwyd gan Microsoft a Google.
- Mae'r rhaglen pontio i'r cwmwl wedi gwneud cynnydd o ran sefydlu sylfaen gryfach, gan gynnwys diweddariadau i'r strategaeth cwmwl, datblygu'r model gweithredu, a gwaith hyfforddi parhaus.
- Fodd bynnag, bu'n rhaid ail-bennu'r amserlenni oherwydd heriau technegol, yn enwedig gyda phroblemau platfform Azure ac oedi mewn cysylltedd rhwydwaith, sydd bellach wedi'u datrys i raddau helaeth. Mae cynnydd hefyd wedi'i arafu gan heriau recriwtio a chapasiti cyfyngedig mewn meysydd arbenigol fel seiber.
- Y brif risg yw ansicrwydd ariannu oherwydd oedi ac adolygiad y DPIF, a all arwain at gostau hirdymor uwch, gan gynnwys treuliau canolfannau data cynyddol, disodli caledwedd ar gyfer seilwaith sy'n heneiddio, ac adnewyddiadau meddalwedd sydd ar ddod fel Citrix.
- Mae IGDC wedi cyfleu'r risgiau hyn a'r effeithiau cost posibl i Lywodraeth Cymru ac mae'n ystyried ailddefnyddio cronfeydd dewisol i liniaru oedi.

System Wybodaeth Gofal Dwys Cymru

Trafodwyd yn gynharach yn yr Adroddiad Sicrwydd Blynyddol

Caffael System Gwybodaeth Radioleg

Trafodwyd yn gynharach yn yr Adroddiad Sicrwydd Blynyddol

System Rheoli Gwybodaeth Labordy
Trafodwyd yn gynharach yn yr Adroddiad Sicrwydd Blynyddol

Y Saernïaeth Darged Genedlaethol
Tynnodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth, sylw at y canlynol:

- Y statws Coch Melyn Gwyrdd cyffredinol oedd “Gwyrdd”
- Nod y prosiect Saernïaeth Darged Genedlaethol, a gomisiynwyd gan Lywodraeth Cymru ar gyfer GIG Cymru, oedd sefydlu dull saernïaeth fenter ar draws y system gan ddefnyddio'r offeryn Ardoq i fapio'r dirwedd ddigidol gyfredol a dylunio cyflwr yn y dyfodol sy'n lleihau darnio, dyblygu a dyled dechnegol.
- Dros gyfnod o 12 mis, cyrhaeddodd y prosiect yr holl gerrig milltir a chyflawnodd Gynllun Buddsoddi Strategol, a oedd yn fframwaith ar gyfer achosion busnes yn y dyfodol wedi'u halinio â thrawsnewid systemau a chylchoedd cytundebol.
- Mae'r cynllun wedi'i ddatblygu'n fwy ar gyfer seilwaith cenedlaethol (“sylfeini cenedlaethol”) nag ar gyfer elfennau lleol fel dyfeisiau, rhwydweithiau, a'r dirwedd gymwysiadau dameidiog iawn o dros 1,000 o systemau. Caiff y rhan fwyaf ohonynt eu rheoli'n lleol.
- Cyfyngwyd ar gynnydd gan anawsterau wrth gael data manwl gan Fyrddau Iechyd ar gontractau a chynlluniau buddsoddi yn y dyfodol. Mae gwaith yn parhau gyda Llywodraeth Cymru i gryfhau hyn.
- Er bod rhanddeiliaid wedi cymeradwyo cynllun prosiect ar gyfer 2026–27, mae'r broses weithredu wedi'i gohirio ar hyn o bryd oherwydd cyfyngiadau ariannu, gyda recriwtio ac ymgysylltu â chyflenwyr wedi'u hatal. Mae llywodraethu'n parhau'n gryf, gyda chyfranogiad rheolaidd Llywodraeth Cymru a chydlyniad ag arweinwyr polisi.

Adnodd Data Cenedlaethol
Tynnodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth, sylw at y canlynol:

- Y statws Coch Melyn Gwyrdd cyffredinol oedd “Melyn–Gwyrdd”.
- Mae llif data gweithredol byw yn cynyddu, gydag apwyntiadau Caerdydd a'r Fro ac adrodd mamolaeth bellach yn fyw trwy’r Adnodd Data Cenedlaethol.
- Mae GitHub Enterprise wedi'i agor ar draws y sefydliad i gefnogi DevOps ystwyth, ac mae ymgysylltiad peirianneg feddalwedd yn gryf.

	• Mae llywodraethu wedi cryfhau gyda phenodiad Cyfarwyddwr Digidol Iechyd Cyhoeddus Cymru, fel cadeirydd goruchwylio rhaglenni newydd, gan ddod â ffocws cryfach ar iechyd cenedlaethol a phoblogaeth. • Mae ymdrechion bellach yn canolbwyntio ar gyflymu mudo setiau data'r Byrddau Iechyd i'r NDR a'i alinio â storfeydd data cenedlaethol presennol. Mae cydlynu mewnol wedi gwella, gyda chydlyniad clir ar fapiau ffyrdd, dilyniant a chyfrifoldebau ar draws timau. • Mae'r risgiau'n cynnwys ansicrwydd cyllido a saib recriwtio, a all effeithio ar y ddarpariaeth os na chaiff ei datrys am sawl mis, yn enwedig gan fod chwarter y cyllid NDR yn cefnogi partneriaid allanol. **Moddion Digidol** **Rhagnodi a Gweinyddu Meddyginiaethau Electronig (EPMA)** Tynnodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Melyn–Gwyrdd”. • EPMA yw'r system electronig ar gyfer rhagnodi a rhoi meddyginiaethau mewn ysbytai, sy'n cefnogi Cofnod Meddyginiaethau a Rennir ledled Cymru. • Mae Byrddau Iechyd ac Ymddiriedolaethau wedi dewis un o dri chyflenwr drwy gontract fframwaith, gyda dulliau defnyddio a chynnydd amrywiol. • Mae'r rhai a roddwyd ar waith yn ddiweddar yn cynnwys Cwm Taf Morgannwg, sy'n cael ei dreialu mewn ward mabwysiadu cynnar; Bwrdd Iechyd Prifysgol Betsi Cadwaladr sydd wedi gwneud y cynnydd mwyaf gyda defnydd eang. • Mae Powys wedi'i drefnu i fynd yn fyw ar 05 Mai 2026 • Mae Llywodraeth Cymru wedi gofyn i IGDC gymryd rôl fwy cydlynol, gyda chyllid bellach yn cael ei sianelu drwy IGDC a tharged i bob Bwrdd Iechyd gwblhau'r gweithrediad erbyn mis Mawrth 2027, er bod hyn yn cael ei ystyried yn uchelgeisiol. • Mae IGDC yn casglu cynlluniau manwl gan Fyrddau Iechyd ac yn cysylltu â Llywodraeth Cymru ar gerrig milltir, gan anelu at fwy o eglurder a thryloywder yn y cynnydd. **Gwasanaeth Presgripsiynau Electronig (EPS)** Tynnodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, sylw at y canlynol: • Y statws Coch Melyn Gwyrdd cyffredinol oedd “Melyn–Gwyrdd”. • Mae EPS yn digideiddio'r broses o ragnodi meddyginiaethau y tu allan i ysbytai, gan ddisodli		

presgripsiynau papur â rhai electronig ar gyfer fferyllfeydd
- Mae'r cyflwyniad yn mynd rhagddo'n gyflym ledled Cymru, gyda chefnogaeth timau Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl sy'n gweithio gyda meddygon teulu a fferyllwyr.
- Mae'r rhan fwyaf o fferyllfeydd bellach yn defnyddio'r system, gan wella effeithlonrwydd a chyfleustra i gleifion, nad oes angen iddynt gasglu presgripsiynau papur gan eu meddyg teulu mwyach.
- Mae swyddogaeth newydd yn cael ei threialu i ganiatáu i gleifion ddewis eu fferyllfa ddewisol ar gyfer pob presgripsiwn, gan gynnwys dewisiadau untro a rhestrau fferyllfa chwiliadwy.
- Mae datblygiad pellach wedi'i gynllunio i wella defnyddioldeb ac integreiddio EPS o fewn y system.

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 brosiect seilwaith craidd i ddisodli'r platfform integreiddio perchnogol presennol gydag ateb a adeiladwyd yn fewnol, gan alluogi dros 100 o wasanaethau byw yn IGDC a chefnogi rhyngweithrediadau ar draws mwy na 1,400 o systemau GIG Cymru.
- Cafodd statws y rhaglen ei israddio i Ambr-Goch oherwydd oedi o ran adnoddau, ond mae'r rheolwyr yn disgwyl adferiad wrth i staff newydd ymuno.
- Mae'r platfform technegol wedi'i adeiladu, gyda chyfnodau alffa a beta wedi'u cwblhau a'r llif integreiddio parod cyntaf ar gyfer cynhyrchu yn fyw ers mis Chwefror.
- Dechreuodd y prosiect gyda chyflenwr allanol i helpu i uwchsgilio'r tîm mewnol. Mae'r cyflenwr hwnnw bellach wedi gadael am resymau ariannol, ac mae recriwtio ar gyfer rolau allweddol wedi dod i ben, gyda phroses gynefino ar y gweill.
- Mae dyddiad dod i ben cytundebol ym mis Mehefin 2027 ar gyfer y platfform etifeddol; os bydd y mudo yn llithro, efallai y bydd costau ychwanegol yn cael eu hysgwyddo, ond mae opsiynau lliniaru ar gael.
- Bydd cynllun adfer manwl yn cael ei adolygu gan y bwrdd rheoli ym mis Mehefin.

Gwasanaethau Digidol ar gyfer Cleifion a’r Cyhoedd

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” • Newidiodd DSPP o raglen i gynnyrch ddiwedd mis Mawrth, gyda ffocws nawr ar reoli a blaenoriaethu'r ôl-groniad cynnyrch. • Mae oedi recriwtio ac adolygiad cyllid DPIF wedi cyfyngu ar allu i ehangu'r tîm datblygu apiau mewnol a pharhau â chefnogaeth allanol, gan ysgogi cynllunio wrth gefn mewnol i gynnal cynnydd. • Mae prosesau sicrwydd newydd wedi'u sefydlu, gan gynnwys strwythur goruchwylio tair haen sy'n cynnwys PNI y GIG, Llywodraeth Cymru, WAST, cynrychiolwyr clinigol uwch, a LLAIS (cyrff llais cleifion), er mwyn sicrhau dyluniad sy'n canolbwyntio ar y defnyddiwr ac offer cyson sy'n wynebu'r claf. • Mae'r cyfarfod goruchwylio cyntaf wedi'i drefnu ar gyfer 12 Mai 2026, gyda'r nod o alinio datblygu cynnyrch ag anghenion defnyddwyr a blaenoriaethau gwleidyddol, yn enwedig gan fod newidiadau llywodraeth yn cael eu rhagweld. • Gall diweddariadau i'r pwyllgor yn y dyfodol barhau, o ystyried pwysigrwydd yr ap a'r cynlluniau gwella parhaus. **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 “Melyn–Coch” • Mae'r rhaglen wedi'i hariannu'n llawn gan DPIF ac ar hyn o bryd mae mewn patrwm aros oherwydd y cyfnod oedi a'r adolygiad cyllido, gyda thîm bach yn ei le a'r ddarpariaeth yn dibynnu ar gaffaeliadau'r Bwrdd Iechyd sydd hefyd yn aros am gyllid. • Mae gwaith hanfodol, yn enwedig ym maes iechyd meddwl, yn cael ei flaenoriaethu gan ddefnyddio cronfeydd wrth gefn mewnol, ond os na cheir eglurder cyllido erbyn diwedd chwarter un, bydd y tîm yn cael ei adleoli i feysydd blaenoriaeth eraill o fewn IGDC. • Mae awdurdodau lleol mewn sefyllfa wahanol, ar ôl derbyn eu cyllid ac yn gallu bwrw ymlaen, ond heb gynnydd y Bwrdd Iechyd a'r system iechyd meddwl, mae'r cofnod gofal integredig yn parhau i fod yn anghyflawn. • Ystyrir bod y Cofnod Gofal Integredig yn hanfodol ar gyfer mentrau iechyd cymunedol ehangach, ac		

	mae oedi yn bygwth y gallu i gyflawni'r blaenoriaethau strategol hyn. **Penderfynodd y Pwyllgorau Cyflawni Portffolio: NODI'R** diweddariad yn yr Adroddiad Trosolwg o'r Rhaglenni Mawr ar statws rhaglenni allweddol a reolir gan IGDC.		
5.3	**Y Gofrestr Risg Gorfforaethol** Cyflwynodd Chris Darling, Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd yr adroddiad gan nodi bod 15 o risgiau ar y Gofrestr Risg Gorfforaethol, a bod saith ohonynt wedi'u neilltuo i'r Pwyllgor. Amlygwyd y risgiau canlynol: • DHCW0237 Effaith gofynion newydd ar adnoddau a'r cynllun • DHCW0298 Oedi wrth Weithredu WLIMS 2.0. • DHCW0333 Oedi Gweithredu WICIS • DHCW0347 Map Trywydd Pontio Saernïaeth Darged Genedlaethol • DHCW0348 Pontio i bensaernïaeth data newydd • DHCW0349 Tîm RADIS yn lleihau 25/26 • DHCW0354 Oedi ac Adolygu Cyllid DPIF Nododd CD fod dwy risg wedi'u tynnu o'r CRR. • **DHCW0352 Cyflawni Cerrig Milltir 2025-2026.** Cadarnhaodd MS fod perfformiad cyffredinol cryf yn erbyn y CTCI, gyda safle cyflawni terfynol o 94% a phob carreg filltir y llythyr cylch gwaith wedi'u cyflawni, gan nodi bod rhai cerrig milltir wedi'u haddasu trwy brosesau rheoli newid. • **DHCW0346-Adolygiad Llywodraethu DDaT.** **Ynghylch y Llythyr Cylch Gwaith, nododd CD y canlynol:** • Cynhaliodd y Bwrdd Sesiwn Ddatblygu a oedd yn canolbwyntio ar reoli risgiau ac uwchgyfeirio, yn benodol mewn ymateb i ofynion llythyr cylch gwaith. • Roedd y drafodaeth yn cynnwys adolygu goddefgarwch risg fesul rhaglen, gweithredu asesiadau mwy manwl, a sicrhau bod risgiau rhaglenni'n cael eu huwchgyfeirio'n gynnar i Lywodraeth Cymru. • Rhoddwyd pwyslais ar nodi a thynnu sylw at risgiau ar draws y system, yn enwedig y rhai sy'n ymwneud â chydweithio â chyrff eraill y GIG. **Penderfynodd y Pwyllgorau Cyflawni Portffolio:** • **DRAFOD** y Risgiau Corfforaethol a neilltuwyd i'r Pwyllgor Cyflawni Portffolio • **NODI** statws y Gofrestr Risg Gorfforaethol.	Trafodwyd a Nodwyd	Dim i'w nodi
RHAN 6 - MATERION I GLOI			
Unrhyw Faterion Brys Eraill • Ni chodwyd unrhyw fater brys.		Trafodwyd	Dim i'w nodi

Cofnodion wedi'u cadarnhau ar gyfer: Pwyllgor Cyflawni Portffolio - Cyhoeddus Ebrill 2026
"Crëwyd y ddogfen gyda chymorth deallusrwydd artiffisial".

Adroddiad Crynhoi Cynnydd y Pwyllgor i Fwrdd yr AIA	Nodwyd	Dim i'w nodi
Dyddiad y cyfarfod nesaf: • 06 Awst 2026	Nodwyd	Dim i'w nodi

PWYLLGOR CYFLAWNI PORTFFOLIO - PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

13:10-13:40 | 30 Ebrill 2026 | MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd y Pwyllgor	IGDC
Ruth Glazzard	RG	Aelod Annibynnol	IGDC
Marian Wyn Jones	MWJ	Aelod Annibynnol	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
Chris Moreton	CM	Cyfarwyddwr Gweithredol Cyllid Dros Dro	IGDC
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl.	IGDC
Belinda Mills	BM	Llywodraethu Corfforaethol / Cydlynydd 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

AB	Bwrdd Iechyd Prifysgol Aneurin Bevan	CTM	Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
LIC	Llywodraeth Cymru	PDC	Pwyllgor Cyflawni Portffolio
RhG	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 Preifat 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 • Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol	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:** Nid oedd unrhyw gofnodion preifat i'w Cymeradwyo.	Cymeradwyd	Dim i'w nodi
RHAN 3 - PRIF AGENDA			
3.1	**Cofnod Gweithredu** Nid oedd unrhyw gamau gweithredu ar y cofnod camau gweithredu **Penderfynodd y Pwyllgorau Cyflawni Portffolio:** **NODI'R** Cofnod Gweithredu.	Nodwyd	Dim i'w nodi
3.3	**Adroddiad Rhaglenni Mawr**: Derbyniodd y Pwyllgor y wybodaeth ddiweddaraf am ddatblygiadau allweddol ar y canlynol: Derbyniodd y Pwyllgor y wybodaeth ddiweddaraf am y canlynol: • **System Wybodaeth Gofal Dwys Cymru** • **System Rheoli Gwybodaeth Labordy (LIMS)** • **Caffael y System Gwybodeg Radioleg (RISP)** • **Amnewid Audit+**	Trafodwyd	Dim i'w nodi

	Penderfynodd y Pwyllgorau Cyflawni Portffolio: **NODI'R** diweddariad yn yr Adroddiad Trosolwg o'r Rhaglenni 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: 06 Awst 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:**	06 August 2026

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

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

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

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	August 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 06 August 2026:

Item	Executive Lead
Annual Assurance Reports Q2: • Digital Medicines Programme Electronic Prescriptions Service (EPS) Electronic Prescribing and Medicines Administration (EPMA) • Microsoft 365 Enterprise Agreement	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 Improvement Plan Status Update	
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Major Product Reporting Approach	Director of Corporate Affairs/Board Secretary
Major Programme Value & Benefits	Executive Director of Strategy
Major Programmes Report	Executive Director of Strategy

4.2 The items below have been identified for the following meeting on 03 December 2026:

Item	Executive Lead
Annual Assurance Reports Q3 • Welsh Community Care Information System & Connecting Care • Digital Services for Patients and Public • National Data Resource	Executive Director of Strategy
Audit Reports	Relevant Lead
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Corporate Risk Tending Analysis	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Escalation Improvement Plan Status Update	
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Learning from Programmes	Executive Director of Strategy
Major Programmes Report	Executive Director of Strategy

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	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
WELSH INTENSIVE CARE INFORMATION SYSTEM– INTERNAL AUDIT REVIEW

Eitem ar yr Agenda: **Agenda Item:**	2.3

Enw'r Cyfarfod: **Name of Meeting:**	Portfolio Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	06 August 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:**	Helen R Thomas, Portfolio Lead Urgent & Emergency Care
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 current paused status of the programme; **NOTE** the three completed actions and the remaining organisational learning action in progress; **RECOGNISE** the continuing dependency on Welsh Government decisions and funding; and support ongoing oversight of health board engagement, governance, clinical safety leadership and wider organisational learning.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality technology, digital products and services for health and care professionals
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**

Audit & Assurance Committee	14 July 2026	Assured

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BCU	Betsi Cadwaladr University Health Board		
CTM	Cwm Taf Morgannwg University Health Board		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

An Internal Audit Review of the Welsh Intensive Care Information Programme has been undertaken by NHS Wales Shared Services Partnership, Audit and Assurance Services, in order to *'ensure Digital Health and Care Wales (DHCW) is implementing and monitoring agreed actions regarding the Welsh Intensive Care Information System (WICIS) and that Welsh Government requirements are being met.'*

The WICIS Programme is currently paused following a series of restarts and delays following clinical safety concerns identified during initial testing, with an independent review concluding that the system was not suitable for deployment in its previous form but could be remediated safely. A strengthened governance structure is now in place, including the Clinical Assurance Group and technical assurance arrangements, and the preferred route remains incremental implementation, subject to Welsh Government approval, funding, contractual agreement with Ascom, and confirmed Health Board participation.

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

The auditors concluded that they were unable to assign an assurance rating to the review due to the number of risks facing the delivery of the programme that are outside the control of DHCW.
The report does however recognise that DHCW has implemented actions from the Independent Review and that the position has improved, with updated governance and stakeholder arrangements, and sets out a number of further actions to take forward.

Key assurance messages for PDC

- DHCW has acted on the majority of review findings that are within its direct control, with three of four required actions reported as complete.
- Governance improvements have been implemented, with clearer decision-making routes and assurance groups now in place.
- Clinical safety arrangements have been strengthened through an updated clinical risk management approach, revised testing and hazard logging.
- Stakeholder engagement has progressed, including re-engagement with BCU; however, CTM remains outside the programme.
- A remaining assurance gap relates to formal organisational learning beyond WICIS,

which is planned for incorporation into the organisational lessons register by August 2026.

- The impact of Welsh Government pauses remains an important contextual factor for PDC to recognise when considering delivery progress, risk and next steps.

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

Risk / issue	Why it matters	Suggested PDC focus
Programme remains paused pending Welsh Government decisions and funding	Delivery cannot progress fully while external decisions remain outstanding.	Seek continued clarity on decision points, funding position and implications for delivery plan.
Incomplete health board participation	Two major health boards were not represented in workshops; CTM has opted out while BCU has re-engaged.	Track implications for all-Wales suitability, clinical consensus, implementation planning and financial risk distribution.
Named clinical/patient safety lead not yet identified on Programme Board	The narrative identifies this as a continuing governance issue.	Confirm ownership and route for strengthening Programme Board clinical/patient safety leadership.
Wider organisational learning not yet fully embedded	Lessons applicable beyond WICIS have not yet been formally incorporated into organisational registers or wider reporting.	Monitor completion of the August 2026 organisational lessons register action and wider reporting route.

Immediate priorities

- Complete the wider organisational learning action by ensuring lessons and recommendations from the independent review are formally entered into the organisational lessons register and reported through the appropriate organisational route.
- Maintain oversight of remaining governance issues, including the absence of a named clinical/patient safety lead on the Programme Board.
- Continue to manage health board involvement, particularly the implications of CTM opting out and BCU re-engagement.
- Maintain a clear audit trail distinguishing actions within DHCW control from external dependencies linked to Welsh Government decisions and funding.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the current paused status of the programme; **NOTE** the three completed actions and the remaining organisational learning action in progress; **RECOGNISE** the continuing dependency on Welsh Government decisions and funding; and support	

ongoing oversight of health board engagement, governance, clinical safety leadership and wider organisational learning.

Welsh Intensive Care Information Programme

Final Internal Review Report

2025/26

Digital Health and Care Wales

Advisory

Contents

Review Reference	DHCW-2526-11
Fieldwork	December 2025 - February 2026
Executive Sign Off	19th June 2026
Audit Committee	14th July 2026
Executive Lead	Ifan Evans, Executive Director of Digital Strategy

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

To ensure Digital Health and Care Wales (DHCW) is implementing and monitoring agreed actions regarding the Welsh Intensive Care Information System (WICIS) and that Welsh Government requirements are being met.

Overview

We have not provided an assurance rating for this review, due to the inherent risks facing the delivery of the Programme. Whilst recognising that DHCW has implemented actions from the Independent Review and broadly achieved an improved position, alongside the introduction of updated governance and stakeholder arrangements, there are still multiple risks facing the delivery of the Programme that are outside of the control of DHCW. For example, reduced health board involvement and ongoing engagement challenges.

However, there are several matters requiring management attention that should be addressed. To assist with prioritising the actions, we have included priority ratings. These include:

- Although recommended by the Independent Review, there has not been any further, deeper lessons learned exercise that covers the clinical safety processes, hazards, testing and Health Board engagement.
- There are a lessons and recommendations within the Independent Review that are applicable to the wider organisation. Although information on WICIS lessons and risks have been shared with the wider organisation, this process is not formally documented. Neither have these been included within the organisation's lessons register or reported more widely across DHCW.
- The absence of a named clinical / patient safety lead on the Programme Board was highlighted as an issue, and although this is in place for the Clinical Assurance Group (CAG), this is still the case for the Programme Board.
- Not all health boards are currently included within the programme structure, with Betsi Cadwaladr University Health Board and Cwm Taf Morgannwg University Health Board not implementing WICIS. The absence of two major organisations may lead to a system that does not meet the needs of the population (approximately a third of Wales' total population) that resides within those areas.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Consideration should be given to setting out a standard role definition for health board representatives on programme boards, which clearly state the requirement to canvass and agree decisions within their organisation, alongside ensuring communication of the programme direction, decisions and outputs. This should also make clear that representatives will be responsible for making decisions on behalf of their organisation.
- Consideration should be given to programme boards formally requesting that representatives confirm that they have delivered their responsibilities within their organisations.

Scope & Summary

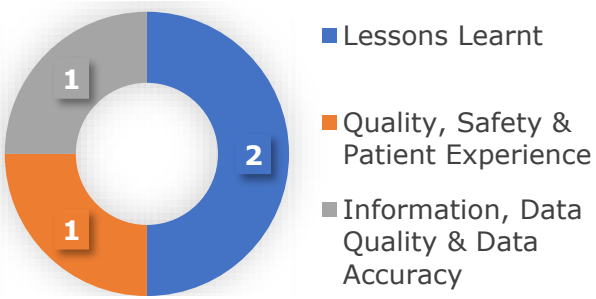
	Objectives	Related Findings
1	DHCW has appropriately managed the programme through the development of options, pause by Welsh Government, external review, and workshops.	-
2	DHCW has addressed recommendations from the review and applied relevant learning across the organisation.	1, 2
3	The WICIS programme has appropriate decision-making and relationship management structures in place to deliver Welsh Government requirements	3, 4

Management Actions

1 High Priority

3 Medium Priority

Themes



Risk Types

Public Perception & Reputational Risk

Legal & Regulatory Non-Compliance

Mills,Belinda 30/07/2026 11:42:34

Findings & Agreed Action Plan

Objective 1: DHCW has appropriately managed the programme through the development of options, pause by Welsh Government, external review, and workshops.

