

PWYLLGOR CYFLAWNI RHAGLENNI - CYHOEDDUS

Thu 07 November 2024, 09:30 - 12:45

Microsoft teams



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Agenda

09:30 - 09:35 1. MATERION RHAGARWEINIOL 5 min

1.1. Croeso a chyflwyniadau

I'w Nodi Cadeirydd

1.2. Ymddiheuriadau am Absenoldeb

I'w Nodi Cadeirydd

1.3. Datganiadau o Fuddiannau

I'w Nodi Cadeirydd

09:35 - 09:40 2. AGENDA GYDSYNIO 5 min

2.1. Cofnodion y Cyfarfod Diwethaf

I'w Gymeradwyo Cadeirydd

- Cyhoeddus
- Preifat - crynodeb

📄 2.1i DRAFT PDC Public Minutes V2 PUBLIC 01 August 24-en-cy-C.pdf (10 pages)

📄 2.1ii DRAFT PDC Minutes PRIVATE ABRIDGED 01 August 2024 V1-en-cy-C.pdf (4 pages)

2.2. Blaengynllun Gwaith

I'w Nodi Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

📄 2.2 Forward Workplan.pdf (5 pages)

09:40 - 11:45 3. PRIF AGENDA 125 min

3.1. Cofnod Gweithredu

I'w Draffod Cadeirydd

📄 3.1 Action Log.pdf (1 pages)

3.2. Adroddiad Rhaglenni Mawr

Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth

📄 3.2 Major Programmes Report November 2024.pdf (9 pages)

3.2.1. Fframwaith Systemau Meddygon Teulu

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

3.2.2. Mamolaeth Ddigidol Cymru

Er Sicrwydd Cyfarwyddwr Rhaglenni ac Ymgysylltu

3.2.3. Rhaglen Gofal Llygaid Digidol Genedlaethol

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

3.2.4. Effaith System Genedlaethol Pontio Pen-y-bont ar Ogwr

Er Sicrwydd Cyfarwyddwr Gweithredol Gweithrediadau

3.2.5. System Gwybodaeth Gofal Dwys Cymru

Er Sicrwydd Cyfarwyddwr Rhaglenni ac Ymgysylltu

3.2.6. System Gwybodaeth Radioleg

Er Sicrwydd Cyfarwyddwr Rhaglenni ac Ymgysylltu

3.2.7. System Gwybodaeth Labordy

Er Sicrwydd Cyfarwyddwr Rhaglenni ac Ymgysylltu

3.2.8. Moddion Digidol

Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth

3.2.9. Gwybodeg Canser

Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth

3.3. Y Gofrestr Risg Gorfforaethol

I'w Draford Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

- Gan gynnwys adolygiad o'r Gwasanaeth Newid DHCW0269

📄 3.3 Corporate Risk Register.pdf (7 pages)

📄 3.3i Switching Service PDC Update.pdf (6 pages)

3.4. Dadansoddiad Tueddiadau Risgiau Corfforaethol

I'w Draford Cyfarwyddwr Materion Corfforaethol | Ysgrifennydd y Bwrdd

📄 3.4 Corporate Risk Trending Analysis PDC November 2024.pdf (7 pages)

Egwyl 11:30-11:45

11:45 - 12:45 4. AGENDA SICRUYDD

60 min

4.1. Adroddiadau Sicrwydd

Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth

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

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

📄 4.1i Connecting Care 2024 v0.1.pdf (13 pages)

4.1.2. Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd

Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth | Cyfarwyddwr Rhaglen

4.1ii DSPP Update to PDC Nov 2024.pdf (14 pages)

4.1.3. Adnodd Data Cenedlaethol

Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth | Cyfarwyddwr Rhaglen

4.1iii NDR Update PDC November 2024.pdf (11 pages)

12:45 - 12:45

0 min

5. MATERION I GLOI

5.1. Unrhyw Faterion Brys Eraill

I'w Draford

Cadeirydd

5.2. Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd AIA

I'w Nodi

Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd AIA

5.3. Dyddiad y cyfarfod nesaf: 06 Chwefror 2025

I'w Nodi

Cadeirydd

PWYLLGOR CYFLAWNI RHAGLENNI – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 10:30-13:30

 01 Awst 2024

 MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd	IGDC
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	IGDC
Marian Wyn Jones	MJ	Aelod Annibynnol	IGDC
Simon Jones	SJ	Cadeirydd y Bwrdd	IGDC

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	IGDC
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	IGDC
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	IGDC
Michelle Sell	MS	Cyfarwyddwr Rhaglenni ac Ymgysylltu	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	IGDC
Skylar Green	SG	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	IGDC
Rowan Gardner	RG	Aelod Annibynnol	IGDC
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	IGDC
Laurence James	LJ	Pennaeth Rhaglenni Meddyginiaethau	IGDC
Alex Percival	AP	Pennaeth Rhaglenni Gofal a Gynlluniwyd	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 Rhaglenni
DMC	Mamolaeth Ddigidol Cymru	OBC	Achos Busnes Amlinellol
EPS	Presigripsiynau trosglwyddo electronig Gofal Sylfaenol.	RISP	Rhaglen y System Gwybodeg Radioleg

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
RHAN 1 – MATERION RHAGARWEINIOL			
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd bawb i Gyfarfod Pwyllgor Cyflawni Rhaglenni Iechyd Digidol a Gofal Cymru.</p> <p>Darparodd y Cadeirydd hefyd rai hysbysiadau cadw tŷ ynghylch yr agweddau technegol ar gofnodi'r cyfarfod, yr egwyl gynlluniedig, a'r rheolau o ran moesau.</p>	Nodwyd	Dim i'w nodi
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <ul style="list-style-type: none"> Rowan Gardner - Aelod Annibynnol 	Nodwyd	Dim i'w nodi
1.3	<p>Datganiadau o Fuddiannau</p> <p>Ni chodwyd unrhyw ddatganiad o ddiddordeb.</p>	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO			
2.1	<p>Cofnodion y Cyfarfod Diwethaf</p> <ul style="list-style-type: none"> Cyhoeddus Preifat - crynodeb 	Cymeradwywyd	Dim i'w nodi



	Penderfynodd y Pwyllgor Cyflawni Rhaglenni: Gymeradwyo cofnodion y cyfarfod diwethaf.		
2.2	Blaengynllun Gwaith Penderfynodd y Pwyllgor Cyflawni Rhaglenni: NODI'R Blaengynllun Gwaith	Nodwyd	Dim i'w nodi
2.3	Rhaglen Cysylltu Gofal - Sicrwydd Cynllun Gweithredu Penderfynodd y Pwyllgor Cyflawni Rhaglenni: NODI'R Rhaglen Cysylltu Gofal - Sicrwydd Cynllun Gweithredu	Nodwyd	Dim i'w nodi
RHAN 3 - PRIF AGENDA			
3.1	Cofnod Gweithredu Cytunodd y Pwyllgor y gellid cau'r un cam gweithredu ar y cofnod gan fod Sesiwn Datblygu Pwyllgor wedi'i threfnu. Penderfynodd y Pwyllgor Cyflawni Rhaglenni: NODI'R Cofnod Gweithredu.	Trafodwyd	Dim i'w nodi
3.2	Adolygiad Diagnosteg Strategol - Argymhellion Dywedodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, fod saith argymhelliad wedi'u nodi yn yr adolygiad a bod IGDC wedi cefnogi'r rhain yn llawn a nodwyd bod cynllun gweithredu yn cael ei ddatblygu er mwyn bwrw ymlaen â'r argymhellion. Penderfynodd y Pwyllgor Cyflawni Rhaglenni: NODI'R Adolygiad Diagnosteg Strategol - Argymhellion.	Trafodwyd	Dim i'w nodi
3.3	Achos Busnes Diweddar Mamolaeth Ddigidol Cymru Rhoddodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth, y diweddariad canlynol. <ul style="list-style-type: none"> • Ariannwyd y rhaglen hon i ddechrau heb achos busnes ffurfiol. Gofynnodd Bwrdd y Rhaglen am achos busnes ffurfiol a arweiniodd at ohirio Mamolaeth Ddigidol Cymru. • Ni chafodd pob bwrdd iechyd ei gynnwys yn natblygiad yr achos busnes gan fod dau Fwrdd lechyd wedi penderfynu gweithredu eu datrysiad mamolaeth lleol eu hunain. Cafodd pum Bwrdd lechyd eu cynnwys, ac adlewyrchwyd eu costau a'u buddion yn yr achos busnes. • Nodwyd yr amcangyfrifwyd y costau a amlinellwyd yn yr achos busnes. 	Trafodwyd	Dim i'w nodi



	<p>Penderfynodd y Pwyllgorau Cyflawni Rhaglenni: DRAFOD Achos Busnes Diweddar Mamolaeth Ddigidol Cymru.</p>		
3.4	<p>Adroddiad Trosolwg Rhaglenni:</p> <p>Cyflwynodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth, yr adroddiad.</p> <ul style="list-style-type: none">• Rhaglenni DIPF - cadarnhawyd bod y llythyrau ariannu wedi dod i law.• Nodwyd nad oedd cyllid ar gael ar ôl mis Mawrth 2025, ac amlygwyd hyn fel risg, gyda thrafodaethau parhaus yn cael eu cynnal gyda Llywodraeth Cymru ynglŷn â hyn. <p>Dangosfwrdd:</p> <p>Cadeiryddion y Rhaglen:</p> <ul style="list-style-type: none">• Roedd Cadeirydd ar gyfer Rhaglen Digidol Gofal Llygaid Genedlaethol wedi'i nodi.• Roedd Llywodraeth Cymru yn gweithio gyda Prif Weithredwyr GIG Cymru i nodi Cadeirydd addas ar gyfer y Rhaglen Cysylltu Gofal.• Cadarnhawyd y byddai Prif Swyddog Digidol Llywodraeth Cymru yn cadeirio'r Rhaglen NDR am y chwe mis nesaf.• Nodwyd Cadeirydd ar gyfer y Rhaglen Gwybodeg Canser. <p>NDR:</p> <ul style="list-style-type: none">• Y Statws RAG oedd Ambr/Coch.• Bu oedi cyn derbyn cadarnhad ffurfiol o gyllid y Rhaglen.• Ategwyd ymarfer blaenoriaethu gan ddadansoddiadau o gostau/buddion.• Rhoddwyd gwybod i'r Pwyllgor fod cadw adnoddau rhaglenni profiadol yn risg ar hyn o bryd oherwydd Cyllid Rhaglenni. <p>Cysylltu Gofal:</p> <ul style="list-style-type: none">• Y statws RAG oedd Ambr/Gwyrdd.• Roedd yr Achos Busnes terfynol wedi'i rannu â	Trafodwyd	Dim i'w nodi



	<p>Chyfarwyddwyr Digidol a Llywodraeth Cymru.</p> <ul style="list-style-type: none"> Nododd y Pwyllgor na chytunwyd ar unrhyw gyllid ar gyfer datblygu Cysylltu Gofal. <p>Rhaglen Digidol Gofal Llygaid Genedlaethol</p> <ul style="list-style-type: none"> Roedd trafodaethau parhaus yn cael eu cynnal gyda Llywodraeth Cymru a Byrddau Iechyd. Roedd Bwrdd Pontio'r Rhaglen i fod i drafod opsiynau ar gyfer cymeradwyo'r Rhaglen. <p>WPAS</p> <ul style="list-style-type: none"> Roedd gwaith i asesu effaith diweddariadau system wedi dechrau. Yn ogystal, nodwyd bod y rhaglen yn ei phumed mudo allan o saith. Roedd risgiau rhaglen yn cael eu lliniaru yn unol â hynny. Nododd y Pwyllgor, oherwydd rhai mân oedi, fod y cynllun prosiect wedi'i ddiwygio ar gyfer mudo data, ond bod yr amserlen gyffredinol yn parhau i fod wedi'i gosod ar gyfer Mai 2025. <p>WICIS</p> <ul style="list-style-type: none"> Mae Llywodraeth Cymru wedi comisiynu adolygiad annibynnol i'r Rhaglen a'r bwriad oedd derbyn yr adroddiad ym mis Medi 2024. <p>RISP</p> <ul style="list-style-type: none"> Roedd cynllun diwygiedig wedi'i gynhyrchu a'i rannu â Byrddau Iechyd. Mae dau Fwrdd Iechyd wedi symud y dyddiad i'r flwyddyn ariannol nesaf a nodwyd bod y mesurau yn eu lle i gefnogi. <p>LIMS</p> <ul style="list-style-type: none"> Nododd y Pwyllgor fod cynnydd da wedi'i wneud. Roedd adnoddau ychwanegol wedi'u symud i'r rhaglen i gefnogi'r ddarpariaeth. Roedd disgwyl i'r Bwrdd Iechyd cyntaf fynd yn fyw ym mis Chwefror 2025. <p>Moddion Digidol</p>		
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	<ul style="list-style-type: none"> Dywedwyd wrth y Pwyllgor y byddai'r gostyngiad yn y gyllideb refeniw ar gyfer 24/25 yn effeithio ar recriwtio adnoddau ychwanegol i gefnogi cyflwyno'r rhaglen, fodd bynnag roedd gwaith yn cael ei wneud i fynd i'r afael â hyn. <p>DSPP</p> <ul style="list-style-type: none"> Roedd y Pwyllgor yn falch o nodi bod 250k o ddefnyddwyr bellach wedi cofrestru ar ap GIG Cymru. Roedd gwaith i unioni'r mater Gwasanaeth Adnabod yn mynd rhagddo. <p>Penderfynodd y Pwyllgorau Cyflawni Rhaglenni: Drafod yr Adroddiadau Trosolwg Rhaglenni.</p>		
3.5	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Cyflwynodd Chris Darling (CD), Ysgrifennydd y Bwrdd, yr adroddiad gan nodi bod yna ddeunaw o risgiau ar y gofrestr risg gorfforaethol. Neilltuwyd pump ohonynt i'r Pwyllgor ac ystyriwyd un risg breifat yn y sesiwn breifat.</p> <p>Trafodwyd y risgiau canlynol:</p> <ul style="list-style-type: none"> DHCW0332 Cyllid rhaglenni mawr cynaliadwy – Nododd y Pwyllgor mai dim ond tan fis Mawrth 2025 y cafwyd cyllid ar gyfer NDR a DSPP wedi'i gadarnhau. Yn ogystal, byddai risg Cyllid Cynaliadwy Hirdymor yn cael ei oruchwylio gan y Pwyllgor Archwilio a Sicrwydd. DHCW0269 Gwasanaeth Newid – Warws Data – Hysbyswyd y Pwyllgor y byddai adolygiad o'r risg hon yn cael ei gynnal yng nghyfarfod nesaf y Pwyllgor, gan nodi bod hyn hefyd yn gysylltiedig ag argymhelliad gan Archwilio Cymru sy'n cael ei oruchwylio gan y Pwyllgor Archwilio a Sicrwydd. DHCW0333 Oedi ar gyfer Gweithredu WICIS – Nododd y Pwyllgor fod oedi'n parhau wrth i'r Adolygiad Annibynnol gael ei gomisiynu gan Lywodraeth Cymru, felly bu cynnydd yn y sgôr risg o gymharu â'r sgôr gwreiddiol. DHCW0334 Effaith cost y tîm pontio – Nododd y Pwyllgor y gostyngiad yn y sgôr risg. <p>Penderfynodd y Pwyllgorau Cyflawni Rhaglenni: DRAFOD y Gofrestr Risg Gorfforaethol</p>	Trafodwyd	Dim i'w nodi



3.6	<p>Adolygiadau Orlhain/Gwireddu Buddiannau Ddwywaith y Flwyddyn</p> <p>Cynghorodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth y canlynol:</p> <p>Prif Gyflawniadau Hyd Yma</p> <ul style="list-style-type: none"> • Roedd Fframwaith Rheoli Buddion drafft wedi'i ddatblygu. • Roedd datblygiad parhaus o Gategoriâu ac Is-gategoriâu Budd-daliadau safonol, a gytunwyd gan Grŵp Budd-daliadau Cymru Gyfan. • Roedd Cofrestr Budd-daliadau safonol wedi'i dylunio a chytunwyd arni. • Roedd ymrwymiad i ddatblygu offeryn adrodd Budd-daliadau Cymru Gyfan, a byddai IGDC yn arwain ar y gwaith hwn. <p>Roedd y Camau Nesaf yn cynnwys:</p> <ul style="list-style-type: none"> • Cwblhau'r Fframwaith Rheoli Budd-daliadau. • Gwella Arbenigedd mewn Materion. • Cytuno ar offer ac adrodd. • Ymgysylltu a chydweithio parhaus â Grŵp Budd-daliadau Cymru Gyfan. <p>Penderfynodd y Pwyllgorau Cyflawni Rhaglenni: DRAFOD Adolygiadau Orlhain/Gwireddu Buddiannau Ddwywaith y Flwyddyn</p>	Trafodwyd	Dim i'w nodi
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RHAN 4 – AGENDA SICRWYDD

4.1	<p>Adroddiadau Sicrwydd Blynyddol:</p> <p>Rhaglen Moddion Digidol</p> <p>Cyflwynwyd gan Laurence James (LJ), Pennaeth Rhaglenni Meddyginiaethau.</p> <p>Cynnydd a wnaed:</p> <p><u>Rhaglen Gwasanaeth Presgripsiynau Electronig Gofal Sylfaenol (EPS)</u></p> <ul style="list-style-type: none"> • Hawliwyd 33,171 o eitemau presgripsiwn trwy EPS ers mis Tachwedd 2023. <p>Mae dwy feddygfa a thair fferyllfa gymunedol yn</p>	Rhoddwyd sicrwydd	<p>CAM GWEITHREDU 1:</p> <p>Laurence James (LJ) i wirio a fyddai'r rhaglen ePMA yn cefnogi IVs a thrallwysiad gwaed.</p>
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defnyddio EPS i anfon a derbyn presgripsiynau meddygon teulu yn ddigidol
Rhaglen Rhagnodi a Gweinyddu Meddyginiaethau Gofal Eilaidd yn Electronig (ePMA):

- Mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro wedi llofnodi contract gyda'u cyflenwr ePMA ac wedi dechrau parodrwydd gweithredu.

