

# PWYLLGOR CYFLAWNI RHAGLENNI CYHOEDDUS

Tue 14 May 2024, 10:30 - 13:30

## Agenda

### 10:30 - 10:35 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

### 10:35 - 10:45 2. AGENDA GYDSYNIO

10 min

#### 2.1. Cofnodion y Cyfarfod Diwethaf

I'w Gymeradwyo Cadeirydd

##### 2.1.1. Cyhoeddus

2.2i Welsh Minutes 6th Feb 24 PUBLIC.pdf (13 pages)

##### 2.1.2. Preifat - crynodeb

2.1ii Draft PRIVATE ABRIDGED Minutes 6 Feb 24-en-cy-C.pdf (4 pages)

#### 2.2. Blaengynllun Gwaith

I'w Nodi Ysgrifennydd y Bwrdd

2.2 Forward Workplan.pdf (4 pages)

2.2i PDC FWP 2024-25.pdf (1 pages)

#### 2.3. Achos Busnes ar gyfer Gwasanaethau Digidol i Gleifion a'r Cyhoedd

Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth

2.3 DHCW Board and Committee Report Template-DSPP Sustainable Funding Business Case-d2-1 May 2024.pdf (4 pages)

2.3i BCS - DSPP Sustainable Funding Business Case d2-1.pdf (70 pages)

#### 2.4. Adroddiadau Archwilio Mewnol

Nodi Cyfarwyddwr Gweithredol Strategaeth

##### 2.4.1. Archwiliad Gofal Llygaid

2.4i DHCW 2324-14 Eyecare Programme Advisory Review FINAL Report for Client.pdf (11 pages)

## 2.4.2. Archwiliad Rheoli Budd-daliadau

📄 2.4ii DHCW 2324-07 Benefits Realisation final Audit Report.pdf (14 pages)

## 2.4.3. Archwiliad Rheoli Rhaglenni

📄 2.4iii DHCW 2324-08 Programme Management - FINAL Internal Audit Draft Report.pdf (20 pages)

10:45 - 12:15

90 min

## 3. PRIF AGENDA

### 3.1. Cofnod Gweithredu

*I'w Draford Cadeirydd*

### 3.2. Adroddiad Trosolwg Rhaglenni

*I'w Draford Cyfarwyddwr Gweithredol Strategaeth*

📄 3.2 Programmes Overview Report Programmes Delivery Committee May 2024.pdf (6 pages)

📄 3.2i DPMO Programme Delivery Committee May 24 Final.pdf (19 pages)

### 3.3. Y Gofrestr Risg Gorfforaethol

*I'w Draford Ysgrifennydd y Bwrdd*

📄 3.3 Corporate Risk Register Report.pdf (7 pages)

📄 3.3i DHCW Corporate Risk Register.pdf (3 pages)

**Egwyl 15 munud**

12:15 - 13:25

70 min

## 4. AGENDA SICRWYDD

### 4.1. Adroddiadau Sicrwydd Blynyddol

*Er Sicrwydd Cyfarwyddwr Gweithredol Strategaeth*

📄 4.1 PRES PDC May 2024 Diagnostics Programme .pdf (13 pages)

#### 4.1.1. System Rheoli Gwybodaeth Labordy

#### 4.1.2. Caffael y System Gwybodeg Radioleg

13:25 - 13:30

5 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 Cadeirydd*


### 5.3. Dyddiad y cyfarfod nesaf: 01 Awst 2024

*I'w Nodi Cadeirydd*



## PWYLLGOR CYFLAWNI RHAGLENNI – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 10:40–13:30

 6 Chwefror 2024

 MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd	IGDC
Ruth Glazzard	RG	Is-gadeirydd 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
Simon Jones	SJ	Cadeirydd	IGDC
Marian Jones	MJ	Aelod Annibynnol	IGDC
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	IGDC
Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau (ar gyfer eitem 4.2)	IGDC
Skylar Green	SG	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	IGDC
David Sheard	DS	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau	IGDC

Ymddiheuriadau	Teitl	Sefydliad
Rhidian Hurle	Cyfarwyddwr Meddygol Gweithredol	IGDC
Rowan Gardner	Aelod Annibynnol	IGDC
Marian Wyn Jones	Aelod Annibynnol	IGDC

Acronymau			
AIA	Awdurdod Iechyd Arbennig	WPAS	Gweinyddiaeth 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
LIC	Llywodraeth Cymru	PDC	Pwyllgor Cyflawni Rhaglenni

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 a dywedodd wrth bawb y cytunwyd y byddai'n Cadeirio'r Pwyllgor. Diolchodd i Simon Jones, Cadeirydd AIA am gadeirio cyfarfod cyntaf y pwyllgor.</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	
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd ymddiheuriadau am absenoldeb gan:</p> <ul style="list-style-type: none"> <li>• Rhidian Hurle – Cyfarwyddwr Meddygol Gweithredol</li> <li>• Rowan Gardner – Aelod Annibynnol</li> <li>• Marian Wyn Jones – Aelod Annibynnol</li> </ul>	Nodwyd	
1.3	<p>Datganiadau o Fuddiannau</p> <p>Ni chodwyd unrhyw ddatganiad o ddiddordeb.</p>	Nodwyd	
1.4	<p>Materion sy'n codi</p> <p>Nid adroddwyd unrhyw faterion.</p>	Nodwyd	
RHAN 2 – AGENDA GYDSYNIO			
2.1	<p>Cofnodion y Cyfarfod Diwethaf</p> <p><u>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</u> Gymeradwyo cofnodion y cyfarfod diwethaf</p>	Cymeradwywyd	
2.2	<p>Blaengynllun Gwaith</p> <p>Cyflwynodd Chris Darling (CD), Ysgrifennydd y Bwrdd, y Cynllun Gwaith i'r Dyfodol i'r Pwyllgor.</p> <p>Nodwyd bod gan y Pwyllgor Cyflawni Rhaglenni yr eitemau a ganlyn yn ei flaengynllun gwaith:</p> <ul style="list-style-type: none"> <li>• Adroddiad ar brif bwyntiau dangosfwrdd</li> </ul>	Nodwyd	

	<p>trosolwg rhaglenni fel eitem sefydlog ar yr agenda</p> <ul style="list-style-type: none"> <li>• Adolygiadau Sicrwydd Blynyddol</li> <li>• Gwireddu buddion</li> <li>• Gwersi a ddysgwyd</li> </ul> <p><u>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</u></p> <p>Nodi'r Blaengynllun Gwaith</p>		
2.3	<p>Cylch Busnes Blynyddol y Pwyllgor</p> <p>Cyflwynodd Chris Darling (CD) Ysgrifennydd y Bwrdd adroddiad Cylch Busnes Blynyddol i'r Pwyllgor a oedd yn cwmpasu'r cyfnod rhwng 1 Ebrill 2024 a 31 Mawrth 2025.</p> <p>Amlygwyd y dylai'r Pwyllgor Cyflawni Rhaglenni dderbyn cylchred o fusnes, yn flynyddol, sy'n nodi'r adroddiadau a gyflwynir yn rheolaidd i'w hystyried.</p> <p>Datblygwyd y Cylch Busnes i helpu i gynllunio'r gwaith o reoli materion y Pwyllgor a hwyluso'r gwaith o reoli'r agendâu a busnes y pwyllgorau.</p> <p><u>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</u></p> <p>Gymeradwyo Cylch Busnes Blynyddol y Pwyllgor.</p>	Cymeradwywyd	
RHAN 3 - PRIF AGENDA			
3.1	<p>Cofnod Gweithredu</p> <p>Cwblhawyd un cam gweithredu o'r cyfarfod diwethaf ac ni chofnodwyd unrhyw gamau pellach.</p> <p><u>Penderfynodd y Pwyllgorau Cyflenwi Rhaglenni:</u></p> <p>Drafod y Cofnod Gweithredu</p>	Trafodwyd	
3.2	<p>Adborth o Sesiwn Ddatblygu'r Pwyllgor – Diweddariad ar Lafar</p> <p>Rhoddodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth Ddigidol, adborth o'r Sesiwn Datblygu Pwyllgorau.</p> <p>Roedd y sesiwn yn canolbwyntio ar drafod y pwyntiau canlynol:</p> <p><u>Cwmpas y portffolio:</u></p> <p>11 o Raglenni wedi'u dynodi'n brif raglenni a chyflwynir y rhain i bob cyfarfod Pwyllgor i'w hadolygu a'u sicrhau'n rheolaidd.</p> <p>Mae Bwrdd Rheoli mewnol IGDC yn adolygu'r prif</p>	Trafodwyd	

	<p>raglenni a hefyd rhaglenni a phrosiectau eraill a reolir gan IGDC. Caiff hyn ei reoli drwy adroddiadau cyfochrog, er enghraifft:</p> <ul style="list-style-type: none"> <li>o Dau ddangosfwrdd – ar gyfer rhaglenni mawr a rhaglenni eraill</li> <li>o Dau gofnod uwchgyfeirio – ar gyfer rhaglenni mawr a rhaglenni eraill</li> </ul> <p>Cadarnhawyd y byddai adrodd ar 'raglenni eraill' yn cael ei uwchgyfeirio i'r Pwyllgor drwy Fwrdd Rheoli IGDC ar sail eithriadol.</p> <p><u>Piblinell y Rhaglen</u></p> <p>Roedd y Sesiwn Ddatblygu hefyd yn ystyried cylch oes rhaglenni, gan gynnwys yn arbennig y rhaglenni sydd ar y gweill ar gyfer y dyfodol, gan gwmpasu asesu ymrwymiaadau, blaenoriaethu, dibyniaethau a materion eraill yn ymwneud â rheoli portffolio strategol.</p> <p><u>Manteision</u></p> <p>Adolygodd y Sesiwn Ddatblygu y dull o ymdrin â fframweithiau buddion mewn rhaglenni, ac at fonitro ac adrodd ar fuddion ar lefel rhaglen a phortffolio. Mae adrodd ar fudd-daliadau wedi'i gynnwys ym mlaengynllun gwaith y Pwyllgor.</p> <p><u>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</u></p> <p>Drafod yr Adborth o Sesiwn Datblygu'r Pwyllgor</p>		
3.3	<p>Adroddiad Trosolwg Rhaglenni</p> <p>Rhoddodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth Ddigidol drosolwg o'r portffolio cyn gwahodd cydweithwyr i roi diweddariadau ar bob un o'r prif raglenni.</p> <p>Nododd IE fod statws RAG pob rhaglen yn cael ei bennu gan fwrdd y rhaglen, a bod Swyddfa Rheoli Prosiectau IGDC wedi datblygu fframwaith RAG i gefnogi graddiad RAG cyson ar draws y portffolio.</p> <p>Nododd IE un cynnydd i'r Pwyllgor ynghylch cyllid 2024-25 ar gyfer y Rhaglen Gwybodeg Canser. Mae IGDC wedi ymgysylltu â LIC i gadarnhau cyllid yn y dyfodol ond mae'n aros am gadarnhad ffurfiol o hyd</p> <ul style="list-style-type: none"> <li>• NDR</li> </ul> <p>Cyflwynodd IE yr adroddiad NDR.</p> <p><i>RAG: GWYRDD</i></p>	Trafodwyd	