Overview / Summary of Observations

The WICIS programme has been impacted by issues and delays, including the COVID pandemic, and an independent assessment noted that there were a number of flaws which meant the product was clinically unsafe. As such progress was paused while work was undertaken to establish an appropriate progression route. However, we note that no formal written instruction was received from the Welsh Government (WG).

DHCW was engaged in the independent review process undertaken by a third party (Smartco). This was conducted by interviews with key individuals, questionnaires, documents review and a site visit. The report from this noted safety concerns, changes to the functionality in scope, a fragmented structure to the system and weaknesses within the safety case.

A DHCW Strategic Assessment was produced and approved by the Clinical Assurance Group (CAG) and the Programme Board. It has also been shared with the WG and other NHS Wales organisations. The assessment summarises the position and recommends a way forward.

A series of workshops have been undertaken with key stakeholders, to identify the requirements for delivery of a clinically safe product. All identified changes are to be progressed through a revised programme structure, via the CAG and with Ascom identifying the resource required to deliver.

There were three workshops, splitting the functionality into different areas, with the attendance at each including health boards, the supplier and WG. The workshops noted the issues with the system and included a discussion of the various options to move forward, followed by voting to highlight the preferred options.

Although DHCW invited all stakeholders, we note that attendance at the workshops was not complete with no Betsi Cadwaladr University Health Board (BCUHB) or Cwm Taf Morgannwg (CTM) representation, and a total of four pharmacists, seven doctors, seven nurses and one administrator from across all organisations. One failing identified was that the specification had not included a wide review of NHS Wales requirements and that recommendations to the Programme Board were based on the opinions of a small group of people. Consequently, this may be repeated due to the lack of BCUHB and CTM representation. However, we note that this was flagged within a report on the workshop outcomes and our discussions confirmed that DHCW is aware of this issue. However, we were also informed that due to the unfunded nature of WICIS, and health board priorities, this is leading to poor attendance.

As such DHCW completed a pause, review, and an assessment of the options and recommended a way forward.

We note that WG requested the workshops for the improvement of stakeholder confidence, however without funding to enable the supplier to develop prototypes there is no tangible, improved product to demonstrate to stakeholders, which is adversely impacting on stakeholder confidence.

The programme is currently paused, awaiting a decision from WG along with further funding to enable the required developments. The WG decision was originally due in September 2025, this was then delayed until December 2025, but there has still been no decision.

Objective 2: DHCW has addressed recommendations from the review and applied relevant learning across the organisation.

Overview / Summary of Observations

The independent review contained recommended actions, both explicit and implicit. These fed into the Strategic Assessment which recommended a phased, incremental implementation of the remediated WICIS system, supported by strengthened governance, stakeholder engagement, and technical assurance. The assessment notes a series of changes to the WICIS Programme, both from a governance perspective and from a technical perspective which address some of the review recommendations, although the remainder are reliant on the programme restart and associated funding. Key improvements made are:

- A new governance structure (approved April 2025), with clear decision-making flows, defined roles for senior representatives (e.g. ADIs and clinical leads) and additional groups to improve accountability and engagement.
- An updated clinical risk management plan.
- Consolidated hazard logs from previous reviews and testing.
- Focus on removing high-risk features (e.g., therapies module) and simplifying workflows.
- System changes to better link to other systems and enhance useability.
- Stakeholder engagement with workshops held to agree on changes and continuous engagement with ICU clinicians, CNIOs, and technical teams.

The majority of the lessons and recommendations from the independent review are included within the lessons learned log. However, some are not, in particular there has not been any further, deeper lessons learned exercise that covers the clinical safety processes, hazards, testing and health board engagement. We note that this was one of the key recommendations from the independent review.

Furthermore, there are lessons that are applicable to the wider organisation that have not been explicitly reported or included within the organisations lessons register.

A lessons learnt log has been created, with the intention for the wider application of actions across the organisation, but this process is not formally documented.

The organisation operates an Incident Review and Learning Group, which receives reports from incidents, and other projects lessons learnt.

We reviewed papers from the Digital Governance and Safety Committee and the Programme Delivery Committee. From our work we note that although programme risks and highlight reports are included there is no reporting or articulation of lessons that should be applied and communicated across DHCW.

Key Findings		Risk & Impact	Agreed Management Action
1	**Further Lessons Learned** Although recommended by the Independent Review, there has not been any further, deeper lessons learnt exercise that covers the clinical safety processes, hazards, testing and health board engagement.	Key lessons from the WICIS programme may not be identified and incorporated at programme restart.	**Agreed Action:** We have held an in person, Wales wide session focussing on lessons learned. We then implemented Programme changes specifically to respond to lessons learned gleaned from the stakeholder event. This includes documents related to a revised process for system development, programme governance, staff funding, clinical leadership, composition of the Programme governance, the clinical safety process. We also have a revised approach to testing and hazard logging and Health Board engagement, which is strengthened by the funding allocation and Programme Board revised structure.
			Expected Evidence of Implementation: • Revised Programme structure – Signed off by board • Revised TOR's – Signed off by board • Revised funding allocation – Signed off by board (excel document) • Clinical Safety Process - description of the process • Approach to testing – document • Approach to development – document • Communication and engagement plan – Signed off by board
		High Priority	**Officer:** Head of Urgent and Emergency Care Programmes **Target Implementation Date:** Already completed
	Theme: Lessons Learnt	Control Operation	
2	**Wider Organisational Learning** There are lessons and recommendations within the Independent Review that are applicable to the wider organisation. Although information on WICIS has been shared, including lessons and risks with the wider organisation, this process is not formally documented. Neither have these been included within the organisation's lessons register or reported more widely.	Lessons from WICIS may not be applied more widely resulting in similar issues in other programmes.	**Agreed Action:** • Lessons learned should be incorporated in the organisational wide Lessons Learned Log. • Although the Smartco report itself isn't shareable, lessons could be pulled from it, together with lessons learned log and shared with the organisation.
			Expected Evidence of Implementation: • Lessons Learned Log
		Medium Priority	**Officer:** Head of Urgent and Emergency Care Programmes **Target Implementation Date:** 28th August 2026
	Theme: Lessons Learnt	Control Operation	

Objective 3: The WICIS programme has appropriate decision-making and relationship management structures in place to deliver Welsh Government requirements

Overview / Summary of Observations

The independent review of the programme noted weaknesses within the programme governance structure, and following the strategic review a set of changes to the governance and decision-making structure has been implemented.

The previous structure contained multiple groups with roles not fully defined. The new structure has a new Programme Chair and a clear decision-making flow, with senior level representation from key stakeholders and accountability. The absence of a named clinical / patient safety lead on the Programme Board was highlighted as an issue, and although this is in place for the CAG, it is not for Programme Board.

The terms of reference for the revised Programme Board have improved oversight with reporting into the DHCW Portfolio Management Board. There is also a broad mix of stakeholder representation, together with a RACI matrix and expanded responsibilities to include strategic direction, conflict resolution and benefits realisation. However, we note that not all health boards are represented within the Programme Board, with BCUHB and CTM absent.

These organisations were represented on the original Programme Board, however during the pause period they have chosen to not move forward with WICIS at the current time. This has increased the risk that the revised system will not fully reflect the needs of all applicable NHS Wales organisations, together with a financial risk for the remaining organisations, as the shared cost will increase.

We found good attendance at the Programme Board from other member organisations. However, we identified concerns over authority and the knowledge of WICIS between rotating members.

We note that additional groups have been established, with the Clinical Assurance Group ensuring stakeholder views are obtained, whilst meeting user needs and approving change requests and the Technical Assurance Group, ensuring technical readiness and compatibility is achieved. As with the Programme Board, there is no representation from BCUHB or CTM at these groups.

There are further groups within the revised structure, these being a user group and an implementation planning group, however at present these have not been established, and no terms of reference are in place.

Concerns were raised during the review that recommendations are based on the opinions of very small group of clinicians and that information is not fully cascaded / shared with their respective organisation.

A Communications and Engagement Plan has been developed that sets out the stakeholder groups, along with the relevant communication processes, mechanisms and frequency. The documents also set out a requirement for health boards to ensure they have nominated appropriate individuals to attend meetings, including the responsibilities therein.

As such, the revised structure has improved and clarified the decision making flow, with recommendations to be produced by the user group, reviewed by CAG and TAG and approved by the Programme Board, which has decision authority.

	Key Findings	Risk & Impact	Agreed Management Action
3	**Clinical Safety Lead** The absence of a named clinical / patient safety lead on the Programme Board was highlighted as an issue, even though this is in place for the Clinical Assurance Group.	Clinical safety issues may not be fully addressed.	**Agreed Action:** A named individual has sat on board and CAG since the Programme restarted in 2025
			Expected Evidence of Implementation: Attendance at meetings, inclusion in the TOR
		Medium Priority	**Officer:** Head of Urgent and Emergency Care Programmes
	Theme: Quality, Safety & Patient Experience	Control Operation	**Target Implementation Date:** Completed
4	**Health Board Involvement** Not all health boards are currently included within the programme structure, with BCU and CTM no longer adopting WICIS. As one of the issues with WICIS is that it was made on the basis of the opinions of a small group the absence of two major organisations may lead to a system that does not meet the needs of health boards representing over a third of the population of Wales.	The system produced from the programme may not be suitable for the whole of Wales and may not be fully introduced.	**Agreed Action:** This has been a challenge we have been working on over the last year, in particular the last few months. • Re-engagement with BCUHB has resulted in a series of meetings with clinicians, a demo arranged and an 'in person' visit. Supported by commitment from the BCUHB Chief Executive, BCUHB will be represented within the WICIS structure, including Programme Board, CAG and any other related groups. • CTM, however have been clear that they are not participating with the Programme and will proceed without their involvement. The current cohort represents a majority of five health boards from the original six. • The challenges described within the Smartco report also related to the funding model, which provided funding for health boards only nine months prior to implementation. This meant that despite all health boards being part of the governance structure at the time, a lack of resource resulted in a small group only being in a position to contribute to the system's development and testing. • This position has already been considered and resulted in funding now being available for resource equally, regardless of implementation scheduling. This means all clinical and digital leads have the necessary ringfenced capacity to contribute meaningfully to the Programme.

			Expected Evidence of Implementation: Updated funding model, resource capacity and BCUHB involvement
		Medium Priority	**Officer:** Head of Urgent and Emergency Care Programmes **Target Implementation Date:** Completed
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Disclaimer

This report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed review brief, and the Audit Charter as approved by the Audit Committee.

Reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Digital Health and Care Wales and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Digital Health and Care Wales. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

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

Portfolio Delivery Committee

6th August 2026

Annual Assurance Reports

- Digital Medicines – Electronic Prescription Service & Electronic Prescribing and Medicines Administration
- Microsoft 365 Enterprise Agreement – see Closure Report

Portfolio Delivery Committee: Annual Assurance Report

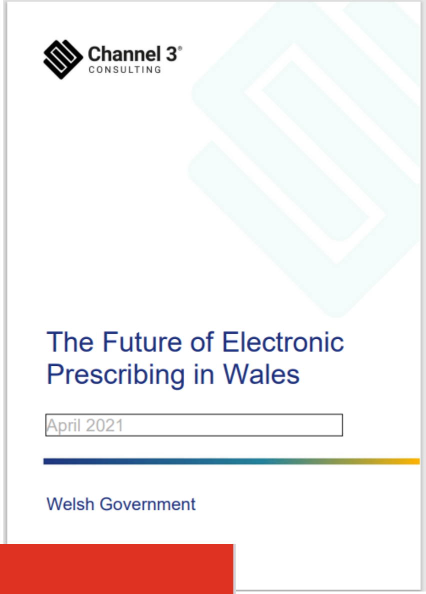
Digital Medicines Programmes

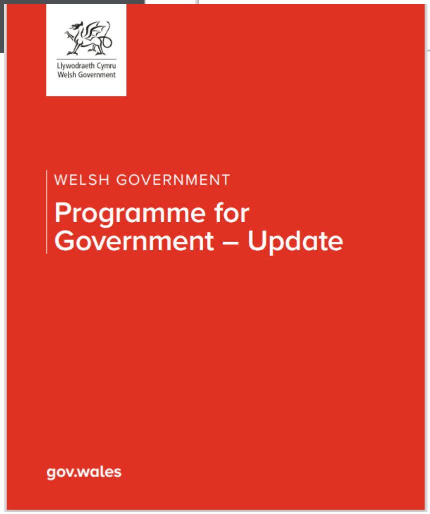
August 2026

Laurence James

Digital Medicines Programme: Strategic and Policy Alignment

- Pharmacy: Delivering a Healthier Wales 2019
  - 2025 Goal to implement e-prescribing including supporting patients to access pharmacy services through the NHS Wales App
- In 2021, Welsh Government commissioned an independent review into electronic prescribing in Wales *"The Future of Electronic Prescribing in Wales (2021)"*
  - Digital Medicines established bringing together two programmes and two projects
  - Vision to deliver a fully digitised e-prescribing environment across Wales
- E-Prescribing is a "*Programme for Government*" commitment and therefore a government priority
  - Introduce e-prescribing and support developments that enable accurate detection of disease through artificial intelligence.





Rhaglen **Gwasanaeth Rhagnodi Electronig** Gofal Sylfaenol

Primary Care **Electronic Prescription Service** Programme

Rhaglen **Rhagnodi a Gweinyddu Meddyginiaethau** Gofal Eilaidd yn Electronig

Secondary Care Electronic **Prescribing and Medicines Administration** Programme

Digital Medicines Programme

Prosiect **Cofnodion Meddyginiaethau** a Rennir

Shared **Medicines Record** Project

Gwneud rhagnodi, dosbarthu a rhoi meddyginiaethau ym mhobman yng Nghymru yn **haws, yn fwy diogel, yn fwy effeithlon ac effeithiol, ar gyfer cleifion a gweithwyr proffesiynol drwy ddull digidol**

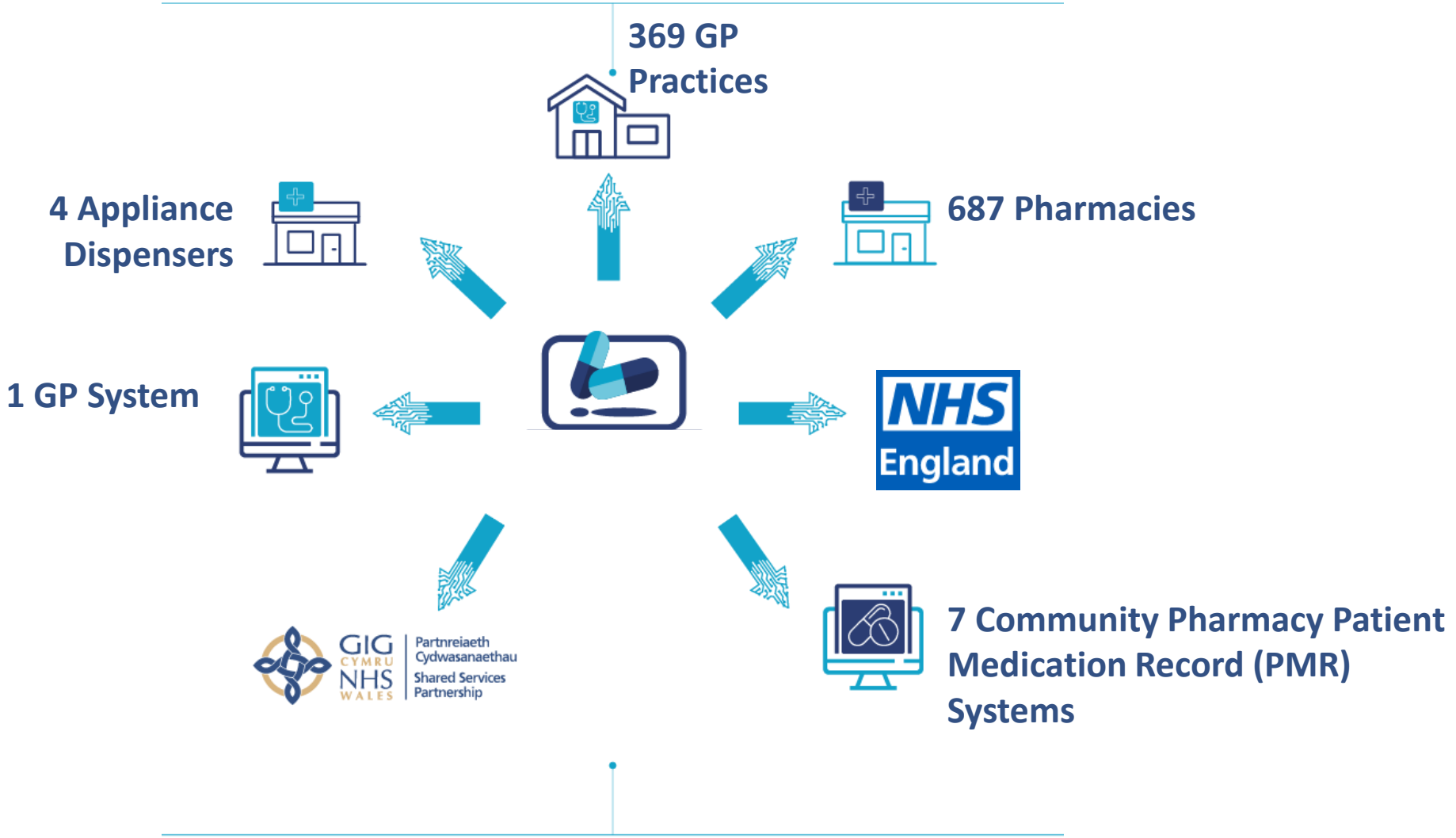
Making the prescribing, dispensing and administration of medicines everywhere in Wales **easier, safer, more efficient and effective for patients and professionals through digital**

Primary Care –

Electronic Prescription Service (EPS) Programme

Programme Board Chair: Sam Fisher

Primary Care Electronic Prescription Service (EPS) Programme



Electronic Prescription Service (EPS): Key benefits

More time for GPs:
No need to print and wet sign prescriptions – freeing up valuable clinical time

Improved Patient Convenience:
Patients no longer need to visit the surgery to collect prescriptions

Streamlined Pharmacy workflow:
Pharmacies no longer need to collect prescriptions from surgeries

End-to end Prescription Tracking:
Track prescriptions from digital signing to dispensing

Reduction in lost/misplaced paper prescriptions:
Digital reduces risks

Reduction in transportation needs:
No more physical delivery of prescriptions to NWSSP for reimbursement

EPS Programme Timeline to Date

HIGH-LEVEL UPDATE

1. February 2022
- Programme initiated

2. May 2022
- Inaugural Programme Board

3. November 2022
- Community Pharmacy System Suppliers event forum established.

4. April 2023
- Community Pharmacy System Innovation Fund launched (April 2023 – March 2026)

5. October 2023
- Changes to enable the electronic prescriptions to become the legal prescription included in General Medical Services contract

6. November 2023
- EPS proof of concept go live in Rhyl

7. April 2024
- Authority to release achieved for GP system to enable EPS rollout.

8. January 2025
- All Community Pharmacy PMR systems with a footprint in Wales assured to use EPS
- National roll out begins

9. February 2025
- 1 million prescription items claimed via EPS

10. June 2025
- All Dispensing Appliance Contractors (DAC) assured to use EPS in Wales
- Phase 1: 70 GP practices live

11. August 2025
- Development commenced to enable EPS in GP Out of Hours Software System Supplier

12. September 2025
- Phase 2: 105 GP Practices live
- Business as Usual business case submitted to Welsh Government

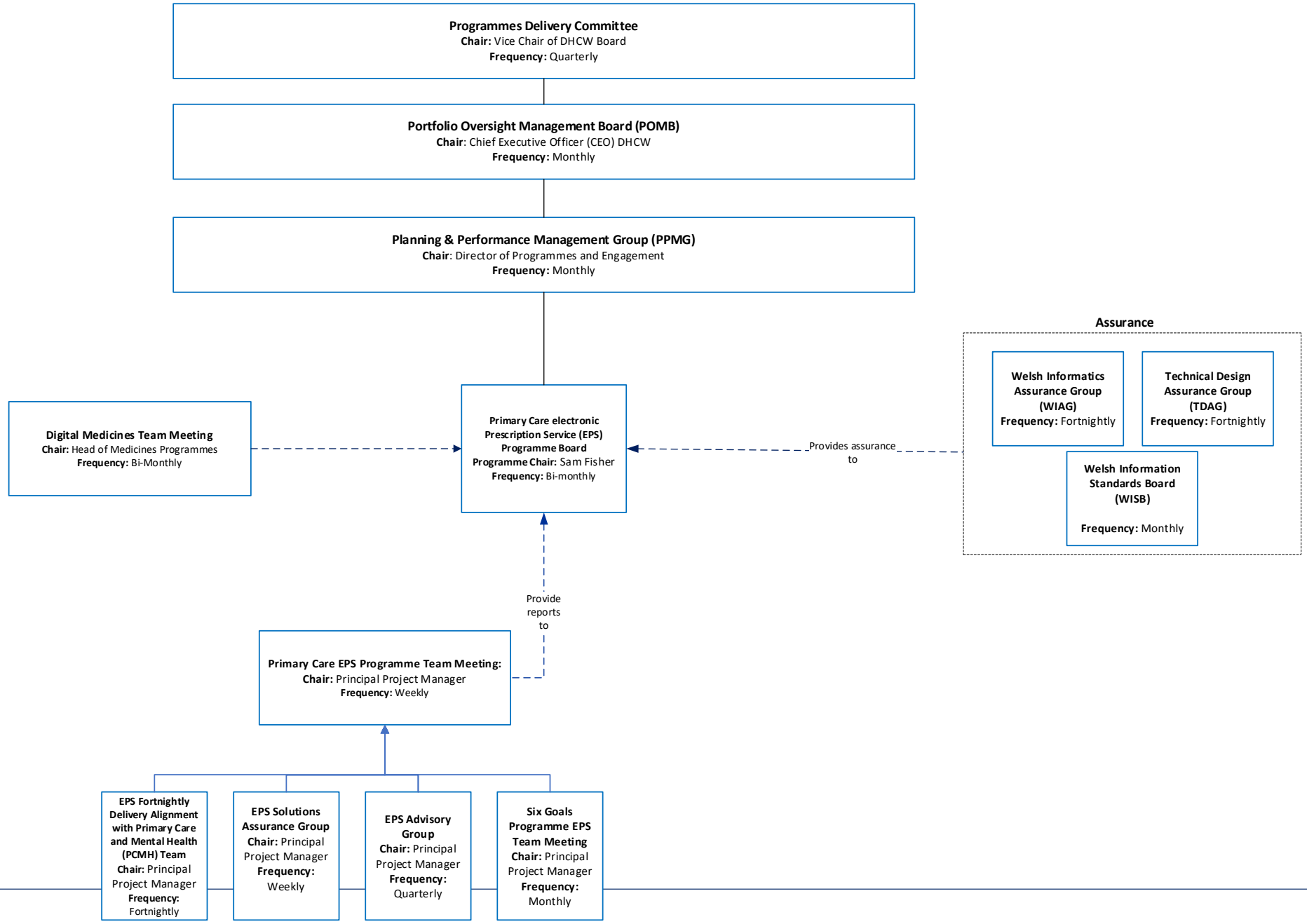
13. December 2025
- Phase 3: 140 GP Practices live

14. March 2026
- Phase 4: 170 GP Practices live
- One-off pharmacy nomination and geographical searching developments deployed
- Community Pharmacy System Innovation Fund concludes
- Tranche for assessing feasibility to extend EPS to non-medical prescribers closed

15. May 2026
- All GP practices migrated to GP-EPS enabled system supplier

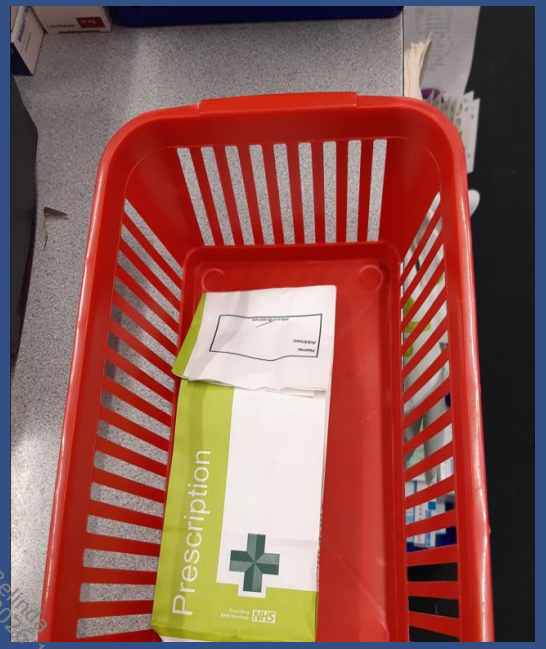
16. June 2026
- Phase 4: 228 GP Practices live

Primary Care EPS: Programme Governance



Primary Care Electronic Prescription Service (EPS) Programme

– What progress have we made?