Prosiect Mynediad Cleifion (PA):

- Aeth Cofnod Meddyginiaeth Cleifion (PMR) fferyllfa gymunedol gyntaf yn fyw gyda nodwedd hysbysiad "Barod am Bresgripsiwn" Ap GIG Cymru mewn dwy fferyllfa gymunedol yng ngogledd Cymru. Bydd y nodwedd hon yn anfon rhybudd yn Ap GIG Cymru i roi gwybod i glaf bod ei bresgripsiwn yn barod.

Prosiect Cofnod Meddyginiaethau a Rennir (SMR):

- Bwriedir i SMR a'i storfa Rhyngwynebaw Rhaglennu Cymwysiadau (APIs) fod ar gael ym mis Medi.

CAM GWEITHREDU 1:

Laurence James (LJ) i wirio a fyddai'r rhaglen ePMA yn cefnogi IVs a thrallwysiad gwaed.

Rhaglen Gwybodeg Canser

Cyflwynwyd gan Alex Percival (AP), Pennaeth Rhaglenni Gofal wedi'i Gynllunio.

- Nodwyd y byddai System CaNISC yn cael ei disodli gan system bwrpasol sy'n defnyddio ffurflenni electronig (eFfurflenni) i ddarparu'r data gofynnol i system Porth Clinigol Cymru (WCP), ar y cyd â gwybodaeth a gedwir yn y System Gweinyddu Cleifion (PAS).

Cynnydd a wnaed hyd yma:

- Data ac Adrodd – Gwaith parhaus sylweddol i ddisodli adroddiadau Cam 1 presennol CaNISC.
- Cyfarfodydd Tîm Amlddisgyblaethol a Setiau Data Canser - Mae straeon defnyddwyr ar gyfer gwelliannau â blaenoriaeth uchel i



swyddogaethau Rhestr Cyfarfodydd wedi'u derbyn i'r sbrint datblygu.

- Sgrinio a Cholposgopi – Opsiynau dylunio technegol o'r dechrau i'r diwedd gyda'r cyflenwr trydydd parti wedi'i gwblhau, a'r caffael ar gyfer y cynnyrch wedi'i gwblhau. Mae'r gwaith adeiladu ar y gweill.
- Gofal Lliniarol – Mae'r holl nodweddion wedi'u datblygu ac maent ar gael ar gyfer profi derbyniad defnyddwyr. Mae swyddogaeth Dewis Cleifion a Rheoli Llwyth Achosion wedi'i chymeradwyo i'w defnyddio i fyw.

Mamolaeth Ddigidol Cymru

Cyflwynwyd gan Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth.

Nod cyffredinol y Rhaglen oedd gweithredu un system famolaeth ddigidol genedlaethol i Gymru.

- Mae Achos Busnes Amlinellol ar gyfer darparu un system famolaeth ddigidol genedlaethol i Gymru wedi cael ei ddatblygu.
- Mae'r Rhaglen Mamolaeth Ddigidol Cymru yn gweithio gyda Byrddau Iechyd i gwmpasu gofynion ariannu cyn cyflwyno'r Achos Busnes Amlinellol i Lywodraeth Cymru cyn bwrw ymlaen â'r broses gaffael.
- Mae'r Rhaglen Mamolaeth Ddigidol Cymru yn gweithio gyda Byrddau Iechyd i gwmpasu gofynion ariannu cyn cyflwyno'r Achos Busnes Amlinellol i Lywodraeth Cymru cyn bwrw ymlaen â'r broses gaffael.

Risg:

- Yn dilyn datblygu'r Achos Busnes Amlinellol, mae bwlch ariannu wedi'i nodi rhwng y Llythyr Ariannu a ddyrannwyd a'r cyllid llawn sydd ei angen i gyflawni'r rhaglen.

Llinell Amser:

- Amserlenni'n dibynnu ar ddechrau caffael, wedi'u gohirio oherwydd eglurhad cyllid Achos Busnes Amlinellol heb ei gwblhau.



Penderfynodd y Pwyllgor Cyflawni Rhaglenni: DERBYN yr Adroddiadau Sicrwydd Blynnyddol am SICRWYDD .		
RHAN 5 - MATERION I GLOI		
Unrhyw Faterion Brys Eraill <ul style="list-style-type: none">Ni chodwyd unrhyw fater brys.	Nodwyd	Dim i'w nodi
Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd AIA <ul style="list-style-type: none">Cynnydd Rhaglen fel y nodir uchod.Diffyg Cyllid Rhaglen Gynaliadwy.	Nodwyd	Dim i'w nodi
Dyddiad y cyfarfod nesaf: <ul style="list-style-type: none">07 Tachwedd 2024	Nodwyd	Dim i'w nodi



PWYLLGOR CYFLAWNI RHAGLENNI – PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

09:30-10:25

01 Awst 2024

MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd	IGDC
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	IGDC
Marian Wyn Jones	MJ	Aelod Annibynnol	IGDC
Simon Jones	SJ	Cadeirydd y Bwrdd	IGDC

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	IGDC
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth	IGDC
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	IGDC
Marian Jones	MJ	Aelod Annibynnol	IGDC
Michelle Sell	MS	Cyfarwyddwr Rhaglenni ac Ymgysylltu	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	IGDC
Skylar Green	SG	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	IGDC
Alison Paul	AP	Reolwr y Rhaglen	IGDC
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	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 Rhaglenni

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 Rhaglenni Iechyd Digidol a Gofal Cymru.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb Ni ddatganwyd unrhyw ymddiheuriadau.	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Ni chodwyd unrhyw ddatganiad o ddiddordeb.	Nodwyd	Dim i'w nodi
RHAN 2 – AGENDA GYDSYNIO			
2.1	Cofnodion Preifat Penderfynodd y Pwyllgor Cyflawni Rhaglenni: GYMERADWYO cofnodion preifat y cyfarfod diwethaf, yn amodol ar newid presenoldeb.	Cymeradwyd	Dim i'w nodi
RHAN 3 – PRIF AGENDA			
3.1	Cofnod Gweithredu Penderfynodd y Pwyllgor Cyflawni Rhaglenni:	Nodwyd	Dim i'w nodi

	NODI'R Cofnod Gweithredu.		
3.2	<p>Adroddiad Trosolwg Rhaglenni</p> <p><u>Gofal Llygaid</u></p> <p>Amlygodd Sam Hall (SH), Cyfarwyddwr Gwasanaethau Digidol Sylfaenol, Cymunedol ac Iechyd Meddwl, fod gwaith caffael wedi symud ymlaen gyda'r posibilrwydd o ddisodli contract.</p> <p>Nododd y Pwyllgor y cynnydd o ran cyflwyno datrysiadau M365 a oedd i fod i gael ei gwblhau erbyn diwedd mis Awst 2024.</p> <p><u>Cysylltu Gofal</u></p> <p>Dywedodd Sam Hall (SH), Cyfarwyddwr Gwasanaethau Digidol Sylfaenol, Cymunedol ac Iechyd Meddwl, fod yr Achos Busnes terfynol wedi'i ddrafftio a'i rannu â Chyfarwyddwyr Digidol a Llywodraeth Cymru.</p> <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni: Drafod yr Adroddiadau Trosolwg Rhaglenni.</p>	Trafodwyd	Dim i'w nodi
3.3	<p>Cofrestr Risg Gorfforaethol Breifat:</p> <p>Cyflwynwyd gan Chris Darling (CD), Ysgrifennydd y Bwrdd.</p> <p>Trafododd aelodau'r Pwyllgor y risg breifat DHCW0318 yn fanwl ac yn dilyn trafodaeth, cadarnhawyd y gallai'r risg hon gael ei symud i'r gofrestr risg gyhoeddus.</p> <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni: DRAFOD y Gofrestr Risg Gorfforaethol Breifat.</p>	Trafodwyd	Dim i'w nodi
3.4	<p>System Wybodaeth Gofal Dwys Cymru</p> <p>Dywedodd Michelle Sell (MS), Cyfarwyddwr Rhaglenni ac Ymgysylltu, fod Llywodraeth Cymru wedi cyflogi cwmni ymgynghori annibynnol i gynnal adolygiad o'r datrysiad. Y bwriad oedd cwblhau'r adolygiad hwn ym mis Medi 2024.</p> <p>Mynegodd y Pwyllgor bryder ynghylch yr oedi wrth wneud y gwaith hwn.</p> <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni: NODI'R Diweddariad i System Gwybodaeth Gofal Dwys Cymru</p>	Trafodwyd	
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: 07 Tachwedd 2024	Nodwyd	Dim i'w nodi



DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.2
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	07 November 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Belinda Mills, Corporate Governance Coordinator
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	The Committee is being asked to
NOTE the report.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	N/A
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
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If more than one standard applies, please list below:

<u>DHCW QUALITY STANDARDS</u>	N/A
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If more than one standard applies, please list below:

<u>DUTY OF QUALITY ENABLER</u>	N/A
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<u>DOMAIN OF QUALITY</u>	N/A
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If more than one enabler / domain applies, please list below:

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
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No, (detail included below as to reasoning)	Outcome: N/A
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Statement: N/A

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Programmes Delivery Committee	November 2024	Initial workplan approved

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 SITUATION / BACKGROUND

3.1	The Programmes Delivery Committee has a Cycle of Committee Business that is reviewed on an annual basis. In addition, a Forward Workplan is used to identify any additional items for inclusion to ensure the Committee is reviewing and receiving all relevant matters in a timely fashion.
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4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The following items as noted are due to be presented to the Committee meeting on 07 November 2024:

- Major Programmes Report
 - GP Systems Framework
 - Digital Maternity Cymru
 - National Digital Eyecare Programme
 - Bridgend Transition National System Impact
 - Welsh Intensive Care Informatics System
 - Radiology Information System
 - Laboratory Information System
 - Digital Medicines
 - Cancer Informatics
- Corporate Risk Register
 - Including review of DHCW0269 Switching Service
- Corporate Risk Trending Analysis
- Overview of other projects and programmes
- Assurance Reports
 - Welsh Community Care Information System & Connecting Care
 - Digital Services for Patients and Public
 - National Data Resource

4.2 The items below have been identified for the following meeting on 06 February 2025:

- Programmes Delivery Committee Annual Report
- Programmes Delivery Committee Effectiveness Self-Assessment
- Programmes Delivery Committee Terms of Reference
- Programmes Delivery Committee Cycle of Business
- NDR Business Case – Executive Summary

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
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NOTE the report.

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status	Revised action	Revised due date	Session Type	Item Type	Path
A01	09/11/2023	Discuss scope of Committee in a future Board / Committee Development	Ifan Evans (DHCW - Director of Digital Strategy)	08/02/2024	Discuss scope of Committee in a future Board / Committee Development session with a paper confirming proposal at the next Committee meeting. Meeting organised for 18/01/23	Closed			Public	Item	sites/DHC_CG/Lists/PDC ActionsDecisions Log
		ACTION1: Laurence James (LJ) to check if the ePMA programme would support IVs and blood transfusion.			"The ePMAs on the national multi-vendor framework will support IVs but not blood transfusions. I understand that blood transfusions are not recorded on paper medicines chart but have their own paper work and bar code tracking. Link:Electronic blood management systems - Health Technology Wales"						
Action 1	01/08/2024		Laurence James (DHCW - Service Transformation)			Complete			Public	Item	sites/DHC_CG/Lists/PDC ActionsDecisions Log



DIGITAL HEALTH AND CARE WALES MAJOR PROGRAMMES REPORT

Agenda Item	3.2
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	7 November 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Yasamin Henson, Principal Planning Manager
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to
RECEIVE the Programmes Delivery Report update on status of key programmes managed by DHCW for ASSURANCE .	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply
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CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
If more than one standard applies, please list below:	

<u>DHCW QUALITY STANDARDS</u>	N/A
If more than one standard applies, please list below:	

<u>DUTY OF QUALITY ENABLER</u>	N/A
<u>DOMAIN OF QUALITY</u>	N/A
If more than one enabler / domain applies, please list below:	

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: This is a progress report.	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Finances are detailed per programme/project
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	17 th October 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 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.

The summary dashboards are provided below.