Bydd y Rhaglen NDR yn darparu pensaernïaeth cwmwl modern ac amgylchedd ar gyfer data ledled Cymru. Mae'n cynnwys pum prif elfen: y Cofnod Data Clinigol (CDR) sy'n dal data ar gyfer gofal uniongyrchol; Llwyfan Dadansoddi Data Cenedlaethol (NDAP) sy'n dal data at ddibenion dadansoddeg eilaidd; plattform Rheoli Rhyngwyneb Rhaglennu Cymwysiadau (APIM) sy'n darparu gwasanaethau rhyngweithredu; yr Amgylchedd Data Diogel SDE sy'n cadw data at ddibenion ymchwil; a Rhaglen Ddysgu Dadansoddeg Uwch (AALP) sy'n cefnogi datblygu sgiliau a gallu.

Mae'r rhaglen NDR yn rhaglen ddeng mlynedd a sefydlwyd yn 2019 sy'n cael ei hariannu drwy gyfres o gyfnodau dwy flynedd, pob un wedi'i hategu gan achos busnes. Mae'n nesáu at ddiwedd blwyddyn 5 (sydd hefyd yn flwyddyn 1 o Achos Busnes Cam 3).

Nid oedd dim i'w uwchgyfeirio.

- WCCIS

Cyflwynodd Sam Hall (SH) Cyfarwyddwr Gwasanaethau Digidol Sylfaenol, Cymunedol ac Iechyd Meddwl adroddiad WCCIS gyda'r diweddariad canlynol:

*RAG: OREN GWYRDD*

Mae'r rhaglen ar gam 2 o baratoi ar gyfer gosod plattform newydd. Dyma'r cam cynllunio/datblygu. Mae'r rhaglen wedi symud tuag at y cyfeiriad o newid ei henw i "Cysylltu Gofal".

Mae achos busnes llawn wedi'i ddrfftio i ddangos i ba gyfeiriad y mae'r rhaglen yn mynd. Mae trafodaethau gyda chyflenwyr yn cael eu dilyn. Y cynllun yw i system WCCIS redeg am flwyddyn neu ddwy arall. Mae cofnod gofal a rennir yn un o'r prif elfennau sy'n cael ei ystyried.

Dywedodd SH fod rhanddeiliaid yn ymgysylltu'n dda â chyfarfodydd rhanbarthol a gynhelir yn rheolaidd.

Adroddwyd bod cyllid, a chadarnhad o gyllid yn y dyfodol, yn her.

- Rhaglen Mamolaeth Ddigidol Cymru

Cyflwynodd IE y diweddariad canlynol i Raglen Mamolaeth Ddigidol Cymru:

*RAG: OREN*

Mae Mamolaeth Ddigidol Cymru yn y cyfnod cyn cyflwyno gyda ffocws dwys ar gynllunio a pharatoi, gyda ffocws ar ymgysylltu.

Roedd drafft yr achos busnes i'w adolygu yn y Bwrdd Rheoli. Yn gyffredinol, adroddwyd ar gynnydd boddhaol.

Mae patrymau llywodraethu ac adrodd cryf ar waith ac mae sgysiau parhaus yn cael eu cynnal gyda'r partneriaid cyflawni allweddol a'r Byrddau Iechyd. Mae gwaith sicrwydd ychwanegol wedi'i wneud ar faterion technegol a chlinigol fel rhan o'r gwaith cynllunio ac ymgysylltu.

- System Rheoli Gwybodaeth Labordy

Cyflwynodd Michell Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad, yr adroddiad LIMS gyda'r diweddariad canlynol:

*RAG: OREN/COCH*

Mae'r system hon yn gweithredu ar draws holl labordai GIG Cymru ac yn cael ei defnyddio gan y rhai sy'n asesu ac yn adrodd ar amrywiaeth o brofion diagnostig.

Y prif reswm dros y sgôr RAG Oren/Coch oedd y ffaith bod dau Fwrdd Iechyd wedi tynnu sylw at heriau o ran adnoddau. Cafodd faint o ddata a gymerwyd o'r hen system i'r system newydd effaith ganlyniadol ar faint o ddata yr oedd angen ei wirio'n lleol gan staff yr ysbyty.

Datblygwyd cynllun gweithredu manwl a oedd yn cynnwys y cynllun cyflwyno. Mae'r cynllun hwn wedi'i rannu â phob Bwrdd Iechyd ac Ymddiriedolaeth ledled Cymru.

Dywedwyd bod cynnydd cyffredinol yn dda, ond roedd amserlenni ar gyfer y rhaglen yn dynn iawn.

- Rhaglen gofal llygaid:

Cyflwynodd SH y diweddariad a ganlyn i'r adroddiad:

*RAG: COCH*

Diffyg cyllid yw'r rheswm y graddiwyd y rhaglen hon fel RAG Coch. Fodd bynnag, cyflwynwyd papurau argymhellion i Lywodraeth Cymru ac rydym yn aros am ymateb.

Roedd y rhaglen yn cynnwys cyflwyno trwyddedau Microsoft 365 i'r holl optometryddion yng Nghymru a

bwriedir cwblhau hyn erbyn mis Awst 2024.

Gofynnodd Pwyllgor Archwilio a Sicrwydd IGDC i archwiliad mewnol ychwanegol gael ei gynnal ar y Rhaglen Gofal Llygaid, ar gyfer sicrwydd annibynnol

- Caffael y System Gwybodeg Radioleg

Cyflwynodd MS yr adroddiad gyda'r diweddariad a ganlyn:

*RAG: OREN/COCH*

Mae hon yn system sy'n storio, dosbarthu, a rhannu delweddau sy'n cael eu cymryd o'r sganwyr amrywiol o fewn ysbytai ar draws GIG Cymru.

Nodwyd bod yr amserlenni ar gyfer cyflawni yn hynod o dynn. Bwriedir symud y delweddau i'r system newydd ac mae llawer o waith yn cael ei wneud mewn perthynas â safoni. Tynnodd MS sylw at y ffaith bod sgwrs dda wedi'i chynnal yn y Bwrdd Rhaglen ynghylch manteision gweithredu ar y cyd fel GIG Cymru.

- Portffolio Trawsnewid Meddygaeth Ddigidol

Cyflwynodd IE yr adroddiad gyda'r diweddariad canlynol:

*RAG: OREN*

Mae'r portffolio trawsnewid meddygaeth ddigidol yn cynnwys: Portffolio Trawsnewid Meddyginiaethau Digidol (DMTP), a oedd yn cynnwys y Prosiect Cofnod Meddyginiaethau a Rennir (SMR), y Rhaglen Gwasanaeth Presgripsiwn Electronig (EPS), y Rhaglen e-ragnodi Ysbyty (ePMA), a'r Prosiect Mynediad Cleifion (PA).

Dywedwyd bod yr holl raglenni a phrosiectau hynny'n gwneud yn dda. Fodd bynnag, bydd angen rhoi sylw cyson i sicrhau nad yw risgiau'n troi'n faterion mawr sy'n bygwth cyflawni.

- Rhaglen Gwybodeg Canser

Cyflwynodd David Sheard (DS), Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau, yr adroddiad gyda'r diweddariad canlynol:

*RAG: COCH*

Ni fydd y Rhaglen yn cwblhau'r holl amcanion i ddisodli swyddogaethau Canisc heb fuddsoddiad ychwanegol. Roedd ansicrwydd ariannu parhaus y tu hwnt i fis Mawrth 2024. Mae papur ariannu yn gofyn am gynnig isafswm buddsoddiad ar gyfer 2024/25 wedi'i gyflwyno i Fwrdd y Rhaglen a'i gyflwyno'n ffurfiol i Lywodraeth Cymru.

Adroddwyd am gynnydd boddhaol o fewn gofal lliniarol - roedd swyddogaethau ar gael i'w profi o fewn Byrddau Iechyd.

Roedd y dyluniad ar gyfer sgrinio COLPOSGOPI yn mynd trwy'r Grŵp Sicrwydd Dylunio Technegol newydd a disgwylir iddo gynnwys dyluniad sy'n cynnwys storio'r delweddau ym mhlatform Google Cloud.

O ran llywodraethu, mae'r Cadeirydd Goruchwylio Rhaglenni i'w benodi gan Lywodraeth Cymru. Nid yw'r penodiad hwn wedi'i wneud eto.

- Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd (DSPP)

Cyflwynodd IE yr adroddiad gyda'r diweddariad canlynol:

*RAG: OREN*

Mae Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd wedi'u sefydlu i chwyldroi sut mae pobl yng Nghymru yn cael mynediad at ofal ac yn rheoli eu hiechyd a'u llesiant eu hunain. Mae'r rhaglen wedi datblygu porth cais (Ap) sy'n cynnwys sawl cam fel profi beta preifat, lansiad meddal, yna fersiwn fyw i'r cyhoedd pan fydd cyflenwad a chefnogaeth yn cael ei sicrhau.

Roedd cyflwyniad wedi'i gwblhau mewn un o'r ddwy system gyflenwi ar gyfer practisau meddyg teulu yng Nghymru. Mae ffocws ar fynd i'r afael â chynnydd sydyn yn adborth y cyhoedd ar ddilysu dulliau adnabod. Rhoddodd IE ddiweddariad ar y cynnydd a wnaed gyda chynllunio Gwasanaeth Dilysu Hunaniaeth Cymru (WIVS) a chytundebau mewngofnodi'r GIG.