In January 2025, all Community Pharmacy PMR systems in Wales assured to use EPS with all Dispensing Appliance Contractors (DACs) assured in June 2025

Community Pharmacy System Innovation Fund (CPSIF) established in partnership with Life Sciences Hub Wales to incentivise EPS software development

EPS in use in all health boards areas in Wales

228 (62%) GP Practices, 685 (98%) community pharmacies and all 4 (100%) Dispensing Appliance Contractors - benefitting 906k patients

26.8 million prescription items dispensed using EPS

2.7 million prescription items dispensed per month using EPS. Equates to 25-30% of prescriptions

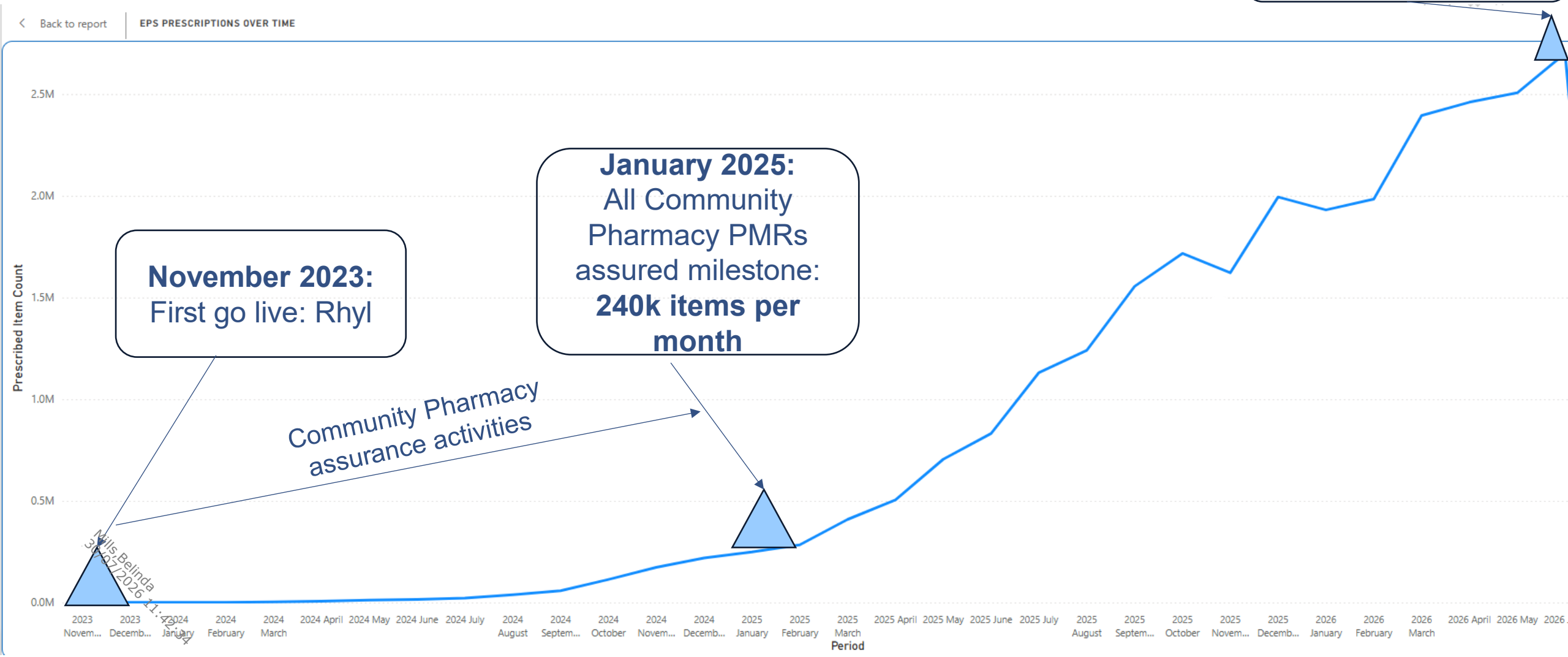
GP system migration completed in May 2026

***GP system enhancements**: geographical searching and one-off pharmacy nomination features deployed*

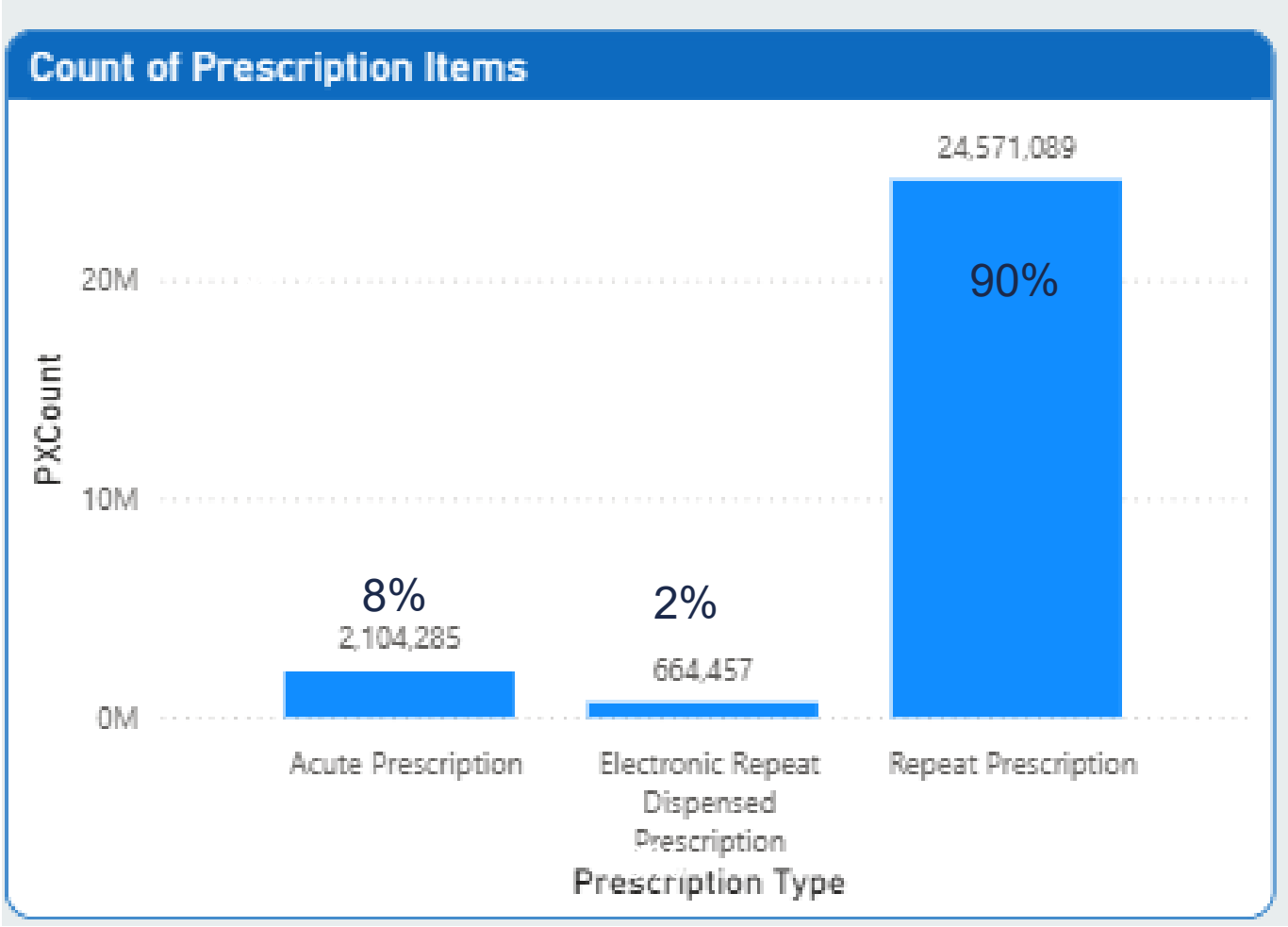
Planning for EPS to be tested in Urgent Primary Care Services with National Six Goals Programme

EPS Prescriptions items per month

June 2026:
2.7m items per month



EPS Prescription Types



*"**EPS** is the **best thing** we've ever done. The GP has **more time** for patient care – we love it!"*

- Lakeside Medical Centre, Rhyl, Denbighshire.

""EPS is the best thing we've ever done. The GP has mo time for patient care – we it!" "

- Lakeside Medical Centre, Denbighshire.

*"We're receiving **fewer phone calls** to trace prescriptions and **using less paper**."*

- Plas Menai Surgery, Llanfairfechan, Conwy.

“”EPS is the best thing we've
ever done. The GP has mo
time for patient care – we
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- Lakeside Medical Centre, Denbighshire.

“We’re receiving fewer
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using less paper.”

- Plas Menai Surgery, Llanfairfechan, Conwy.

*“EPS has been a **massive change for the better** for the **pharmacy** and has saved so much time already. We no longer have to **call the GP surgery numerous times** a day to track down prescriptions.”*

- Fferyllwyr Llyn, Blaenau Ffestiniog, Gwynedd.

*“Our patients have really noticed the difference and have been surprised by how **much quicker** it can be. They don’t have to bring over a piece of paper, and by the time they get to us their **prescription has been dispensed** and is waiting on the shelf.”*

“We’re receiving fewer p… calls to trace prescriptio… using less paper.”

- Llanfairfechan, Conwy.

“EPS has been a massive change for the better for the pharmacy and has saved so much time already. We no longer have to call the GP surgery numerous times a day to track down prescriptions.”

- Fferyllwyr Llyn, Blaenau Ffestiniog, Gwynedd.


“EPS has been a massive change for the better for the pharmacy and has saved so much time already. We no longer have to call the GP surgery numerous times a day to track down prescriptions.”
“We're seeing an approximate 75% reduction in the paper prescriptions being processed by reception for signing and we felt supported throughout.”
- Meddygfa Gwydir Surgery, Llanrwst, Conwy
Mills Belinda 30/07/2026 11:42:34


"EPS is the best thing we've ever done. The GP has mo time for patient care – we it!" "
-
"We're receiving fewer p calls to trace prescripti using less paper."
- Manager at Plas Mena
"EPS has been a massive change for the better for the pharmacy and has saved so much time already. We no longer have to call the GP surgery numerous times a day to tr
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- Meddygfa Gwydir Surgery, Llanrwst, Conwy
"Prescriptions no longer go missing and it's better than we ever expected. It's made a huge difference in the pharmacy, completely changing the workflows to increase efficiency."
- Canolfan Goffa Ffestiniog.

*“There is definitely **far less paperwork** with EPS. A big benefit is that prescriptions are **easier to track** and, if we need to amend anything or if a patient lives further away, we can just talk to them on the phone and resolve issues **without them needing to come to the surgery”.***

- Practice Pharmacist

"There is definitely far less paperwork with EPS. A big benefit is that prescriptions are easier to track and, if we need to amend anything or if a patient lives further away, we can just talk to them on the phone and resolve issues without them needing to come to the surgery".

- Practice Pharmacist

*"Working with the Electronic Prescription Service has been **really amazing**. It is making such a difference to us and our patients. Not only is it **greener**, from the surgery not having to print out the paper, it is **more convenient for the patient**."*

- Practice Pharmacist

“There is definitely far less paperwork with EPS. A big benefit is that prescriptions are easier to track and, if we need to amend anything or if a patient lives further away, we can just talk to them on the phone and resolve issues without them needing to come to the surgery”.

- Practice Pharmacist

“Working with the Electro Service has been reall making such a differe patients. Not only is surgery not having is more convenient

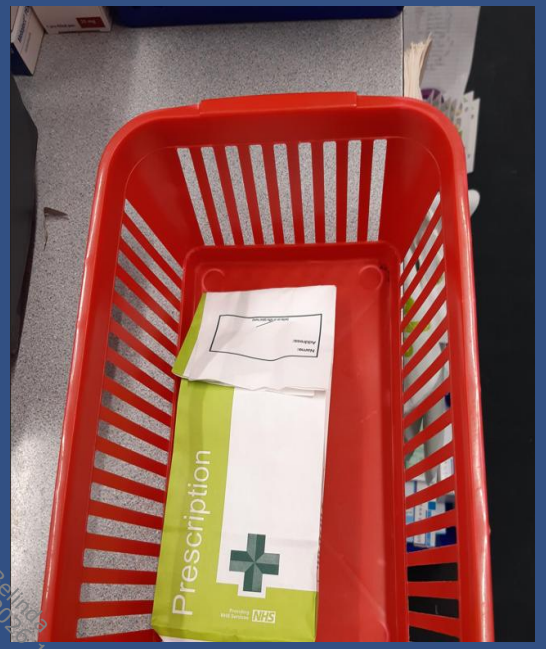
- Practice Pha

*“For the pharmacy, it's so **much easier because now there's full visibility** and **traceability** for the GP, the pharmacy and for the patient about where their prescription is at any given time. ”*

- Practice Pharmacist

Primary Care Electronic Prescription Service (EPS) Programme

– What are the next steps?



- Target: Complete GP EPS implementation by 30th November 2026
- Complete roll out to Community Pharmacies
- Begin transition to a Business as Usual (BaU) nationally supported service – dependent on BaU funding source agreement
- Take forward EPS testing within Urgent Primary Care Services, GP Out of Hours and hospital outpatient settings
- Prepare for EPS non-nomination development deployment
- Dispensing Doctors First of Type testing

Secondary Care –

Electronic Prescribing and Medicines Administration (ePMA) Programme

Programme Oversight Chair: Lesley Hewer

Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme

SECONDARY CARE – What are we doing?

- **Supporting the deployment of electronic Prescribing and Administration of Medicines** (ePMA) solutions in every hospital in Wales.
- A nationally governed programme, **procured and deployed locally**
- **National multi-vendor framework approach**: Better Meds, Nervecentre and System C.
- Ambition is to introduce **Closed Loop Medicines Dispensing (CLMD)** and **Closed Loop Medicines Administration (CMLA)** for a fully digital process for prescribing, ordering, dispensing and administering medicines.
- **8 national integrations** and **Shared Medicines Record (SMR) API being delivered** by the national team, to integrate ePMAs with the **national architecture**
- National **Technical and Clinical Assurance Group (TCAG)** and **Community of Knowledge and Action Group (CoKA)**

National integrations and APIs

Integration Components	Output
Welsh Patient Administration System (WPAS) Admission, Discharge and Transfer (ADT) messages	Flow into ePMAs to create drug chart and to prescribe for inpatients
WPAS Outpatient messages	Flow into ePMAs to prescribe for outpatients
Welsh Results Reporting Service (WRRS) Diagnostic Test Results feed	View agreed test results in ePMA to support safer prescribing
Welsh Clinical Portal (WCP) Stapling	Launching ePMA from WCP patient record
Send Discharge Advice Letters (DALs) to WCRS and to GPs via WCCG	Sending hospital DALs and making a copy available in national care document repository
User authentication (identity management)	NADEX integration for Nervecentre and Entra ID integration for Better
Infrastructure connectivity	Providing a secure Virtual Private Network (VPN) connection between ePMAs and NHS Wales network
Shared Medicines Record (SMR) Application Programming interface (API)	Delivering API to read and write medicines and allergies with the SMR and populating the WCP DAL with medicines at the point of hospital discharge

Secondary Care ePMA Programme: Key Benefits

Digital Prescription Management

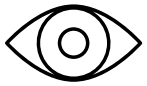
Replaces paper-based medicines charts and prescriptions, reducing paper copes

Time Savings

Eliminates the need to search for paper charts, freeing up clinical time for patient care

Faster Medicines Reconciliation on Admission

Read and write medicines, allergies and intolerances from the Shared Medicines Record (SMR). Reduces risk of transcribing errors

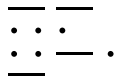


Improving Legibility and Accessibility

Removes risk associated with illegible handwriting, reducing risk of misinterpretation

Clinical Decision support

Provides automated alerts for drug and allergies interactions, helping to prevent harm and adverse drug reactions



Standardised Coding and Interoperability

Captures medicines using dm+d and allergies using SNOMED CT, enabling data to be shared with the Shared Medicines Record (SMR)

ePMA Programme Timeline to Date

HIGH-LEVEL UPDATE

1. February 2022
- Programme initiated

2. October 2022
- National minimum Software Requirements (SRS) Specification published

3. November 2022
- National All Wales ePMA Procurement framework published
- Medicines, Allergies and Intolerances Data Standards Change Notification published

4. June 2023
- First procurement Invitation to Tender closes
- Welsh Health Circular (WHC): technical interoperability standard published
- Community of Knowledge and Action Group established

5. March 2024
- CAV UHB signed contract with supplier

6. July 2024
- BC UHB signed contract with supplier

7. August 2024
- CTM UHB signed contract with supplier

8. October 2024
- Dictionary of Medicines and Devices (dm+d) Welsh Health Circular published
- Shared Medicines Record (SMR) and its Application Programming Interface published for onboarding

9. December 2024
- AB and HDDA UHBs signed contract with suppliers

10. February 2025
- Powys tHB signed contract with supplier

11. June 2025
- National Medicines and Diagnostics Third Party (DMTP) team established

12. July 2025
- CAV UHB Go live

13. October 2025
- All health boards and Velindre Cancer Centre contracts signed

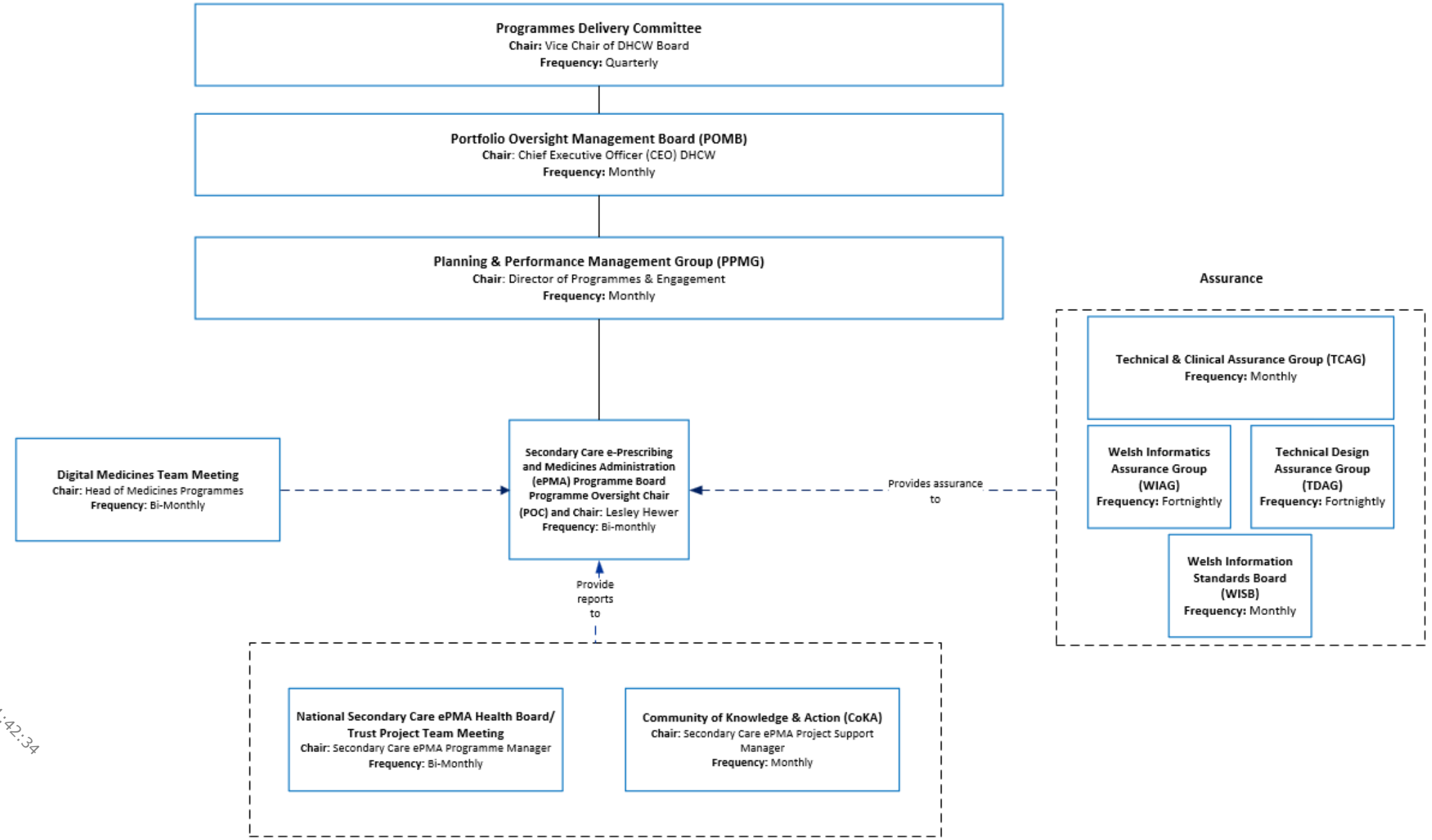
14. December 2025
- BC UHB Go live – first health board to write discharge medicines with the SMR

15. March 2026
- CTM UHB Go live

16. May 2026
- Powys tHB Go live – first health board to read and write medicines with the SMR

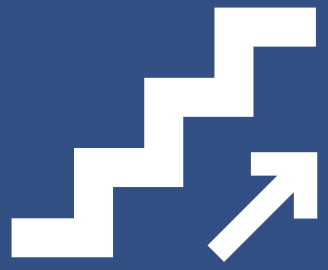
17. June 2026
- AB UHB go live – reading and writing medicines with the SMR
- Migration of allergies and intolerances from legacy data store into SMR

Secondary Care ePMA: Programme Governance



Secondary Care ePMA programme

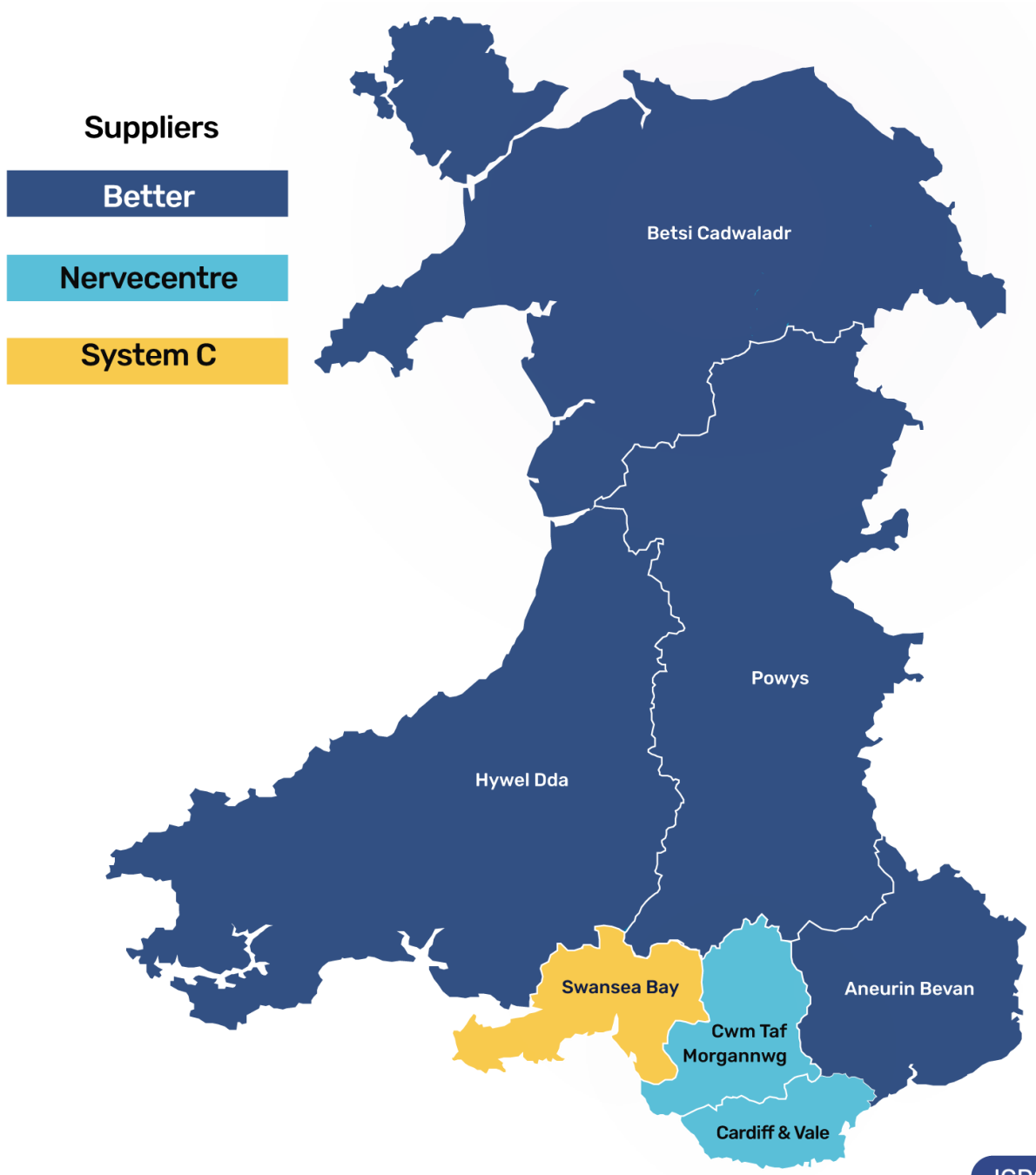
– What progress have we made?