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS MAJOR PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END SEP 2024

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

PORTFOLIO	PROGRAMME	OVERALL	TIME	QUALITY	RESOURCE	DHCW COMMENTARY on RAG ratings
1.1	National Data Resource (NDR)	↑				<p>Resource: Critical posts have remained vacant due to revision of the plan. Where confirmation to recruit is received, it is unlikely additional resource will commence before Q4 2024-25</p> <p>Finance: Uncertainty regarding staged confirmation of funding; still to be confirmed which impacts the ability of the programme to make funding commitments beyond Q3 or to confirm funding for Federated Partners.</p>
2.2	Connecting Care	↓				<p>Overall: Connecting Care programme initiation continues. Social Care partners procurement activities are moving into evaluation, whilst health partners finalise procurement artefacts and approach. Outline Business Case has been submitted to Welsh Government accepting it as an indicative position. Partners will need to produce detailed implementation business cases. Progress is hampered on milestones as the programme takes corrective steps to manage budget.</p> <p>Time: New milestones around Shared Care Record have been agreed and the programme is re-baselining to those targets. Milestones for launching procurement for Community and Mental Health remain challenged by a lack of final approval around requirements, agreement on procurement approach and funding to finalise the above. Delays in approval of the business case and requirements for Community and Mental Health and challenges in agreeing a procurement strategy for Community and Mental Health have permanently delayed initiation of procurement.</p> <p>Resource: The internal programme is adequately resourced for currently forecasted operational activity. The programme has initiated corrective measures as forecasted costs of work necessary to deliver the goal of delivering procurement of applications for Social Care and Health, producing the business case for Shared Care Record work and data migration preparatory work exceed budget. Request for additional funding in this financial year is now being addressed separately from the business case.</p> <p>ROUTE TO GREEN: Agree additional funding, finalise procurement artefacts and unblock and launch procurement for Community and Mental Health</p>
2.2	GP Systems Framework	↔				High confidence of successful delivery and no major outstanding issues that threaten delivery

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS MAJOR PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END SEPT 2024

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

PORTFOLIO	PROGRAMME	OVERALL	TIME	QUALITY	RESOURCE	DHCW COMMENTARY on RAG ratings
2.2	National Digital Eye Care Programme (DECP)	↔				<p>Overall: No Programme funding has been allocated by Welsh Government for 24/25 except DHCW management costs. Uncertainty prevails in respect of the future contract for Open Eyes.</p> <p>Timeline: It is highly unlikely that DHCW will be able to enter into a new contract with the supplier for ophthalmology electronic patient record and be ready for live service by 20 Jan 2025. It may be necessary for Cardiff and Vale University Health Board (CaVUHB) to extend their current contract for 3 to 6 months</p> <p>Health Boards want to see the detailed plans before signing off e-referral system (ERS) indicative costs.</p> <p>Resources: Costs- Currently no programme funding other than £300k towards DHCW costs and 30% of this is now at risk due to Health Boards delaying decision on ERS plans</p> <p>Resources- Most Health Board project resources have left with only Swansea Bay and Aneurin Bevan retaining minimal resources, negatively impacting potential for deployment in 24/25.</p> <p>ROUTE TO GREEN:</p> <ul style="list-style-type: none"> Decision needed on the interim and end state hosting and support models for the migration of the Electronic Patient Record from CaVUHB to DHCW, and to inform the new supplier contract Funding for resources to deliver the migration and new contract Funding and risk sharing agreements signed up to by all Health Boards to cover contract and service support costs Agreement by all Health Boards to fund the procurement and delivery of a new Optometry referral system
2.3	Digital Maternity Cymru (DMC)	↔				<p>Overall: Outline Business Case (OBC) funding mechanism requires clarification. Scope of programme as 'all-Wales' impacted due to variation in HB buy-in. To improve the RAG rating the programme needs: agreement of funding, including identification of health board funding, and revised delivery plan aligned to revised Procurement Plan now agreed.</p> <p>Resource: Revenue budget reduction for 24/25 will impact recruitment of additional resources to support programme delivery, including local Health Board project managers, specialist technical, validation and service management and clinical engagement roles. Funding gap identified in OBC remains unresolved.</p>
2.3	Bridgend Transition National System Impact (including WelshPAS Bridgend Disaggregation)	↑				Reasonable confidence of successful delivery with some aspects requiring attention

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS
MAJOR PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END SEPT 2024

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

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on RAG ratings
2.4	Welsh Intensive Care Informatics System (WICIS)	↔				<p>Overall: Project on hold pending outcome of WG commissioned Independent Review.</p> <p>Timeline: Following an escalation from DHCW, Welsh Government instigated an independent review of the system and proposed changes to simplify the solution commenced w/c 08/07/24. Following this review, agreement on the next steps will be made available. If the review concludes that the system can be simplified and is safe to use across intensive care as well as if additional funding can be sought, the areas to address and agree would be related to Governance, Implementation and System Simplification to achieve a successful implementation and realistic timeframe.</p> <p>Resource: As the project has not commenced go-live as planned and an extension to project workstreams (validation), staff are required to support the project further than expected. Once the review is finalised and plans agreed for progression, resources will be discussed and agreed. A high-level plan, with resource expectations, will be discussed and shared.</p> <p>ROUTE TO GREEN: Recommendations from WG independent review to be received and additional funding sought to continue.</p>
2.5	Radiology Information System Procurement (RISP)	↔				<p>Overall: Programme RAG status is Amber/Red as per agreement at the May programme board. Supplier has provided a revised plan however this has not yet been signed off by all Health Boards. A formal escalation letter was sent to the supplier expressing concerns regarding the programme.</p> <p>Timeline: Supplier has provided change control notes (CCNs) to change the go live dates. However Health Boards have not yet signed these while they work through their plans with the supplier.</p> <p>Resource: Welsh Government have confirmed funding. However, following the revised supplier plan 2 Health Boards implementation dates have moved into a new financial year – Some Health boards highlighted they have resource issues which may impact service delivery while readiness activities are ongoing.</p>

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS
MAJOR PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END SEPT 2024

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

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on RAG ratings
2.5	Laboratory Information System 2.0 (LIMS2.0)	↔				<p>Overall: RAG status remains AMBER/RED due to concerns expressed by LIMS2.0 Programme Board re: outstanding build items going into user acceptance testing and the risk profile of the programme.</p> <p>Time: RAG status remains AMBER/RED. Programme Board members expressed concerns over ability to complete user acceptance testing within 2-month window. Some Health Boards have escalated concerns. User Acceptance Testing has been extended by 4 weeks due to an issue with the change control tool. This will also enable a number of defects to be resolved.</p> <p>Resource: RAG remains AMBER/RED due to condensed timelines (4 year programme of work, reduced to 2years); Health Board/Trust resources across operational and digital teams will need to be allocated and prioritised alongside DHCW resource. Resource shortfalls are being escalated by Health Boards/Trusts.</p>
2.6	Digital Medicines	↔				Reasonable confidence of successful delivery with some aspects requiring attention
3.1	Cancer Informatics (CIP)	↑				<p>Overall: Most workstreams within the Programme reporting Amber/Red. To improve the RAG rating the programme needs: dedicated health board participation in user acceptance testing and to minimise scope creep; completion of palliative care user acceptance testing cycle and product adoption by health boards.</p> <p>Time: The Programme has been extended to End of March 2025 to accommodate extended delivery of functionality, and the requirement for 4 months of dual running of CaNISC with new solution.</p>
3.2	Digital Services for Patients and the Public (DSPP)	↔				Reasonable confidence of successful delivery with some aspects requiring attention

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Status Update: Across the portfolio, programme boards' delivery confidence has generally improved since the last quarter. Three programmes (Eyecare, Intensive Care and Digital Maternity) have remained Red. One programme has improved from Red to Amber/Red (Cancer), two programmes have improved from Amber/Red to Amber/Green (NDR and Bridgend Transition), one has been downgraded from Amber/Red to Red (Connecting Care) and two have remained Amber/Red (RISP and LIMS2.0).

A commentary on reasons for low confidence in delivery is provided in the dashboard slide against each programme. Funding constraints are a common underlying pressure across the portfolio, either directly through a reduction in funding to programmes at the national level, or indirectly through limited capacity within Health Boards to undertake local testing and implementation tasks.

GP Systems Framework maintains its **GREEN** RAG rating.

Four Programmes are rated **AMBER / GREEN**

- **Digital Medicines** - good progress is being made on health boards' procurement of secondary care electronic prescribing systems and the implementation and supplier assurance of the electronic prescription service (GPs to Community pharmacies). NHS Wales App 'prescription ready' notifications in live use.
- **Digital Services for Patients and the Public (DSPP)** - The Business Case for future funding of the NHS Wales App was submitted to Welsh Government in May 2024.
- **Bridgend Transition project to support a boundary change** - whilst data migration is progressing, there is a high degree of complexity and risk associated with remaining activities.
- **The National Data Resource (NDR)** - Work to make data stored in national data repositories available in the National Data & Analytics Platform has made significant progress. This data will then be available to respective Health Boards and Trusts on completion of validation.

Three Programmes / projects are rated **AMBER/RED**

- **Cancer Informatics Programme (CIP)** - The Programme has been extended to End of March 2025 to accommodate extended delivery of functionality, and the requirement for 4 months of dual running of CaNISC with the new solution.
- **Radiology Information System Procurement (RISP)** - Funding had been confirmed by Welsh Government. However, following the revised supplier plan all health board implementation dates have moved, however end of programme date is maintained, March 2026.
- **Laboratory Information Management Systems (LIMS 2.0)** - Programme Board has maintained the Amber /Red RAG, user acceptance testing (UAT) has commenced however due to the large number of defects, this will need to be extended. We are carefully considering the implications of extending UAT as part of the ongoing planning process key focus is to ensure all Health Boards are safely transitioned by October 2025.

Four Programmes / projects are rated **RED**

- **Digital Maternity Cymru (DMC)** - Programme outline business case is being submitted to confirm funding for core solution. Variations in Health Board buy-in reduce the likelihood of an 'All Wales' scope. Procurement ready to commence subject to WG approval.
- **National Digital Eye Care Programme (DECP)** - No funding available for development or delivery of the programme. Agreement in principle to a new commercial strategy but no resources or funding available to deliver the contract or system migration to DHCW under a new supplier contract from January 25.
- The **Welsh Intensive Care Informatics System (WICIS)** - project on hold pending outcome of WG commissioned Independent Review.
- **Connecting Care** - Connecting Care preparations for a platform replacement continue to progress. However, delivery is hampered as the programme seeks to clarify governance and gain necessary approvals in a complex stakeholder environment and takes corrective steps to manage budget.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

Please note the following escalations to the committee.

Escalations to Programmes Delivery Committee

Closed /
De-escalated

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-2	Welsh Intensive Care Information System	May-24	Escalation	Programmes Delivery Committee	Alert	Additional funding requirement to continue project, following outcome of independent review. Finance	Update September 24: HBs have responded to options appraisal. However, project awaiting outcome of independent review and confirmation from WG of funding to continue project post review. UPDATE Oct 24: Review complete working with WG on next steps. De-escalated to be managed through ESC-8
ESC-7	Multiple	May-24	Escalation	Programmes Delivery Committee	Advise	Some programmes do not currently have a Programme Chair or the Chair is due to retire soon with no identified successor. These include the Welsh Intensive Care Informatics System and National Data Resource. Programme Boards and Chairs are an important part of governance arrangements, providing assurance and oversight at the programme level.	UPDATE Sept 24: Follow up required to WG to allocate remaining chairs including Chair for Cancer. Planning Team have requested updates on existing Chairs as well as the funding position for them to compile a list to support WG. UPDATE Oct 24: Chairs for WICIS and Connecting Care outstanding. Programme Chairs Network Membership updated for Oct meeting. Cancer, Eyecare and NDR (Interim) chairs in place.

Escalations to Programmes Delivery Committee

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-8	Multiple	May-24	Escalation	Programmes Delivery Committee	Alert	Funding. There is no programme funding confirmed beyond March 2025, anticipated 2024-25 funding was significantly reduced in March, and some programmes are currently being delivered at risk in the absence of a 2024-25 funding letter. Funding instability and uncertainty impacts on programme planning, resourcing and delivery. Finance	DPIF Funding letter has been issued covering all DPIF programmes. Impact being assessed. Programmes impacted by funding reductions are reviewing their delivery projects and plans to reprioritise and reallocate resources. DHCW team and PMO are co-ordinating programme investment case pipeline and future funding profile to improve forecasting. The initial 2025/26 and medium-term view to support sustainable funding has been shared with WG (including 25/26 programme requirements). A formal response is awaited from WG. UPDATE Oct 24: The revised DPIF Funding letter was issued on October 8th covering all DPIF programmes. Revised Milestones have now been issued after review of projects delivery plans post funding reductions. DHCW team and PMO are co-ordinating programme investment case pipeline and future funding profile to improve forecasting. The initial 2025/26 and medium-term view to support sustainable funding has been shared with WG (including 25/26 programme requirements). A formal response is awaited from WG. This is significantly impacting DSPP. The business case was submitted in May 24. Without an approved funding model, there will be no continued support and development of the NHS Wales App.

Escalations to Programmes Delivery Committee

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-40 NEW	Digital Services for Patients and the Public	Oct 24	Escalation	Programmes Delivery Committee	Assure	The DSPP Programme has worked with the Planned Care Programme Board in March 2024 to determine patient pathway features in the NHS Wales App. Revenue funding was confirmed July 2024 to commission the delivery plan. However the programme requires capital funding to progress development. WG have indicated that capital funding would be made available, however in order to commission the first 2 phases, DSPP and DHCW have had to cover the capital requirements, prioritising this over other activity. Confirmation of capital funding is required by early November 2024 in order to continue the delivery plan and achieve the IMTP milestones.	Update Oct 24: Awaiting Ministerial approval, if approved a variation letter increasing capital and reducing revenue will be issued by WG. DHCW has proposed a solution for this issue to WG.



6 RECOMMENDATION

Recommendation	The Committee is being asked to
RECEIVE the Programmes Delivery Report update on status of key programmes managed by DHCW for ASSURANCE .	



DIGITAL HEALTH AND CARE WALES CORPORATE RISK REGISTER

Agenda Item	3.3
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	7 November 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Bethan Walters, Corporate Risk Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
<p>DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee. NOTE the Corporate Risk Trending Analysis. NOTE the status of the Corporate Risk Register.</p>	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	All are relevant to the report
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QUALITY IMPACT ASSESSMENT (ref if appropriate)	
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<u>WELL-BEING OF FUTURE GENERATIONS ACT</u>	A Healthier Wales
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If more than one standard applies, please list below:

<u>DHCW QUALITY STANDARDS</u>	ISO 9001
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If more than one standard applies, please list below:
 ISO 14001
 ISO 20000
 ISO 27001
 BS 10008

<u>DUTY OF QUALITY ENABLER</u>	Leadership
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<u>DOMAIN OF QUALITY</u>	Effective
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If more than one enabler / domain applies, please list below:
 Safe Care
 Governance, Leadership and Accountability

<u>EQUALITY IMPACT ASSESSMENT STATEMENT</u>	Date of submission: N/A
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No, (detail included below as to reasoning)	Outcome: N/A
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Statement:
 Risk Management and Assurance activities equally affect all. An EQIA is not applicable.

IMPACT ASSESSMENT	
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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
--	--

LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
-------------------------------------	--

FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place,
--	--

	there could be financial implications
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report. The risk owners will be clear on the expectations of managing risks assigned to them
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
RISK Management Group	01/10/2024	Reviewed
Management Board	17/10/2024	Reviewed
Chris Darling, Board Secretary	16/10/2024	Approved

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

3 SITUATION / BACKGROUND

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

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 In terms of DHCW's Corporate Risk Register, there are currently 18 risks on the Corporate Risk Register, of which 5 are for the consideration of this Committee.

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

- DHCW0269 Switching Service – Data Warehouse – more information included as item 3.3ii
- DHCW0333 WICIS Implementation Delay
- DHCW0334 Impact of cost of transition team
- DHCW0318 Welsh Language Scheme Compliance
- DHCW0338 Connecting care funding

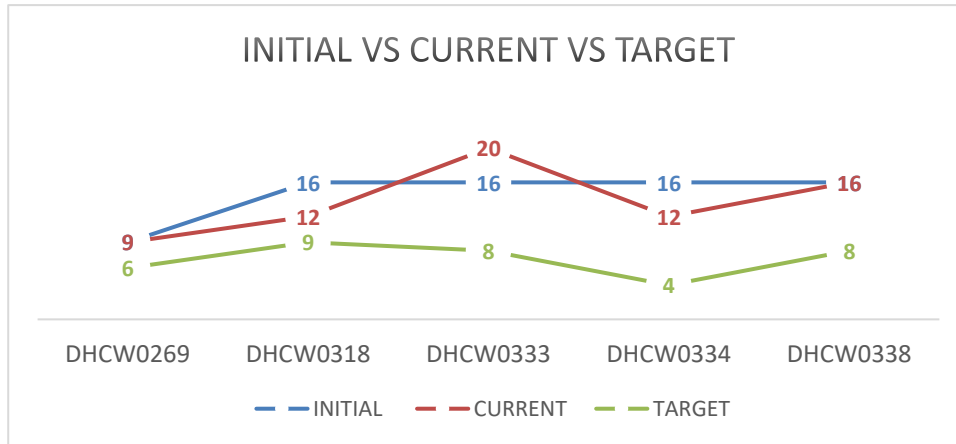
4.2 The Risk register presents the Committees public register representing the 5 public risks assigned to this Committee at item [3.3i Appendix A](#).

4.3 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 3 Significant and 2 Critical risks assigned to the Committee. The key indicates the current position of the risk.