Mae mwy na 1.3 miliwn o bobl eisoes wedi cofrestru ar gyfer NHS Login yng Nghymru.

Dim ond tan fis Mawrth 2025 y mae cyllid ar gyfer ap GIG Cymru ar gael. Cafodd achos busnes newydd ei ddrafftio a disgwylir ei gyflwyno i'r Bwrdd Rheoli ym mis Mawrth 2024, ac i'w gyflwyno i'r Pwyllgor Cyflawni Rhaglenni ym mis Mai 2025.

	<p><u>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</u></p> <p>Drafod yr Adroddiadau Trosolwg Rhaglenni.</p>		
3.4	<p>Y Gofrestr Risg Gorfforaethol</p> <p>Cyflwynodd Chris Darling (CD), Ysgrifennydd y Bwrdd, y Gofrestr Risg Gorfforaethol. Cofnodwyd 19 o risgiau ar y gofrestr, gyda 5 wedi'u neilltuo i'r Pwyllgor hwn. Dau yn breifat a 3 cyhoeddus. Trafodwyd risgiau preifat mewn cyfarfod cynharach.</p> <p>Y risgiau cyhoeddus oedd:</p> <ul style="list-style-type: none"> <li>DHCW0269 Gwasanaeth Newid - Warws Data.</li> </ul> <p>Camau i'w Cymryd:</p> <p>Cyfarfod wedi'i drefnu i gytuno ar y datrysiad NDR a chytuno ar amserlenni.</p> <ul style="list-style-type: none"> <li>DHCW0332 - Ariannu Rhaglenni Mawr Cynaliadwy.</li> </ul> <p>Camau i'w Cymryd:</p> <p>Mae'r risg hon yn ysgogi trafodaethau am gyllid cynaliadwy gyda Llywodraeth Cymru, gan gynnwys trefniadau Cytundeb Lefel Gwasanaeth gyda sefydliadau partner, a/neu ail-flaenoriaethu cyllid yn fewnol yn IGDC.</p> <ul style="list-style-type: none"> <li>DHCW0333- Oedi Gweithredu WICIS.</li> </ul> <p>Camau i'w Cymryd:</p> <p>Mae cynllun gweithredu diwygiedig wedi'i rannu'n uniongyrchol â Byrddau Iechyd yn ogystal â'i drafod yng nghyfarfodydd y bwrdd rhaglen. Cofnodwyd a rhannwyd pryderon ariannol o barhau i 2025/26 â'r tîm Gweithredol. Mae IGDC yn gweithio'n agos gyda chyflenwr y system i fireinio'r system i sicrhau ei bod yn bodloni'r gofynion.</p> <p><u>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</u></p> <p>Drafod y Gofrestr Risg Gorfforaethol</p>	Trafodwyd	
RHAN 4 – AGENDA SICRWYDD			
4.1	<p>System Wybodaeth Gofal Dwys Cymru</p> <p>Cyflwynodd David Sheard (DS), Cyfarwyddwr</p>	Nodwyd	

	<p>Cynorthwyol Trawsnewid Gwasanaethau, yr adroddiad gyda'r diweddariad canlynol:</p> <p>Nod cyffredinol y prosiect yw gweithredu datrysiaid electronig a reolir yn llawn, a all ddisodli'r holl siartiau papur a ddefnyddir ar hyn o bryd i gofnodi arsylwadau cleifion ar bob Uned Gofal Dwys i Oedolion ledled Cymru. Darparu rhyngwyneb defnyddiwr cyffredin, a fydd yn gwella'n sylweddol y broses o goladu a mynediad at wybodaeth glinigol a chasglu data amser real o ddyfeisiau wrth erchwyn gwely. Mabwysiadwyd darpariaeth ystwyth a chynyddrannol o ddatblygu a phrofi, a fydd yn sicrhau gwelededd cynnydd gyda monitro a rheolaeth dynn ar yr amserlenni.</p> <p>Yn dilyn cymeradwyo'r Achos Busnes, dechreuodd y broses o gaffael System Gwybodaeth Gofal Critigol ym mis Mai 2019. Wedi hynny, cynhaliwyd gweithdai cyflunio dan arweiniad Arweinydd Clinigol Cenedlaethol WICIS rhwng mis Mehefin 2020 a mis Ionawr 2021, gan alluogi rhanddeiliaid o bob rhan o GIG Cymru i ddiffinio'n fanylach sut yr oeddent yn disgwyl i'r system gael ei chyflunio i fodloni gofynion GIG Cymru. Mae'r system wedi'i datblygu hyd yma yn seiliedig ar y gofynion a nodwyd, wedi'i phrofi'n genedlaethol ac mae cynllun gweithredu i gyflwyno'r system ledled Cymru yn mynd rhagddo.</p> <p><u>Oedi a Risgiau:</u></p> <p>Ni aeth Bwrdd Iechyd Prifysgol Aneurin Bevan (BIPAB) yn fyw ym mis Tachwedd 2023 fel y cynlluniwyd yn wreiddiol. Mae BIPAB bellach wedi cwblhau eu Profion Derbyn Defnyddwyr (UAT) a'u gwaith diogelwch clinigol. Fodd bynnag, nid yw asesiad o'r amserlen i fireinio'r system wedi'i gadarnhau eto ac am y rheswm hwnnw nid oes cynllun gweithredu y cytunwyd arno ar waith ar hyn o bryd.</p> <p>Mae ymestyn y rhaglen a'i llinellau amser yn peri risg ariannol.</p> <p>Awgrymodd David Selway (DS), Cadeirydd y Pwyllgor, gasglu gwersi a ddysgwyd a gofynnodd i'r rhain gael eu rhannu mewn cyfarfod Pwyllgor diweddarach.</p> <p><u>Penderfynodd y Pwyllgor Cyflawni Rhaglenni:</u></p> <p>Nodi'r System Gwybodaeth Gofal Dwys Cymru</p>		
4.2	<p>Gweinyddiaeth Cleifion Cymru WPAS</p> <p>Cyflwynodd Sam Lloyd (SL), Cyfarwyddwr Gweithredol Gweithredoedd, yr adroddiad gyda'r diweddariad canlynol:</p>	Nodwyd	

System gweinyddu cleifion yw WPAS a ddefnyddir mewn sefydliadau gofal iechyd i reoli data cleifion. Fe'i defnyddir i olrhain demograffeg, cofnodion meddygol, a gwybodaeth ariannol. Defnyddir y system hefyd ar gyfer trefnu apwyntiadau, rheoli gwelyau, cyfnodau gofal cleifion allanol a chleifion mewnol.

Mae WPAS yn system hollbwysig i'r byrddau iechyd, ac mae'n helpu i sicrhau cywirdeb a chyflawnrwydd data cleifion ac yn helpu i symleiddio llif gwaith clinigol a gweinyddol sydd yn y pen draw yn gwella effeithlonrwydd darparu gofal. Mae gwaith pontio PAS Pen-y-bont ar Ogwr yn brosiect Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (BIPCTM) y mae IGDC yn cyfrannu ato.

Ar 1 Ebrill 2019, trosglwyddodd Llywodraeth Cymru gyfrifoldeb am wasanaethau iechyd ym Mhen-y-bont ar Ogwr o Fwrdd Iechyd Prifysgol Abertawe Bro Morgannwg i Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg.

O ganlyniad i nifer fawr o gleifion Pen-y-bont ar Ogwr, mae angen symud eu data o enghraifft Bwrdd Iechyd Prifysgol Bae Abertawe o WPAS i enghraifft Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg o WPAS.

Mae trefniadau CLG wedi'u cytuno rhwng y byrddau iechyd i ganiatáu i BIPCTM ddefnyddio gwasanaethau TG BIPBA i reoli cleifion Pen-y-bont ar Ogwr wrth fynd i'r afael â'r broses o drosglwyddo gwasanaethau.

#### Risgiau a chyfleoedd

- Mae cyllid DPIF yn cynnwys gweithgareddau WPAS. Mae angen asesiad effaith o'r gwaith ar y systemau cenedlaethol y tu allan i PAS, sydd ar y gweill ar hyn o bryd.
- Mae awydd ac angen am amgylchedd prawf diogel i alluogi sicrhau ansawdd trosglwyddo data rhwng systemau PAS.
- Mae BIPBA a BIPCTM hefyd yn rhan o'r rhaglenni RISP a LIMS2.0 sy'n cydreddeg â'r gwaith pontio newid ffiniau.
- Cyllid DPIF ar gael tan fis Mawrth 2025
- Mae adolygiad pensaerniaeth dechnegol o WPAS ar y gweill.

#### Penderfynodd y Pwyllgorau Cyflenwi Rhaglenni:

Nodi'r Adroddiad Gweinyddiaeth Cleifion Cymru WPAS.