- All health boards' and Velindre Cancer Centre contracts signed with a supplier
- Hybrid of systems: Better, System C and Nervecentre. Interoperability is essential
- National integrations in flight to integrate ePMAs with national architecture *(allowing information to follow the patient)*
- **First ePMA go live**: CAV UHB July 2025
- **Second**: BC UHB December 2025 (writing discharge medicines into the Shared Medicines Record (SMR))
- **Third:** CTM UHB March 2026 – integrated with national test results
- **Fourth:** Powys tHB May 2026 (reading and writing medicines with the SMR)
- **Fifth**: AB UHB June 2026 (reading and writing medicines with the SMR)
- National Technical and Clinical Assurance Group (TCAG): reduce unwarranted system configuration

Secondary Care ePMA programme

– Landscape of procured ePMA providers



“The introduction of electronic prescribing has been a welcome change for staff on the wards. No more lost charts or poor handwriting to decipher! The huge benefits gained from electronic prescribing support, and safer administration of medications has helped modernise the care we provide

- Paediatric Consultant

"The introduction of electronic prescribing has been a welcome change for staff on the wards. No more lost charts or poor handwriting to decipher! The huge benefits gained from electronic prescribing support, and safer administration of medications has helped modernise the care we provide

- Paediatric Consultant

"Since using ePMA on my ward there are already clear benefits to both staff and patients. The system has improved the way we work on the ward by allowing multiple healthcare professionals to access a patient's drug chart at the same time, reducing delays, and improving communication between pharmacy, nursing, and medical staff."

- Pharmacy Technician

"The introduction of electronic prescribing has been a welcome change for staff on the wards. No more lost charts or poor handwriting to decipher! The huge benefits gained from electronic prescribing support, and safer administration of medications has helped modernise the care we provide

- Paediatric Consultant

"Since using ePMA on my ward already clear benefits to both patients. The system has i way we work on the ward multiple healthcare profe a patient's drug chart at reducing delays, and im communication between nursing, and medical sta

- Pharmacy Technician

"…..We're also excited to share that hospital discharge medicines are now being shared with the Shared Medicines Record (SMR), helping to create a single, comprehensive record of medicines and allergies."

- Chief Nursing Information officer

Secondary Care ePMA programme

– What are the next steps?

- Deliver national integrations and APIs
- Onboard ePMA suppliers to SMR production API to read and write medicines, allergies and intolerances *(single medicines, allergies and intolerances record)*
- Complete Welsh Informatics Assurance Group (WIAG) process *(independent assurance activities)*
- 2026 Go lives: Hywel Dda UHB and Velindre Cancer Centre
- All ePMAs to read and write medicines, allergies and intolerances information to the Shared Medicines Record – obtaining confirmed timelines from health boards/Velindre
- ePMA and EPS Outpatients readiness working group
- Benefits baselining and reporting
- Obtain ongoing BaU funding for Medicines and Diagnostics Third Party Operational Support Team

Shared Medicines Record (SMR) Project

- **A single record of prescribed medicines and allergies** for every patient in Wales will mean, for the first time, all a patient's medicine and allergies information will be in one place.
- **Patients won't need to re-provide** your medication details whenever they see a healthcare professional
- **Clear view of medicines and allergies** presented in one place to the clinical user at the point of care.
- **Credible source of data** to inform decision making /decision support.
- **Removes need to transcribe** from one system to another.
- **Consolidated medicine and allergies record** feeding the National Data Resource.

Shared Medicines Record (SMR) Project

– What progress have we made?

API published on consumer platform. API available in sandbox, user acceptance testing and production environments

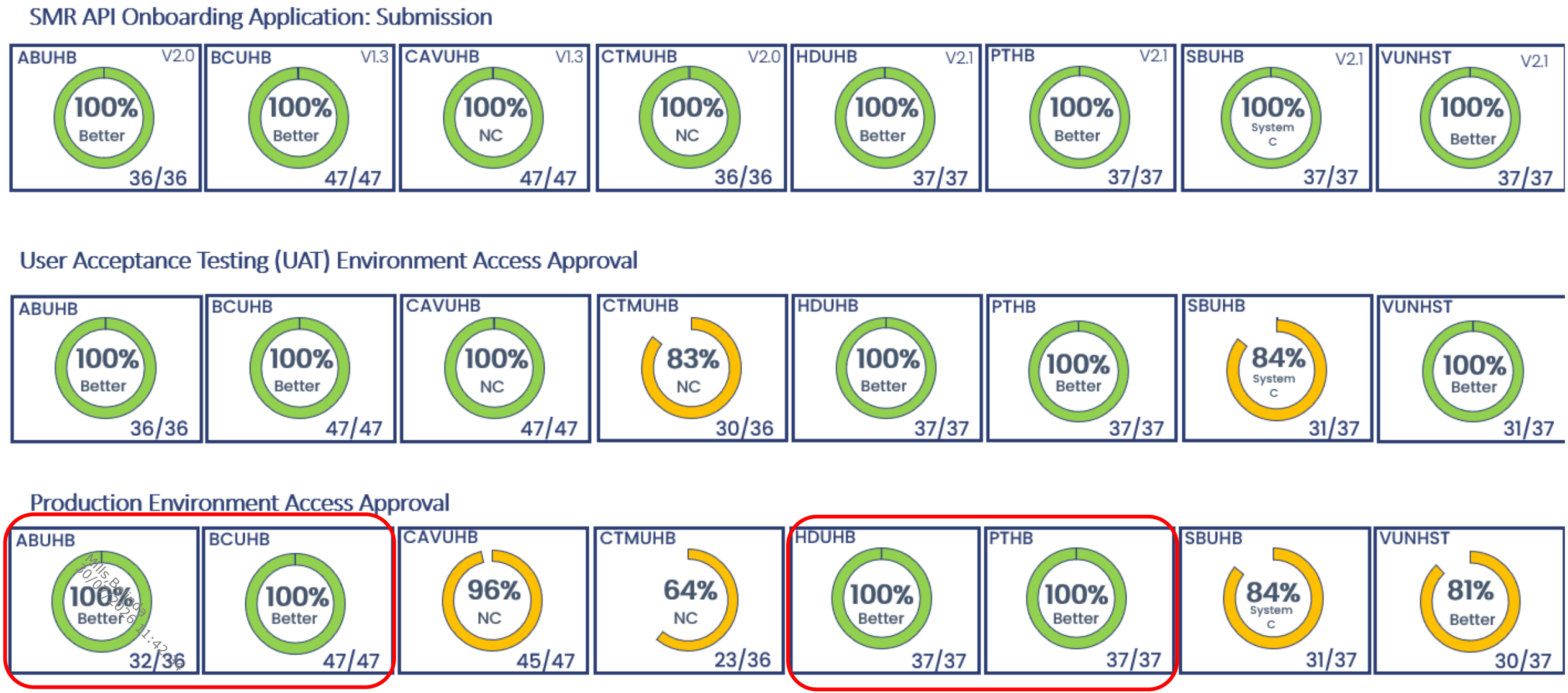
API enables Medicines, Allergies and Intolerances information recorded in the SMR and GP system to be written into assured systems removing the need to transcribe. It also populates the Discharge Advice Letter in WCP at the point of discharge.

Welsh Health Circular (WHC) published in January 2025 mandating the use of the dictionary of medicines and devices (dm+d)

Technical guidance documents published

Migrated allergies and intolerances from legacy data repository into the SMR in June 2026

SMR API Onboarding Dashboard



Diolch / Thank You

Laurence.James@wales.nhs.uk
Head of Digital Medicines Programmes, Digital Health and Care Wales (DHCW)

For more information, visit our website

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).

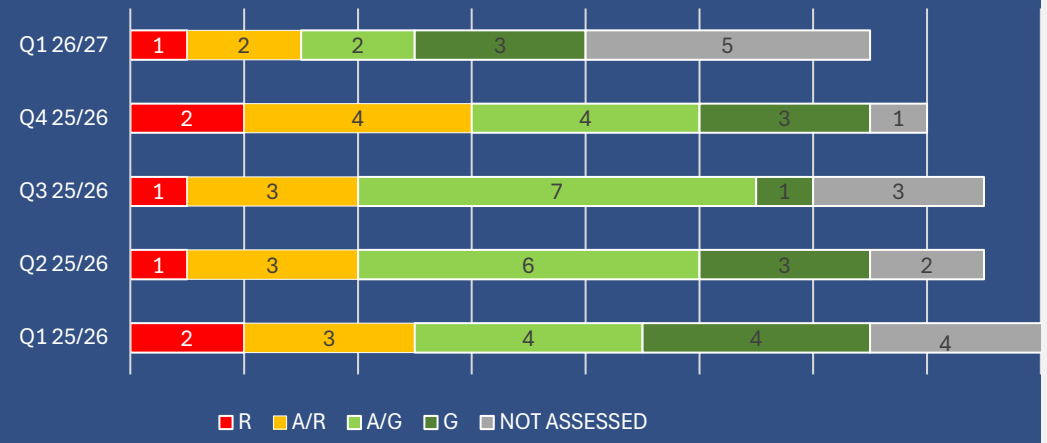
Major Programme Scoring

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 Q4, the following RAG status changes occurred:

Improved:
RISP AMBER/RED → GREEN
Audit Plus Replacement RED → AMBER/RED

Moved to NOT ASSESSED – DPIF Pause and Review:
National Target Architecture GREEN → NOT ASSESSED
National Data Resource AMBER/GREEN → NOT ASSESSED
Cloud Transition Programme AMBER/GREEN → NOT ASSESSED
Connecting Care AMBER/RED → NOT ASSESSED

Q1 26/27 Status Update:

The overall health of Major Programmes has changed this quarter in light of the Welsh Government led DPIF pause and review. Five national programmes (WICIS, Connecting Care, NDR, Cloud and NTA) cannot assess confidence of delivery until funding is confirmed.

RAG status summary of Programmes/Projects:

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

- **GP Systems Framework**: All GP practices now migrated and are in stable operations.
- **Microsoft Enterprise Agreement Renewal:** DHCW Board approval to proceed with the new 5 year Microsoft Agreement. Planning and readiness activities for 1st July go live have commenced. Project closure included.
- **RISP:** All HBs are now live, programme closure to commence.

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

- **EPMA:** Six HBs now live with EPMA, go lives with remaining (HDU and Velindre CC) scheduled for 2026. Shared Medicines Integration timescales to be confirmed.
- **EPS:** Uptake continues to grow, with over 26 million EPS prescription items processed to date and 229 practices now onboarded.

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

- **Integration Hub:** Reduced confidence in timely delivery ahead of the June 2027 Fiorano contract end. Resources are being onboarded and capability is improving, however capacity is still not fully secure for the scale of work remaining.
- **Audit+ Replacement:** Potential low uptake of the in-house strategic solution remains a risk to delivery. Tactical and strategic options, will be reported to the Governance and Assurance Group, with possible scope change.

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

- **LIMS 2.0:** Full delivery was not achievable in 2025/26 due to ongoing delays, UAT defects and extended critical path into 2026/27, the revised plan runs to September 2026 however the LIMS Programme Board have raised concerns about the achievability of this.

Five 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.
- **NDR:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review.
- **Cloud Transition:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review.
- **NTA:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review.
- **Connecting Care:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review.

Programme / Project Scoring

Since quarter 4 , the following projects have been scored as a Standard project/programme.

Reporting will commence once the Project Boards have 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
Microsoft Power BI Migration	2	2	4	4	2	2	2	**18**
Single Record Results & Reports Migration	4	4	4	6	2	4	4	**28**
PROMS > CDR Integration	2	2	2	6	2	4	4	**22**
Transition to New Cancer Centre	2	2	2	4	2	4	4	**20**
Modernisation of Outpatient Datasets	2	4	2	6	2	4	2	**22**

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

POMB Submission Date: 16/07/2026
Approval Date:
SRO / Chair: Lyn Rees

M365 Enterprise Agreement Renewal project

Project Closure Report – Summary Slide

Background

National programme established to secure a replacement Microsoft Enterprise Agreement before expiry of the existing contract on 30 June 2026. Supports over 135,000 NHS Wales users operating within a single Microsoft 365 tenant. Undertook national licence discovery, profiling, optimisation, business case development and commercial negotiations with Microsoft. New agreement secured for 1 July 2026 – 30 June 2031.

Project Performance

Successfully delivered a new 5-year national Microsoft Enterprise Agreement. All key milestones achieved and agreement commenced on 1 July 2026. All NHS Wales organisations completed approvals and contract execution. Service transition arrangements established and transferred to BAU management.

Against Objectives

✓Secure a New NHS Wales Agreement
✓ Define and agree licensing requirements
✓ Negotiate improved commercial terms
✓ Deliver national business case
✓ Enable digital transformation and innovation
✓ Ensure financial sustainability
✓ Establish governance and stakeholder alignment
✓ Deliver discovery and optimisation activities

Against Timescales

- Discovery commenced March 2025.
- Business Case approved and national approvals completed by May 2026.
- Transition planning completed June 2026.
- New Enterprise Agreement commenced on schedule on **1 July 2026**.
- No extension of the previous agreement was required

Against Budget

Contract Value: £189.1m (ex VAT)
Cost Avoidance: £37.6m (ex VAT) compared with individual procurements.
Improvement vs baseline option: £44.5m
Secured long-term pricing certainty and reduced exposure to market increases.
Overall financial performance exceeded expectations.

Issues / Risks to Transition

Risk
No significant residual project risks requiring transfer to operational risk registers.
Ongoing monitoring required for: Innovation licence adoption commitments.
Future licence volume commitments.
Annual optimisation and true-up activities.
Issues
•One recorded resource capacity issue managed without impact to delivery.

Benefits to realise

Realised at Closure
Microsoft 365 service continuity for 135k users.
National single-tenant model preserved.
Once-for-Wales economies of scale
Future Benefits (2026–2031)
- **£45.2 million cost avoidance** (incl. VAT) over the five-year agreement for license optimisation.
- Copilot adoption (3,000 licences secured).
- Power Platform and Windows 365 innovation benefits.
- Enhanced cyber security and compliance capability.

Lessons Learnt

- Early stakeholder engagement is critical.
- Robust discovery strengthens negotiations.
- Allow greater contingency for commercial negotiations.
- Validate licence assumptions continuously.
- Link innovation commitments to funded adoption plans.
- Begin planning future renewal well in advance (4–5 year horizon, formal project at least 2 years before renewal).

Undelivered / Unnecessary items

These activities transfer to BAU:
•Annual true-up and licence optimisation.
•Contract management and supplier relationship management.
•Benefits realisation reporting.
•Copilot adoption and utilisation management.
•Innovation licence governance.

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.

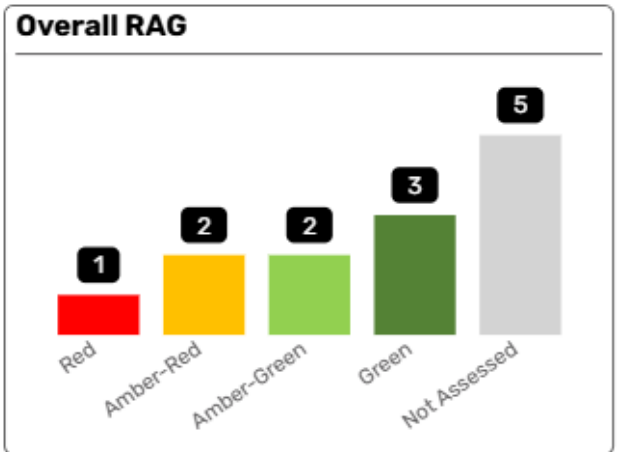
	Summary	Green	Amber Green	Amber Red	Red	Not Assessed	Typical issues
Overall Delivery Confidence	Consolidated view on delivery confidence at the whole programme level, informed by ratings in each domain.	**High confidence** of successful delivery and no major outstanding issues that threaten delivery	**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.

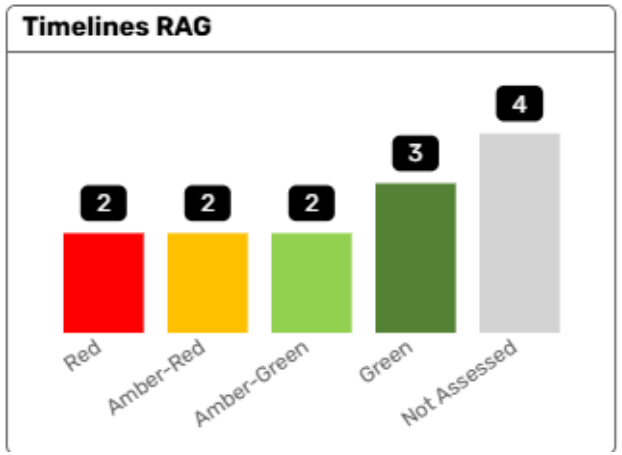
Guidance

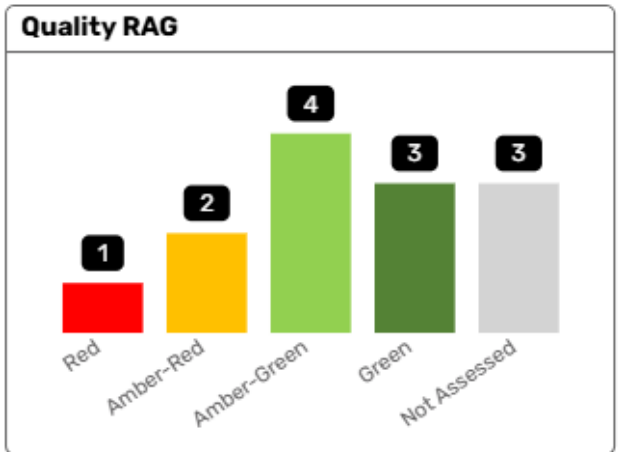
- **Overall Delivery Confidence** – should generally be Red if any of the Quality, Time, or Resources domains are Red, otherwise should reflect an average of the domains.
- **Formal Review** – A formal review and reset is external to and independent of the programme board. This excludes a gateway review.
- **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.

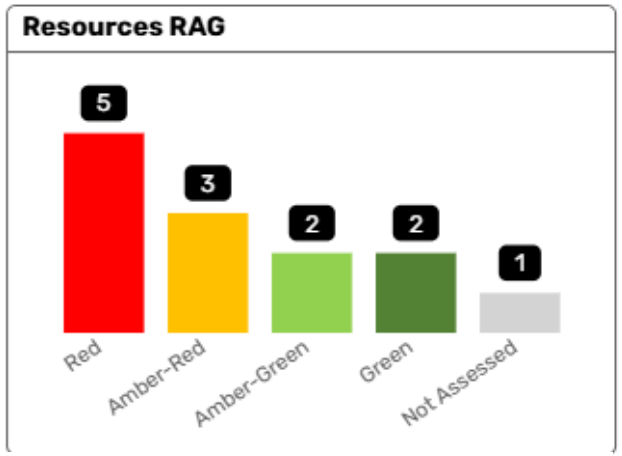
Overall Summary

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. This is due to: progress of UAT (# of open severity 1 & 2 defects; velocity/volume of testing; additional 21 months required for UAT); at the LIMS Board on 12 May, members raised concerns about the achievability of the QTR2 implementation timeline. A key risk identified is the delay to Tranche 3 (Microbiology/Cervical Screening) adoption (planned for 18 May) and T4 adoption (planned for 6 July). Following T4 & T5 escalation meetings and HB/Trust risk assessments, DHCW CEO advised HB/Trusts CEOs (16/6) that T4 adoption in July is not feasible and requested that each HB/Trust provide a named LIMS exec SRO . Public Health Wales have requested a revised T3 adoption date (10 August) and T4 / T5 re-planning is ongoing to confirm revised adoption dates for T4 & T5. However T5 will drop into QTR3 ISC were requested to provide a revised plan which was received on the 20th June this had completion of T5 early December DHCW have responded with a commercial letter saying that we do not accept the plan as we need to minimise delays into QTR3.	-- WG letter received confirming funding for overspend (Q1/Q2)	Finalise remaining tranche 2a (Mortuary) & Tranche 2b (Andrology) adoption dates Tranche 2 (CellPath/Mortuary/Andrology) deployments complete and TCLE is stable/ready to deploy to the remaining disciplines Lock in Tranche 3 adoption date Lock in Tranche 4 & 5 plans

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.1	Integration Hub (IH)	Final	AR →	AR	AG	AG	Jordan Walkley	Overall RAG remains Amber/Red due to the tight timeline for migrating away from Fiorano before the June 2027 contract expiry. Delivery confidence has improved following the setup of the platform, better monitoring, more mature product capability and onboarding of resources. However, there is still a significant amount of work to scale adoption and migrate services onto the Integration Hub. Progress continues across the product. The Monitoring Dashboard MVP has been delivered, development of Message Storage and Replay is in progress, and Phase 2 onboarding is being planned. WIAG approval for ADT messaging is ongoing. The roadmap and backlog are being refined now that key Product roles are in place. Migration planning has started, with engagement underway. The Fiorano contract renewal is complete for FY 26/27. Resource onboarding and capability development continue across Development and Testing, but overall capacity remains a delivery risk due to competing Integration Services priorities.	- Future flows for migration outlined and prioritised, backlogs developed for work to be undertaken, Lead Product Owner, Senior Product Owner, Lead DevOps Owner and Senior Software Developer role now onboarded to product. - Monitoring solution for future flows developed, tested and going through debugging. - Scrum ceremonies and team established, momentum building. - Attendance at WIAG for Request for Change, design document for MPI Inbound and Outbound flows written and going through TDAG process end of June.	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.
2.2	Audit+ Replacement (AR)	Final	AR ↑	R	R	AR	Jayne Steed	Due to increased confidence in delivery arrangements, the RAG status is now Amber-Red. The status was reviewed at the Governance and Assurance Group meeting on 4 June, with the Group requesting that both the in-house solution and the EMIS Search and Report (ES&R) contingency option be progressed in parallel and brought to a common evidence base to support a decision at the next scheduled meeting on 2 July. DHCW will report back to project governance at that meeting, where any recommendations arising from the review of the available options will be considered.	Authority to initiate the project was received February 2026 with a defined scope of a DHCW in-house replacement for Audit+. Pre-requisite third party supplier data replication activities are on track. Validation activities have continued utilising the General Medical Services (GMS) data platform prototype and Welsh test data, alongside a revised technical design, data controls and live demonstration presented to GPC Wales representatives. A switch to live data remains required to continue development and validation.	A view on the potential recommendation on how to proceed with the in-house solution or an alternative option is sought from the Governance and Assurance Group at the meeting on 2 July.

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
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 Cancer Centre (VCC) 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 - 2/3 (67%) ePMA suppliers on the national framework have access to the Shared Medicines Record SMR Application Programming Interface (API) test environment to complete integration development with the SMR.	- Since the last reporting period, Powys teaching Health Board (tHB) went live with their ePMA system at Bronllys Hospital on 5th May 2026 and is the first health board to read medicines on patient hospital admission and updating/writing patient hospital discharge medicines to the SMR. - Since the last reporting period, Aneurin Bevan University Health Board (AB UHB) went live with its ePMA system on 8th June 2026. This ePMA system is integrated with the SMR enabling the reading of medicines on patient hospital admission and updating/writing patient hospital discharge medicines to the SMR. - Since the last reporting period, Cwm Taf Morgannwg University Health Board (CTM UHB) completed commenced rollout at Princess of Wales over the weekend of 16th May 2026. - Migration of patient allergies and intolerances from the legacy allergies and intolerances data store into the SMR was completed on 24th June 2026. - National technical integrations have progressed in preparation for Hywel Dda University Health Board's (HDDA UHB) ePMA implementation in July.

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
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 June 2026; • 26.3 million prescription items have been claimed through the EPS since November 2023. • 227 (62%) GP practices, 674 (98%) pharmacies and 4 (100%) Dispensing Appliance Contractors (DACs) are using EPS to send and receive prescriptions from GP practices digitally • Approximately 888k patients have benefited from having their prescriptions sent electronically though EPS.	- Between April – June 2025, 7.5 million prescription items were claimed through the EPS, with 53 GP practices and 22 community pharmacies starting to use EPS. - A new Community Pharmacy Patient Medication Record (PMR) supplier with a footprint in Wales, completed development and testing in preparation to receive prescriptions digitally via EPS. - Testing 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. - All GP practices have migrated to the GP-EPS enabled system supplier. Last migration was completed on 28th May 2026. - Enhancements to GP-EPS enabled system delivered, including enabling patients to make a (1) one-off pharmacy nomination to receive their prescription digitally without altering their usual pharmacy nomination and (2) enabling GP practices to search for EPS- enabled pharmacies by postcode.
1.3	Microsoft 365 Enterprise Agreement Renewal	Final	G →	G	G	AG	Shruti Chauhan	Significant work by teams across DHCW, NHS Wales organisations and Trustmarque to secure a new Enterprise Agreement deal with Microsoft on favourable terms.	Successful negotiation of the new contract, including DHCW Board approval to proceed with a new five-year Microsoft Enterprise Agreement commencing 1 July 2026 and the submission of Purchase Order to Trustmarque on behalf of NHS Wales. Significant progress has also been made in transition readiness, with detailed assessments completed of current licence allocations and future volume requirements across organisations. A national transition planning session was delivered, providing organisations with essential commercial updates and guidance on minimum volume commitments. Key licensing changes, including Information Worker consolidation, GP licence transition, SharePoint Plan 1 rationalisation, Windows 365, and Power Platform licensing updates, have been communicated, supported by a clear transition plan and ongoing stakeholder engagement to ensure organisational readiness for go-live.
2.2	GP Systems Migrations	Final	G →	G	G	G	Jayne Steed	All 193 practice migrations are complete.	The 25 remaining migrations have been completed with post go live support being provided. All practices have met stable operations criteria.
2.6	Radiology Informatics Solution Procurement (RISP)	Final	G ↑	G	G	G	Rebecca McGrane	Overall Programme RAG status improved to Green: All Health Boards and Trusts are now live.	CAVUHB Go Live 1st June 2026. ABUHB Go Live 22nd June 2026. Milestone completed: Q1 26/27 - Support organisations to go live with a new radiology system, in particular integration and migration (ABUHB & CAVUHB).