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

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0277 ↔ **DHCW0281 ↔ **DHCW0282 ↔ **DHCW0315 ↔		
	MAJOR (4)			DHCW0263: DHCW Functions ↔ DHCW0296 – Allergies/Adverse Reactions – Single Source ↔ DHCW0313 – Digital Cost Pressure – Service Model Changes ↔ DHCW0320 – Citizen and stakeholder trust in use of HSC data ↔ DHCW0335 – Service Catalogue Agile Process ★	DHCW0300 – Canisic (Screening and Palliative Care) ↔ DHCW0336 – Audit + Withdrawal from Contracts ★ DHCW0337 – Sustainable Digital Services and Development Funding Model ★ DHCW0338 – Connecting Care Funding ★	DHCW0331 – Fixed term resource funding ↔ DHCW0333 – WICIS Implementation Delay ↔
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse ↔ DHCW0318 – Welsh Language Scheme Compliance ↔	DHCW0334 – Impact of cost of transition team ↔	
	MINOR (2)					
	NEGLECTIBLE (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.



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

NEW RISKS (4) – 4 public, 0 Private

There was four new risks escalated during the period.

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0335	Service Catalogue Agile Process	Service Delivery	Digital Governance & Safety Committee
DHCW0336	Audit + withdrawal of contracts	Service Delivery	Digital Governance & Safety Committee
DHCW0337	Sustainable Digital Services and Development Funding Model	Financial	Audit & Assurance Committee
DHCW0338	Connecting Care Funding	Financial	Programmes Delivery Committee

RISKS WITH SCORE CHANGES (1) – 1 public, 0 private

There was one change in score with one increase during the period

Reference	Name	Commentary	Committee Assignment
DHCW0313	Digital Cost Pressure – Service Model Changes	Business case circulated score reduce to 9 awaiting action plan	Audit & Assurance Committee

RISKS REMOVED (2) – 2 public, 0 private.

Reference	Name	Commentary	Committee Assignment
DHCW0316	Technical Debt Accumulation	Risk partially mitigated and split into three directorate level risks	Digital Governance & Safety Committee
DHCW0332	Sustainable Major Programmes Funding	Risk reviewed and decoupled in order to articulate a more focused forward-looking risk	Programmes Delivery Committee

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation The Committee is being asked to

DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee.
NOTE the Corporate Risk Trending Analysis.
NOTE the status of the Corporate Risk Register.

DIGITAL HEALTH AND CARE WALES

SWITCHING SERVICE AUDIT REPORT

ACTION UPDATE

Agenda Item	3.3ii
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	7 November 2024

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Bjorn Rodde, Directorate Manager
Presented By	Rebecca Cook, Chief Data Officer

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
DISCUSS the mitigation of risks associated with the Switching Service and the agreement of Audit & Assurance Committee to close the Internal Audit report action at its meeting on the 15 October 2024.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services
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CORPORATE RISK (ref if appropriate)	DHCW0306: Switching Service Resilience DHCW0269: Switching Service Replacement
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A Resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

DUTY OF QUALITY ENABLER	N/A
DOMAIN OF QUALITY	Efficient
If more than one enabler / domain applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report

WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
Rebecca Cook, Chief Data Officer	16/10/2024	Approved
Ifan Evans, Executive Director of Strategy	16/10/2024	Approved

Acronyms			
NDR	National Data Resource	ISD	Information Services Directorate
WG	Welsh Government	DU	Delivery Unit
FDU	Finance Delivery Unit	RMG	Risk Management Group
A&AC	Audit & Assurance Committee		

3 SITUATION / BACKGROUND

- 3.1 The Switching Service provides functionality for all Health Boards to submit their data into a central repository for loading into the data warehouse for national reporting.
- 3.2 In July 2021 the Switching Service was identified as a risk (DHCW0269 Switching Service replacement) and added to the Risk Register. At that time the Switching Service was over 20 years old, running on old hardware and software with an increasing potential for failure. The impact of a failure of the Switching Service increased during the pandemic as a result of more data feeds being acquired through this route to support COVID-19 monitoring.
- 3.3 A review of the Switching Service was undertaken in line with the 2022/23 Internal Audit plan. Its purpose was to ensure that the Switching Service was maintained appropriately and that risks to the operation of the service were appropriately managed. The report was completed in January 2023.
- 3.4 The Internal audit report made 5 recommendations with associated management actions which have since been monitored by the Digital Governance and Safety Committee and Programmes Delivery Committee *(NB: Due to the change in programme governance arrangements the Switching Service Committee assignment changed from oversight at Digital Governance & Safety to Programmes Delivery Committee in October 2023)*
- 3.5 This update relates to the management of the corporate risks and the audit recommendations.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 4.1 Following the 2023 audit, the corporate risk was split to manage the short-term and longer-term risks (DHCW0306 and DHCW0269, respectively), associated with the switching service.
- 4.2 DHCW0306 – Switching Service Resilience
IF there is no succession and disaster recovery plan for the Switching Service or new requests for data flows are submitted, and a continued reliance on an architecture design and software which is 20+ years old and beyond end-of-life with limited / diminishing skills in the IRAT team to support it THEN the service will become obsolete and any development of new mechanisms and automation for the acquisition of data to embrace the latest technologies enabling flexible local configuration will not be achievable RESULTING IN the potential for DHCW being unable to make data available to WG, HBs, FDU and SAIL, as a key function of the Switching Service is to provide reports for Welsh Government. This would cause significant reputational damage to DHCW and particularly so depending on when (date) it happens. It would also have knock-on effects to these agencies (FDU, DU etc.)
- 4.3 DHCW0306 has now been mitigated in the form of an agreed plan on how to manage the switching service through the data center transition. A significant upgrade of infrastructure and software has been undertaken which included the introduction of geographical resilience, allowing it to be failed across data centres. This has improved stability and reduced the risk of failure as we now have the applications installed on mirrored servers. A disaster recovery plan is also now in place which provides the process and guidance for manual loading of the data in the event of a switching service failure. These mitigating actions addressed 4 out of 5 of the audit recommendations.
- 4.4 DHCW0269 Switching Service - Data Warehouse
IF the current automated switching service fails before the data flows are re-architected to the new NDR platform THEN data will need to be manually acquired into the ISD Data Warehouse RESULTING IN an increased resource requirement to maintain updates to multiple reporting systems. The lack of ability to upgrade or to develop the Switching Service will also mean that ISD may be unable to meet any new demands for information.
- 4.5 The longer-term plan will require significant NDR effort, in conjunction with ISD, Integration Services and all other relevant stakeholders. The NDR programme, through the DPIF allocation, has funded 2 additional Warehouse posts to support this work and has an established steering group. Their role is to review options for replacing the functionality of the Switching Service whilst closely monitoring current performance and actively identifying issues.

- 4.6 Work is underway to establish new data pipelines via the NDR platform, with an end-to-end design complete for the outpatient data set. As each data set is re-engineered to flow directly to the NDR platform, the switching service flow will be decommissioned. Once all flows are transferred, the switching service can be retired.
- 4.7 Complete migration of the National Data Warehouse is in scope of the NDR Phase 4 Business Case (2025/26 - 2026/27) which is subject to WG approval later this year. This will include all national data flows and enable decommissioning of the switching service.
- 4.8 An update was provided to the Audit & Assurance Committee on the 15th October 2024 in relation to the final audit action relating to the longer term management of the risk. The remaining audit action was approved for closure.
- 4.8 A Deep Dive Report of the Switching Service risks was completed by the Risk Management Group in March 2024 which was reported to the Digital Governance and Safety Committee in May 2024.
- 4.10 DHCW0269 will continue to be managed and monitored through internal risk management processes.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

- 5.1 There are no matters for escalation.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
DISCUSS the mitigation of risks associated with the Switching Service and the agreement of Audit & Assurance Committee to close the Audit report action at its meeting on the 15 October 2024.	



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

Dadansoddiad o Duedd Risgiau Corfforaethol Corporate Risk Trending Analysis

01.10.2023 – 30.09.2024

Chris Darling

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

Context

- In line with the DHCW Risk & BAF Strategy, a committee assignment approach is in place for all corporate risks.
- All corporate risks are added to the corporate risk register with the approval of the relevant Executive Lead.
- Corporate risks are reviewed each month via Management Board.
- During the period October 2023– September 2024 deep dives have taken place on the corporate risks assigned to the committees by the relevant committee.
- In May 2024 the Board Assurance Framework Report was approved by the SHA Board with corporate risks assigned to each of the five DHCW strategic missions.
- As part of the risk work-plan for 2024/25 a review of the movement of all corporate risks during this twelve-month period of operation was agreed, which is presented in these slides.

Corporate Risks – Changes since 1 October 2023

- On the 1 October 2023 there were 22 risks on the corporate risk register.
- Between 1 October 2023 – 30 September 2024 there have been 8 new risks escalated to the Corporate Risk Register
- Between 1 October 2023 – 30 September 2024 there have been 12 risks removed (de-escalated or closed) from the Corporate Risk Register
- Risk movement shows there have been a high number of risks de-escalated or closed during the twelve-month period.

Corporate Risks not mitigated – 1 October 2023 – 30 September 2024

The full list of the eleven risks that have remained on the register over the last twelve-month period is noted below. The Programmes Delivery Committee should note the three risks assigned to the Committee. The rest will be considered at the DG&S and A&A Committee meetings:

Programmes Delivery Committee

DHCW0300 – Canisc (Screening and Palliative Care)

DHCW0318 – Welsh Language Scheme Compliance – NHS Wales App

DHCW0269 – Switching Service – Data Warehouse

Audit & Assurance

DHCW0313 – Digital Cost Pressure – Service Model Changes

Digital Governance & Safety

DHCW0263 – DHCW Data Functions

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

DHCW0296 – Allergies/Adverse Reactions – Single Source

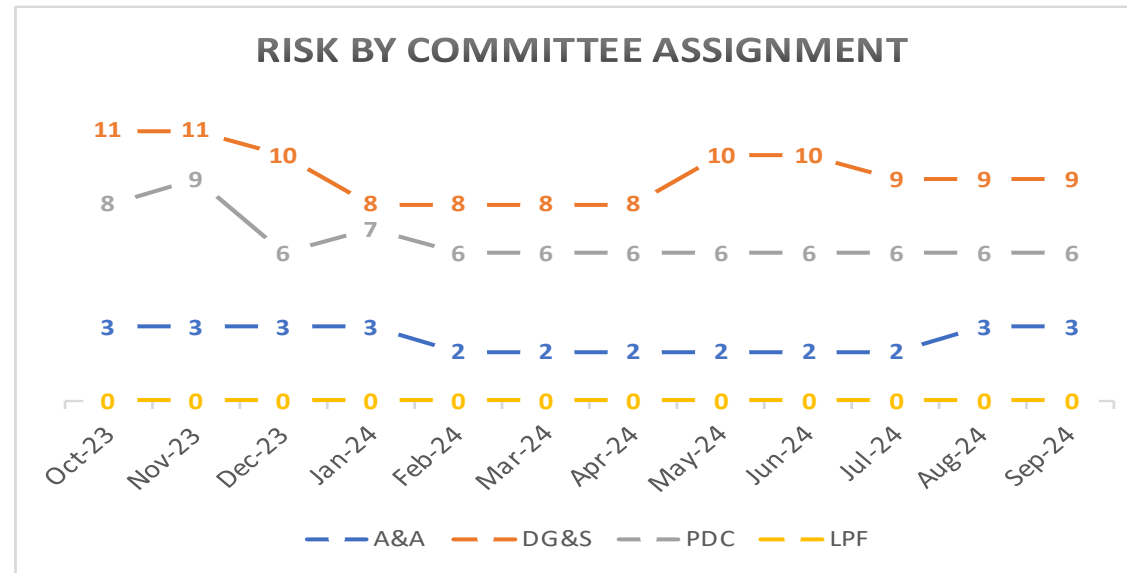
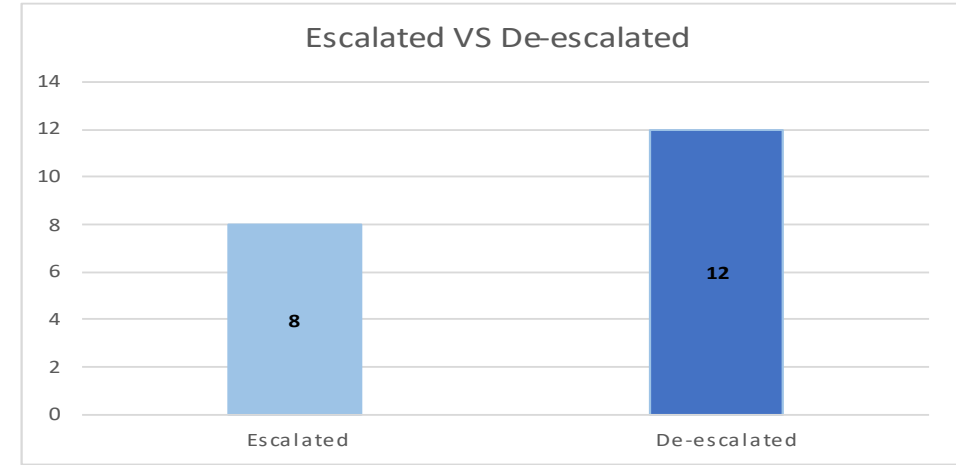
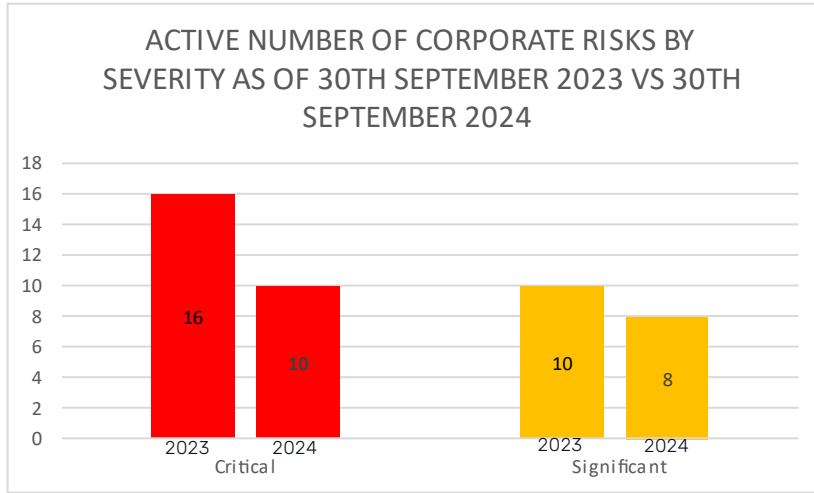
DHCW0277 – **PRIVATE