RHAN 5 - MATERION I GLOI



Unrhyw Faterion Brys Eraill Ni chodwyd unrhyw fater brys.	Nodwyd	
Adroddiad Crynhoi Cynnydd y Pwyllgor i'r Bwrdd AIA <ul style="list-style-type: none"><li>Cynnydd o ran cyllid ar gyfer y Rhaglen Gwybodeg Canser.</li><li>System Wybodaeth Gofal Dwys Cymru</li><li>Gweinyddiaeth Cleifion Cymru WPAS</li></ul>	Nodwyd	
Sylwadau cyffredinol ynghylch cyllid ac adnoddau. Dyddiad y cyfarfod nesaf: 14/05/2024	Nodwyd	

## PWYLLGOR CYFLAWNI RHAGLENNI – PREIFAT

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

 09:30-10:30

 6 Chwefror 2024

 MS Teams

Yn Bresennol (Aelodau)	Blaenlythrennau	Teitl	Sefydliad
David Selway	DS	Cadeirydd	IGDC
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	IGDC

Yn bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	IGDC
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth Ddigidol	IGDC
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	IGDC
Simon Jones	SJ	Cadeirydd	IGDC
Marian Jones	MJ	Aelod Annibynnol	IGDC
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol	IGDC
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	IGDC
Skylar Green	SG	Cydlynnydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	IGDC
David Sheard	DS	Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau	IGDC
Matt Cornish	MT	Cyfarwyddwr Rhaglen DSPP	IGDC

Ymddiheuriadau	Teitl	Sefydliad
Rowan Gardner	Aelod Annibynnol	IGDC
Marian Wyn Jones	Aelod Annibynnol	IGDC

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
<b>RHAN 1 – MATERION RHAGARWEINIOL</b>			
1.1	<p>Croeso a Chyflwyniadau</p> <p>Croesawodd y Cadeirydd bawb i Gyfarfod Preifat Pwyllgor Cyflawni Rhaglenni Iechyd Digidol a Gofal Cymru.</p> <p>Hefyd, dywedodd y Cadeirydd wrth y cyfranogwyr fod y cyfarfod hwn wedi'i gofnodi er mwyn cymryd cofnodion.</p>	Nodwyd	
1.2	<p>Ymddiheuriadau am Absenoldeb</p> <p>Nodwyd yr ymddiheuriadau gan:</p> <ul style="list-style-type: none"> <li>• Rowan Gardner - Aelod Annibynnol</li> <li>• Marian Wyn Jones - Aelod Annibynnol</li> </ul>	Nodwyd	
1.3	<p>Datganiadau o Fuddiannau</p> <p>Nid oedd unrhyw ddatganiad o ddiddordeb.</p>	Nodwyd	
1.4	<p>Cofnod Gweithredu</p> <p>Nid oedd unrhyw gamau gweithredu.</p>	Nodwyd	
<b>RHAN 2 - PRIF AGENDA</b>			
2.1	<p>Adroddiad Trosolwg Rhaglenni</p> <ul style="list-style-type: none"> <li>• Digidol Gofal Llygaid</li> </ul> <p>Cyflwynodd Sam Hall (SH) Cyfarwyddwr Gwasanaethau Digidol Sylfaenol, Cymunedol ac Iechyd Meddwl yr adroddiad a soniodd am y diweddariad canlynol:</p> <p>Roedd tri phrif faes yn y Rhaglen Ddigiddeiddio Gofal Llygaid yr oedd angen eu cyflawni. Y rhain oedd:</p> <ul style="list-style-type: none"> <li>• Cyflwyno Microsoft 365 i holl optometryddion Cymru.</li> <li>• Ymarferoldeb atgyfeirio</li> <li>• System offthalmig.</li> </ul>	Trafodwyd	

	<p>Mae Cadeirydd IGDC, Simon Jones a SH i fod i gael cyfarfod â'r Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol ac aelodau o Goleg Brenhinol yr Offthalmolegwyr ar 18 Mawrth 2024.</p> <p>Dywedodd CD wrth yr aelodau fod y Pwyllgor Archwilio wedi gofyn am archwiliad mewnol ychwanegol ar y Rhaglen Gofal Llygaid. Nid oedd yn hysbys a fyddai'r archwiliad ar gael erbyn cyfarfod nesaf y Pwyllgor Archwilio.</p> <ul style="list-style-type: none"> <li>Rhaglen Mamolaeth Ddigidol Cymru</li> </ul> <p>Cyflwynodd David Sheard (DS), Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaethau, yr adroddiad gyda'r diweddariad canlynol:</p> <p>Cwblhawyd gwaith darganfod y llynedd, a lluniwyd cynnig a oedd yn gofyn am gyllid i sefydlu system Mamolaeth Cymru Ddigidol ar gyfer gwasanaethau bydwreigiaeth ledled Cymru.</p> <ul style="list-style-type: none"> <li>System Wybodaeth Gofal Dwys Cymru</li> </ul> <p>Rhoddodd David Sheard (DS), Cyfarwyddwr Cynorthwyol Trawsnewid Gwasanaeth, a Michelle Sell (MS), Cyfarwyddwr Cynllunio a Pherfformiad, y diweddariad canlynol: Roedd cyfarfodydd parhaus wedi'u cynnal gyda'r Prif Weithredwyr i gadarnhau cefnogi a gweithredu'r system.</p> <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni: Draffod yr Adroddiadau Trosolwg Rhaglenni.</p>		<p>CAM GWEITHREDU 001: Ychwanegu Capasiti Byrddau Iechyd at ofynion y rhaglen gyflawni i'w draffod mewn sesiwn datblygu Pwyllgor.</p>
2.2	<p>Cofrestr Risg Gorfforaethol Breifat:</p> <p>Cyflwynodd Chris Darling (CD), Ysgrifennydd y Bwrdd, y gofrestr risg breifat.</p> <p>Roedd dwy risg wedi'u nodi'n breifat ar y gofrestr risg gorfforaethol a neilltuwyd i'r pwyllgor hwn. Mae'r holl risgiau'n cael eu rheoli'n weithredol.</p> <p>Penderfynodd y Pwyllgor Cyflawni Rhaglenni: Traffod y Gofrestr Risg Gorfforaethol Breifat.</p>		
2.3	<p>Achos Busnes Drafft Gwasanaethau Digidol i Gleifion a'r Cyhoedd</p> <p>Cyflwynodd Matt Cornish (MC) sleidiau PowerPoint am yr achos busnes drafft.</p> <p>Hyd heddiw, mae dros 100,000 o bobl yng Nghymru wedi dechrau defnyddio ap GIG Cymru a disgwylir y</p>	Trafodwyd	

	bydd y niferoedd yn tyfu i filiwn yn y ddwy flynedd nesaf.  Penderfynodd y Pwyllgor Cyflawni Rhaglenni: Draffod yr Achos Busnes Gwasanaethau Digidol i Gleifion a'r Cyhoedd.		
RHAN 3 - MATERION I GLOI			
3.1	Unrhyw Faterion Brys Eraill  Ni dderbyniwyd unrhyw fater arall.	Nodwyd	
3.2	Dyddiad y cyfarfod nesaf:  14/05/2024	Nodwyd	



# DIGITAL HEALTH AND CARE WALES FORWARD WORKPLAN

Agenda Item	2.2
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	14 May 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Skylar Green, 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	
<b>QUALITY AND SAFETY</b> IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
<b>LEGAL</b> IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
<b>FINANCIAL</b> IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
<b>WORKFORCE</b>	No, there is no direct impact on resources as a result of



IMPLICATION/IMPACT	the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> 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 2023	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 Appendix A](#) is used to identify any additional items for inclusion to ensure the Committee is reviewing and receiving all relevant matters in a timely fashion.

## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The following items as noted in [Appendix A Forward Workplan](#) are due to be presented to the Committee meeting on 14 May 2024:

- Digital Services for Patients & Public Business Case
- Internal Audit Reports:
  - Eyecare Audit
  - Benefits Management Audit
  - Programme Management Audit
- Annual Assurance Reports:
  - Laboratory Information Management System
  - Radiology Informatics System Procurement

4.2 The items below have been identified for the following meeting on 01 August 2024

- Digital Medicines Portfolio
- Cancer Informatics Programme
- Digital Maternity Cymru
- Benefits Tracking/ Realisations Bi Annual Reviews

## 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

<b>Recommendation</b>	The Committee is being asked to
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<b>NOTE</b> the report.
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Programmes Delivery Committee Forward Workplan 2024-25



darparu gofal iechyd digidol i bobl Cymru  
delivering digital healthcare to the people of Wales

IGDC • DHCW

Standing Items	Lead	Type	Purpose	Detail	14-May-24	01-Aug-24	07-Nov-24	06-Feb-25
Welcome and Introductions	Chair	Preliminary Matters						
Minutes	Chair	Consent						
Declarations of interest	Chair	Preliminary Matters						
Action log	Chair							
Corporate Risk register	Board Secretary	Main		Programme Risks Only				
Corporate Risk register - Private Risks	Board Secretary	PRIVATE		Programme Risks Only				
Forward Work Programme	Board Secretary	Consent						
Assurance Reports	Executive Director of Strategy	Main						
Programmes Overview Report	Executive Director of Operations	Main						
Audit Reports	Relevant Lead			COB, as required				
Learning from Programmes	Executive Director of Strategy	Main		COB, as required				
Tracking Programmes	Executive Director of Operations	Main		This item is to be on the standing agenda as per David Selway 02/02/24				
Additional Items	Executive Lead	Type	Purpose	Route in & detail	14-May-24	01-Aug-24	07-Nov-24	06-Feb-25
Laboratory Information Management System	Executive Director of Strategy	Main		Forward Workplan	✓			
Radiology Informatics System Procurement	Executive Director of Strategy	Main		Forward Workplan	✓			
Learning from LINC and RISP Governance Arrangements	Executive Director of Strategy	Main		DG&S Action. Moved from Feb to the next meeting.	✓			
Digital Services for Patients & Public Business Case	Executive Director of Strategy	Consent		Forward Workplan.Moved to next meeting.	✓			
Digital Medicines Portfolio	Executive Director of Strategy	Main		Forward Workplan		✓		
Cancer Informatics Programme	Executive Medical Director	Main		Forward Workplan		✓		
Digital Maternity Cymru	Executive Medical Director	Main		Forward Workplan		✓		
Benefits Tracking/ Realisations Bi Annual Reviews	Executive Director of Strategy	Main		PDC Development Session Action. Mark Cox to present		✓		
Corporate Risk Tending Analysis	Board Secretary			COB			✓	
Programmes Delivery Committee Annual Report	Board Secretary			COB				✓
Programmes Delivery Committee Effectiveness Self-Assessment	Board Secretary			COB				✓
Programmes Delivery Committee Terms of Reference	Board Secretary			COB				✓
Programmes Delivery Committee Cycle of Business	Board Secretary			COB				✓



# DIGITAL HEALTH AND CARE WALES

## DSPP Sustainable Funding Business Case d2-1 May 2024

Agenda Item	2.3
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	14 May 2024

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Matt Cornish – Programme Director Digital Services for Patients and the Public
Presented By	Matt Cornish – Programme Director Digital Services for Patients and the Public

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

WC:  
APP:  
TOTAL:

# 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	Expand the digital health and care record and the use of digital to improve health and care
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<b>CORPORATE RISK</b> (ref if appropriate)	N/A
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<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	
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<b>WELL-BEING OF FUTURE GENERATIONS ACT</b>	A Healthier Wales
If more than one standard applies, please list below:	

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

<b>DUTY OF QUALITY ENABLER</b>	Information
<b>DOMAIN OF QUALITY</b>	Efficient
If more than one enabler / domain applies, please list below:	

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

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

IMPLICATION/IMPACT	the activity outlined in this report.
<b>SOCIO ECONOMIC</b> IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION</b> 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
DSPP Programme Board	January 2024	Request for more ambitious funding settlement linked to feature development
DHCW Management Board	January 2024	Same as above
DSPP Programme Board	March 2024	Endorsement of case
DHCW Management Board	April 2024	Endorsement of case

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

### 3 SITUATION / BACKGROUND

3.1. The DSPP Programme is currently funded by Welsh Government through the Digital Priorities Investment Fund until 31 March 2025. The Programme Team has written the attached Business Case seeking funding from 1 April 2025 to support the continued delivery of the NHS Wales App and the development of new features. The Business Case has been assured and approved by the DSPP Programme Board (in March 2024) and by the DHCW Portfolio Management Board (in April 2024). It will be submitted to Welsh Government seeking a funding commitment from 1 April 2025 onwards.