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
1.3	Cloud Transition Programme (CTP)	Final	NA	AR	AG	R	Sarah Murphy	Since March, the programme has made clear delivery progress, including Azure Landing Zone sign-off, migration activity moving into delivery, and organisational change moving into early implementation; However, the overall assurance position remains constrained by funding and resource uncertainty. The overall programme position is driven by continued uncertainty around DPIF funding. The pause on uncommitted spend is limiting the programme's ability to progress further supplier work packages, continue activity with the migration partner, and procure specialist training support. This is affecting the programme's ability to maintain momentum and will impact delivery timelines and benefits realisation.	Infrastructure Delivery • Azure Landing Zone achieved sign-off, enabling transition from infrastructure delivery into migration execution. • Azure Phase 2 mobilisation commenced following completion of the critical-path infrastructure build. • Continued progress on the Single Backup Project through testing, governance development, training and migration planning activities. • Significant progress made on GCP design activity, with workshops completed across architecture, networking, security and operational domains. Migration • Migration workstream transitioned into active delivery, with Wave 1 and Wave 2 build activities underway. • KPMG successfully completed the Migration and Modernisation discovery work package, providing a roadmap for future migration waves and modernisation opportunities. • WPAS migration approach agreed, establishing a phased deployment strategy with Health Board engagement underway. • WIS migration strategy re-baselined and aligned to operational service requirements. Organisational Change • Organisational Change moved into early delivery, with improvements in training readiness, benefits reporting, communications and stakeholder engagement. • Benefits dashboards and reporting capabilities established, providing improved visibility of programme progress and benefits realisation.
2.3	Connecting Care (CC)	Final	NA	NA	R	R	Alison Paul	Programme funding remains uncertain and planned outcomes and benefits are now at risk of non delivery or delay. However funding has been received for essential operational costs of CareDirector Exit Planned activities will be suspended at from the beginning of Q2 but limited support will be provided by team members to keep inflight activities moving as well as we can	Clusters work (with GMS team) has been scaled back but C&MH team has built on relationship with BCU to explore their pilot with EMIS Clinical Services. MH- ORCHA mental health apps framework Workstream 1 is largely complete; workstream 2 has now commenced. - BCUHB Community Health OBC has been approved by BCUHB Exec. On target is to get through Health Board approval by end of July 26. - MH BCUHB and CTMUHB have received approval from WG to announce Rio/Access Group as their successful supplier and funding has been confirmed by WG. BCUHB has also received confirmation from WG of funding for their Mental Health and Learning Disabilities Electronic Health Record procurement - PTHB has also had WG approval and awarded a contract to Access/ Rio for community and mental health. Currently working through implementation approach. SBUHB; Phase 1 of their MH implementation with RIO was successfully delivered to plan. ABUHB signed their Mental Health contract at the end of May with Access/ Rio Initial work with MAST pilot to set up working demo has been completed. System now visible via DHCW so demo data is available. Further work needed to examine Live WCCIS data

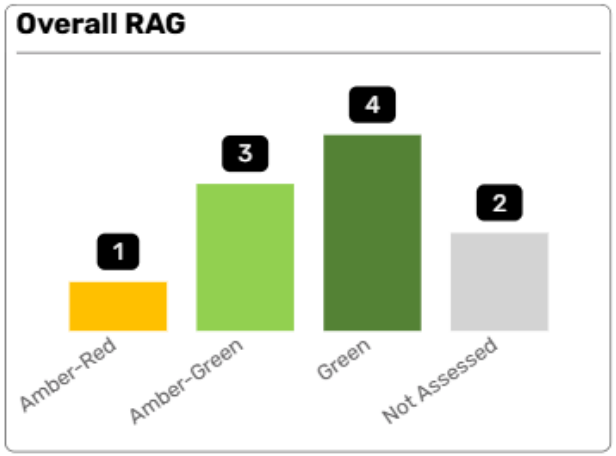
Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
1.1	National Data Resource (NDR)	Final	NA	NA	NA	R	Louise Smith	Overall delivery confidence cannot be assessed to the pause and review of national priorities.	Key Achievements include:- The Care Data Repository Team (CDR): - Developed and tested Diagnostics and PROMs data flows - Migration of allergies and adverse reactions from Pyro to CDR - Welsh Clinical Portal is now reading allergies from and writing to CDR. The National Data & Analytics Platform Team (NDAP): - delivered a production environment to support integration across maternity services which is now live in multiple health boards. This enables the replacement of traditional paper notes with a new digital maternity system. - progressed development of a national data catalogue - Prepared a roadmap for replacement of the data dictionary - Supported multiple use cases, including, for example, development of a clinical coding app proof of concept, supporting development of an organisational performance dashboard, progressing emergency care data acquisition and supporting primary care team with data requirements for the Audit + GP system replacement - Enhancing support for Google data visualisation and modelling tooling using Looker - Supporting partners across Wales to migrate to, and utilise, their NDAP 'slices' The GitHub GIG Cymru Service: - provided tooling and resources to support an increasing number of health and social care professionals to work more collaboratively and effectively. The Secure Data Environment Service: - secured design approval, and initiated build in GCP. This will enable research, innovation and improvement projects to deliver studies, intervention design and analysis in a resilient, efficient, cloud-based environment with cutting edge analytical tooling. The FHIR Standards Development and Implementation Team: - Completed a new release of the NHS Wales FHIR Implementation Guide (v2.6.0), alongside review and improvements to the process for FHIR releases. These enhancements ensure appropriate standards for interoperability are in place, making it easier for healthcare information to be shared across systems and settings.
1.3	National Target Architecture (NTA)	Final	NA	NA	NA	R	Geoffrey Irvine	Overall delivery confidence cannot be assessed to the pause and review of national priorities.	The project has been formally paused while awaiting DPIF funding approval from Welsh Government.
2.5	Welsh Intensive Care Information System (WICIS)	Final	NA	NA	NA	NA	Rachel Williams	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.	- Discovery stage completed, hitting all planned milestones - Workshop outputs and requirements agreed and submitted to Ascom for assessment - 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.

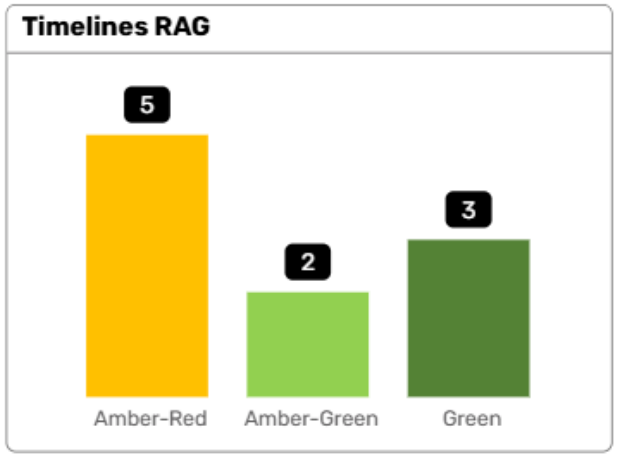
Escalations | Portfolio Delivery Committee

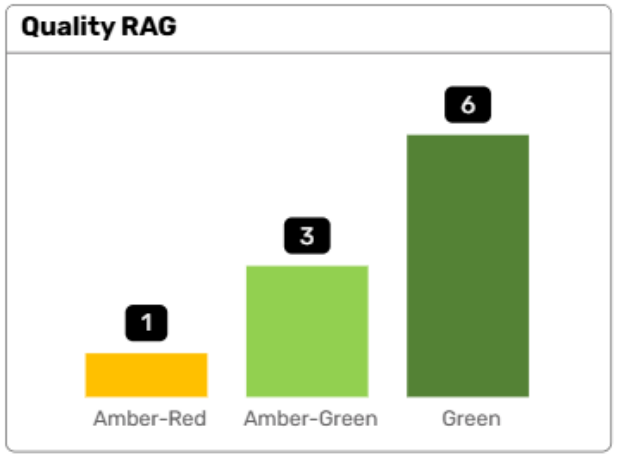
Major Programmes – Overarching Escalations to PDC

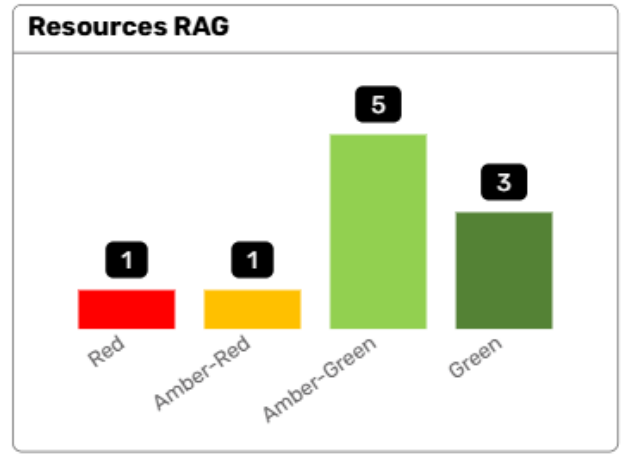
PPM Type	Portfolio	Name		ID	Status	Escalated	Type	Description	Closure Criteria	Update
Programme	2.5	Laboratory Information Management System 2.0 (LIMS 2.0)	R	ESC-1083	Open	Mar 2026	Assure	The timetable to transition from the current LIMS (TCL2016) to LIMS 2.0 (TCLE) by December 2025 will not be met, 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 2 Owner Updates: 14/07/26 UPDATE July 26: At the July Programme Board, revised go-live dates were agreed. Key risks remain around legacy data archiving, increased pressure on support teams, and the requirement to maintain LIMS for longer than planned. Escalation meetings with Health Board LIMS SROs are being established to support delivery, drive mitigations and manage emerging risks. 06/07/2026: UPDATE June 26: The revised plan for the remaining tranches of the LIMS 2.0 implementation had been established to deliver within QTR2. However at the board on the 9th June the service raised concerns about achieving T4 go live in July . PHW have requested a go live date of the 10th August for T3 which pushes T4 into Sept and T5 now likely in Oct.

Overall Summary









PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on AMBER/RED and RED RAG ratings
1.1	NHS Wales Referral Integration	⇩				**Overall:** Amber due to outstanding external dependencies and decisions required before end-to-end delivery can progress. Timelines:
2.2	Eyecare ERS	⇔				
2.4	Secondary Care Lung Function Testing	⇧				
2.4	Welsh Information System for Diabetes Management	⇔				**Timelines:** Identification of changes for WLIMS 2.0 test code and NPDA audit criteria will impact timelines as further design and development work is anticipated to resolve these changes.

Mills Belinda 30/07/2026 11:42:34

OTHER PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END DECEMBER 2025

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on AMBER/RED and RED RAG ratings
1.1	Fiorano 13 Migration	⇔				
1.4	GP Computer Refresh					
1.3	ITSM Replacement Toolset	⇔				
1.3	NHS Wales CoPilot Enablement	⇔				**Timelines:** Copilot configuration and governance completed by 30/06 delayed due to issues with the build. Rebaselined date TBC, awaiting confirmation based on session with Microsoft on 14/07.
2.5	Welsh Emergency Care Dataset	NOT ASSESSED				**Timelines:** UEC timelines remain mixed, with Powys reviewing a revised plan following resource constraints (first implementation now planned for 25 August), ABHB awaiting Welsh Government and Executive approval despite readiness to proceed, and BCU targeting an 8 July go-live subject to successful completion of UAT.
2.4	Welsh Nursing Care Record	NOT ASSESSED				**Overall:** Confidence in the project delivery remains cautious due to the current funding position and will continue to be closely monitored while the DPIF pause and review are ongoing.

PDC Appendix 1 – Assurance Highlight Reports

The quarter 1 Assurance Highlight Reports can be found here:

DHCW Major Programme Assurance Reports Quarter 1 26/27.docx

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:**	6 August 2026

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

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

Pwrpas yr Adroddiad: **Purpose of the Report:**	For Assurance
Argymhelliad: **Recommendation:**	The Committee is being asked to
NOTE for **ASSURANCE** the latest position 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 increased escalation relates specifically to the delivery of major programmes, under the 'performance and outcomes' domain of the NHS Oversight, Assurance, Escalation and Intervention Framework.

3.3 DHCW 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 to be monitored to inform the future escalation status.

3.4 On the 16 December 2025, the Cabinet Secretary confirmed that the escalation status for DHCW following the tri-partite discussions in November 2025 had not changed DHCW's escalation status and it remained at Level 3, Enhanced Monitoring for Major Programme delivery. On the 6 January 2026, the Director General for Health and Social Care / NHS Wales CEO wrote to DHCW to provide feedback on the continuity of its escalations status for major programmes, feedback included:

- Progress made against the escalation milestones – not translating into the level of change, improvement and transparency that WG expected
- Escalation framework is too transactional
- Focus needs to be on system leadership, engagement, stakeholder perceptions, programme planning/reporting
- There is a perception that risks and failure to deliver milestones are not being reported and escalation to WG in a timely and transparent manner
- DHCW must focus efforts to change stakeholder perceptions, and this will be aided by delivering on your core priorities
- Needs to be greater scrutiny and objective assurance in relation to programme delivery, risk and engagement
- As system leaders, you need to look beyond your own organisations and guide the health and care system across Wales in adopting appropriate digital solutions, including system oversight on those programs that you are not leading upon.

3.5 On the 8 April 2026 Welsh Government confirmed DHCW's escalation status had increased to Level 4 – Targeted Intervention, with concerns around delivery, accountability and leadership.

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, a number of activities and meetings have taken place regarding DHCW's escalation status including:

- NHS Wales Performance and Improvement Unit Accountability Meetings – 28 May, 24 June and 23 July 2026
- Welsh Government Escalation Board Meeting – 9 June 2026
- NHS Wales Performance and Improvement Unit Managing Director and Director of Intensive Support, Recovery and Turnaround meeting with DHCW Chief Executive and Chair (attended by DHCW Vice Chair) – 16 June 2026
- DHCW Board Development Session on Escalation – 25 June 2026
- DHCW Senior Leadership Day Session on Escalation – 9 July 2026
- DHCW internal Escalation Implementation Group meetings – weekly

The focus of the above activity has been on understanding the focus of Targeted Intervention, Level 4 and responding to address the areas of concerns identified, this has included: agreeing the Escalation Framework for Targeted Intervention, Level 4 with Welsh Government, supporting the DHCW Intervention Core Principles document and work to support intervention. Reflecting on the discussions and feedback from the Welsh Government Escalation Board meeting and developing actions and approaches in response, as well as continuing to monitor the deliver of the Level 3 Enhanced Monitoring Phase 2 Improvement Plan.

4.2 Targeted Intervention, Level 4 Escalation Farmwork

Since the last Committee meeting the framework has been developed by Welsh Government, and reviewed and accepted by DHCW, with the roles and responsibilities discussed by the SHA Board, to include:

Welsh Government

- provide structured oversight and challenge
- direct NHS P&I and intervention support
- promote best practice and shared learning
- work with DHCW to support key system enablers (e.g. national architecture, financial sustainability)
-

DHCW

- appoint Senior Responsible Owner (SRO)
- ensure strong Board oversight and governance

- deliver a credible Level 4 improvement plan
- provide regular evidence-based progress reporting

DHCW have confirmed the Responsible Owner for Escalation is the Director of Corporate Affairs / Board Secretary, and Board oversight and governance has been discussed and agreed by the SHA Board. The Level 4 improvement plan will be developed and regularly reported to the SHA Board.

4.3 NHS Wales Performance and Improvement Unit Intervention Work

The NHS Wales Performance and Improvement Unit (NHSWP&I) will support Welsh Government to provide intervention support to DHCW. DHCW and NHS Wales Performance and Improvement have agreed a set of Core Principles. A two-phase approach to escalation has been agreed with Phase 1 being an evaluative review. The core principles agreed focus on Phase 1, as the outcome of Phase 1 will inform Phase 2, the delivery phase. An external independent advisor is expected to be commissioned by NHSWP&I to support this review. To support NHSWP&I in this work, a summary of the external reviews into DHCW undertaken over the past few years have been shared with NHSWP&I and the recommendations and themes from these reviews. The reviews include:

- *Independent Report into Digital Programme governance arrangements and how they relate to Digital Health and Care Wales (DHCW),* Steve Combe, Independent Governance Advisor, March 2023
- *NHS Wales Digital System Government (DDaT) Review,* Tracey Breheny, Director of Strategy and Corporate Business, Welsh Government on behalf of the Director General, December 2024
- *A Report from the Ministerial Advisory Group on NHS Wales Performance and Productivity,* Sir David Sloman (Chair of Ministerial Advisory Group), April 2025
- *Digital Health Governance In Wales AN INTERNATIONAL PERSPECTIVE ON DIGITAL HEALTH SYSTEMS,* Tektology, October 2025
- *Digital Health Governance In Wales CURRENT STATE ANALYSIS,* Tektology, November 2025
- *Thematic Review of Independent Programme Reviews,* DHCW PMO (Summarising and theming independent reviews into specific programmes), October 2025
- NHS Wales Digital Blueprint: System-wide Action Response Plan, Tektology, July 2026

On agreement of these core principles, NHSWPI will issue draft terms of reference (ToR) to Welsh Government for approval. Once the Terms of Reference are approved an external Independent Advisor will be commissioned and funded through NHSWPI to undertake the review. A mobilisation phase will commence on agreement of the Terms of Reference whereby NHSWPI will work with the organisation and Welsh Government to obtain all relevant evidence, baseline assessments and other intelligence to support the review. The mobilisation phase will last up to 4 weeks.

DHCW have shared evidence and documentation with NHSWPI over the past month to support the baseline assessment work.

4.4 DHCW WG Escalation Board Meeting 9 June, 2026 Next Steps

The Escalation Board on the 9 June was clear that DHCW is expected to operate as a national delivery organisation, leading digital services and system transformation across Wales. This feedback is a clear opportunity for DHCW to show the leadership required to address the areas of concern. The DHCW Executive Team and Board have since reflected on areas where a change of approach, and system leadership can be demonstrated, areas being worked on include: Cyber Resilience, Data Standards, Architecture, AI, Digital Workforce Profession, Usage and Adoption of Digital Products, Patient facing digital services, Cloud, Digital Investment / Sustainable Funding, Digital Maturity.

This work will continue to progress over the coming weeks and months, to demonstrate a change of approach and leadership.

4.5 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.

4.6 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 action plan, blueprint framework and roles and responsibilities documented and discussed by Chief Executives on 7 July 2026, although not formally part of the escalation work. DHCW continue to be a key part of driving this work forward, to address a number of areas of concern highlighted in the independent reviews referenced in section 4.3 including better clarity of 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:	The Committee 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
CORPORATE RISK REGISTER REPORT

Eitem ar yr Agenda: **Agenda Item:**	5.2

Enw'r Cyfarfod: **Name of Meeting:**	Portfolio Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	06 August 2026

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

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

Pwrpas yr Adroddiad: **Purpose of the Report:**	To Receive/Discuss
Argymhelliad: **Recommendation:**	The Committee is being asked to
DISCUSS the Corporate Risks assigned to the Portfolio Delivery Committee. **NOTE** the status of the Corporate Risk Register.	

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	13/07/2026	Approved
Laura Tolley, Head of Corporate Governance/Deputy Board Secretary	July 2026	Reviewed
Chris Darling Director of Corporate Governance/Board Secretary	July 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 17 risks on the Corporate Risk Register, of which 7 are for the consideration of this Committee.

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

- DHCW0298 Delay in the Implementation of WLIMS 2.0
- DHCW0333 WICIS Implementation Delay
- DHCW0347 National Target Architecture Transition Roadmap
- DHCW0348 Transition to new data architecture
- DHCW0354 DPIF Funding Pause and Review
- DHCW0357 Personal data must be processed in accordance with the data protection principles
- DHCW0358 A replacement solution may not be able to be delivered in Audit+ & PDES sunsetting timescales (30th April 2027)

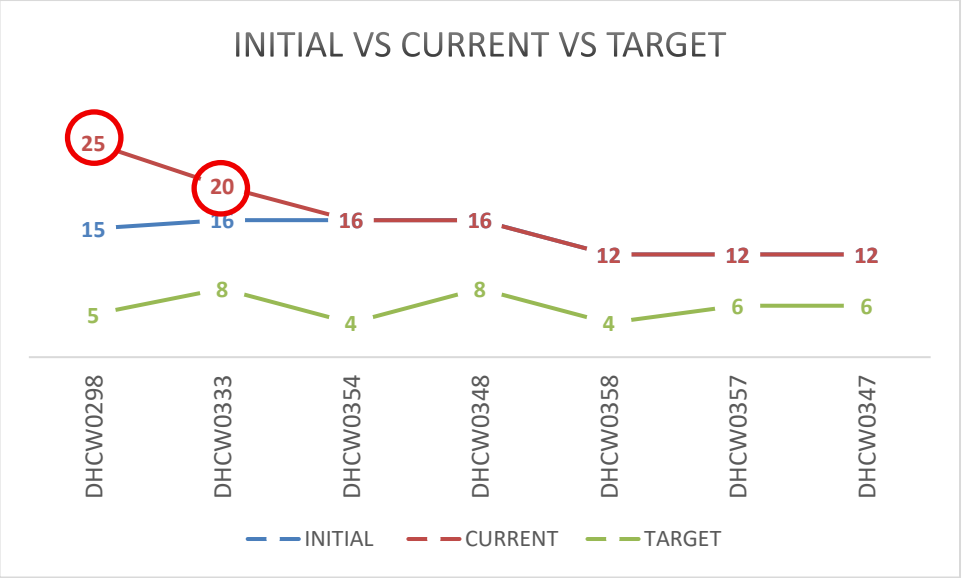
4.2 The Risk register presents the Committees public register representing the 7 public risks assigned to this Committee at item 5.2i Appendix A

4.3 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 3 Significant and 4 Critical risks assigned to the Committee. The key indicates the current position of the risk.

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

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)					DHCW0298 – Delay in WLIMS implementation 2.0 ⟷
MAJOR (4)			DHCW0358** ⟷	DHCW0337 Sustainable Digital Services and Development Funding Model ⟷ **DHCW0342 ⟷ DHCW0348 Transition to new data Architecture ⟷ DHCW0354 DPIF Funding Pause and Review ⟷ DHCW0355 Remit Letter Recruitment Pause ⟷ ** DHCW0360 ★ **DHCW0361 ★	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)		DHCW0300 – Canisc (Screening and Palliative Care) ⟷		⟷ DHCW0347 National Target Architecture Roadmap DHCW0357 Personal Data must be processed in accordance with data protection principles ★	
MINOR (2)					
NEGLIGIBLE (1)					

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



NB:

- Please note that DHCW0347, DHCW0348, DHCW0354, DHCW0357 and DHCW0358 current scores are tracking the same as the initial scores.
- DHCW0298 is a re-escalation.

4.6 **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.

4.7 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 (7) – 4 public, 3 Private

There were seven new risks escalated during the period.

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0355	Remit Letter Recruitment Pause	Financial	Audit and Assurance Committee
DHCW0356	PRIVATE	Service Delivery	Digital Governance and Safety Committee
DHCW0357	Personal data must be processed in accordance with the data protection principles (see Article 5 of the UK GDPR). Article 5(1)(c	Service Delivery	Portfolio Delivery Committee
DHCW0358	A replacement solution may not be able to be delivered in Audit+ & PDES sunsetting timescales (30th April 2027)	Information Storing and Maintaining	Portfolio Delivery Committee
DHCW0359	PRIVATE	Service Delivery	Digital Governance and Safety Committee
DHCW0360	Outpatient Oncology Note (OON) in Data Warehouse	Information Access and Sharing	Digital Governance and Safety Committee
DHCDW0361	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) – 3 public, 2 private.
There were five risks removed during the period.

Reference	Name	Commentary	Committee Assignment
DHCW0351	Changes in Political Landscape in Wales	Elections concluded the organisation is in communication with the new government to agree remit	Audit and Assurance Committee
DHCW0237	New Requirements on Impact and Plan	Being managed as an issue	Portfolio Delivery Committee
DHCW0341	PRIVATE	PRIVATE	Digital Governance

			and Safety Committee
DHCW0349	RADIS Team Scaling Back 25/26	Clear plan in place and risk has been mitigated to closure	Portfolio Delivery Committee
DHCW0356	PRIVATE	PRIVATE	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. **NOTE** the status of the Corporate Risk Register.	