DHCW0281 – **PRIVATE

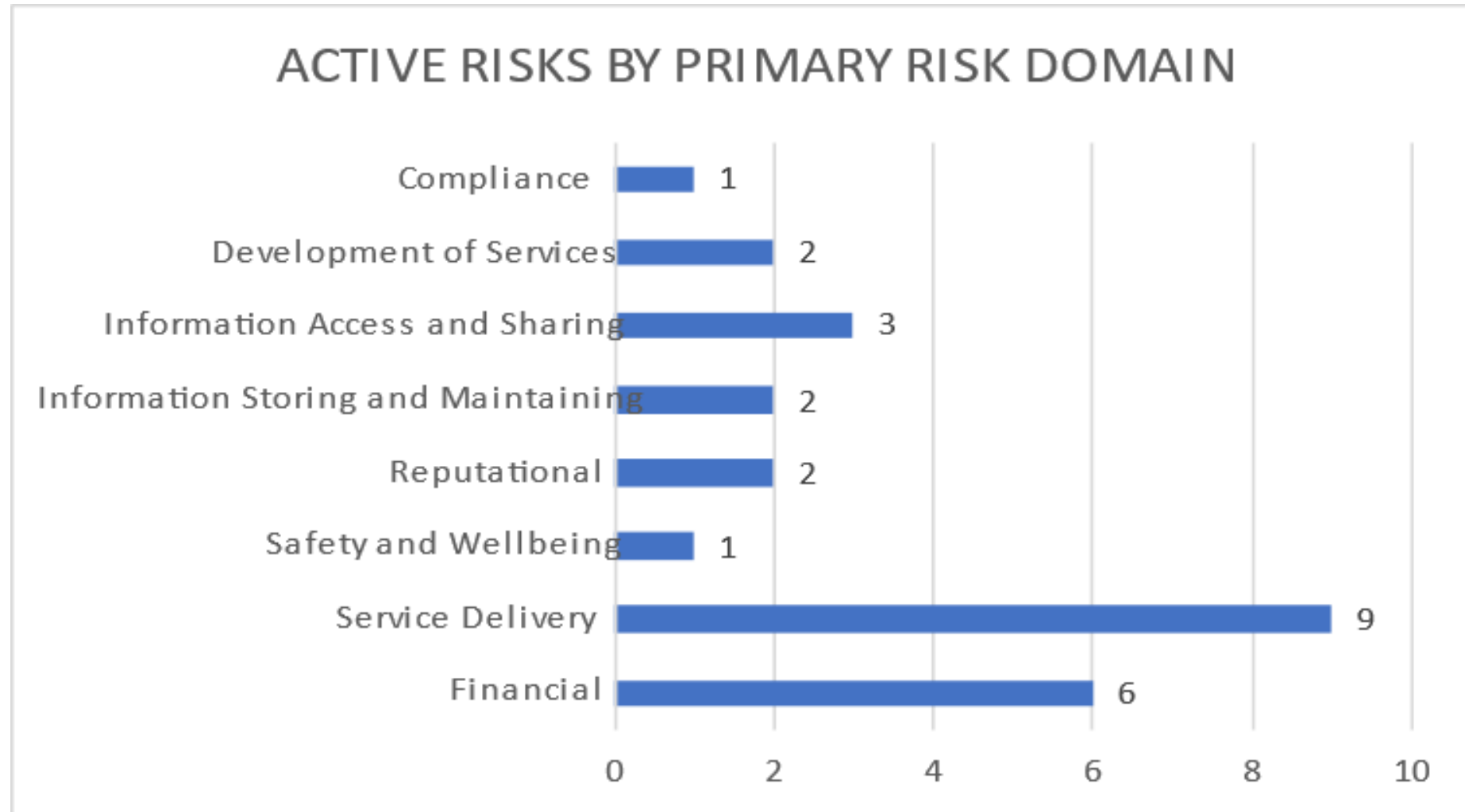
DCHW0282 – **PRIVATE

DHCW0315 – **PRIVATE

Movement in the Corporate Register from 01 October 2023 until 30 September 2024



Active Corporate Level Risks by primary risk domain as at 30 September 2024



Number of Active Risks by Strategic Mission as at 30 September 2024

Mission	Number of Corporate Risks assigned
Mission 1 - Provide a platform for enabling digital transformation	9
Mission 2 - Deliver high quality digital products and services	2
Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care	3
Mission 4 - Drive better value and outcomes through innovation	3
Mission 5 - Be the trusted strategic partner and a high quality, inclusive, and ambitious organisation	1



GIG
CYMRU
NHS
WALES

Iechyd a Gofal
Digidol Cymru
Digital Health
and Care Wales

The Connecting Care Programme

October 17, 2024

Connecting Care

The Welsh Community Care Information System (WCCIS) Programme, the predecessor to the Connecting Care Programme, was established in 2015 to implement a unified solution to meet the needs of Social Care (Local Authorities) as well as Community and Mental Health services (Local Health Boards and, in some cases, Local Authorities for certain Mental Health services).

16 local authorities and 5 health boards utilise the CareDirector system, and whilst the system may not have fully met the requirements of all service users, it established a precedent for integrating information within and across health and social care services, in line with policies and legislation, addressing one of the core aims of the original programme. It has since expanded to encompass projects relating to the creation of national digital standards, driving forward common digital processes which may be used across different systems.

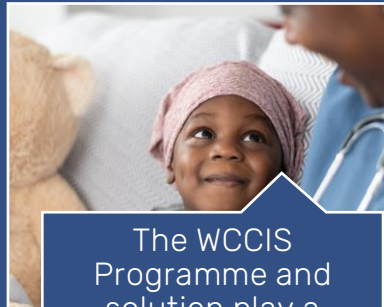
The Connecting Care Programme is sponsored and funded by Welsh Government and delivered in partnership with Digital Health and Care Wales, Association of Directors of Social Services (ADSS) Cymru and regional partnership boards acting on behalf of the seven health boards and 22 local authorities in Wales.



Enables health, social services, mental health, therapy and community services to ensure that quality services and support for individuals, families and communities are more effectively planned, co-ordinated, and delivered



Supports integration of health and social care services to support people to maintain independent, healthier lives in the community, a key priority for Welsh Government.



The WCCIS Programme and solution play a pivotal role in this transformational work and are specifically highlighted in Welsh Government's policy, *A Healthier Wales*



The programme is supported by several key policy drivers, including the *Further, Faster* initiative, which seeks to strengthen capacity within social care and aligns with the vision of an integrated community care system for Wales



The Hewitt Review emphasises that integrated care systems offer the greatest opportunity in a generation for the much-needed transformation of our health and social care system



This vision is central to the programme and embodies its mission: "*Connecting professionals to deliver more coordinated and integrated care.*"

Services in Scope

MENTAL HEALTH

- Adult & Older Adult Community Mental Health Team (CMHT)
- Early Intervention Services (EIS)
- In-patient & Crisis Resolution Home Treatment (CRHT)
- Child and Adolescent Mental Health Services
- **Memory Assessment Services**
- Substance Misuse Services
- Eating Disorders
- Perinatal
- Liberty Protection Safeguards (DOLS)
- Learning Disabilities

SOCIAL CARE

- Looked After Children
- Complex Social Factors
- Special Education Needs
- Adult Protection Concern
- Child Protection Concern
- Falls Risk



COMMUNITY NURSING

- District Nursing
- Complex Care teams
- Tissue Viability Nursing
- Continence Nursing
- Lymphedema Nursing
- Health Visiting
- School Nursing
- Community Children's Nursing

ALLIED HEALTH PROFESSIONALS

- Mental Health Physiotherapy
- Rehabilitation Services
- Arts Therapy
- Music Therapy
- Chiropodists/Podiatrists
- Dietitians
- Occupational Therapy
- Orthoptists
- Osteopaths
- Physiotherapists
- Speech and Language Therapy

9 National Digital Design Completed

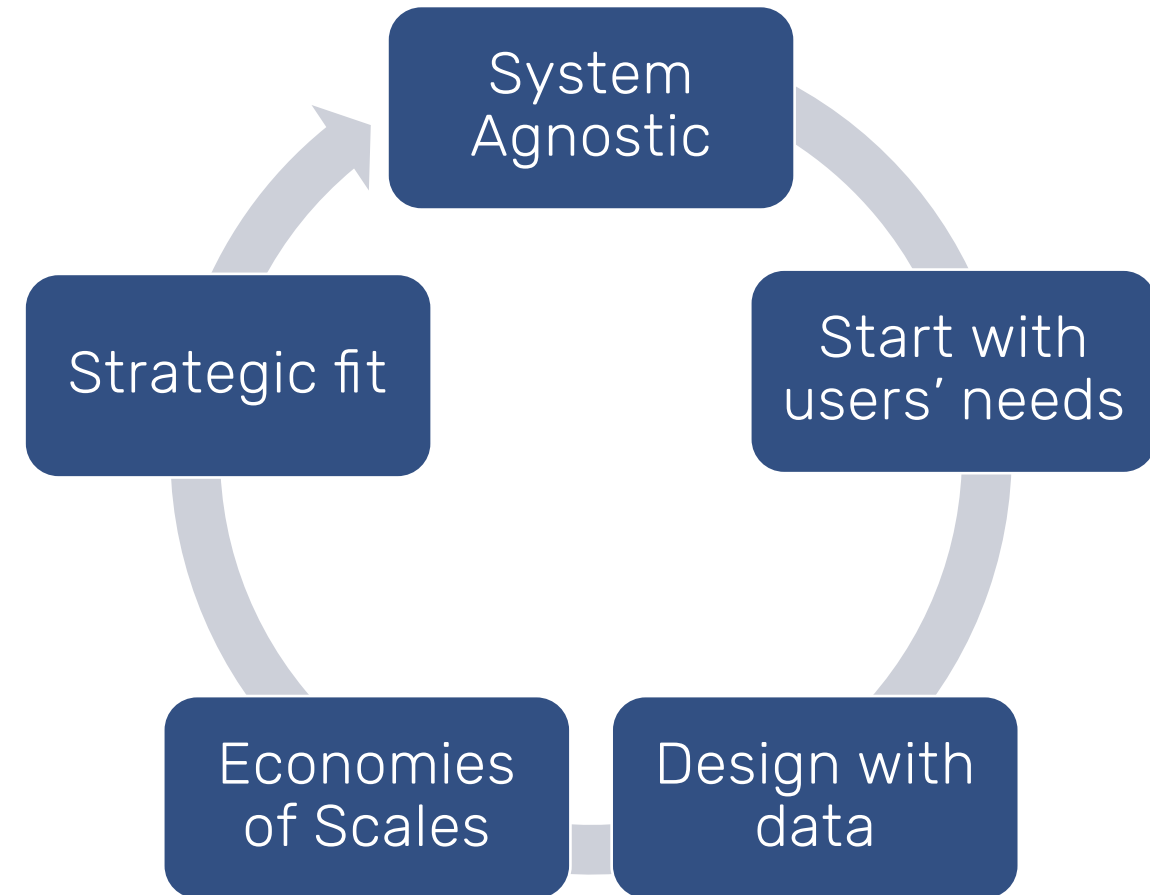
35 National Digital Design Not Complete

National Digital and Data Designs for Community Services

Benefits Of The Approach

- Open to all community services providers regardless of system used.
- Multi-disciplinary approach: Practitioners, Business Analysts, Data Standards Developers and Information Analysts involved at the beginning.
- Design with data ensuring it is entered once but used many times.
- DHCW uniquely placed to provide the required skills and infrastructure to deliver associated economies of scale this approach brings.
- Strategic fit to deliver '*A Healthier Wales*' information requirements in partnership with the National Data Resource programme.
- Addresses the limited analytical capacity currently available in

Principles of Approach

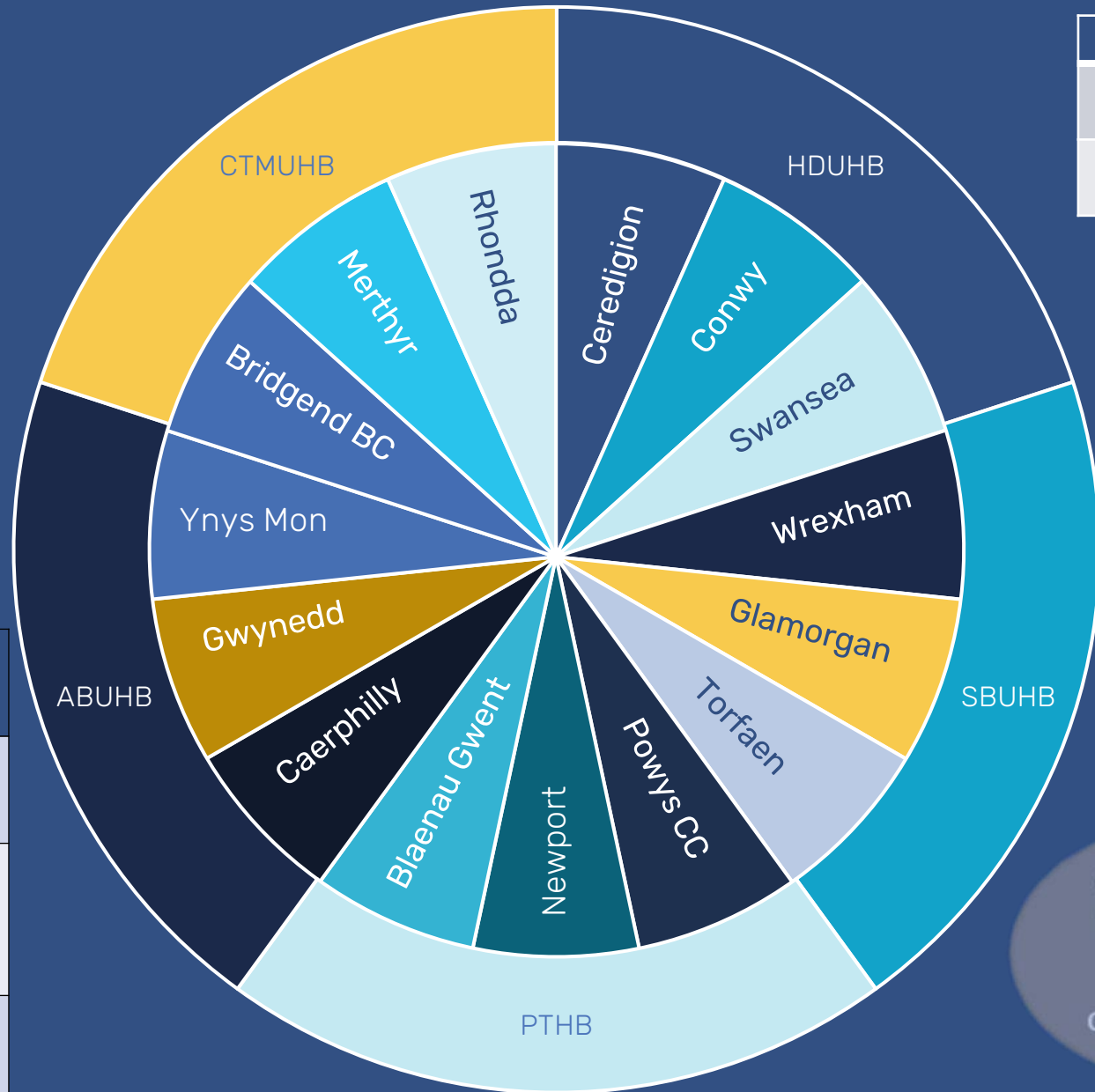


Organisations using CareDirector

There are currently 9 regions and a total of 21 organisations, comprising Local Authorities and Health Boards contractually utilising services.

The depth of utilisation varies greatly from full-service utilisation in some health boards and local authorities whilst some are only using a small number of services or running pilots.