### 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1. To note the Business Case, in particular the forecast benefits, the learning from the development and deployment of the NHS Wales App has been used to set out an ambitious and compelling case for centralized funding to deliver new features and functionality that will enable transformative service change, empower patients and lead to system wide benefits (at scale).

### 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1. The NHS Wales App is currently used by almost 200,000 people. Continued delivery of the App beyond March 2025 depends on securing a funding commitment from April 2025 onwards. Without committed funding, DHCW will need to implement a plan to scale down or withdraw the App and cease feature development.

The DSPP Programme Team will submit the case to the Welsh Government as soon as possible to avoid delay in considering the business case and reaching a funding decision. If a funding decision has not been confirmed by September / October 2024, the Programme Team and DHCW will start urgent work on a mitigation plan.

### 6 RECOMMENDATION

<b>Recommendation</b>	The Committee is being asked to
<b>NOTE</b> the report	

# Digital Services for Patients and the Public (DSPP) Programme and the NHS Wales App

Business Case for Sustained Funding for the NHS Wales App

May 2024

Version 2-1. Issued for decision



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

IGDC • DHCW

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## Document control

### Revision history

A fuller record of version control, review and major changes is included in Appendix G.

Date	Version	Name	Changes
04/10/2023	V0-1	Stephen Frith (Product Director)	First draft
18/10/2023	V0-2	Stephen Frith (Product Director)	Updated after internal review
25/10/2023	V0-3	Stephen Frith (Product Director)	Updated as a shared document.
26/10/2023	D0-4	Karla Scott (Programme Manager)	Updated as a shared document.
21/12/2023	D0-5	Stephen Frith (Product Director)	Updated following C&F review and to reflect transition planning changes.
21/12/2023	D0-6	Stephen Frith (Product Director)	Updated for programme board (Dec 2023)
07-03-24	D0-7	Stephen Frith	Updated preferred option
22-03-24	V1-0	Stephen Frith	First release after programme board review
19/04/2024	D2-0	Louisa Inns Mark Cox Grant Griffiths	Quality assurance. Finance amendments
06-05-24	V2-1	Stephen Frith	Updated following DHCW finance review

### Reviewers

Date	Version	Name
6/10/2023	V1-0	Matt Cornish (Programme Director)
25/10/23	V0-3	Matt Cornish (Programme Director)
26/10/23	D0-4	DSPP Commercial and Finance Assurance Group
22/12/2023	D0-5	DHCW Executive Board (Partial)
22/12/2023	D0-6	DSPP Programme Board
March 2024	D0-7	DHCW Executive Board DSPP Programme Board
April 2024	V1-0	DHCW Executive Board DSPP Programme Board DHCW finance
May 2024	V2-1	Chief Digital Information Officer (WG)

### Document location

Type	Location
Word document/Electronic	DSPP SharePoint

# 1 Executive summary

## 1.1 Document purpose

The DSPP business case for sustained funding establishes the need to continuously fund the NHS Wales App and related service-transformation activities from 1st April 2025. It proposes a funding settlement from Welsh Government (WG) to Digital Health and Care Wales (DHCW) to maintain, operate and develop the NHS Wales App for the people of Wales.

## 1.2 Funding required

The table below sets out the headline funding required over the 5-year timeframe as an enduring uplift to DHCW core funding. It is strongly recommended that funding be reviewed once a stable user base has been established and running costs are fully understood.

	2025/26	2026/27	2027/28	2028/29	2029/30 and ongoing	Five-year total
Capital	£1,669,844	£1,374,643	£402,643	£402,643	£402,643	£4,252,416
Revenue	£7,077,933	£6,710,069	£4,500,603	£4,357,029	£4,377,029	£27,022,663
Total funding required	£8,777,777	£8,084,712	£4,903,246	£4,759,672	£4,779,672	£31,275,079

Table 1 – Summary 5-year costs

Total five-year funding = £31.3m

Forecasted five-year benefits:

Financial, quantified and cash releasing (across NHS Wales)	£9m
Financial, quantified, funding re-deployed	£87m
Staffing time released for other duties	93,840 staff days (equivalent to 427 people for a year <sup>1</sup> )

## 1.3 Outcomes that will be delivered

### 1.3.1 Outcome 1: Continuous operation of the NHS Wales App

This will deliver 24/7 availability, support services and on-going improvements to existing functionality in the NHS Wales App, as well as the operation of services such as prescriptions, digital communications, appointment management and patient access to health records.

Grow the number of registered users to over 1.5m by the end of 2026<sup>2</sup>.

### 1.3.2 Outcome 2: Progress the digital service transformation roadmap

Service transformation and development of the NHS Wales App will be delivered across two financial years: 2025/6 and 2026/27. Further development and service transformation may be

<sup>1</sup> Based on 220 working days per year

<sup>2</sup> Estimation informed by the population in Wales most likely / able to adopt the NHS Wales App (not expecting a repeat of pandemic covid pass stimulus that significantly bolstered adoption in England).

needed beyond April 2027, as indicated in the development roadmap, but detail around these developments is less clear and funding is not being sought for these activities.

The first-two-year deliverables are summarised here<sup>3</sup>:

**Primary care and care navigation:** Integration of locally deployed primary care solutions that support patients with access routes and care navigation.

**Unplanned and emergency care:** Ability to use the 111 symptom check services within the NHS Wales App.

**Planned care:** Manage secondary care appointments through the NHS Wales App. Access integrated PROMs solutions. Capture pre-op information from patients. Capture clinical consent. Capture and share advanced and future care plans (AFCPs).

**Cancer care:** Support the development and seamless integration of a Welsh cancer care portal using core tools and services available in the NHS Wales App.

**Digital medicines:** Display all prescribed medicines and known allergies in the NHS Wales App. Capture 'Over the counter' (OTC) medicines through the NHS Wales App. Enhanced use of Welsh language for medicines. Pro-actively support and remind people to take medicines.

**Immunisation services:** Display current immunisation status in the NHS Wales App for an increasing range of immunisations. Book and manage vaccination appointments. Send reminders when boosters are due.

**Screening services:** Send automated screening reminders. Send information / sign up requests to specific (eligible) patient cohorts. Send invitations for recalls. Manage screening appointment bookings. Send automated appointment reminders.

**Summary health and care record:** Modify the GP summary record feature to display an enhanced summary health record as a time report from the health timeline. Add long term conditions, waiting list status and hospital records.

**My health timeline:** Extend the range of health and care data displayed to users, adding medicine history, long term conditions, communications sent out, test results (with supporting narrative) and vaccination history. Develop method to display data held in third-party commercial services.

**Communication services:** Deploy push notifications as a service. Include other push technologies (email, SMS). Offer secure document storage and retrieval, linked to CDR.

**Personalised App experience:** Extend App personalisation to include My Clinical Outcomes (C&VUHB) and My Medical Record (AB UHB). Operate as a DSPP service for other optional services. Align access to make use of the NDR API management services.

**User-controlled record sharing:** Capability to deliver EU health passport functionality.

**Discover other services:** Extend to display externally curated lists of accredited services. Develop filtered views of useful services based on long-term conditions. Prescribable Apps.

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<sup>3</sup> Further details of the digital service transformation roadmap can be found in Appendix A.

**Presentation of directories of services:** Lists of local services (GP practices, dental practices, pharmacies, optometrists, etc.) Lists of open-booking referral services. List of restricted-booking referral services.

### 1.3.3 Not yet planned and out of scope

Some feature areas listed above have further development potential where it is not yet possible to envisage the full extent of the digital transformation that might be possible. In other cases, the full benefit of the digital transformation has not yet been captured. The following all appear to have benefit and remain achievable. However, they are currently identified as out of scope for this business case and funding:

Transformation area	Not yet planned and not funded within this business case
Unplanned and emergency care	Seamless handover from the App to a 111 operator, when and where required.
Medicines	Track the taking of medicines.
Mental health digital solutions	Link to specialist patient facing digital services, supporting those with mental health needs.
Digital Maternity Cymru	Link to specialist patient facing digital services and maternity portal functionality.
ERedBook	Capturing records for children, initially accessed by parents and guardians, growing to full autonomous NHS Wales App accounts, without losing data.
Digital social care services	Display social care data in the NHS Wales App, with controlled sharing internally within the NHS as appropriate. Link from the NHS Wales App to social care services.
Screening	Link to an integrated screening portal.
Donor integration	Automated reminders and messaging when donor sessions are nearby. Book and manage blood donor appointments through the NHS Wales App.
Telehealth	Add online consultations as appointment type, managed through the App. Links to video consultation and other telehealth services from the App.
Telemedicine	Display and sharing of data from home monitoring devices.
Communication services	Gov.notify intercept service.
User-controlled record sharing	Custom views for sharing (for friends and family, beyond proxy access).
Presentation of directories of services	Open integration with directories of services.
Access visibility module	Data access visibility (transparency window – who has seen my records?) supporting the data promise.