5.2i Appendix A – Corporate Risk Register

Risk Matrix

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)	5	10	15	20	25
	MAJOR (4)	4	8	12	16	20
	MODERATE (3)	3	6	9	12	15
	MINOR (2)	2	4	6	8	10
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low

PLEASE NOTE THE ACTION STATUS CONTAINS THE LATEST UPDATE ONLY FULL AUDIT AVAILABLE IF REQUIRED

Ref	Description	Opened date	Review date	Rating (initial)	Key Controls (where applicable)	Action Status (PLEASE NOTE THIS INCLUDES THE MOST RECENT UPDATES A FULL AUDIT IS AVAILABLE ON REQUIREMENT)	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0298	Delay in the Implementation of WLIMS 2.0 IF the new Laboratory Information Management System (LIMS) service is not fully deployed before the contract for the current LIMS expires on 1st October 2025 THEN operational delivery of pathology services may be impacted RESULTING IN additional costs, continued support of a legacy system on ageing infrastructure , lack of ability to apply patches, security updates ,potential requirement to upgrade the underlying platform	05/05/21	02/06/26	15 (5X3)	• Programme board oversight. • Programme plan agreed and confirmed. • DDaT Governance Structure	Completion Forecast to QTR 2 26/27	25 (5x5)	5 (5x1)	Executive Director of Strategy	Non-mover	Portfolio Delivery Committee	Service Delivery	Mission 2 - Deliver high quality digital products and services
DHCW0333	WICIS Implementation Delay IF Health Boards do not confirm implementation dates for WICIS THEN there will be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged. RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives.	03/11/23	26/06/26	16 (4x4)	• Interim Government arrangements are in place to agree the implementation plan and next steps	Post election and subsequent change WG, DHCW still await a decision from WG regarding programme continuation, funding and next steps. Additional information has been requested from WG including a commitment position from Ascom, position of BCU and position regarding HB caveats outlined in their letters. Timeline is uncertain.	20 (4x5)	8 (2x4)	Executive Director of Strategy	Non-Mover	Portfolio Delivery Committee	Service Delivery	Mission 2 - Deliver high quality digital products and services
DHCW0348	Transition to new data architecture IF data and systems do not transition from existing national and local platforms to the NDR platform THEN there will be a need to maintain existing platforms alongside the NDR platform RESULTING IN delayed benefits, and additional costs of complex duplicated digital infrastructure.	30/04/25	02/06/26	16 (4x4)	• National Data Resource Programme Board • Programme plans in place. • Data Transition roadmap agreed. • Successful recruitment to support NDR Programme	Engagement commenced with Health Boards for Migration activities	16 (4x4)	8 (4x2)	Executive Director of Digital Strategy	Non-Mover	Portfolio Delivery Committee	Information, Access, and Sharing	Mission 1 - Provide a platform for enabling digital transformation

5.2i Appendix A – Corporate Risk Register

Ref	Description	Opened date	Review date	Rating (initial)	Key Controls (where applicable)	Action Status (PLEASE NOTE THIS INCLUDES THE MOST RECENT UPDATES A FULL AUDIT IS AVAILABLE ON REQUIREMENT)	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0354	DPIF Funding Pause and Review IF DPIF funding is reduced, delayed, or refocused THEN DHCW will be required to reprioritise, re-scope, and pause or stop elements of nationally planned digital programmes, while constraining investment in workforce and delivery capacity RESULTING IN potential failure to deliver IMTP commitments, reduced organisational capacity, and increased pressure on core finances, leading to potential contractual or system performance impacts, alongside heightened scrutiny, reduced confidence from Welsh Government and system partners, and a delay in achieving digital transformation benefits.	01/04/26	02/06/26	16 (4x4)	• Reprioritisation scenario planning • Financial Controls - Recruitment freeze • Workforce and capacity management -Assessment of key critical delivery roles aligned to prioritised programmes • Governance and Assurance -Robust change control processes - Use of existing governance routes i.e. POMB and Programme Boards for review and challenge - Reporting and monitoring on risk, dependencies and impacts • System engagement - Continued dialogue with Welsh Government surrounding DPIF pause and review • - Protection of Critical National Services through robust business continuity plans and infrastructure	Funding informal confirmation received for: current Diagnostics Programmes (LIMS and RISP), but not our new activity proposed for this year (yet) ePMA and EPS Levels of funding for the above match what was requested.	16 (4x4)	4 (4x1)	Executive Director of Digital Strategy	Non mover	Portfolio Delivery Committee	Service Delivery	Mission 1 - Provide a platform for enabling digital transformation
DHCW0347	National Target Architecture Transition Roadmap IF there is not a nationally agreed national target architecture and transition roadmap THEN it will be harder for DHCW to plan and secure investment funding for future transformation programmes RESULTING IN reduced or delayed benefits, additional costs, and not meeting stakeholder expectations.	30/04/25	25/06/26	12 (3X4)	• Programme Board made up of external partners have approved the transition roadmap	Work ongoing with HBs to firm up application architecture position and Programme Priorities. DPIF funding still not confirmed.	12 (3X4)	6 (3X2)	Executive Director of Digital Strategy	Non-Mover	Portfolio Delivery Committee	Development of Services	Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care
DHCW0358	A replacement solution may not be able to be delivered in Audit+ & PDES sunsetting timescales (30th April 2027) IF existing DQS services (all Lot items) are not delivered within Audit+ and PDES sunsetting timescales (30th April 2027) THEN a break in service may occur along with an inability to parallel run for some service recipients RESULTING IN service recipients being unable to access previously approved DQS information during the potential break in service period."	08/04/2026	28/04/2026	12 (4X3)	• 1. Provide a DHCW inhouse replacement solution that will meet longterm strategic objectives (currently in scope of Audit+ Replacement). 2. Present a range of interim tactical replacement options provided by 3rd party supplier for Governance & Assurance Group to assess for contingency purpose.	Risk reworded along with mitigating actions and AIM. Risk also raised to Corporate Level as per Management Board action log. Details of person reporting risk updated as current project manager is leaving. Risk ratings reassessed. Risk will be reported to Audit+ Replacement Governance & Assurance Group at their next scheduled meeting.	12 (4X3)	4 (4X1)	Director of Primary, Community & Mental Health Digital Services	New Risk	Portfolio Delivery Committee	Service Delivery	Mission 2 - Deliver high quality digital products and services
DHCW0357	Personal data must be processed in accordance with the data protection principles (see Article 5 of the UK GDPR). Article 5(1)(c IF GPC Wales or Practices perceive the bulk data extraction required by the in-house solution as excessive relative to Audit+ requirements, THEN voluntary adoption may be insufficient to achieve operational coverage, RESULTING IN service delivery failure and reputational damage for DHCW. This is material because: (i) the service cannot be made compulsory; (ii) the technical design inherently requires bulk extraction.	05/02/2026	18/05/2026	12 (3x4)	• Filtering data from the extract (time and cost considerations) etc. or asking WG to instruct LHBs to use the GMS contract regs to require data to be disclosed. Based on information to date, the likelihood of WG using this mechanism to require data that GPs consider to be excessive needs to be considered.	New design presented for in house option to colleagues from GPC Wales; positive discussion. Team will initiate review by ICO to obtain guidance as to whether the in house solution suitably mitigates risks raised in the DPIA, and depending on outcome the Team will then seek support for in house solution from GPC Wales colleagues.	12 (3x4)	6 (3x2)	Director of Primary, Community & Mental Health Digital Services	New Risk	Portfolio Delivery Committee	Information Storing and Maintaining	Mission 2 - Deliver high quality digital products and services
THE BELOW RISKS ARE ASSIGNED TO OTHER COMMITTEES AND INCLUDED FOR INFORMATION ONLY													

5.2i Appendix A – Corporate Risk Register

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DHCW0263	Establishment & Functions of DHCW IF clear directions do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, may stop sharing data, (ii) DHCW may be acting unlawfully if it processes identifiable data RESULTING IN (i) DHCW being unable to fulfil its intended core functions and in the case of continued processing, (ii) legal challenge.	26/01/21	13/07/26	12 (4x3)	• Joint controller agreements have been signed in relation to the National Data Resources (NDR) however this is still a permissive agreement.	A Data Use and Information Sharing has been set up by WG and chaired by the Deputy CMO - The next meeting is August 2026	20 (4x5)	4 (4x1)	Executive Medical Director	Non-mover	Digital Governance & Safety Committee	Information Access and Sharing	Mission 4 – Drive better values and outcomes through innovation
DHCW0320	Citizen and stakeholder trust in uses of Health and Social Care data IF there is not an established strategic approach to public engagement and involvement in uses of health and care data. THEN significant progress is unlikely in developing a legislative and policy framework that reassures the public and wider Services. RESULTING IN An inability to make full use of data from across various health and care settings in Wales, which will impinge on DHCW's strategic aims and inhibit Wales from realising the full benefits of data driven digital transformation.	12/05/23	13/07/26	12 (4X3)	• Joint controller agreements have been signed in relation to the National Data Resources however this is still a permissive agreement	A Data Use and Information Sharing has been set up by WG and chaired by the Deputy CMO - The next meeting is August 2026	20 (4X5)	4 (4X1)	Executive Medical Director	Non-mover	Digital Governance & Safety Committee	Information Storing and Maintaining	Mission 1 - Provide a platform for enabling digital transformation
DHCW0331	Fixed term resource funding IF roles recruited into on a permanent basis (as a result of market conditions and responsive development during the pandemic) in order to meet delivery requirements are supported by time limited funding THEN once funding expires, material cost pressure will arise RESULTING IN Significant financial risk to DHCW meeting its statutory requirement to breakeven	28/11/23	10/07/26	20 (4x5)	• Exposure document in place to monitor current position. • Scrutiny panel in place for further recruitment considerations. • Budget holder monitoring of current positions and contract management	Paper and options appraisal being drafted by end of July 2026	20 (4x5)	4 (4x1)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Financial	Mission 5 - Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation
DHCW0337	Sustainable Digital Services and Development Funding Model IF there is no adequate and effective long term funding model to support digital service provision support and development THEN DHCW will either not be able to meet required service levels or service provision or attract significant cost pressures RESULTING IN reduced delivery confidence, delayed outcomes and benefits, erosion of stakeholder trust, impact on DHCW's reputation and failure to meet statutory financial targets.	06/09/24	10/07/26	16 (4x4)	• Service level agreements signed by Health Boards	Significant movement at senior level within Welsh Government. DHCW has engaged with NHS Organisations to draft a proposal to update SLA charging methodology to support sustainable service provision and reflect local service consumption.	16 (4x4)	8 (4x2)	Executive Director of Finance	Non-Mover	Audit & Assurance Committee	Financial	Mission 1 - Provide a platform for enabling digital transformation

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DHCW0355	Remit letter Recruitment Pause IF the Welsh Government mandated recruitment pause continues for a prolonged period, THEN sustained capacity pressures may adversely impact staff morale, wellbeing, retention and productivity, RESULTING IN increased stress and burnout, inequitable workload distribution, workforce instability, and a reduced ability to deliver IMTP priorities and statutory commitments for clinicians and patient care.	17/04/26	26/06/26	16 (4x4)	• Baselining work aligned to remit letter and statutory deliverables supported by POD, Finance and Planning. • Continued monitoring, engagement, support and communication with Line managers and Leaders across the organisation • Strengthen wellbeing support and early intervention • Promote equity and fairness in allocation of workload • Prioritise work against statutory and IMTP requirements • Establishment of a Strategic Resourcing Oversight Group, to reflect the need for coordinated, organisation level oversight while the pause continues."	The Strategic Resourcing Oversight Group continues to meet on a weekly basis with representation from Directorates considering resource capacity across the directorates. Where roles are deemed critical to statutory delivery requests for lateral moves have been posted on the internal moves board and we have successfully filled gaps utilising this method. This group continues to monitor resource capacity and escalates to Execs where internal solutions cannot be found.	16 (4x4)	4 (4x1)	Director of People and Organisational Development	Non mover	Audit & Assurance Committee	Financial	Mission 5 - Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation
DHCW0300	Canisc (Screening and Palliative Care) IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	07/12/22	24/06/26	16 (4x4)	• Majority of users now migrated off the system risk has been mitigated decommission date has been set	The number of users on Canisc is down to just 15. There are weekly meetings in place to drive decommissioning progress.	6 (3x2)	6 (3x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety Committee	Service Delivery	Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care

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

Eitem ar yr Agenda: **Agenda Item:**	5.3

Enw'r Cyfarfod: **Name of Meeting:**	Portfolio Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	06 August 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:**	Jonathan Pinkney, PMO Standards Lead
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**
DHCW Portfolio Oversight Management Board	16 July 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 DHCW Major Programmes Assurance Reports June 26.docx

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

The overall health of Major Programmes has changed this quarter in light of the Welsh Government led DPIF pause and review. Five national programmes (WICIS, Connecting Care, NDR, Cloud and NTA) cannot assess confidence of delivery until funding is confirmed.

Since Q4, the following RAG status changes occurred:

Improved:
RISP AMBER/RED → GREEN
Audit Plus Replacement RED → AMBER/RED

Moved to NOT ASSESSED – DPIF Pause and Review:
National Target Architecture GREEN → NOT ASSESSED
National Data Resource AMBER/GREEN → NOT ASSESSED
Cloud Transition Programme AMBER/GREEN → NOT ASSESSED
Connecting Care AMBER/RED → NOT ASSESSED

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

- **LIMS 2.0:** Full delivery was not achievable in 2025/26 due to ongoing delays, UAT defects and extended critical path into 2026/27, the revised plan runs to September 2026 however the LIMS Programme Board have raised concerns about the achievability of this.

Two programmes /projects are **AMBER/RED**

Low confidence of successful delivery requiring urgent management attention:

- **Integration Hub:** Reduced confidence in timely delivery ahead of the June 2027 Fiorano contract end. Resources are being onboarded and capability is improving, however capacity is still not fully secure for the scale of work remaining.
- **Audit+ Replacement:** Potential low uptake of the in-house strategic solution remains a risk to delivery. Tactical and strategic options will be reported to the Governance and Assurance Group, with possible scope change.

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.
- Uncertainty about the approach to delivery, and outstanding agreement on way forward.

Five 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.
- **NDR:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review.
- **Cloud Transition:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review.
- **NTA:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review.
- **Connecting Care:** Overall confidence of delivery cannot be assessed due to the WG led DPIF pause and review

Programme/Project Closures
The Microsoft 365 Enterprise Agreement Renewal project has now formally closed, the Closure Report is included for noting.

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

Major Programmes – ALERTS for ACTION
There are no ALERT escalations for PDC.

Major Programmes – ASSURE for AWARENESS
There are currently two open ASSURE escalations for PDC, one relating to the LIMS 2.0 and one private escalation 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.	

DHCW Major Programmes Assurance Reports

June 26

RAG Framework

1. Audit+ Replacement (AR)
2. Connecting Care (CC)
3. Electronic Prescribing and Medicines Administration (Secondary Care) (EPMA)
4. Electronic Prescription Service (Primary Care) (EPS)
5. GP Systems Migrations
6. Integration Hub (IH)
7. Laboratory Information Management System 2.0 (LIMS 2.0)
8. Microsoft 365 Enterprise Agreement Renewal
9. National Data Resource (NDR)
10. National Target Architecture (NTA)
11. Radiology Informatics Solution Procurement (RISP)
12. Welsh Intensive Care Information System (WICIS)
13. Cloud Transition Programme (CTP)

RAG Framework

	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.

Audit+ Replacement (AR)

Manager	Submitter	Reporting End Date	Report State
Georgia Panagi	Jayne Steed	30/06/2026	☑ Final

RAG Type	RAG	Narrative
Overall	AR	Due to increased confidence in delivery arrangements, the RAG status is now Amber-Red. The status was reviewed at the Governance and Assurance Group meeting on 4 June, with the Group requesting that both the in-house solution and the EMIS Search and Report (ES&R) contingency option be progressed in parallel and brought to a common evidence base to support a decision at the next scheduled meeting on 2 July. DHCW will report back to project governance at that meeting, where any recommendations arising from the review of the available options will be considered.
Timelines	R	Due to a number of delivery and assurance considerations, the programme is reviewing available options to ensure delivery objectives can be achieved. The outcome of this review may result in recommendations regarding the preferred delivery approach and any associated changes required to support successful implementation.
Quality	R	Information governance and assurance activities continue for both options, with supporting documentation being updated and refined ahead of consideration by GP Wales at the decision meeting on 2 July.
Resources	AR	RAG status was confirmed at the Governance and Assurance Group call on 4 June. Business As Usual resources have progressed to prototyping and continue to support both the in-house solution and the ES&R contingency option in parallel. 2026/27 resource requirements have been included within IMTP planning assumptions for the in-house General Medical Services (GMS) data platform design option. Resource requirements for the ES&R contingency option will be considered following the outcome of the governance decision process.

Narrative Type	Narrative
Progress Since Last Reporting Period	The General Medical Services (GMS) data platform prototype using Welsh test data continues to be developed, with the revised technical design, data controls and a live demonstration presented to Governance and Assurance Group members. Information governance and data management requirements continue to be reviewed and refined, with associated actions progressing through the established governance process. Progression to the use of live data remains dependent on completion of these requirements and associated assurance activities. In parallel, an evidence-based comparison between the in-house solution and the ES&R contingency option is being finalised ahead of a decision meeting on 2 July.
Planned Work for Next Reporting Period	Complete the required information governance and assurance activities for both options and present the supporting documentation to Ian Harris ahead of the 2 July decision meeting. Finalise the evidence-based comparison pack covering risk, cost, delivery and timeline for both options, supported by continued development of the in-house solution and ongoing ES&R commercial and contractual preparatory work in parallel.
Route to Green	A view on the potential recommendation on how to proceed with the in-house solution or an alternative option is sought from the Governance and Assurance Group at the meeting on 2 July.

Connecting Care (CC)

Manager	Submitter	Reporting End Date	Report State
Alison Paul	Alison Paul	30/06/2026	☑ Final

RAG Type	RAG	Narrative
Overall	NA	Programme funding remains uncertain and planned outcomes and benefits are now at risk of non delivery or delay. However funding has been received for essential operational costs of CareDirector Exit Planned activities will be suspended at from the beginning of Q2 but limited support will be provided by team members to keep inflight activities moving as well as we can
Timelines	NA	DPIF funding being paused/reviewed in 26/27 will now materially affect timelines.
Quality	R	Programme benefits and outcomes are now at risk due to Funding uncertainty
Resources	R	Absence of funding in QTR 1 and uncertainty regards funding for the rest of the year will further impact the programme delivery

Narrative Type	Narrative
Progress Since Last Reporting Period	MH Digital and Data Designs: - - The Mental health apps framework project continues to progress. Engagement has been very good from HBs Community Health Procurements- CGI/ HDDHB have shared outline plans/ timelines which appear not to allow sufficient time for other HBs to procure jointly with HDDUHB. We have engaged several times with CGI/ HDDUHB and a communication has now been sent to interested HBs by HD. This remains a risk to progress for other Health Boards and could impact on milestone delivery. MH- - AB Go Live on target for March 2027 - BC/ CTM awarded to Rio. Clusters - Work has been scaled back but working with BCU to explore EMIS Clinical Services pilot. ICR- WLGA have informally requested more time to complete discovery for local authorities. The discovery will be carried out by WLGA with support as required from the ICR team. We have written to WG to request that the milestone is moved back 3-6 months to allow WLGA to carry out the discovery piece with the local authorities. Care Director Exit - Review and agreement of draft DPIA from WLGA is under way. The DPIA sets out detailed exit management processes to support project planning and development and offers local data

	controllers assurance about how data is managed throughout the entire process. Due to be finalised in June 26, but still awaiting confirmation from several HBs. - Formal response requested from DHCW by WLGA SRO Group on recent and ongoing performance issues with Care Director. Response was provided on 26/06/26 and any follow-up awaited. - Initial work with MAST pilot to set up working demo has been completed. System now visible via DHCW so demo data is available. Further work needed to examine Live WCCIS data Data & Digital Design Health Boards were asked to present their plans at the June Digital Data Outcome Experience (DDOE) group which has been rescheduled to 21/07/26. This is being led by NHS Wales Performance and Improvement and the National Strategic Programme for MH
Planned Work for Next Reporting Period	CH & MH Confirm procurement approach for Community Health with HDUHB DHCW is coordinating the integrations required for implementation of RIO and working with HBs and the Service Request Evaluation Group to streamline and reduce multiple requests for the same requirements ICR - Support WLGA with the local authority discovery activities when requested. Work is ongoing to request the milestone to be moved back 3-6 months to allow WLGA to carry out the discovery piece with the Local Authorities. Care Director Exit Obtain proposed costs for extended support for Microsoft for SQL and Windows Server, when available. Support for Health Board agreement of DPIA. Write up around MAST onboarding process and learnings from the Proof of Concept for ICR and other information sharing. Clarity on Exit planning/strategy is still needed from the supplier
Summary of Issues	Funding on hold and a resource freeze in place is now impacting achievement of Programme Milestones and planned outcomes and benefits are now uncertain
Summary of Escalations	Request to delay the ICR OBC and implementation plan submission to allow further engagement and alignment before formal approval has been discussed within programme and at DDaT sponsorship group. This is due to limited social care capacity and input to date, creating risks to quality, ownership, and alignment if progressed on the current timeline. WLGA will undertake a 3 month discovery with Social Care practitioners

WCCIS	Capital £K	Revenue £K	Total		Connecting Care	Capital £K	Revenue £K	Total
Annual Budget	0	0	0		Annual Budget	0	11550	11,550
Annual Forecast	0	408	408		Annual Forecast	0	11072	11,072
Spend to Date	0	72	72		Spend to Date	0	481	481

Electronic Prescribing and Medicines Administration (Secondary Care) (EPMA)

Manager	Submitter	Reporting End Date	Report State
James Braun	Laurence James	30/06/2026	☑ Final

The overall purpose of the ePMA programme is to:
“Enable implementation of electronic-prescribing and medicines administration solutions in every ward in every NHS hospital across Wales”.

The main objective is to procure and implement hospital e-prescribing and medicines administration (ePMA) systems across all secondary care settings in NHS Wales that build on a set of common open standards and principles that provide end-to-end e-prescribing secondary care capabilities together with interoperability with other care settings in Wales and the Shared Medicines Record. The capability to transfer Outpatient prescriptions electronically to community pharmacists is included.

RAG Type	RAG	Narrative
Overall	AG	- The overall status is "Amber-Green" because successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. - All health boards and Velindre Cancer Centre (VCC) have signed 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 - 2/3 (67%) ePMA suppliers on the national framework have access to the Shared Medicines Record SMR Application Programming Interface (API) test environment to complete integration development with the SMR.

Timelines	AG	The status is "Amber-Green". All health boards have rescheduled their ePMA go live dates. Both Powys teaching Health Board and AB UHB's ePMAs commenced their early adopters and the migration of patient allergies and intolerances from the legacy data store into the SMR is now completed.
Quality	AG	- This is "Amber-Green" due to an ePMA supplier, on the national framework, currently being unable to integrate with the SMR. Two health boards are currently rolling out their ePMA system without this integration. Timelines for enabling this full integration by the supplier are to be confirmed. Until SMR integration is enabled, medicines, allergies and intolerances recorded in their ePMA will not be written to the SMR and shared with other clinical applications.
Resources	AR	- The status is "Amber-Red" as the Welsh Government ePMA funding letter for the 2026–27 financial year has not been confirmed. Also, DHCW is subject to a recruitment freeze until further notice, so we are assessing as "low confidence". - The status will return to "Green" once the budget allocation is confirmed and the final funding letter is issued and formally agreed.

Narrative Type	Narrative
Progress Since Last Reporting Period	- Overall, 75% (6/8) of health boards and trust are live with ePMA. - Since the last reporting period, Powys teaching Health Board (tHB) went live with their ePMA system at Bronllys Hospital on 5th May 2026 and is the first health board to read medicines on patient hospital admission and updating/writing patient hospital discharge medicines to the SMR. - Since the last reporting period, Aneurin Bevan University Health Board (AB UHB) went live with its ePMA system on 8th June 2026. This ePMA system is integrated with the SMR enabling the reading of medicines on patient hospital admission and updating/writing patient hospital discharge medicines to the SMR. - Since the last reporting period, Cwm Taf Morgannwg University Health Board (CTM UHB) commenced rollout at Princess of Wales over the weekend of 16th May 2026. - Migration of patient allergies and intolerances from the legacy allergies and intolerances data store into the SMR was completed on 24th June 2026. - National technical integrations have progressed in preparation for Hywel Dda University Health Board's (HDDA UHB) ePMA implementation in July.
Planned Work for Next Reporting Period	- Health boards and Velindre Cancer Centre to continue onboarding to the Shared Medicines Record (SMR) Application Programming Interface (API), enabling testing of reading and writing medicines, allergies and intolerances data to the SMR as the consolidated record. - Progress National technical integrations to support HDDA UHB and Velindre Cancer Centre in integrating their ePMA systems with the national architecture and sharing medicines, allergies and intolerances information with the SMR. - Complete key stakeholder review of the "electronic Prescribing and Medicines Administration (ePMA) and Electronic Prescription Service (EPS) Hospital Outpatients" Project Brief, to explore opportunity for using EPS for sending agreed hospital outpatient prescriptions to community pharmacies. - Continue to support health boards and trusts through the SMR Application API on-boarding and integration process. HDDA UHB's request to access the SMR API in the live environment to be reviewed and approved in readiness for their ePMA go live in July.
Summary of Issues	An ePMA suppler is to confirm timelines for delivering full interoperability with the SMR

EPMA	Capital £K	Revenue £K	Total
Annual Budget	0	1192	1,192
Annual Forecast	0	1289	1,289
Spend to Date	0	320	320

Electronic Prescription Service (Primary Care) (EPS)

Manager	Submitter	Reporting End Date	Report State
Lucy Evans	Laurence James	30/06/2026	☑ Final

Seamless primary care e-prescribing capabilities - Establishing a seamless digital communication and sharing of prescription information between prescribing and dispensing systems from GPs and non-medical prescribers to a community pharmacy of choice, including the necessary business change to adopt new ways of working. This capability will be delivered via the Primary Care Electronic Prescription Service (EPS) Programme.