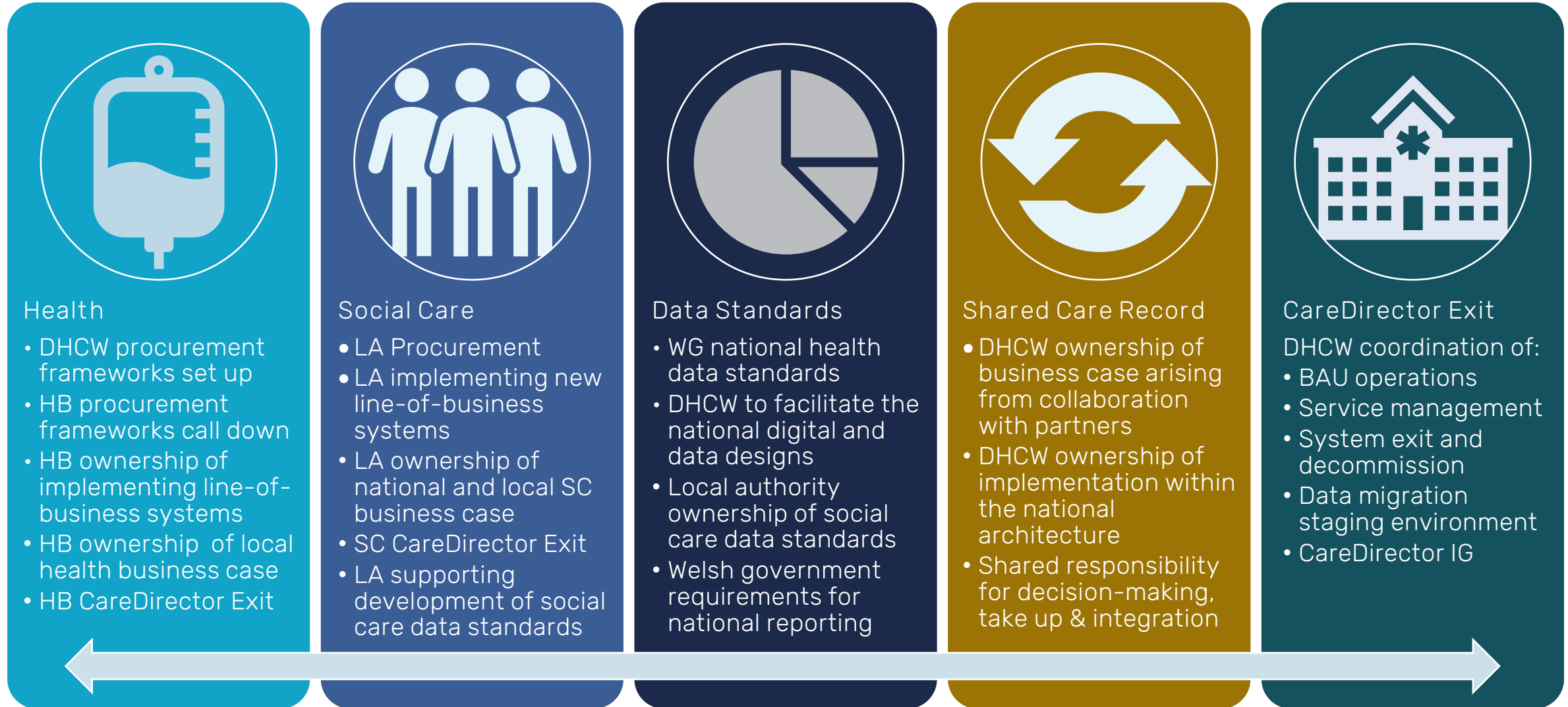
Key	
Outer rings	HBs
Inner Rings	LAs



- Services**
- OTs, Physio, Social Workers, Finance, Health Visitors, Mental Health, Community Nurses, Therapies

	July 2024	Aug 2024	Sept 2024
Total number of users	-	-	17,181
Referrals created in month	37,542	33,675	34,399
Referrals worked on in month	67,299	70,476	79,750

Connecting Care Workstreams – forward view



Connecting Care Activities (over last 12 months)

Health

- OBC for HB submitted Q2 2024/25
- Summary business case for health developed
- Procurement Strategy developed for the acquisition of MH and CH systems
- Creation of a national requirement for MH and CH
- Facilitation of requirements validation workshops
- Market engagement and supplier demonstrations

Social Care

- Summary business case for social care developed
- Market engagement and creation of a procurement strategy
- Facilitated all-Wales procurement and user requirements working groups
- Facilitated the creation of a national social care requirement and procurement artefacts
- LAs have launched procurement for new systems

Data Standards

- Pilot the National Mental Health Care Record with Powys Teaching Health Board and West Glamorgan
- Development of National Digital and Data Design for Perinatal Services
- Completion of National Mental Health Discover
- Adopt recommendations approved by Strategic Programme for Mental Health
- Collaboration with the FHIR Standards Board on behalf of Health and Social Care

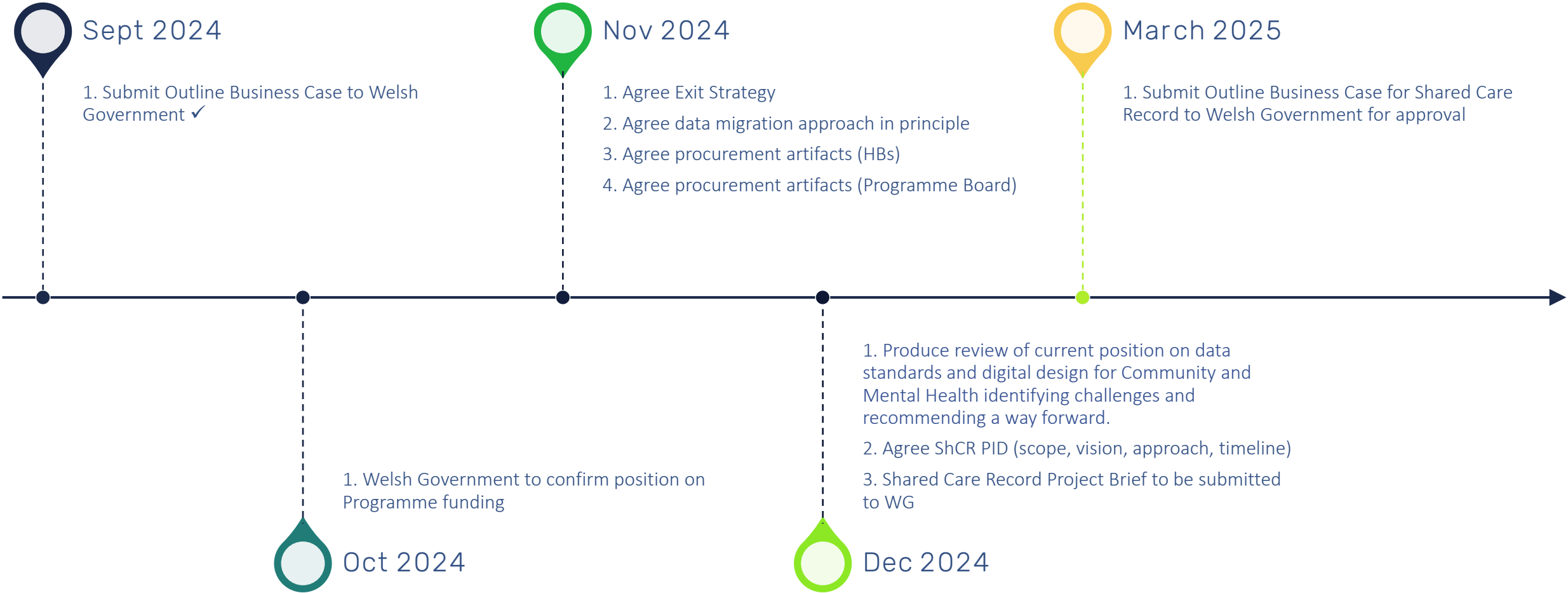
Shared Care Record

- Shared Care Record Steering Group established, with representation from key stakeholders
- Project brief developed
- Baseline assessment of information sharing in CareDirector undertaken
- Shared Care Record Discovery exercise with local authorities and health boards
- Engagement pack developed

CareDirector

- Three major Releases & testing [2.18.1, 2.19 & 2.20]
- Data Centre Transition
- Pentest successfully completed
- Exit options paper developed
- Service management ongoing
- Data migration strategy developed
- Negotiation of Service credits for the partners
- SBAR developed for Out Of Support issues
- Data Staging environment to support data migration in progress

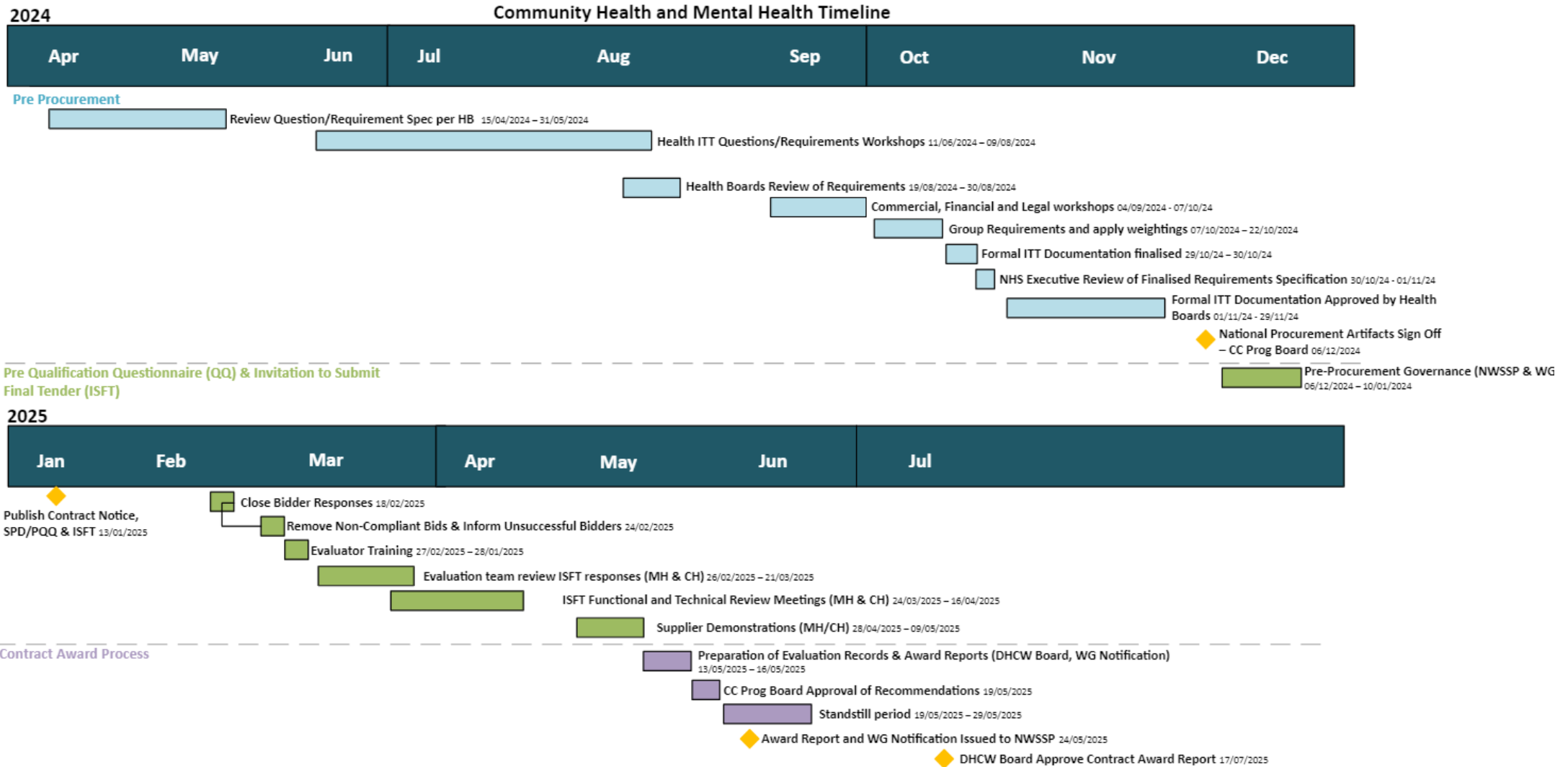
Connecting Care key decision points: Oct 24



Look ahead: Connecting Care Programme

Mental Health and Community Health System

Procurement readiness



Look ahead: Connecting Care Programme



Q3 2024/25

- Conclude Commercial, Legal and Financial Group workshops
- Commence procurement for Mental and Community Health
- Shared Care Record discovery work and market engagement
- Shared Care Record Project Brief finalised
- Shared Care Record Project stakeholder engagement
- Agree Exit Strategy approach
- Agree data migration approach

Q4 2024/25

- Development of MH & CH HB Local Business Cases
- MH & CH procurement
- Support data migration from CareDirector v5 to new solutions
- Shared Care Records Outline Business Case finalised
- Shared Care Records engagement with stakeholders
- Shared Care Records data architecture review
- Shared Care Records data architecture review

Q1 2025/26

- Develop data model for Shared Care Record for Community and Social Care
- First runs of CareDirector data migration into test tools
- Shared Care Record requirements gathering

Q2 2025/26

- Contract award – CH and MH
- Commence Shared Care Record procurement

Risks

Risks

<p>Phase 2 funding for 2023/24 or beyond is not available</p> <p>17438 17843 18307</p>	<p>IF funding from Welsh Government for Phase 2 for this year and future years is not made available THEN the progress and scope of activities will be severely compromised RESULTING in either a failure to deliver adequate scope of the project in the time necessary (by end of Advanced contract period) or slower progress on the full scope with and increased risk of running on out of support technology for longer periods beyond Jan 2026.</p>	<p>There is no additional funding for the initiation of Phase 2 and DHCW is currently funding Phase 2 at risk</p> <p>Connecting Care programme funding position has been advised to Welsh Government and risk also relates to possibility of regional funding being withdrawn. OBC was submitted to WG by end Sept 2024.</p>	<p>Critical (Corporate)</p>
<p>Timelines for the delivery of a replacement for CareDirector v5 are shorter than required</p> <p>17603 17604</p>	<p>IF the programme can not deliver each stage in a timely fashion THEN the transfer to a new set of solutions will not happen in time RESULTING in an increased risk of running on out of support technology for longer periods beyond Jan 2026.</p>	<p>The programme needs to ensure efficient and timely execution of procurement</p> <p>Discussed options with Commercial Services for right-sizing procurement strategy to project time scales (including framework options). Agreement that all procurement risks to be reviewed separately and this risk component closed – Sep-24</p> <p>For out of support technology, organisations are carrying out their own risk reviews and mitigation actions are underway. This risk component was reviewed by SMB and transferred to local orgs July-24</p>	<p>Critical (Programme)</p>

Current challenges

The Connecting Care Programme has reached a critical juncture, with escalations to Ministers from local authorities, as well as from health boards via the Chief Executive of DHCW and the Chief Digital Officer of Welsh Government

The authority of the current governance structure is not recognised or accepted, resulting in decisions being made outside of the Programme Board. Several instances have occurred where decisions were made outside the programme, and the Programme Board was not formally notified.

There is a lack of trust between stakeholder organisations, differing views on roles and responsibilities, and concerns regarding decision-making processes and financial allocations

Due to the lack of progress, local authorities and some health boards have started independently pursuing activities outlined in the May 2023 OBC and have also begun submitting funding requests directly to the Welsh Government

Significant challenges exist in reaching consensus among key stakeholders, hindering the ability to make critical decisions effectively

Delays in funding allocation are negatively impacting the implementation of new systems, significantly increasing the risk to health and care service delivery for the people of Wales

Current funding for the Regional Teams is reliant on DPIF allocations, which have not yet been confirmed for 2024/25. This uncertainty poses a considerable risk to the stability of these regional teams and affects health boards' participation in the development of the ITT

There is a lack of mutual transparency and collaborative decision-making to support the Board's governance

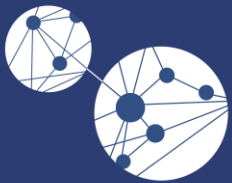
Local authorities and health boards feel excluded from major decision-making processes, leading to a lack of accountability



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DSPP Annual Update to Programme Oversight Committee



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the Public

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November 2024

Programme phases

Year 1: 2022/23

Year 2: 2023/24

Year 3: 2024/25



Public beta

Public beta

- Start from scratch
- Set up environments
- Develop NHS Wales App
- Primary care focussed
- Launch in private beta

- Launch public beta
- Connect GP practices
- Grow the user base
- Strengthen core platform
- Develop integration model
- Plan for enhancements

- Continue public beta
- Accelerate user adoption
- Build out new features from the platform, working with partners
- Deploy benefits framework and value tracking



- Increasing separation of programme activity into core services, feature development, service transformation.



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Core features and adoption

GP App features (subject to GPs enabling):

- Book and cancel GP practice appointments
- Order repeat prescriptions from GP practice
- Access your summary health record

Core App features (always available):

- Get health advice from NHS 111 Wales
- Manage blood and organ donation preferences
- Discover other health and care services in Wales (screening programmes, services to support physical health and mental wellbeing)
- My Health Timeline
- My Health Journal



Progress since April 2023:

- All GP practices in Wales connected to the App
- Over 270,000 users; 257,321 NHS Wales App downloads
- 90,000+ repeat prescriptions ordered per month
- Estimated 4,114 practice hours saved from appointments booked
- Estimated 34,641 practice hours saved from repeat prescriptions ordered

Next steps:

- Upskill Digital Champions to support patients to register on the App
- Accelerate adoption through public promotional campaign

Key enablers:

- Welsh Identity Verification – an alternative way for the public to prove their identity to use the NHS Wales App
- More consistent access to GP enabled services
- Investment in the NHS Wales App – adding features and functionality wanted by the public that also deliver system wide benefits to health and care.