Table 2 – Out of scope development areas

### 1.3.4 Assumptions and work in progress

This funding request assumes that the following outcomes will be delivered during 2024/25 using the current allocation of DPIF funding plus contributions from other programmes<sup>4</sup>:

**Growth:** Grow the number of registered users from 100,000 to 750,000.

**Proxy access:** Develop and operate safe and secure solutions that will allow carers outside of the NHS to access records for people in their care.

**Welsh language:** Work with NHS England to display NHS login screens in Welsh Language and enhance use for medicines information (dose syntax)

**Hybrid mail:** Develop solutions to support a system-wide move to digital communications across NHS Wales.

**Patient-provided data:** Provide a route for patients to enter information about themselves to be shared in NHS care delivery services, commencing with name, address and contact detail updates, adding communication preferences to support hybrid mail and moving to information that is important to people when considering their care.

**Medicines:** Allow patients to nominate a pharmacy and order repeat prescriptions, track progress and receive notifications when medicines have been dispensed. Link to yellow card reporting scheme for possible adverse reactions.

**Planned care support:** Display waiting lists information, personalised for individual users of the NHS Wales App and display secondary care appointment details in the NHS Wales App.

**Transition:** Move the NHS Wales App development and operations from the current outsourced arrangements to internal provision within DHCW.

If any of these areas are not funded and / or remain incomplete at the end of March 2025, there may be an impact on the development roadmap presented in this business case.

## 1.4 The business case for investment

The NHS Wales App aligns WG policy<sup>5</sup>, public expectation and the need to transform health and care delivery through patient and public empowerment and digital technology. It replaces My Health Online in primary care which is being retired. The case presents options that ensure the App is the single gateway for patients to everything from self-management apps, PROM collection, prescriptions and appointment management. It is vital to transforming how healthcare is delivered in the context of growing demand and a workforce crisis.

### 1.4.1 Empowering the public and transforming the health and care system

In 2020, WG recognised the opportunity for patients and the public to be more empowered and active in their health and care as envisaged by 'A Healthier Wales', supporting the vision for the NHS Wales App to:

- Help people in Wales access better health and care.
- Ease pressure on health and care services.

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<sup>4</sup> During 2024/25 the DSPP Programme is operating on a 'contributor funding model' with attendant risks to both funding and delivery.

<sup>5</sup> [Digital and data strategy for health and social care in Wales \[HTML\] | GOV.WALES](#) issued on 27 July 2023

- Support health providers to deliver joined up health and care.

In March 2021, the Digital Services for Patients and the Public (DSPP) Programme was established to develop the NHS Wales App and enable a more coherent patient-facing digital health and care ecosystem in Wales. Funding was provided from the Digital Priorities Investment Funding and an initial allocation made up until the end of March 2025 (Total: £24.09m)<sup>6</sup>.

Progress in the development of the NHS Wales App has been rapid and achieved using blended public / private sector teams and an innovative product-focused approach:

- By November 2021, the DSPP Programme had completed a major procurement for an application development partner and negotiated to re-use the NHS App software code used in England which enabled the programme to deliver at pace.
- 11 months later (on 17 October 2022) the NHS Wales App was deployed in a managed private beta testing phase to over 700 members of the public and 10 GP practices.
- On 17 April 2023 the NHS Wales App was released in an open public beta phase to everyone in Wales.
- By 21 December 2023, 202 GP practices and over 80,000 members of the public have downloaded the App and plans are in place to encourage widespread public adoption through a national publicity campaign.

WG sponsors have been entirely satisfied with the progress that the DSPP Programme has made against the mandate and have recognised that investment in digital transformation continues to be needed to:

“... stabilise the (health and care) system in the short term as well as help mitigate some of the unrelenting pressures on services.”<sup>7</sup>

The programme has built the core platform of the NHS Wales App, is deploying and growing the user base this year and is focused on enhancing and delivering greater value in FY24/25 and beyond.

#### 1.4.2 Delivering value

The introductory functionality is predominantly primary care focused, supporting prescription management, appointment booking with GP practices and access to GP held patient records. Provision needs to be made to continue supporting the NHS Wales App going forwards, as well as decisions in terms of how this first release of functionality might be expanded over time, especially considering the potential to support secondary care services.

Whilst the NHS Wales App has only been run as a live service for one year, the experience of building and maintaining live support to the App has provided valuable understanding of operations, costs and future cost drivers. Analysis of FY23/24 shows that fixed and essential variable costs made up over 55% (£3.5m) of budget, leaving 45% (£2.8m) for investment in discovery / development activity with the external development partner.<sup>8</sup> It is expected that capital costs needed to build the App will reduce, variable costs relating to the number of users

<sup>6</sup> DPIP funding allocated: FY21/22 -£4.1m, FY 22/23 -£7.6m, FY23/24 -£6.3m and FY24/25 -£5.89m

<sup>7</sup> MA/EM/3060/23 – Eluned Morgan AS/MS Minister for Health and Social Service 18 December 2023

<sup>8</sup> See Appendix D.

will grow and the operational costs will level out over time. Costs for adding new functionality will depend on the additional functionality needed.

There are several operational decisions that the DSPP Programme has made that determine the options for sustained delivery and funding going forwards:

- The DSPP Programme is managed by DHCW.
- Development, deployment and support for the NHS Wales App has been outsourced to a commercial delivery partner.
- The operation, support and development of the NHS Wales App will transition to DHCW from 2024/25.

Additionally, pro-active service transformation needs to take place alongside the technical delivery of the NHS Wales App for the full benefits of the DSPP Programme to be realised.

## 1.5 Options and variations

The recommended option requests funding to support activity in three areas:

1. Run the NHS Wales App as an ongoing service within DHCW for the people of Wales.
2. Actively drive service transformation to increase the pace of change, moving to a system-wide increase in digitally supported service delivery.
3. Add to the capabilities of the NHS Wales App, using a proven approach to support continuous development and improvement (agile, user centred design compliant with CDPS standards and best practice).

This option has been selected based on an assessment of benefits delivered, achievability, and costs.

The funding requested aligns with specific outcomes to be achieved through a delivery approach that maximises likelihood of success, delivering a range of service transformations, laid out in appendix A. This option has variations within it in terms of how much development and transformation is undertaken and at what pace. The proposed activity is based on maturity of plans, benefits that can be delivered and an assessment of readiness of the service to support the service re-design.

Other options considered and discounted include:

Option	Description	Reasons why discounted
1. Stop	Do not develop the NHS Wales App any further at this stage.	Does not maximise the investment already made.
2. Pause	Stop activity for 2-3 years and then restart with core developments only.	Risks user disenfranchisement with functionality in the App limited to primary care services. Healthcare delivery partners will invest in digital solutions that are less joined up, more expensive overall and that do not offer a consistent patient experience.
3. No new features	Operate the current application as is, with no further developments.	Only delivers some of the benefits. Risks user drift and dissatisfaction.

4. Core development only	Add new core features but do not build out to support local digital service transformation projects.	Only delivers some of the benefit. Results in local expenditure on independent, unlinked patient facing digital solutions.
5. Collaboratively funded development beyond core	Only fund the development of core service enhancements, leaving it to the wider service to fund the changes needed to support service transformation.	Overall cost will be the same or higher. Effort required to coordinate available funding is significant. Time taken to get to the end will be longer.
7. Accelerated	Provide additional funding to increase the pace of development and service transformation, bringing forward some of the Out-of-Scope items.	Achievability is put at risk by delivering on too many fronts in parallel. Benefits of additional features not yet identified. Lack of clearly defined service transformation projects in these areas. Increased pressure for change placed on the service.

Table 3 – Summary of options

## 1.6 Finance

The estimated five-year costs to support the recommended option are £31.3m.

The identified, quantified benefits that will accrue over this five-year period are £109m.

There will also be significant additional, non-quantified benefits in terms of:

- Patient experience.
- Improved clinical outcomes.
- Sustainability targets, including carbon offset.

The breakdown of costs is summarised in table 4, below.

	Year 1	Year 2	Year 3	Year 4	Year 5
	Active development and service transformation		Downsizing	Steady state operations and continuous improvement	
Operating the App					
Service desk (staff)	£87,468	£87,468	£131,202	£131,202	£131,202
Technical support (staff)	£314,586	£314,586	£314,586	£314,586	£314,586
Operations (staff)	£384,493	£384,493	£384,493	£384,493	£384,493
Platform	£338,323	£338,323	£338,323	£338,323	£338,323
Dev: Break-fix & continuous improvement (staff)	£167,768	£167,768	£167,768	£167,768	£167,768
Software (Licences and operating costs)	£450,000	£540,000	£550,000	£600,000	£650,000
NHS login	£798,774	£921,774	£923,574	£930,000	£950,000

Other commercial agreements	£315,000	£325,000	£335,000	£335,000	£335,000
Sub totals:	£2,856,412	£3,079,412	£3,144,946	£3,201,372	£3,271,372
Service transformation					
Discovery	£331,800	£231,000	£50,000	£50,000	£50,000
Agile development (internal baseline)	£671,073	£671,073	£671,073	£671,073	£671,073
Agile development (hybrid)	£3,168,000	£2,430,000	£0	£0	£0
Deployment	£633,600	£486,000	£0	£0	£0
Sub totals:	£4,804,473	£3,818,073	£721,073	£721,073	£721,073
Ownership, oversight and coordination					
DSPP Programme team	£829,665	£900,000	£750,000	£550,000	£500,000
Service management	£137,227	£137,227	£137,227	£137,227	£137,227
Communications	£50,000	£50,000	£50,000	£50,000	£50,000
Staff training, development, travel, equipment	£100,000	£100,000	£100,000	£100,000	£100,000
Sub totals:	£1,116,892	£1,187,227	£1,037,227	£837,227	£787,227
Totals					
	£8,777,777	£8,084,712	£4,903,246	£4,759,672	£4,779,672

Table 4: Full five-year costs (Forecasted estimate)

It is recommended that the pace and timescales for downsizing the development capacity, oversight team and associated funding assumptions are re-visited annually.

## 1.7 Realising benefits

The benefits are attached to the delivery and operation of specific services, enabled through the NHS Wales App, such as appointment booking in primary care, repeat prescription functionality and direct access to records in place of telephone calls. These are in turn matched to features in the NHS Wales App. The usage of features can be tracked and counted in the App and converted to a set of benefit figures. Future enhancements anticipate the benefit associated with the use of each feature and add to the DSPP benefit model as features are deployed.