RAG Type	RAG	Narrative
Overall	AG	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 June 2026; • 26.3 million prescription items have been claimed through the EPS since November 2023. • 227 (62%) GP practices, 674 (98%) pharmacies and 4 (100%) Dispensing Appliance Contractors (DACs) are using EPS to send and receive prescriptions from GP practices digitally • Approximately 888k patients have benefited from having their prescriptions sent electronically though EPS.
Timelines	AG	This is "Amber-Green'". - EPS GP-led implementation scheduled currently continues as planned with implementation schedule produced until 30th November 2026. - Testing with Morriston Hospital's Urgent Primary Care system supplier is later than scheduled due to supplier delivery timelines.
Quality	AG	The status is "Amber-Green" as pharmacies temporary and rota opening hours are not currently available through a directory of services application programming interface. This means that these opening times won't be presented when recording a pharmacy nomination to receive a prescription digitally from a GP practice through EPS.
Resources	AR	The status is "Amber-Red" because the finalised Welsh Government programme funding letter for financial year 2026-27 has not been confirmed and ongoing Business as Usual (BaU) funding is required to operationally support EPS as a national service. Also, DHCW is subject to a recruitment freeze until further notice, so we are assessing as "low confidence". The status will return to "Green" once budget allocation has been confirmed.

Narrative Type	Narrative
Progress Since Last Reporting Period	- Since November 2023, 26.3 million prescription items have been claimed through the Electronic Prescription Service (EPS). - In total, EPS is being used by 227 (62%) GP practices, 674 (98%) Community Pharmacies and 4 (100%) of Dispensing Appliance Contractors (DACs) to digitally send and receive prescriptions, benefitting 888k patients. - Between April – June 2025, 7.5 million prescription items were claimed through the EPS, with 53 GP practices and 22 community pharmacies starting to use EPS.

	- A new Community Pharmacy Patient Medication Rcord (PMR) supplier with a footprint in Wales, completed development and testing in preparation to receive prescriptions digitally via EPS. - Testing 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. - All GP practices have migrated to the GP-EPS enabled system supplier. Last migration was completed on 28th May 2026. - Enhancements to GP-EPS enabled system delivered, including enabling patients to make a (1) one-off pharmacy nomination to receive their prescription digitally without altering their usual pharmacy nomination and (2) enabling GP practices to search for EPS- enabled pharmacies by postcode.
Planned Work for Next Reporting Period	- Continue with GP-EPS implementation schedule. - Securing Business as Usual (BaU) funding to operationally support EPS as a national service. - EPS testing with the Morriston Hospital Urgent Primary Care Centre software supplier to enable digital transmission of prescriptions to patients nominated community pharmacies. - Progress readiness for EPS testing with a dispensing doctor practice Patient Medication Record (PMR) system.
Summary of Issues	Business Case for transitioning EPS to a Buisness as Usual (BaU) service submitted to Welsh Government. BaU funding to be secured.

EPS	**Capital £K**	**Revenue £K**	**Total**
Annual Budget	0	1820	1,820
Annual Forecast	0	2208	2,208
Spend to Date	0	234	234

GP Systems Migrations

Manager	Submitter	Reporting End Date	Report State
Donna Charley	Jayne Steed	30/06/2026	☑ Final

Following mini-competition outcomes, there is a need for a significant number of GP Clinical System migrations from OneAdvanced/Vision to Optum/EMIS Web.
A 2-Phase Migration Plan has been produced and endorsed by the GMS Board and health board deployment orders align to this schedule.
The main objective when implementing the Migration Plan will be to migrate existing OneAdvanced/Vision practices and their data to Optum/EMIS Web in line with core requirements and with minimal impact to practices (sustainability concerns) and their patients.

RAG Type	RAG	Narrative
Overall	G	All 193 practice migrations are complete.
Timelines	G	26/27 Migration Complete milestone for June 2026 has been achieved.
Quality	G	Scope of transfers has been defined.
Resources	G	No resource constraints to report for the period.

Narrative Type	Narrative
Progress Since Last Reporting Period	Clinical system migrations are complete with a total of 193 practices successfully migrated from Vision to EMIS Web. The total 193 Practices have achieved stable operations (as of 30th June 2026).
Planned Work for Next Reporting Period	n/a

Integration Hub (IH)

Manager	Submitter	Reporting End Date	Report State
Jordan Walkley	Jordan Walkley	30/06/2026	☑ Final
Building an in-house integration solution to replace third-party integration tool - Fiorano.			

RAG Type	RAG	Narrative
Overall	AR	Overall RAG remains Amber/Red due to the tight timeline for migrating away from Fiorano before the June 2027 contract expiry. Delivery confidence has improved following the setup of the platform, better monitoring, more mature product capability and onboarding of resources. However, there is still a significant amount of work to scale adoption and migrate services onto the Integration Hub. Progress continues across the product. The Monitoring Dashboard MVP has been delivered, development of Message Storage and Replay is in progress, and Phase 2 onboarding is being planned. WIAG approval for ADT messaging is ongoing. The roadmap and backlog are being refined now that key Product roles are in place. Migration planning has started, with engagement underway. The Fiorano contract renewal is complete for FY 26/27. Resource onboarding and capability development continue across Development and Testing, but overall capacity remains a delivery risk due to competing Integration Services priorities.
Timelines	AR	The timelines RAG remains Amber/Red due to the scale of the migration programme required ahead of the June 2027 Fiorano contract end date, combined with ongoing resource and capacity constraints. Following successful production deployment of the first Integration Hub flow, focus has shifted towards scaling the service, establishing operational monitoring capabilities and preparing future migration activity. Development of the monitoring solution and development of additional message flows remain key priorities. Resource onboarding has improved, with Product, Development and Testing roles now supporting delivery. However, competing operational priorities continue to impact the speed at which capability can be established and migration activities accelerated. Stakeholder engagement and migration planning activities have commenced, with roadmap refinement, backlog development and discussions progressing. Continued momentum in these areas will be essential to achieving migration objectives within the required timeframe.
Quality	AG	Quality has now improved to Amber/Green as key Product roles are in place and are actively working on shaping the backlog to suit requirements . The product's objective - to establish a new integration service and reduce reliance on Fiorano - remains robust, but its long-term quality assurance is contingent on internal teams being in place to assume ownership. Interdependencies with health board testing further heighten this risk, as insufficient internal capacity restricts the ability to manage testing in a streamlined and controlled manner. Integration components are being rationalised to reduce the overall footprint on a phase-by-phase basis, and early discussions regarding potential API-based flows indicate opportunities for improvement. With appropriate staffing and capability uplift, the product can stabilise quality and establish a sustainable operating model.
Resources	AG	Resources remain Amber/Green as we continue to bring in DevOps, Product, Development and Testing capability across the Integration Hub team. Recent recruitment has strengthened the team and increased confidence in delivery, with more focus now on the roadmap, platform improvements and migration planning. Recruitment for Automated Testing and DevOps is underway to support a sustainable long-term operating model, this will be through a commercial contract route, using a third party. A Business Analyst is also joining to improve product discovery, stakeholder engagement and migration

		planning. Delivery capability is improving. Capacity across Integration Services still needs close management to make sure migration timelines are met.

Narrative Type	Narrative
Progress Since Last Reporting Period	- Private Beta is complete with first flow live in production environment Q4 2025/2026. - Recruitment into key product roles complete, with further onboarding of Integration Services colleagues to continue once Fiorano 13 Migration is finalised. Testing resources remain constrained due to influx of priorities across Core Platforms and APIs area. - Population of backlogs for future flow rationalisation underway with roadmap under development for migration. - Pre-requisite work currently being developed ahead of migration of future flows, initial engagement with source and end system teams has commenced.
Planned Work for Next Reporting Period	- Continued upskilling and onboarding of internal Integration Services and Testing teams to product. - Continued development of next set of flows (MPI Inbound), message storage and replay solution finalisation and monitoring solution. - Continued engagement with key stakeholders.
Route to Green	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.

Laboratory Information Management System 2.0 (LIMS 2.0)

Manager	Submitter	Reporting End Date	Report State
Jon Savill	Alison Maguire	30/06/2026	☑ Final

LIMS 2.0 Programme invoked contingency plan in April 2023 and signed contract with legacy supplier (InterSystems) in August 2023.

LIMS 2.0 (Contingency plan) will upgrade legacy national LIMS (TrakCare Lab 2016), which is end of life in June 2025, to their new/supported LIMS product, TrakCare Lab Enterprise (TCLE). The existing NHS hosted infrastructure will be replaced by an ISC hosted infrastructure.

RAG Type	RAG	Narrative
Overall	R	RAG status remains RED. This is due to: progress of UAT (# of open severity 1 & 2 defects; velocity/volume of testing; additional 21 months required for UAT); at the LIMS Board on 12 May, members raised concerns about the achievability of the QTR2 implementation timeline. A key risk identified is the delay to Tranche 3 (Microbiology/Cervical Screening) adoption (planned for 18 May) and T4 adoption (planned for 6 July). Following T4 & T5 escalation meetings and HB/Trust risk assessments, DHCW CEO advised HB/Trusts CEOs (16/6) that T4 adoption in July is not feasible and requested that each HB/Trust provide a named LIMS exec SRO . Public Health Wales have requested a revised T3 adoption date (10 August) and T4 / T5 re-planning is ongoing to confirm revised adoption dates for T4 & T5. However T5 will drop into QTR3 ISC were requested to provide a revised plan which was received on the 20th June this had completion of T5 early December DHCW have responded with a commercial letter saying that we do not accept the plan as we need to minimise delays into QTR3.
Timelines	R	RAG status remains RED. This is due to: additional 21 months required for UAT (extended from 2 to 23 months); mitigation plan delays extending programme into FY26-27 Q2; delay in migrating legacy BT data from Telepath to LDR (leading to de-couple BT module and HBs extending their legacy Telepath systems into 2027); changes to adoption/deployment schedule (increasing the amount of parallel deployment activities, delay to Tranche 3 adoption has added further risk to the timelines with T4 targeting Sep adoption and T5 tracking into Oct (QTR3)
Quality	AR	RAG status remains AMBER/RED. This is due to: the number of open defects (105 Severity 1's; 155 Severity 2's); unresolved issue with aliquot functionality impacting Blood sciences testing; BT module (and complex data migration requirements/specialist resources required for testing legacy data); Blood Sciences disciplines (largest number of defects remain open); condensed programme timelines (completing 48 month planned programme of work in 38 months).
Resources	R	RAG remains RED due to condensed timelines (48 month programme of work, reduced to 38 months). In addition, due to the parallel activities required (UAT/Data Migration/Training). Resource shortfalls continue to be escalated, programme has extended from March 2026 to QTR 2 26/27 with additional costs of £4.5m WG have provided the FY26-27 (Q1/Q2) funding letter for the additional costs. Delay in QTR3 overrun costs are 1.8million per QTR

Narrative Type	Narrative
Progress Since Last Reporting Period	- Tranche 2a (Mortuary): CTM provisional adoption date deferred (waiting T2026.2c ad-hoc/fix into PROD/LIVE)

	- Tranche 2b (Andrology): BCU confirmed ready to adopt Andrology module (14 July) - deferred from Tranche 2 - Ad-hoc patches (T2026.2b/c/d) deployed into SCRATCH/BASE/TEST environments (dependency for T3 adoption) - Testing / defect resolution continued (focus on resolving Severity 1 & 2 defects) - T3 (Micro/Cervical Screening) have proposed revised 'big bang' adoption (10 Aug) - T4 delayed their planned July adoption (due to Aliquots & outstanding Sev 1 & 2 defects) - T5 (BT) - continued 3 x parallel DM activities: Telepath to LDR; LDR to TCL2016 (via side-app); TCL2016 to TCLE)
Planned Work for Next Reporting Period	- Tranche 2a (Mortuary): CTM adopt Mortuary module (dependent on T2026.c); schedule CAV/SBU adoptions - Tranche 2b (Andrology): BCU adopt Andrology module (14/7) - Deploy release (T2026.2) / ad-hoc patch (T2026.2a/b/c/d) into PROD (LIVE) - agree dates for T3 ,T4 & T5 adoption - Continue fix of Severity 1 & 2 defects - HB/Trusts to continue to re-test/close 'fixed defects' - Agree revised adoption dates for Tranche 3/Tranche 4/Tranche 5 - Continue parallel BT Data Migration testing activities (Telepath to LDR; LDR to TCL2016; TCL2016 to TCLE)
Route to Green	Finalise remaining tranche 2a (Mortuary) & Tranche 2b (Andrology) adoption dates Tranche 2 (CellPath/Mortuary/Andrology) deployments complete and TCLE is stable/ready to deploy to the remaining disciplines Lock in Tranche 3 adoption date Lock in Tranche 4 & 5 plans
Summary of Issues	A revised plan for the remaining tranches of the LIMS 2.0 implementation had been established to deliver within QTR2. However, following discussion at the LIMS Board on 12 May, members raised concerns about the achievability of the QTR2 implementation timeline. A key risk identified is the delay to Tranche 3 (Microbiology); originally planned for go-live on 18 May. Public Health Wales have requested a revised date of 10th August . It is now highly likely the programme will slip into QTR3 for the final deployment

LIMS 2.0	**Capital £K**	**Revenue £K**	**Total**
Annual Budget	2,825	1,727	4,552
Annual Forecast	2,475	1,479	3,954
Spend to Date	1,037	991	2,028

Microsoft 365 Enterprise Agreement Renewal

Manager	Submitter	Reporting End Date	Report State
Gareth Thomas	Shruti Chauhan	30/06/2026	☑ Final

RAG Type	RAG	Narrative
Overall	G	Significant work by teams across DHCW, NHS Wales organisations and Trustmarque to secure a new Enterprise Agreement deal with Microsoft on favourable terms.
Timelines	G	None, on track to completing project mid July.
Quality	G	Currently no issues impacting this area.
Resources	AG	The proposed new Enterprise Agreement will require local and national resourcing to implement changes to licence allocations.

Narrative Type	Narrative
Progress Since Last Reporting Period	All key governance milestones for the Microsoft Enterprise Agreement renewal have now been achieved. Public Board approvals across all NHS Wales organisations (Milestone 11) and DHCW Board approval (Milestone 12) have been completed, enabling progression to the new five-year Microsoft Enterprise Agreement commencing 1 July 2026. Transition Planning (Milestone 13) was successfully completed on 18 June 2026, including assessment of current and future licence profiles, minimum volume commitments, and true-up/true-down requirements. Invoice validation has been completed and is awaiting receipting by Finance. The programme remains on track for Milestone 14: Enterprise Agreement commencement on 1 July 2026 and Milestone 15: onboarding to the new agreement from July 2026, with ongoing support provided to organisations regarding licence changes and transition activities.
Planned Work for Next Reporting Period	None. Project to be closed mid July 2026.

National Data Resource (NDR)

Manager	Submitter	Reporting End Date	Report State
Marie Jones	Louise Smith	30/06/2026	☑ Final

The National Data Resource (NDR) is designed to bring together health and care data across Wales, ensuring that patient information is accessible, secure, and used ethically to improve patient care. By keeping patients at the heart of what we do, the NDR maintains transparency and accountability, and supports the values of NHS Wales.

RAG Type	RAG	Narrative
Overall	NA	Overall delivery confidence cannot be assessed to the pause and review of national priorities.
Timelines	NA	The programme cannot assess delivery against its timetable due to the pause and review of national priorities.
Quality	NA	Confidence in the delivery of outcomes and benefits delivered or enabled by the programme cannot be assessed due to the pause and review of national priorities.
Resources	R	There is no confirmed funding allocation for 2026-27 at date of this report, therefore committed expenditure including staff in post and payments under contractual agreements will significantly exceed a zero budget. Until the outcome of the pause and review process is known, no confidence in delivery can be given.

Narrative Type	Narrative
Progress Since Last Reporting Period	The programme has been subject to the pause and review of DPIF priorities, alongside a DHCW recruitment pause. This has placed significant pressure on existing resources, causing activity to slowed or stop, due to lack of funding and capacity. Programme activities continue where stakeholder, contractual or operational commitments apply. Despite challenges, there continues to be progress of note, and during this quarter: Capability & Skills Development: - The University and CPD accredited Analytics Learning Programme module delivery was completed, with 14 modules all highly positively rated by >70 participants on the 2026 cohort. This programme continues to improve skills, knowledge and confidence across health and social care in Wales Data Flows and Exchange via Care Data Repository (CDR):- - PROMs and diagnostics development and testing progressed, and allergies captured in Welsh Clinical Portal and stored in Pyro have been successfully migrated to CDR. While new data flows cannot be deployed due to resource constraints, significant work has progressed during this quarter in readiness for deployment when resource and funding challenges can be addressed and stabilised. Data & Analytics via National Data and Analytics Platform (NDAP): - Supporting federated partners with migration of data warehouse capabilities - PHW and ABUHB in advanced stages of migration to NDAP - National Data Catalogue development complete for selected datasets. This is a step forward in establishing a resource to organise and manage data assets effectively.

	- Maternity data live in NDAP - Roadmap prepared for Data Dictionary Enabling Research and Innovation: - Secure data environment build in GCP has initiated, which will enable research, innovation and improvement projects to utilise this service in future years. User Engagement:- - All-Wales 'Big data does GitHub' event held for data and analytics professionals, showcasing collaboration best practice and technical innovation
Planned Work for Next Reporting Period	The pause and review, and recruitment freeze mean planned work is at high risk due to funding and resourcing uncertainties. Planned activities for the next quarter include: Programme - all-Wales onboarding plan to be developed, setting out roadmap for all federated partners to migrate to NDR services. Capability & Skills Development: - ALP 2026 Delivery will continue, with participants now working on collaborative analytical projects, showcase event to be held in October. Data Flows and Exchange: - The Care Data Repository (CDR) Team has escalated capacity constraints and have paused deployment of further functionality to the live environment. The focus for the next quarter will remain on ensuring operational support for existing live data flows within the CDR. This real-time sharing of data, including reference, demographics and encounters, is critical for performance of other products and services such as the NHS Wales App and maintaining a Shared Medicines record. Data & Analytics: - NDR will continue to support partners to progress data warehouse migrations and to fully utilise their slices of the National Data and Analytics Platform (NDAP). Incremental use of NDAP will simplify and streamline data exchange, improve analytical tooling, and reduce dependency and potentially reduce costs for organisations to retain physical hardware and licensing for data storage and analytics. - The team will continue to work alongside Federated Partners to support local priorities, ensuring alignment with NDR Data Strategy - Continued support for Primary Care and Mental Health team re. Audit+ replacement - Further development of the National Data Catalogue and Data Dictionary - Multiple use cases will continue to be supported as prioritised through the NDR Front Door e.g. Clinical Coding App, Org. Performance Dashboard Research and Innovation:- SDE - Secure Data Environment build in GCP will continue, alongside operational support for existing projects.
Summary of Issues	The most significant Issues to note at present are highlighted as follows:- ISS-1163 - Resource challenges in the CDR team have been escalated, and at present, deployment of further functionality to the live environment has been paused. The focus for the next quarter will remain on ensuring operational support for existing live data flows. Additional resource is being temporarily drafted in from elsewhere within DHCW to try to alleviate these challenges. It is also important to highlight, ISS-1161 - Resource challenges in the NDAP team. The team is carrying multiple vacancies, that cannot be recruited to at present due to the recruitment freeze

NDR	Capital £K	Revenue £K	Total
Annual Budget	0	8,861	8,861
Annual Forecast	0	8,861	8,861
Spend to Date	0	1,433	1,433

National Target Architecture (NTA)

Manager	Submitter	Reporting End Date	Report State
Geoffrey Irvine	Geoffrey Irvine	30/06/2026	☑ Final
To present documentation to Welsh Government by end of March 2026 outlining the current state and all the options and possible solutions for the National Target Architecture in NHS Wales, along with the benefits and challenges of all options.			

RAG Type	RAG	Narrative
Overall	NA	Overall delivery confidence cannot be assessed to the pause and review of national priorities.
Timelines	NA	Overall timeline confidence cannot be assessed to the pause and review of national priorities.
Quality	NA	Overall quality cannot be assessed to the pause and review of national priorities.
Resources	R	RAG status is Red due to a lack of confidence in resourcing, driven by the DPIF pause and the DHCW recruitment freeze.

Narrative Type	Narrative
Progress Since Last Reporting Period	The project has been formally paused while awaiting DPIF funding approval from Welsh Government.
Planned Work for Next Reporting Period	The Project delivery has been paused, with delivery plans and timelines under review where feasible.
Summary of Risks	Risk 18707 - IF there is not a nationally agreed national target architecture and transition roadmap THEN it will be harder for DHCW to plan and secure investment funding for future transformation programmes RESULTING IN reduced or delayed benefits, additional costs, and not meeting stakeholder expectations.
Summary of Issues	Delay in DPIF Approval Impacting 2026/27 Delivery Description: Risk RISK-19215 has now been realised. The delay in DPIF approval is preventing the project from progressing with planned activities for the 2026/27 financial year. Impact: Recruitment for architecture roles in Wales is on hold Capability development activities are delayed Potential procurement to support deep-dive and application strategy work streams cannot proceed

National Target Architecture	Capital £K	Revenue £K	**Total**

Annual Budget	0	1017	0
Annual Forecast	0	1016	0
Spend to Date	0	73	0

Radiology Informatics Solution Procurement (RISP)

Manager	Submitter	Reporting End Date	Report State
Rebecca McGrane	Rebecca McGrane	30/06/2026	☑ Final

RAG Type	RAG	Narrative
Overall	G	Overall Programme RAG status improved to Green: All Health Boards and Trusts are now live.
Timelines	G	Overall Programme RAG status improved to Green: All Health Boards and Trusts are now live.
Quality	G	RAG status remains Green: Programme scope remains the same as set out in the FBC.
Resources	G	RAG status improved to Green DHCW Programme Team funded until Sept 2026 to support transition to service.

Narrative Type	Narrative
Progress Since Last Reporting Period	All Boards & Trusts environments completed UAT of national integrations ahead of their go lives. All Health Boards & Trusts are now live. Programme closure in progress.
Planned Work for Next Reporting Period	Approval of Programme Closure Report (closure / transfer of risks & actions, post project responsibilities etc) - final approval by 15th July 2026, feedback to be received by 10th July 2026. Lessons Learnt Report to be distributed.

RISP	Capital £K	Revenue £K	Total
Annual Budget	146	160	306
Annual Forecast	128	85	213
Spend to Date	52	85	137

Welsh Intensive Care Information System (WICIS)

Manager	Submitter	Reporting End Date	Report State
Helen Thomas	Rachel Williams	30/06/2026	☑ Final

RAG Type	RAG	Narrative
Overall	NA	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.
Timelines	NA	No timescales have been agreed on next steps - awaiting decision from Welsh Government.
Quality	NA	Once the agreed system and modules are in place by all HBs, qualitative measurements, including validation testing will be agreed. The desired benefits, identified in the BC, are still planned to be achieved and ongoing discussions are taking place on what new benefits could be identified.
Resources	NA	Current resources are in place for this stage of the programme - however DHCW await funding decision and letter from WG on next steps. National Clinical Lead posts currently funded by Q1 by DHCW at risk.

Narrative Type	Narrative
Progress Since Last Reporting Period	The WICIS Programme remains grey, as implementation milestones have not yet been formally agreed. A funding letter for Phase 1 (Scope & Definition) was received from Welsh Government (WG), confirming funding until 31 March 2026. The funding released covered the Scope 1 activity only until the end of March 2026. WG set the following milestones for this period: Completion of local Health Board (HB) discussions to confirm Scope 1 requirements Clinical Assurance Group (CAG) agreement of Phase 1 Technical Assurance Group (TAG) agreement of Phase 1 Programme Board endorsement, including HB commitment, for Phase 1 Presentation to the DDaT Leadership Board on 19 March User group sessions were facilitated by DHCW to review and agree proposals for Phase 1. A consensus was reached across all HBs, and the resulting recommendations—along with additional items proposed by CAG and TAG—were endorsed by both groups. This consolidated proposal was presented to Programme Board on 16 March, where endorsement was achieved with caveats. A report was prepared for the planned DDaT Leadership Board session; however, the meeting was subsequently cancelled. The report and supporting information were still shared with Welsh Government as scheduled, and receipt has been confirmed. DHCW CE met with WG following submission of requirements who requested additional information to support scope 1 commitment. This included a position from Ascom, updates to the SBAR, position of BCU HB and information relating to caveats outlined in HB commitment letters. All additional information has been provided to WG for them to reach a decision. The HBs commitment however was based on availability of appropriate funding and timescales which has been shared with WG. No additional funding has yet been received and the programme remains on hold.

Planned Work for Next Reporting Period	- Work with Ascom to bring the Bergamo configuration into the WICIS test environment - Provide BCUHB colleagues with access to the test environment - Onboard BCUHB colleagues in to the WICIS Programme, adding representatives to meetings within the structure - Work with Welsh Government to provide all necessary additional information required as part of the funding request
Summary of Risks	Risk 17848 WICIS Implementation Delay. IF Health Boards do not confirm implementation dates for WICIS . THEN there will be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged. RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives. Letter regarding HB participation in discovery stage has been sent by Judith Paget in WG. Good clinical engagement and consultation with Health Boards around resource and equipment requirements to support implementation. CTM have to date not sent appropriate representation to board or workshops and indicated that they would not adopt the national digital intensive care system.
Summary of Issues	The Programme has yet to hear from Welsh Government to determine the future of the programme. This has an immediate impact upon timescales and resource, both from an NHS Wales and Ascom (supplier) perspective if the Programme is to go ahead. This position also poses financial and litigation risk.