2024-25 Features and Delivery Roadmap



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Features Roadmap

Waiting lists:

- View waiting lists
- View information on expected time to treatment
- See information relevant to condition and/or treatment
- Request removal from waiting list

Appointments:

- See outpatient appointments
- Appointment reminders
- Request new appointment time
- Cancel appointment

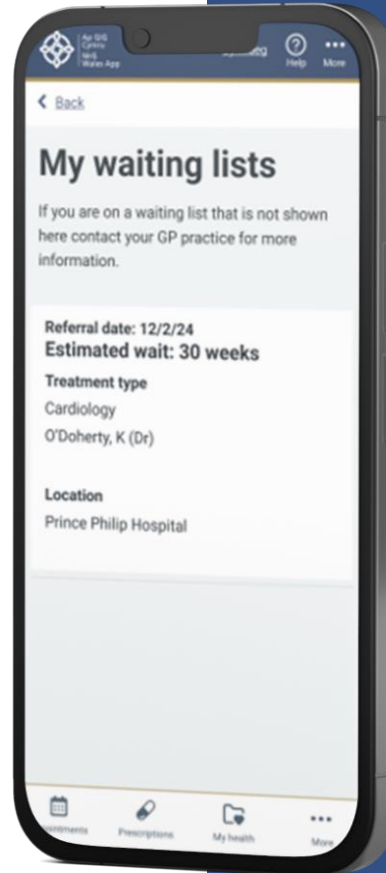
Information:

- Links to advice and resources relevant to care, condition or treatment



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Medicines – prescription ready / pharmacy of choice

Authorised access (step 1 in GP practices)

Library of accredited apps and digital resources

Enablement of 1st integration with partner portal – SBPP

Communications – broadcast messaging service

Patient provided information

Transition to in-house delivery team

Progress year to date

- Successfully onboarded 24 of the 25 ops, platform and support roles
- Skills mapped for all staff and path to achieve transition understood
- Dev - 3 x developers working as indivisible part of Kainos development team
- Ops - First release into the App carried out solely by DHCW team
- Support - DHCW taken up lead responsibility for end-to-end management of all support tickets

Next steps

- From Dec 2024, DHCW team responsible for running and maintaining the App (with Kainos in reserve)
- When WG funding confirmed, DHCW will recruit remaining development and support roles to complete transition (aim to achieve by Jul / Aug 2025)
- Discovery / UCD transition being planned



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2025-26 and beyond Features and Delivery Roadmap



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How we design and manage the features roadmap

DSPP programme team understand App core capabilities and features that could be grouped together

Through systematic engagement with diverse range of stakeholders (including patients and the public, clinicians / networks, health and care partner organisations and WG) features are prioritised for discovery

Discovery informs sequencing plans of features (identification of dependencies, cost / effort required, design choices and expected benefits)

This creates a defined roadmap that can be more confidently delivered

Features are then brought into plans and managed within delivery increments

Agile process enables effective delivery (developed in alpha, deployed in beta to test and improve, then fully deployed and continuously improved over time)

Notes:

- Prioritisation is needed because resources (funding and capacity) are always limited
- Discovery has diminishing value over time and so effective backlog management is needed
- DSPP Programme Board agrees the commissioning of all discovery / development activity

Feedback from patients

What matters most to patients – 1,700 responses out of 5,100

User Research Panel members

Updates on ongoing referrals and if I'm on a waiting list, an estimated date when I'll be seen.

If it's a long wait then better that people are kept informed, as they then can explore other options.

The app could also allow the patient (and families) to provide important data about their health and wellbeing, social circumstances, experience of using the service, all things which could help to personalise the service delivered to that patient, and also help to improve services and the experience of healthcare for all patients and their families

I would like to be able to view hospital letters and test results. These are personal to me and I feel I should have access to them, and not only through a medical appointment.

It is so difficult to get a GP appointment. I would like access to my own medical history.

I would like to be able to book routine GP appointments.

A more comprehensive, inclusive app, making all NHS features readily available



NHS Wales App prioritisation event outputs

- Inaugural NHS Wales App prioritisation workshop held on 17 September 2024
- 16 Features prioritised and scored
 - Ten identified for further planning
 - Six need more sustained effort
- Plan to instigate discovery on 4 Meds features from November 2024
- Two workshops to take place November (Primary Care / GP Cluster Leads and WAST)
- Plan to build feature delivery plan for FY25/26 and beyond
- Positive feedback on the workshop which has already informed future workshop plans:
 - In-person event - 20 February 2025 (South Wales venue TBC)
 - In-person event - 4 March 2025 (North Wales venue TBC)
 - Virtual workshop to take place date TBC
- Outputs from the event shared with delegates 16 October 2024



DSPP Programme Priorities

- Ensure that the App is accessible to the public
- Promote public adoption and use
- DHCW to grow the capability to maintain and develop the NHS Wales App
- Build commitment with partners to develop priority features
- Secure sustainable funding to develop and improve range of services linked to the App



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Digital Services for Patients and the Public (DSPP) has been set up to revolutionise how people in Wales access care and manage their own health and well-being. Initially, the programme will develop a gateway application (App). There are several phases including private beta testing, soft launch then a live release to the public when delivery and support is assured.

Overall RAG	Timelines	Quality	Resources
<ul style="list-style-type: none"> Commencement of publicity campaign on hold as per directive from Welsh Government. Delivery Increment 4 has commenced. Funding decisions pending for 2024/25 and beyond. Funding settlement confirmed as key enabler for commencement of public campaign 	<ul style="list-style-type: none"> 3rd party onboarding accreditation service completion delayed until Q4 24/25 (revised approach / resource availability). Welsh Identification Verification Service (WIVS) deployment pending Welsh Government policy decision on identity verification guidance and agreement with GPC Wales. Recruitment of transition roles behind schedule, but in progress. Revised milestone confirmed for Q2 25/26 Agreement from Welsh Government on IMTP milestones for 2024/25. Delivery Increment 3 concluded as scheduled and Delivery Increment 4 commenced. 	<ul style="list-style-type: none"> New MAUI App deployment completed. Delivery Increment 4 scope agreed. Collaboration with delivery partner and key stakeholders to plan and agree scope for Delivery Increment 5. 	<p>2024/2025 funding – Pending confirmation of additional revenue and capital funding to commission any further development activity.</p> <p>2025/2026 funding – No confirmed budget/agreement of the Business Case for future funding of the NHS Wales App. confirmed funding.</p> <p>Resources – Priority is to ensure inhouse squad roles are fully effective and achieving full transition of Operations, Platform and Support by December 2024 so that DHCW can take on operational support responsibility of the app from delivery partner; most posts planned for 2024/25 have been appointed. Some posts are on fixed term contracts.</p>

Progress Since Last Reporting Period

- Design and development of NHS Wales App functionality has progressed with the delivery partner: Delivery Increments 2 and 3 complete, and Delivery Increment 4 commenced. Activity has included full deployment of the 'MAUI' version of the NHS Wales App (software upgrade), successful testing of WIVS and full deployment of My Health Timeline and My Health Journal features. Planned Care feature delivery instigated in delivery increment 3 with high level and solutions architecture designs agreed in principle. (Scope: viewing waiting list and secondary care appointment information in the NHS Wales App)
- Decision to build inhouse the third-party accreditation service, based on an options assessment following the procurement exercise
- Communications campaign paused on direction of Welsh Government
- Roadmap prioritisation event held September 2024 with 57 representatives from Health and Care services, and feedback drawn from patient survey.
- NHS Wales App usage statistics up to 29th September 2024: Distinct Logins: 2,413,388

Planned work for Next Reporting Period

- Next phase Planned Care feature delivery, including finalisation of generic API.
- Inaugural meetings for planned care collaboration project board and Planned Care workstream subgroups (Technical, User Centred Design and Service Transformation).
- Commence preparation of Delivery Increment 5 and operations contract documentation
- Continue onboarding and upskilling of DHCW in-house developer, operations, platform and support roles.
- November 2024 e-update
- Engagement with key stakeholders to progress outcomes of roadmap prioritisation workshop and prepare for the next.
- Update resource centre with information for GP Practices, Digital Cham[ions and users of the NHS Wales App
- Legal review of the Collaboration and Service Access agreements

Key Risks and Issues

- DHCW0318 ****PRIVATE****
- DHCW0334 Impact of cost of transition team
- DHCW18287 Initiating NHS Wales App Communications Campaign without confirmed future funding settlement

Mitigation/Resolution

- **PRIVATE****
- Prioritisation of service support and key development activities whilst continuing service/strategic partner engagement to confirm support for new features
- Escalation/engagement with Welsh Government in progress

Finances £000s	DSPP	Capital £K	Revenue £K	Total
	Annual Budget	590	6,799	7,389
	Annual Forecast	1,530	5,841	7,371
	Spend to Date	463	3,014	3,477

Escalations

- Business case funding settlement ahead of public communications campaign and commitment needed to retain 20+ staff on fixed term contracts that end on 31st March 2024.
- Confirmation of National Identity Verification standards (following discussions)
- Commitment on balance of capital / revenue funding to support planned care activity.

JOINING THE DOTS



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National Data Resource Programme

Annual Update to Programme Delivery Committee November 2024



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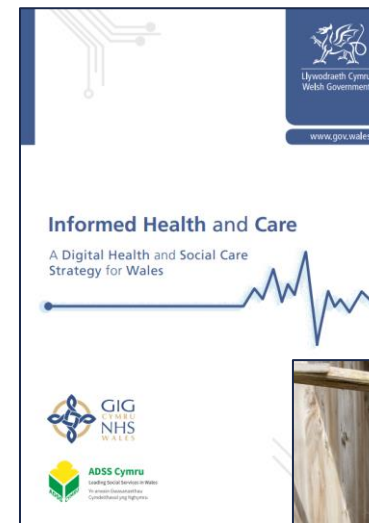
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Programme Background

- ‘Informed Health & Care’ Digital Strategy 2018 & ‘A Healthier Wales 2018’ introduced the requirement to establish a ‘National Data Resource’
- 10-year programme business case approved; formally established as the strategic data programme for Health & Care in 2019.
- “The National Data Resource (NDR) programme is a strategic initiative to help transform health and social care in Wales through a more connected and collaborative use of data” – *Digital and data strategy for health and social care in Wales* (WG, 2023)



Scope

- National and local data platforms; national terminology service; interoperability standards; data analytics capabilities
- Original scope increased to incorporate response to the WG digital architecture review.

Composition

- All-Wales programme with budget and staff federated across all Health Board, Trusts, HEIW, DHCW and Social Care Wales.

Governance

- National programme funded by and accountable to Welsh Government. Federated structure including all NHS Organisations to support collective decision making and delivery



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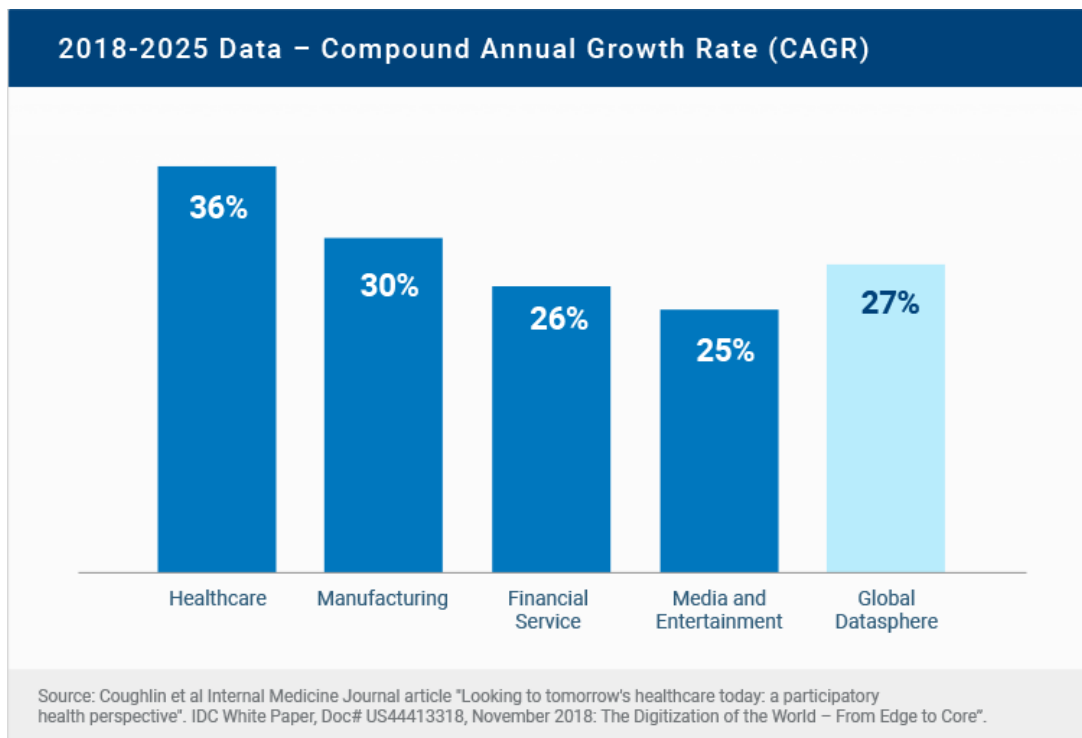


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Why do we need a National Data Programme?



“Every second, an exponential amount of healthcare data is generated and mined for valuable insights. Today, approximately 30% of the world’s data volume is being generated by the healthcare industry. By 2025, the compound annual growth rate of data for healthcare will reach 36%. That’s 6% faster than manufacturing, 10% faster than financial services, and 11% faster than media & entertainment.”

www.rbccm.com. (2023). *The healthcare data explosion*. [online] Available at: https://www.rbccm.com/en/gib/healthcare/episode/the_healthcare_data_explosion



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Recognised benefits from big data and AI which can only be achieved through a National Data Resource in Wales

Seamless Patient Care	<ul style="list-style-type: none"> Single health and care records: Big data enables the integration of disparate health and care records from various sources into a single, cohesive patient record, improving access to data and continuity of care and patient outcomes Interoperability: Standardising and sharing data across organisations improves collaboration and care coordination between health and care providers.
Enhanced Operational Efficiency	<ul style="list-style-type: none"> Resource Management: Big data helps optimise resource allocation by predicting peak times and identifying inefficiencies and outliers. Cost Reduction: Analysing operational data can identify areas where costs can be reduced without compromising patient care.
Research and Development	<ul style="list-style-type: none"> Pharmaceuticals: Big data can support the acceleration of new drug discovery and development by identifying potential candidates and predicting effects and outcomes based on existing data. Clinical Trials: Big data facilitates the design and management of clinical trials, improving participant recruitment, monitoring, and data collection processes.
Population Health Management	<ul style="list-style-type: none"> Epidemiology: Big data aids in tracking the spread of diseases and understanding trends, which is crucial for public health planning and response. Chronic disease management: By analysing data on lifestyle, genetics, and environmental factors, healthcare providers can develop better strategies for managing chronic diseases.
Improved Patient Engagement	<ul style="list-style-type: none"> Health monitoring: Wearables and other devices generate continuous streams of health data that can be analysed to provide real-time feedback and personalised health advice and interventions for patients. Behavioural Insights: Big data helps understand patient behaviours and preferences, enabling the development of more effective health promotion and disease prevention programs.
Policy and Decision Making	<ul style="list-style-type: none"> Data-driven policies: Policymakers can use insights from big data to develop evidence-based policies that address issues and anticipate future needs. PROMs: Big data enables the measurement and analysis of healthcare outcomes to assess the effectiveness of interventions.
Patient Safety	<ul style="list-style-type: none"> Adverse event prediction: Analysing big data can help to predict and prevent avoidable events e.g. medication errors and hospital-acquired infections. Quality control: Continuous monitoring and analysis of clinical data can improve the quality of care by identifying and addressing potential safety issues.