The features in the development roadmap in Appendix A are underpinned with the benefit model included in the Full Business Case. Many benefits are qualitative, improving patient outcomes and contributing to sustainability targets. Others can be quantified. The quantified benefits across six of the delivery areas in the roadmap are summarised below. These illustrate over £96m of measurable, cost-saving benefits over the five years of this business case.

Benefit area	Five-year total	Benefit type
Primary care navigation		
Direct booking reduces phone calls to practice	£24,570,000	Financial, quantified, not cash releasing
Unplanned and emergency care		
Reduction in GP emergency appointments	£29,417,143	Financial, quantified, not cash releasing
Planned care		
Removes need for separate waiting list validation exercises.	£2,500,000	Financial, quantified and cash releasing (within planned care programme and health boards)
Reduction in DNA rates in secondary care.	£5,390,000	Financial, quantified, not cash releasing
Reduction in primary care progress checking calls (and related activity)	£7,312,500	Financial, quantified, not cash releasing
Sub-total:	£15,202,500	
Cancer care		
Removal of cost and effort in duplication functionality across multiple portals.	£2,700,000	Financial, quantified, not cash releasing
Digital medicines		
Reduction in prescription related phone calls to practices (above MHOL usage)	£13,090,909	Financial, quantified, not cash releasing
People reminded to take medicines, avoiding wastage, repeats and appointments	£5,000,000	Financial, quantified, not cash releasing
Sub-total:	£18,090,909	
Immunisation services		
Reduction in letters sent from multiple systems for immunisations and boosters.	£2,062,500	Financial, quantified and cash releasing (within immunisation programmes)
Screening services		
Reduction in paper-based screening letters.	£2,475,000	Financial, quantified and cash releasing (within screening programmes)
Simplified system costs (Single patient-facing portal).	£2,000,000	Financial, quantified and cash releasing (within screening programmes)
Sub-total:	£4,750,000	
Total:	£96,518,052	

Table 5 – Summary of quantified benefits

The net present benefit analysis is included in the economic case.

## 1.8 Benchmarking

The NHS Wales App has been developed by building on the strong position established by the NHS App in England. The English App and associated programme have recently entered into an extended period of development and service transformation, pushing strongly to progress digitally supported patient engagements and pathways. This next wave of development is being undertaken with an internal team managing a recently awarded development contract understood to be valued in excess of £30m per year, funding a 220 strong development team, alongside the existing permanent resources within NHS England employed to work on the programme. The costs of this wider team are currently unknown but estimated at a further £20m per year giving a total spend in England in excess of £50m per year to support a similar programme of activity.

## 2 The Strategic Case

### 2.1 The case for change

The case for change is relatively straightforward and compelling: The NHS Wales App is in use across Wales and will either need to be funded going forwards (as and when the DPIF programme funding runs out) or discontinued.

There are options within this case for change, including the potential for short term suspension of service delivery or a partial suspension of programme activities but the fundamental underlying decisions remain: Is there going to be an NHS Wales App and if so, what will it cost and how will it be funded?

The NHS Wales App has been developed using the Digital Priorities Investment Fund (DPIF), overseen by the Welsh Government. It is now in live deployment with the number of users growing on a daily basis. People across Wales are using the App to order repeat prescriptions, book appointments in primary care and to access parts of their health and care record. Additional functionality is being added regularly. There is a substantial roadmap of further functionality that could be delivered to support an increasing number of digital health and care service interactions.

This document presents several options in terms of scale and pace for continuing with the development and deployment of the NHS Wales App, with associated costs and benefits.

### 2.2 Spending objectives

The options developed in this business case for sustainable funding are assessed in terms of their ability to deliver the spending objectives. The objectives, and hence the reasons for setting up the NHS Wales App, and by extension the Digital Services for Patients and the Public (DSPP) Programme, fall into three broad categories:

- Facilitate cost savings.
- Meet the expectations of the people of Wales.
- Support the delivery of government policy objectives.

#### 2.2.1 Spend to save, underpinning recovery

It is widely acknowledged that a large number of the patient and public-facing interactions and transactions that the health and care services offer can be delivered in alternative ways, with increased reliance on patient-facing technologies and communication tools.<sup>9</sup> This re-design of service provision, making better use of digital communication channels, and the associated change management required to work in new ways (collectively referred to in this business case as digital service transformation) is intended to make better use of limited funding.

This is not new and other sectors such as financial services, retail, entertainment etc. have been supporting and encouraging this 'channel shift' for some time.

In health and care services, using digital solutions to underpin this digital service transformation spans from improving basic patient administration to improving clinical outcomes. As a minimum, the intention is to offer the same service for lower cost and / or improve the service

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<sup>9</sup> [Digital and data strategy for health and social care in Wales \[HTML\] | GOV.WALES](#)  
[Digital transformation in the NHS - Health and Social Care Committee \(parliament.uk\)](#)

that is offered, without increasing the cost. There are a great number of well understood examples in health and care:

- Offer digital ways to order and track repeat prescriptions.
- Move away from traditional postal services and use secure electronic document transfer instead.
- Provide online tools to support the booking of services and changing appointments, rather than phone calls.
- Provide access to information about services (both generic and patient-specific) to empower patients and reduce phone calls.
- Direct people to the most appropriate point of care, first time.

The DSPP Programme has set up a benefits model and is now starting to capture and quantify the value delivered by each of the digital services that the NHS Wales App supports. This is based on counting how many times a feature of the NHS Wales App is used to access a health and care service and multiplying this by the estimated savings that the specific digital service transformation delivers.

### Spending objective 1 – Demonstrate value

Demonstrate that the total cost of providing the NHS Wales App is more than offset by the total quantified (not necessarily cash releasing) 'value in use' of the NHS Wales App, measured using the DSPP benefits framework, by March 2026.

#### 2.2.2 Meet expectations

The DSPP Programme regularly engages with a very wide range of stakeholders<sup>10</sup> including those working in the health service as well as patients and public across Wales. There is no doubt, based on these interactions, that the move to more digitally supported interactions is widely anticipated and supported.

This is to be expected, given the overall increase in digital applications and the services that can be accessed this way. There remain a number of qualifications but in general, a large number of people are happy to use digital channels to access services. People find digital routes convenient (often available 24/7), quick, secure, more informative and more accessible.<sup>11</sup>

It is important that the service design, including the digital element, is done well and it is also important to recognise that not everyone will choose to or be able to use a digital approach. These provisos notwithstanding, meeting the expectations of patients and the public, using the NHS Wales App to facilitate digital access to health and care services, is a primary investment objective for the programme.

### Spending objective 2 – Positive feedback

Provide a wide and balanced range of features in the NHS Wales App to support a number of digital health and care services to meet the expectations of the people in Wales, such that there is a consistent feedback score averaging 4 out of 5 or higher in both the Apple store and the Android Play store by March 2025.

<sup>10</sup> This is through stakeholder workshops and briefing sessions as well as through the various assurance activities of the programme.

<sup>11</sup> [Digital transformation in the NHS – Health and Social Care Committee \(parliament.uk\)](https://www.parliament.uk/committees/health-and-social-care/digital-transformation-in-the-nhs).

### 2.2.3 Support policy

*A Healthier Wales: Long term plan for health and social care (2019)* documents a number of policy aims and objectives that are met by the NHS Wales App:

“Our ambition is (...) to provide an online digital platform for citizens, to give people greater control and enable them to become more active participants in their own health and well-being.”

“Develop an ‘open platform’ approach to digital innovation, through publishing national standards for how software and technologies work together, and how external partners can work with the national digital platform and national data resource.”

Fundamentally, the health and care services are expected to deliver increasingly sophisticated outcomes as people live longer and as treatments become more advanced. This is against a background of reduced funding alongside cost pressures from legacy estates, legacy equipment, rising staff costs and increased costs of treatment.

There are several ways that policy is directing health and care provision to try and bridge this widening gap, boiling down to:

1. Improve efficiency: Achieve better outcomes with lower levels of funding. Modernisation, more efficient ways of working and increased use of technology all fall within this approach.
2. Reduce the demand on services: Patient empowerment (including giving people tools to be more active participants in their own health and care), keeping people healthy, keeping people out of care and sign-posting people to the most appropriate care all allow for more targeted use of limited funding.

Digital services for patients and the public have a key role to play in both of these approaches.

#### Spending objective 3 – Meet policy objectives

Demonstrate that patients are more empowered in their interactions with health and care services based on the number of people using the empowering features of the NHS Wales App:

Appointment booking – [20,000 per month by end of 2025]

Access to records – [20,000 per month by end of 2025]

Facilitating PROMs – [10,000 completed PROMs by the end of 2025/6]

Access to supporting information and services – [200,000 record views during the year 2025/6]

## 3 The Economic Case

This economic case develops, presents and evaluates a number of options for sustainably funding the NHS Wales App and assesses each in terms of its ability to meet the investment objectives identified in the Strategic Case.

### 3.1 Developing the options framework

There are a number of ways in which the DSPP Programme could move forwards. These options boil down to how the delivery activities are organised and how quickly the app is deployed and further developed.

In order to ensure that all relevant options are considered in a logical manner, multiple groupings or dimensions have been defined as an options framework.

#### 3.1.1 Consideration 1 – Programme activity: How to group the services to be delivered?

When developing options to fund the NHS Wales App going forwards, it is helpful to separate the Digital Services for Patients and the Public Programme (the programme) on the one hand and the NHS Wales App (the app) on the other. To date, both the programme and the app have been funded by the Digital Priorities Investment Fund (DPIF) and have been largely synonymous. However, now that the app is operating as a live service, there is a case to separate the activity of the programme from activity supporting the delivery of the app.

Programme funding is typically short-term and targeted on achieving specific outcomes. Operating a service such as the NHS Wales App is typically funded with a long-term commitment to provide funding on an ongoing basis.