WICIS	**Capital £K**	**Revenue £K**	**Total**
Annual Budget	0	0	0
Annual Forecast	131	35	166
Spend to Date	57	17	74

Cloud Transition Programme (CTP)

Manager	Submitter	Reporting End Date	Report State
Sarah Murphy	Sarah Murphy	30/06/2026	☑ Final

The Cloud Transition Programme is being initiated under the remit of the Digital Delivery Team's portfolio.

The Programme's primary objective is to plan and coordinate the migration of DHCW services to Cloud.

RAG Type	RAG	Narrative
Overall	NA	Since March, the programme has made clear delivery progress, including Azure Landing Zone sign-off, migration activity moving into delivery, and organisational change moving into early implementation; However, the overall assurance position remains constrained by funding and resource uncertainty. The overall programme position is driven by continued uncertainty around DPIF funding. The pause on uncommitted spend is limiting the programme's ability to progress further supplier work packages, continue activity with the migration partner, and procure specialist training support. This is affecting the programme's ability to maintain momentum and will impact delivery timelines and benefits realisation.
Timelines	AR	Timelines remain under pressure. In March, the Azure timeline had been re-baselined due to platform and supplier support issues. During April and May, further connectivity and resiliency issues were identified, pushing the Azure Landing Zone readiness date into June. The Azure Landing Zone was signed off on 12 June and Phase 2 started on 15 June, which is a major milestone; however, the delay has created some knock-on pressure for migration activity, especially complex applications. Wave 1 and Wave 2 small-to-medium migration plans are now re-baselined and progressing, but WPAS remains challenging, with CTM targeted for October 2026 and remaining Health Boards targeted for February 2027.
Quality	AG	Quality remains broadly controlled. Programme design and assurance continue to be supported by Microsoft, Google, KPMG, Trustmarque, Quantiphi / Computacenter, Channel 3 and Capacitas, with assurance through internal DHCW governance including WIAG and TDAG. During the quarter, assurance and testing have progressed, the KPMG Migration and Modernisation Plan was completed, and migration testing and security readiness activities have moved forward. Some gaps remain, including security sign-off for some specific designs, and dependence on funding to maintain specialist support. Benefits evidence sources also need to be finalised.
Resources	R	Resource pressure remains the most significant delivery concern. In March, the programme was carrying risk around operational cyber capacity and the impact of the recruitment freeze. By April this had moved to Red due to cyber security capacity constraints and wider internal resource pressures. In June, short-term security configuration activity through KPMG has been approved, which gives partial mitigation, but the wider risk remains. Specialist capacity constraints continue to affect infrastructure, migration, and organisational change activity, with mitigations in place but not sufficient to support delivery at full planned scale.

Narrative Type	Narrative
Progress Since Last Reporting Period	Infrastructure Delivery • Azure Landing Zone achieved sign-off on 12 June, marking completion of the critical-path infrastructure milestone and enabling migration delivery activity to commence. • Azure Phase 2 commenced, focusing on platform optimisation, remediation activities and reducing technical debt. • Single Backup Project progressing: Continued progress on the Single Backup Project, including testing, governance development, training and migration planning activity.

	• GCP Landing Zone progressed: GCP Landing Zone workshops and stakeholder engagement completed across architecture, networking, security and operational domains, informing High-Level Design development. Migration and Optimisation • Migration workstream transitioned into active delivery, with Wave 1 and Wave 2 build activities commencing following Azure readiness • KPMG successfully completed the Migration and Modernisation discovery work package, delivering a roadmap for future migration waves. • Complex application plans have been re-baselined: WIS has been re-baselined to February 2027 to avoid the immunisation campaign period, while WPAS migration approach re-planned, with CTM targeted for October 2026 and remaining Health Boards by February 2027. • Health Board engagement progressed: Funding implications and migration options discussed with CTM, further Health Board engagement planned to confirm sequencing and address concerns. Organisational Change • Change activity moved into early delivery: The workstream progressed across training, sandbox, communications and engagement. • Improved training readiness, benefits reporting and dashboard capability while progressing operating model implementation. Finance and Governance • The 2026/27 forecast has been refined, including capitalisation of resource and high-level costs for priority KPMG work packages. Funding uncertainty remains a key escalation because it affects procurement, supplier continuity, delivery planning and likely on-premise cost
Planned Work for Next Reporting Period	Following anticipated funding clarification, the programme will refresh delivery forecasts and establish regular engagement with strategic suppliers and partners. Infrastructure Delivery • Azure Phase 2 will focus on addressing technical debt, strengthening platform resilience and completing security remediation activities. • The Single Backup Project will continue through testing, governance approval, operating procedure development and stakeholder engagement. • GCP activity will focus on completing High Level Design approval and commencing Low Level Design. Migration • Migration activity will focus on securing remaining Cyber Security and governance approvals, completing test strategies and scripts for Wave 1 applications • Progressing Azure build activities and finalising migration plans for future waves. • The programme will also initiate priority interim work packages with KPMG and prepare for the planned transition from Trustmarque support later in the year. • For complex applications, WIS activity will focus on Cyber Security review of the High-Level Design and initiation of Low-Level Design work. • WPAS activity will concentrate on progressing the CTM build, maintaining engagement with Health Boards, confirming migration sequencing, and developing performance testing requirements. Organisational Change • Organisational Change activity will focus on improving benefits reporting and evidence capture • Scaling training delivery and tracking, publishing training catalogues • Implementation of the operating model and governance arrangements required to support sustainable cloud adoption across DHCW.

Cloud Adoption Programme	Capital £K	Revenue £K	Total
Annual Budget	1401	4600	6,001
Annual Forecast	1169	4752	5,921
Spend to Date	193	895	1,088

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
MAJOR PROGRAMME VALUE AND BENEFITS

Eitem ar yr Agenda: **Agenda Item:**	5.4

Enw'r Cyfarfod: **Name of Meeting:**	Portfolio Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	06 August 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:**	Meghann Morris, Assistant Director of Planning
Cyflwynwyd gan: **Presented By:**	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: **Purpose of the Report:**	To Receive/Discuss
Argymhelliad: **Recommendation:**	The Committee is being asked to
RECEIVE/DISCUSS the proposed DHCW Value Assurance approach as a means of strengthening the definition, measurement and assurance of value across the national digital portfolio.	

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**
Michelle Sell	21 July 2026	Approved

Ifan Evans	21 July 2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

Digital Health and Care Wales delivers significant investment in digital transformation across NHS Wales. Historically, portfolio reporting has been strong in describing delivery progress, including whether programmes or projects are progressing to time, budget and milestones. The next stage of maturity is to strengthen how the organisation demonstrates the value being created through that investment.

DHCW recognises that this is not simply about delivery of technology. It is about demonstrating the improvements digital investment creates for patients, clinicians and the wider NHS Wales system. This requires a more consistent approach to defining, evidencing and assuring value across the portfolio.

The current benefits position shows that a substantial benefits evidence base already exists across the portfolio. However, the level of maturity and consistency varies considerably. This creates a challenge for portfolio-level reporting, as different programmes may describe, evidence and report benefits in different ways.

The proposed Value Assurance Model seeks to address this. The model provides a structured way to describe what value is being created, how that value is evidenced, and the level of confidence in the value claim at different stages of delivery.

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

4.1 Current Benefits Position

DHCW currently reports on a broad benefits evidence base, but that the evidence is variable and requires a consistent model to support credible portfolio-level value reporting.

This creates an opportunity to build on existing work, rather than starting again. The proposed approach is therefore not intended to replace existing benefits activity, but to strengthen consistency, assurance and transparency across the portfolio.

4.2 Proposed Value Assurance Model

The proposed model is structured around three core questions:

1. What value do we aim to create?

Value is considered across three domains: system, patient and clinical. This ensures that value is not limited to financial or operational measures, but also considers the impact of digital

investment on patient experience, clinical practice and wider system sustainability.

2. How is value evidenced?

The model recognises that not all benefits can be evidenced in the same way. Some benefits can be measured directly through operational data, local evaluation and outcome tracking. Others may need to be supported through published evidence, national research or health economic modelling.

3. How confident are we?

The approach introduces a clearer distinction between forecast value, emerging value and realised value. This allows value claims to be presented transparently, with appropriate confidence levels depending on the stage of delivery and the strength of available evidence.

4.3 How the Approach Will Work

From discovery through business case development, investment, delivery, evidence gathering, value assurance, portfolio reporting and executive decision-making. The purpose is to ensure value is considered throughout the delivery lifecycle, rather than being treated as a retrospective reporting exercise.

This approach is intended to strengthen the connection between benefits evidence, assurance and portfolio decision-making. In practice, it should support clearer conversations about whether programmes are expected to deliver value, whether value is starting to emerge, and whether anticipated benefits have been realised.

4.4 Roles in Value Assurance

It is a shared model of responsibility. Delivery teams remain responsible for identifying value opportunities, delivering change, measuring outcomes and providing evidence. The Value Assurance function within DHCW provides the standards, support, assurance and portfolio-level insight needed to enable informed decision making and consistent reporting.

This distinction is important. The approach should not remove ownership from delivery teams, but should provide the structure, challenge and consistency required to support credible portfolio-level assurance.

4.5 What Success Looks Like

The intended outcome is a consistent, credible and evidence-based approach to benefits and value reporting.

This approach would support DHCW in moving beyond reporting what has been delivered to demonstrating the value being realised across its portfolio of programmes, products and services, providing a clear and consistent line of sight between digital investment and outcomes for patients, clinicians and the wider NHS Wales system.

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

The key areas for consideration as the approach is developed are:

- Variation in maturity: the current evidence base is substantial, but maturity varies. This means early portfolio-level reporting includes different levels of evidence confidence across major programmes.
- Consistency of application: clear standards and guidance will be needed to ensure the model is applied consistently across programmes and does not create parallel reporting processes.
- Proportionality: implementation should be proportionate and aligned to existing planning, business case, portfolio and assurance processes wherever possible.
- Ownership: delivery teams will need to retain ownership of benefits identification, measurement and evidence, supported by appropriate portfolio assurance and challenge.
- Benefits Realisation: the realisation of benefits relies on effective partnership with key stakeholders across NHS Wales.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
RECEIVE/DISCUSS the proposed DHCW Value Assurance approach as a means of strengthening the definition, measurement and assurance of value across the national digital portfolio.	

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

The DHCW Value Assurance Model

A consistent approach to evidencing, measuring and realising value across DHCW's portfolio

Planning and Digital Portfolio Management Office

How the current evidence informs the future approach to portfolio value reporting

Purpose

Demonstrating Portfolio Value: Current Position and Future Direction

Evidence → Insight → Response

The deck moves from what we know, to what it means, to the model needed to strengthen portfolio oversight.

Current Benefits Position

Evidence of the benefits base today

The portfolio has a broad benefits base, but the evidence is uneven and needs a consistent model to enable a credible portfolio-level value view.

PROGRAMMES REVIEWED

13

Major programmes/projects in scope

EXPLICIT BENEFIT LINES

30+

Structured benefit lines visible and tracked

SUPPORTING DETAIL

7

Programmes with supporting detail identified

STRONG FOUNDATION, VARIABLE MATURITY

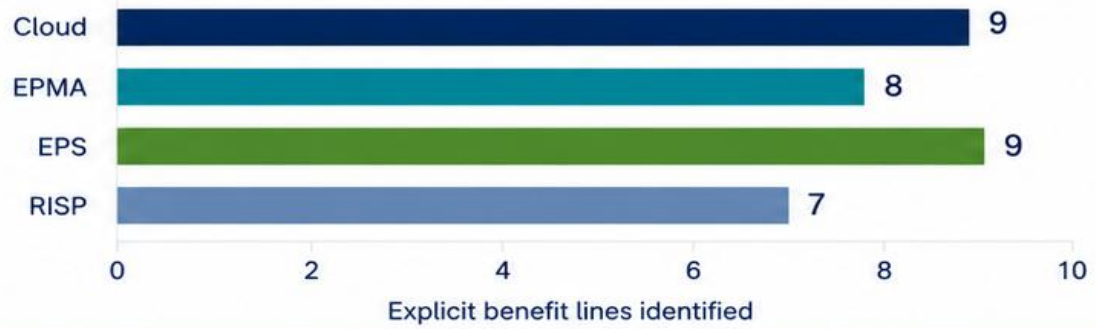
The issue is not absence of benefit evidence. It is consistency, comparability and portfolio-level aggregation.

EVIDENCE STATUS ACROSS PROGRAMMES

Supporting detail exists in 7 of 13 areas; the remainder is narrative, scoping or in-progress.

STRUCTURED BENEFIT LINES BY AREA

Used where benefit lines are identifiable and tracked consistently.



Headline story: The portfolio has a broad benefits base, but the evidence is uneven and needs a consistent model to enable a **credible portfolio-level value view.**

From Delivering Digital Change to Demonstrating Value

Every digital investment should demonstrate the value it creates for patients, clinicians and the NHS Wales system.

SYSTEM

Improving efficiency and sustainability across the NHS Wales system

PATIENT

Improving access, experience and outcomes for patients

CLINICAL

Enabling safe, effective and high-quality care for clinicians and teams

THE DHCW VALUE ASSURANCE MODEL

A consistent approach to evidencing and assuring value from digital investment.

WHAT VALUE DO WE AIM TO CREATE?

SYSTEM
Improving efficiency and sustainability

PATIENT
Improving access, experience and outcomes

CLINICAL
Enabling safe, effective and high-quality care

HOW IS VALUE EVIDENCED?

HEALTH ECONOMICS
Quantifying value using economic evaluation and modelling

PUBLISHED EVIDENCE
Using evidence from research, guidelines and real-world studies

DIRECT MEASUREMENT
Measuring value through local data, outcomes and evaluation

HOW CONFIDENT ARE WE?

Mills Belinda 30/07/2026 11:42:34

FORECAST
Expected value estimated before delivery

→

VALIDATE
Value independently validated and assured

→

REPORT
Value delivered and reported during delivery

HOW IT WORKS

A simple journey from discovery to using benefits to drive value portfolio decisions.

DISCOVERY

Understand needs, opportunities and define potential outcomes.

BUSINESS CASE

Develop the case and define expected benefits and value.

INVESTMENT

Investment approved and resourced.

DELIVERY

Solutions delivered and adoption enabled.

EVIDENCE

Outcomes measured and evidence captured.

VALUE ASSURANCE

Evidence assessed against standards and confidence rated.

PORTFOLIO REPORTING

Assured value reported at portfolio level.

EXECUTIVE DECISION

Use benefits to drive value portfolio decisions.

Evidence drives assurance. Assurance drives better decisions.
Better decisions drive greater value for patients, clinicians and the system.

ROLES IN VALUE ASSURANCE

Working together to deliver, evidence and assure value.

DELIVERY TEAMS

IDENTIFY
Identify value opportunities and outcomes.

DELIVER
Deliver solutions and embed change.

MEASURE
Measure outcomes and performance.

EVIDENCE
Collect and provide evidence of value created.

DELIVERY TEAMS
Identify • Deliver • Measure • Evidence

VALUE ASSURANCE
Standards • Assurance • Portfolio Insight

PORTFOLIO MANAGEMENT
Prioritise • Balance • Optimise

EXECUTIVE DECISION MAKING
Value-driven investment decisions for greatest impact

VALUE ASSURANCE (DHCW)

STANDARDS
Provides a consistent value framework, standards and guidance.

ASSURANCE
Reviews evidence and confidence to provide independent assurance.

PORTFOLIO INSIGHT
Aggregates and analyses value and confidence across the portfolio.

INVESTMENT ADVICE
Provides insight and advice to support prioritisation and investment decisions.

Delivery teams create and evidence value. Value Assurance provides the **standards, assurance** and **portfolio insight** needed to support **informed portfolio decision-making.**

Mills Belinda
30/07/2026 11:42:34

5. WHAT SUCCESS LOOKS LIKE

A **consistent, credible** and **evidence-based** approach that places **value at the centre of investment decisions.**

CONSISTENT

A common approach applied across the DHCW portfolio.

CREDIBLE

Robust evidence and standards ensure confidence in value.

TRANSPARENT

Clear visibility of value, evidence and assurance across the portfolio.

VALUE-LED DECISIONS

Investment decisions are informed by assured evidence of value.

VALUE-DRIVEN INVESTMENT DECISIONS

Better evidence enables better investment decisions, delivering better outcomes for **patients, clinicians** and **NHS Wales**.

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

Eitem ar yr Agenda: **Agenda Item:**	5.5

Enw'r Cyfarfod: **Name of Meeting:**	Portfolio Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	06 August 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:**	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 proposed approach to product reporting across DHCW. **NOTE** that the approach is intended to provide a consistent view of product performance, delivery, health, risk and outcomes. **SUPPORT** the continued development of a minimum viable product reporting model, including phased automation and pilot reporting with selected product teams.	

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, Director of Corporate Affairs/Board	29 July 26	Approved

Secretary		

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 DHCW has established reporting and assurance arrangements for programmes and projects. However, a substantial proportion of organisational delivery is undertaken through products and operational services, which are not always visible through existing reporting routes.

3.2 A proposed product reporting approach has been developed to strengthen oversight of this wider delivery landscape and provide stakeholders with greater confidence in product performance, delivery, health, risk and outcomes.

3.3 Product and service insights are currently shared through a range of forums, stakeholder groups and local reporting arrangements. The intention is to formalise and standardise this reporting so that product-level information is presented consistently, proportionately and in a way that supports decision-making.

3.4 As set out in Appendix 1 – AN Other Generic Product Example, the proposed framework brings together three complementary dimensions, and these should be considered together to provide a balanced view:

- Product Performance
  - the value, benefits, outcomes, adoption and user impact being delivered.
- Product Delivery
  - the pace, flow and predictability of product change and delivery.
- Product Health
  - the quality, resilience, technical debt, support position, cost and sustainability of the product.

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

4.1 The proposed approach is designed to provide a clearer and more comparable view of products across DHCW, supporting executive leadership, product teams and stakeholders.

4.2 The reporting model aims to:

- provide a consistent structure for reporting across product teams;

- improve visibility of delivery, performance, risk and value
- reduce duplication across existing reporting routes
- support a single source of truth for product information
- increase transparency for stakeholders
- enable more timely assurance through greater automation

4.3 A key principle of the approach is that reporting should be embedded within product delivery rather than becoming an additional manual burden. Wherever possible, data should flow from existing delivery, service management, monitoring and finance systems.

4.4 The proposed reporting approach has been developed to be incremental, with an initial minimum viable model used while automation matures. This will allow DHCW to begin improving visibility while avoiding the creation of a heavy manual reporting process.

4.5 The direction of travel is to automate as much of the reporting as possible, reducing manual effort, improving consistency and ensuring information is current and reliable for decision-making.

4.6 Initial development work has focused on:

- agreeing the core product reporting measures;
- confirming what data can be automated now and what will require further development;
- piloting the approach with mature product teams;
- aligning product reporting with wider organisational performance reporting;
- agreeing governance routes for review, escalation and assurance.

4.7 A stakeholder workshop has been scheduled for mid-September to review and refine the proposed product reporting approach with representatives from across DHCW. The session will seek agreement on the reporting framework, core measures, governance arrangements and implementation approach, ensuring the model reflects organisational needs and is aligned with wider performance, assurance and portfolio reporting arrangements. Subject to stakeholder agreement, the finalised approach and proposed reporting model will be brought back to the Portfolio Delivery Committee in November 2026 for consideration and endorsement.

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

5.1 There are no immediate matters requiring escalation to the Committee at this stage.

5.2 The following risks and dependencies should however be noted:

- Consistency of data and ways of working
  - automation will depend on teams using consistent processes, language and

tooling.

- Manual reporting burden
  - interim arrangements must remain proportionate and should avoid duplicating existing reporting.
- Data maturity
  - some product health and value measures may not be fully available at the outset.
- Technical debt visibility
  - further work is required to ensure technical debt, defects and product sustainability are reported consistently.
- Governance alignment
  - reporting routes will need to be clarified so that product reporting supports, rather than duplicates, existing portfolio and performance governance.

5.3 These risks will be managed through phased implementation, pilot reporting and continued engagement with product, service management, finance and organisational performance colleagues.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the proposed approach to product reporting across DHCW. **NOTE** that the approach is intended to provide a consistent view of product performance, delivery, health, risk and outcomes. **SUPPORT** the continued development of a minimum viable product reporting model, including phased automation and pilot reporting with selected product teams.	

APPENDIX 1 – AN Other Generic Product Example

Product Reporting – Introduction & Background

What are we doing and why?

Whilst DHCW has well-established insight arrangements for programmes and projects, a substantial proportion of delivery occurs through products and operational services. We are therefore developing a broader oversight approach that provides a view of performance, delivery, health, risk and outcomes across more areas of delivery, ensuring that our stakeholders have confidence in the organisation's wider portfolio.

Formalising Product Reporting

Product and service insights are currently shared through a variety of forums and stakeholder groups. We are looking to formalise and standardise product reporting based on the framework shown here. A balanced view of overall product delivery requires **all three** dimensions to be considered together.

Our Automation Ambition
We will automate as much of this reporting as possible – reducing manual effort, increasing consistency, and ensuring data is always current and reliable for decision-making.

Who is this for?

- **Executive Leadership** – Strategic oversight and confidence
- **Product Teams** – Consistent, comparable reporting
- **Stakeholders** – Transparent, data-driven view

The Reporting Framework

THE THREE DIMENSIONS OF PRODUCT REPORTING

DIMENSION	FOCUS QUESTION	WHAT IT MEASURES
Product Performance (So What?)	Is our product delivering value?	Value, user sentiment and usability — are we making a difference to patients and staff?
Product Delivery (How Quick?)	Are we delivering at pace?	Pace and effectiveness of delivery — are we moving quickly and predictably?
Product Health (Solution Quality?)	Is our product in good shape?	Quality, reliability and sustainability — is the solution stable and maintainable?

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Product Performance – Example – A NOther Product
(per feature set / per squad)

• On Track

About this Product

The AN Other provides our core workforce with the ability to conduct routine procedures and manage hospital wards. It empowers clinical nursing staff to capture and process patients within their nursing wards digitally – replacing paper-based processes with a nationally consistent solution.

Q1 Objective

Increase adoption & optimise the AN Other product including new forms for wards.

Key Results

- Introduce Digital records by end of March '26 to commence user testing
- Introduce Clinical assessments for staff by end of March '26
- Reduce superfluous data storage and associated costs by 50%

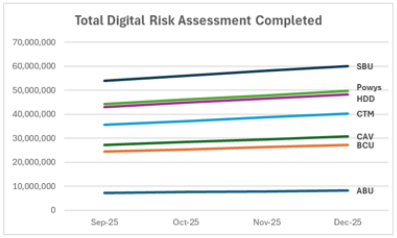
Implementation Challenge

AN Other is fully rolled out to all in Wales, but the introduction of new forms is below ideal cadence due to technical debt in the data layer, arising from satisfaction of a case audit tool requirement. A task & finish group is actively resolving this.

Value & Benefits

200k+	Assessments per annum
100%	Coverage across NHS Wales – 7 Health Boards, 1 Trust, 49 Hospitals, 322 Wards
£300k+	Operational efficiency cost savings per annum
£100k+	operational cost saving per annum (75k patients, 6 HBs, 11 Hospitals)

4-Month Rolling Metrics



Total Digital Risk Assessments Completed – by Health Board (Sep–Dec 2025)

Stats Power BI Dashboard

User Feedback

> *"End users report increased digital confidence, faster and more accurate documentation, improved communication, and a stronger sense of pride in their work, with proven time savings and higher compliance compared to paper processes."*

> *"We're really excited for the digital system – it should make things a lot easier for the staff on the ward."*

Roadmap

Completed
- 7 nationally approved Risk assessments

Now
- Integration of 7 assessments into Core app
- safeguarding
- Clinical Form Assessment

Next
- Technical debt resolution – Adult (task & finish)
- Multi-disciplinary note access

Roadmapping | Strategic Roadmaps

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Product Delivery – Example (per feature set / per squad)

Deployment Frequency	Lead Time for Changes	Time to Restore Service	Change Failure Rate
2.3 per day	**54 avg** days	**4.2** hours avg	**12** % of changes
How often code is deployed to production.	Time from code commit to production.	How quickly we recover from incidents.	Percentage of changes causing failures.
Narrative provided by product team if required.	Narrative provided by product team if required.	Narrative provided by product team if required.	Narrative provided by product team if required.

Sprint Summary

Sprint goals, outcomes, burndown and blockers will be populated by product teams each sprint – providing executive stakeholders a concise view of progress and context in relation to delivery.

Automation: This section will draw directly from delivery tooling where possible.

Sprint Metrics

Planned	User Story	Defect	Task	Total Complete
–	–	–	–	–

Populated each sprint by product teams.

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Product Health – Example (per Product)

Performance & Availability

Tracks system uptime, response times, service availability, and security performance across product environments. Targets to be set per product against agreed SLAs, security controls, and compliance requirements.

Target: 99.9% uptime

[Chart / Data]

Data to be automated from monitoring tooling

Technical Debt

Monitors the volume and severity of known technical debt items, including outstanding defects, deprecated dependencies and architectural risks.

Tracked per product backlog

[Chart / Data / Narrative]

Data to be sourced from development tooling, narrative added by product teams.

Call & Support Metrics

Captures volume and nature of support contacts, including call volumes, resolution times, repeat contacts and escalations related to each product.

Tracked via service desk

[Chart / Data]

Data to be automated from ?

Finance & Cost

Tracks budget utilisation, cost per transaction/user, savings delivered and financial efficiency across product spend and operational costs.

Tracked per product P&L

[Chart / Data /Narrative]

Data to be automated from ?

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