What is the NDR?

NDR Platform

- A suite of highly performant, scalable and modern data and analytical capabilities, with standards embedded by design
- All data in one place meaning each person will have a lifelong, joined up health and care record. A fully connected record will enable all clinicians across Wales to have the appropriate and secure access to a complete view of a person's health and social care record.
- A single source of truth to deliver insights to support delivery of a learning health and care system.
- Minimises workload duplication and enables better collaboration.
- Access to new and emerging technologies such as artificial intelligence and advanced analytics.

NDR Programme

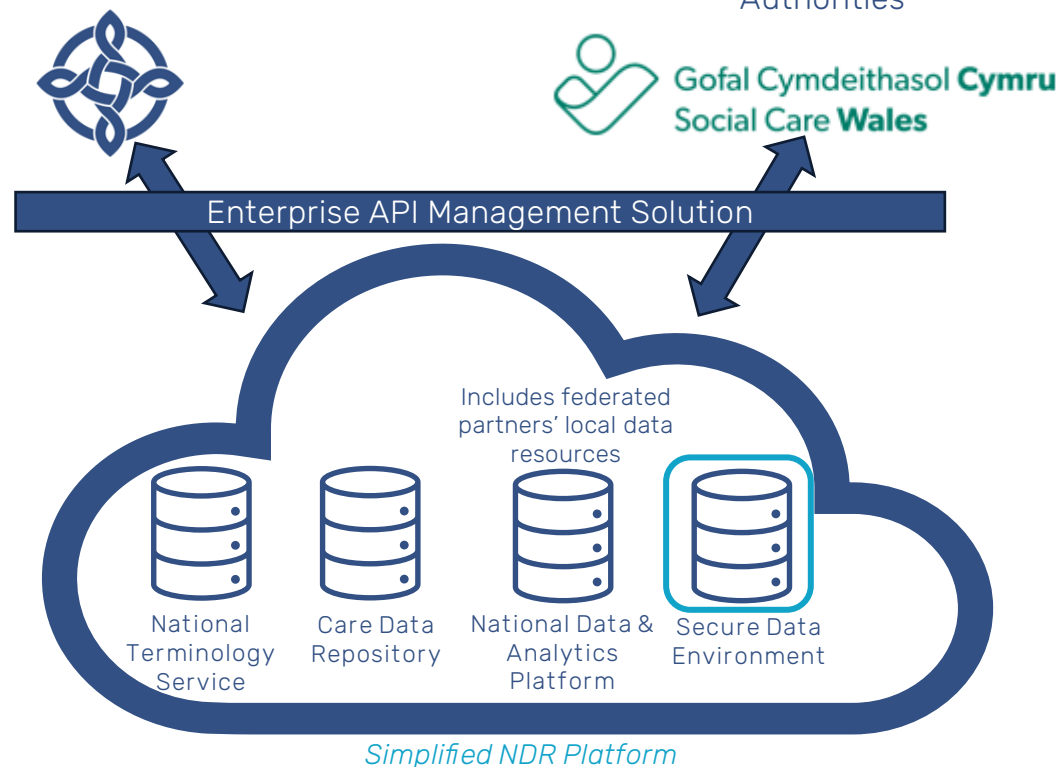
The NDR programme is the collaborative vehicle for transformative change for data across health and social care to ensure data are available to the right person, in the right place, at the right time thus avoiding harm.

The programme will achieve this by:

- Removing silos of data
- Improving data standards and consistence leading to improved and consistent interoperability
- Enabling the decommissioning of legacy technology

NHS Wales Health
Boards, Trusts and SHAs

Wales' Local
Authorities



National Terminology Service

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

Care Data Repository

Standards-based repository to store and make available operational data for direct care

National Data & Analytics Platform

Modern data and analytical platform with data privacy engineered by design. Distinct national and local areas for advanced and secure data analysis.

Secure Data Environment

Segregated and secure access to approved data for research purposes for Health, Social Care, Academia and Third-Party research partners.



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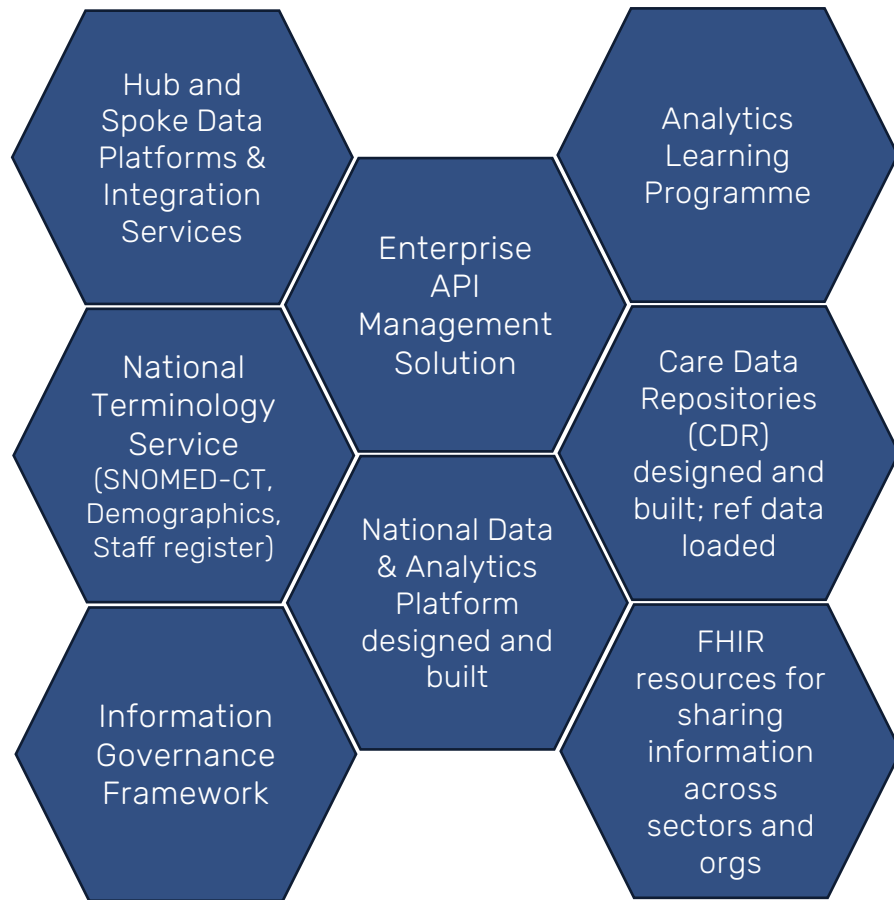
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What has the NDR programme delivered?

• Foundational Platform



- NDR Data Strategy (2022) developed in partnership with all health and care organisations across Wales and published; for NDR. All health and care organisations approved strategy in agreement of the NDR and its target architecture.
- Undertook technology appraisal, designed and built the new cloud technology platform – approved by all Health and Care Organisations
- The industry standard NDR platform is live and production ready. The platform is robust and resilient, is cyber security tested, and ready to receive and serve data requirements.
- Core Interoperability Standards developed and agreed across UK Countries for implementation in the new architecture so that data can be shared in an open, standards-based manner across systems, services and organisational boundaries.
- Foundational NDR services are live (administrative reference data and terminology services)
- IG framework developed to ensure that health and care data made available within the NDR platform are used in an appropriate, governed and transparent manner
- Additional ongoing enabler work: Analytics Learning Programme to upskill the workforce.
- In addition to agreed milestones, the NDR programme also responded to the WG digital architecture review, and designed, built and managed the Welsh Pandemic Record for two years.



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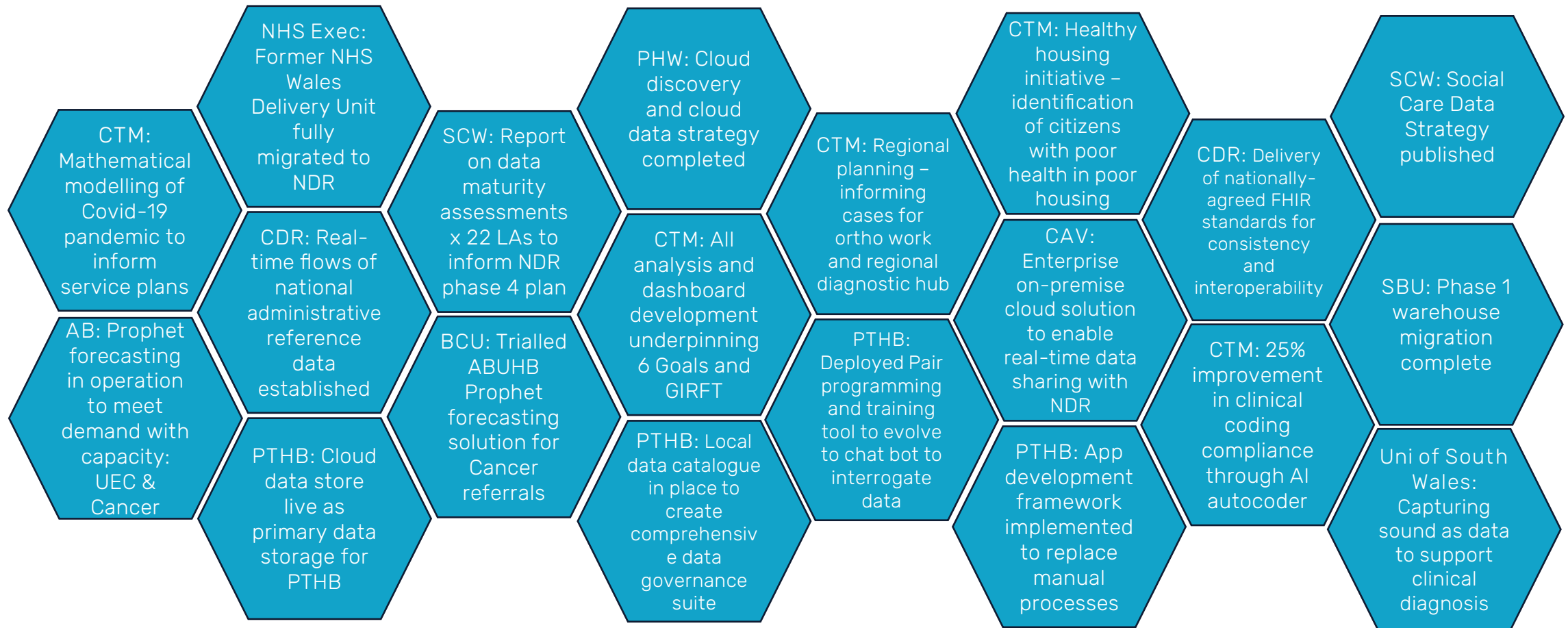
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What has the NDR programme delivered?

- Operational Delivery



2024-25 Delivery Plan Summary – Roadmap

Q1 24-25

- Shared medicines record development and integration testing environments built in readiness to receive GP-prescribed medications, and hospital e-prescribing discharge medication lists.
- NDR operational delivery framework in place for a single point of entry for national data requirements
- NHS Executive's former NHS Wales Delivery Unit fully transitioned to NDAP as their sole analytical platform
- Covid data archive (requested by WG)

Q2 24-25

- Live demographics maintained in CDR; shared medicines record live as single source of truth for citizens' medication lists.
- Test migration of major existing national repositories (Results & Millions PDF Documents) into the NDR platform in readiness for the future decommissioning of legacy DHCW on-premise data stores.
- Care documents and results made available to respective organisations for analyses and insights; data not previously available to partners for analysis.
- CTM PROMs data acquired and stored in care data repository – supporting value-based health care enabling patient reported outcomes to be accessible within the record.

Q3 24-25

- Commence acquisition of clinical encounter data including those from emergency departments, outpatients, inpatients and day cases.
- Further acquisition of PROMs data to support value-based health care enabling PROMs to be accessible at the point of care.
- Flow clinical encounter data to originating provider local data resources for analyses and insight.
- Complete proposed design for acquisition of GP data using the NDR platform to support the replacement of Audit+. This will require Information Governance approach to be agreed and progressed in partnership with WG.

Q4 24-25

- AI on Documents: Turn unstructured text into standard codes to make them searchable and support system wide analytics. Complete natural language processing on free-text in >200,000,000 care documents
- National Data Catalogue available so that all partners can see what data in the NDR is available to them



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Phase 4 (2025-27) Outline Plan

N.B.: The Phase 3 business justification case expires March 2025. The phase 4 (2025-27) BJC is in development. Anticipated, high-level deliverables in the pipeline are listed below, however are subject to consultation and approval by the NDR programme board. The below list is not in an intended priority order nor listed in order of expected chronological delivery. The phase 4 case will also include further detail on 2026-27.

- Acquisition of priority data sets including IG assurance: Cancer; Community; Diagnostics; Maternity; Mental Health; Nursing; Primary Care; Theatres; Workforce. (Inpatients; Outpatients; UEC to have commenced/completed in 2023-24)
- Further migration of care data stored in DHCW's national data centres to NDR platform, and development of pipelines to stream live care data captured to NDR; AI applied to apply standardised codes enabling greater analyses for insight.
- Welsh Emergency Care Data Set to increase standardised data captured in Emergency Departments supporting the national UEC programme's requirements
- GP data extraction as required to support long term replacement to support GMS requirements
- Completion of full migration of existing national secondary use data flows to the NDR platform, supporting local and national reporting.
- AI tooling made available to all partner organisations via NDR platform, transforming analytical methods for earlier, proactive insights.
- Replace national demographics service using the NDR platform, providing standardised, open APIs to patient demographics across Wales (modernising the current master patient index).
- Information Sharing Gateway (Digital IG tool) implemented across all partner organisations streamlining DPIA and information sharing processes, assurance and oversight.
- ABUHB and PHW data warehouses fully migrated to central NDR platform



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Key Challenges

Access to data

- Existing systems do not store data to standards and retrieval is very hard
- Third-party suppliers - cost

Funding Model

- Year-to-year funding makes long-term strategic planning difficult, particularly impacting recruitment & API procurement.
- Some partners are adopting hybrid cloud & on-prem which may require capital investment not yet outlined.

Change in Health

- Reconfiguring services and ways of working under immense pressure and demand is difficult across the system

Instability

- Difficult to remain aligned with long term strategy when priorities and pressures change

Answer to everything

- Emerging issues can potentially be resolved by NDR capabilities - these are not resourced and NDR appears to be a blocker

Dual Running / Parallel Activity

- Live services cannot be disrupted/impact direct care. This can increase resource requirements.

Getting Information Governance Right

- Clear governance around flows of data managed nationally required e.g. the role of DHCW for GP data sharing

New Technologies

- New technologies and capabilities require new skills and large numbers of staff to be upskilled

Opportunities to enable acceleration of the NDR programme during Phase 4:

- Additional resource to take forward public engagement on the sharing of citizens' health and care data. This will enable NHS care delivery organisations to rapidly adopt integrated and regional care.
- Additional funding for digital systems to enable access to the data via standards-based APIs supporting pathway re-design as required by the planned care, cancer, diagnostic, primary care and 6 goals unscheduled care improvement programmes.



Adnodd Data Cenedlaethol
National Data Resource
IGDC-DHCW



Gofal Cymdeithasol Cymru
Social Care Wales



Llywodraeth Cymru
Welsh Government

Exemplar Commitments to the NDR Programme

Public Health Wales NHS Trust

"PHW's goal is to take advantage of the tools and scalable storage and compute power in NDR and migrate all our analytical data and analysis into NDAP by the end of March 2027. This will allow us to make better use of the data we have, to carry out data science, analysis and monitoring, and hence to better inform decision-making to support public and population health. We note that, to succeed, whilst funding from the NDR Programme is critical, this will require significant additional input from PHW's own resources and funding streams."

Aneurin Bevan UHB

Committed to decommissioning of all legacy data infrastructure and full migration to NDR capabilities

Digital Health and Care Wales

"... The National Data Resource will become the singular, comprehensive repository of health and care data in Wales, providing health and social care staff, patients and the public with a shared view of the single health and care record."