To ensure that the options around the provision of long term, sustained funding are not distorted by ongoing programme activity, this business case organises the activity of the programme into three broad areas of service delivery and considers each separately:

1. Maintain: Offer a basic level of service, supporting, operating and maintaining the NHS Wales App to continue to deliver the current level of services.
2. Enhance the underlying services: Continue to add to the current level of core platform functionality.
3. Build out to add value: Encourage, support and work with digital Service Transformation projects in the wider health and care service delivery environment, to make use of and build on the core platform services.

Separating the activity related to the NHS Wales App in this way allows each of these activity areas to have a different delivery model, timeframe and recommended approach.

#### 3.1.2 Consideration 2 – The pace of delivery

The level of funding that will be required will be affected by the pace at which any further development of the NHS Wales App progresses.

Five specific sub-options are proposed to help when considering the pace of delivery:

1. Stop: Stop completely.
2. Pause: Stop for a specified period of time and then continue.
3. Slow down: Continue at a slower rate of progress than the current programme pace.
4. Same pace: Continue at the current rate of progress.
5. Speed up: Continue at a quicker rate of progress than the current programme pace.

### 3.1.3 Consideration 3 – Target operating models or delivery model: How best to deliver the outcomes?

Target operating model is the term used to describe the organisation, governance and managerial arrangements for the delivery of a specific set of outcomes within a given delivery area. There are several options in terms of the target operating model for the components of the DSPP Programme, including the NHS Wales App.

Four delivery models have been defined to help differentiate the options in this business case:

1. Outsourced delivery: Using a commercial partner such as Kainos.
2. DHCW: Internal delivery within DHCW.
3. Other public: Internal delivery using a public body other than DHCW.
4. Hybrid: A blend of outsourced and internal delivery.

### 3.1.4 Consideration 4 – Service delivery areas: How to group the delivered activities?

Over the life of the DSPP Programme, activity relating to the provision of the NHS Wales App has increasingly fallen into four broad categories, consistent with the services being provided by the development partner, Kainos, and familiar to DHCW, plus a fifth area providing oversight:

1. Service support: This falls into two related (and sometimes confused) areas of delivery and responsibility:
  - a. Operating the overall DSPP service management model within DHCW, with the DSPP Programme responsible for this, supported by DHCW service management expertise and resources;
  - b. Providing 3<sup>rd</sup> line technical support for the NHS Wales App as part of the overall DSPP service management model, with Kainos responsible for this,
2. Operations: Managing the infrastructure, operating environments and release cycle process to ensure the correct version of the NHS Wales App software is operating effectively and efficiently in the various operational environments, including interfaces to other systems. (Kainos, under contract)
3. Development: Running one or more parallel agile development squads, developing software to enhance and add to the app and also supporting continuous improvement. (Kainos, under contract)
4. Discovery: Product design, business analysis, wireframes, user research and testing to produce documentation to underpin the development of new functionality and to support continuous improvement of existing features. (Kainos, under contract)
5. Oversight: The DSPP core team operate the programme governance model, undertake significant commercial activity and act as the intelligent client, overseeing the outcomes of the programme, regardless of delivery approach. Oversight of service management is also included in this list of responsibilities.

Each of these service delivery areas could have a different target operating model. There is also the concept of transition, should the delivery model change at any point in time. However, transition is considered an operational state more than a delivery model, requiring additional funding for dual running, skills transfer and other handover-related activities.

### 3.1.5 Consideration 5 – Funding options

Two distinct approaches have been defined, describing fundamentally different ways for the NHS Wales App and related activities to be funded, as well as a third, blended option:

1. Central: Centrally allocated budget passed from the Welsh Government to DHCW. Further complexities exist within this option in terms of how this funding is defined and allocated within the Welsh Government with a consequential impact on other funded services, including Health Board allocations. These wider considerations around overall NHS Wales budget allocation are beyond the scope of this business case. The term 'central funding' has been used to encompass these wider complexities.
2. Contributor model: Recovery model from within the service. Health and delivery partners making use of DSPP services, including the NHS Wales App, might be asked to contribute to the use of these services. This extends to requesting that new capabilities are built into the service portfolio.
3. Hybrid funding options, blending central and contributor funding are also possible. This is how the programme activities are being funded during the transition period of 2024/25. The core DPIF allocation is being used to enhance the core capabilities of the programme with contributor funding being sought to help progress activities in planned care, unplanned care and primary care, for example.

In theory, each delivery activity, within each programme activity could be funded differently.

## 3.2 Understanding the service management model

When considering the service delivery areas above, the transition of solutions from development to deployment is a key stage in the life cycle of new functionality and capabilities, supported by and built into the NHS Wales App. A complex, multi-party service management model is needed to ensure that services are well supported, that all parties have clarity on their role in the support model and that services are supported by those best placed to provide issue resolution capabilities.

The DSPP service management approach is included in Appendix B.

## 3.3 Developing the long list

The dimensional analysis presented in section 3.1 established the following categories and definitions that can be used to create a longlist of potential options:

1. Programme activity (3 options)
2. Pace (5 options)
3. Delivery model (4 options)
4. Service delivery area (5 options)
5. Funding (3 options)

This generates 900 theoretical permutations of options under these headings for consideration.

## 3.4 Reducing the long list

In order to reduce the theoretical long list, many of the scenarios can be removed because either they do not represent a meaningful way to proceed or there is clearly a much more effective option alongside. The details of the long list reduction within this business case are included in Appendix C.

In summary, after logical reduction, the meaningful long list of options in this business case relate largely to different options in terms of pace of delivery alongside considerations about how each activity type (live service, enhancing the core and building out with new capabilities) might best be funded.

Decisions about preferred delivery model have largely already taken place with activity currently underway to transition support, operations and development of the NHS Wales App into DHCW, whilst retaining a top up capability under contract to use outsourced resources to support additional discovery and development where needed. This means that a hybrid operating model is available for the majority of the period covered in this business case.

The Target Operating Models, supporting this hybrid approach to delivery, are documented in more detail in the Management Case presented in section 6, below.

### 3.5 Developing the shortlist

Consideration of the five service delivery areas suggests that programme management and discovery can be treated as discrete activities in terms of the delivery options. Development, operations and 3<sup>rd</sup> line technical support should be dealt with as a single category, following industry best practice. This creates three possible shortlist considerations within service delivery:

1. Development, operations and 3<sup>rd</sup> line technical support.
2. Discovery.
3. Oversight.

The three delivery areas of maintaining the core, enhancing the core and building out from the core are all valid considerations that can be progressed in various ways to create multiple shortlisted options.

The pace of delivery is expressed in number of feature areas in the DSPP roadmap that are progressed in each delivery year.

In order to progress the analysis, seven distinct short list options have been derived from the permutation of long list options and dimensions. These have been defined to span the full range of long list options. This will allow a preferred approach to be identified that can then be further refined if specific long list variables remain relevant.

	1 Stop	2 Pause	3 Maintain only	4 Enhance central services	5 Build out: Contributor funded	6 Build out: Centrally funded	7 Rapid growth: Centrally funded
➤ Live service: - Support - Operations - Development	✗	✗ ✓	✓	✓	✓	✓	✓
➤ Enhance the underlying core platform services	✗	✗ ✓	✗	✓	✓	✓	✓
➤ Build services to support value-adding digital service transformation	✗	✗ ✓	✗	✗	✓	✓	✓ ✓

Figure 1: Business case short list options

#### 3.5.1 Option 1 – Do nothing

The proposed ‘do nothing’ option in this business case is to consider stopping the provision of the NHS Wales App, closing the DSPP Programme and remove all requirement for sustained funding going forwards. In many ways this is a ‘go backwards’ option in that it would involve the removal of services from at least 1m people across Wales by 2025, including services that people are very dependent on already as either legacy MHOL users or new NHS Wales App users.

### 3.5.2 Option 2 – Pause

This option presents the decision to turn off the NHS Wales App for an extended period with a significant decrease in programme expenditure during the pause. This would present an opportunity to restart the programme at a future date at a time when a source of sustained funding becomes available.

This option differs from option 1 in that a core DSPP Programme team would be retained during the pause period. There would also be costs associated with mothballing the application, code and environments for future re-use.

### 3.5.3 Option 3 – Stop development and operate the NHS Wales App in its current form

This option considers keeping the NHS Wales App operational in its current form with a minimal level of development sufficient to offer a break-fix service but with no additional enhancements.

In many ways, this is the true do-nothing option (do nothing more), assuming that the decision to have an NHS Wales App remains in place.

### 3.5.4 Option 4 – Development of core features but no value-adding build-out activity

In this option, the NHS Wales App would be kept operational and would be steadily enhanced with additional core features. Build-out activity (working with external strategic programmes and Health Boards for example) to undertake digitally enabled service transformation would not be progressed.

### 3.5.5 Option 5 – Encourage and support build out activity using federated funding

As per option four but with additional funding for oversight activity to develop collaborative projects that will build out from the NHS Wales App, making use of DSPP core services. The intent would be to align / leverage funding from within strategic programmes and health boards to fund the majority of any discovery, development and support activity that may be required.

### 3.5.6 Option 6 – Undertake build out activity using central funding at a measured pace

In this option, the provision of the NHS Wales App is fully funded on an ongoing basis, the enhancement of the core application is fully funded on an ongoing basis and the build out of services from the core application, working with strategic programmes and Health Boards is also largely fully funded on an ongoing basis.

The build-out activity would still use the same operating model of service-led collaboration with DSPP providing support and access to discovery and development capabilities. The collaboration partners would still retain responsibility, and potential need to fund, service re-design and service transformation in their respective service delivery areas. The cost of adding new functionality into the NHS Wales App and integrating with existing legacy systems would be funded from a central resource.

### 3.5.7 Option 7 – Strong, centralised push with rapid development of new services

In this option, a more aggressive approach is taken to the development of digital solutions, supporting more rapid service re-design and transformation to digitally supported services.

The delivery approach would be as in option 6 but the funding and pace of change would be much greater.

## 3.6 Analysis of shortlisted options

### 3.6.1 General assumptions

1. The ongoing operation of the NHS Wales App, if supported, should be with long term sustained funding.
2. If oversight, discovery and development activities are supported, then this should be for a time limited period and delivery in these areas should be managed as a programme.
3. Where in-house provision is used to support development, an uplift to the underlying staff costs has been applied to reflect the impact on staff turn-over, vacancies, training, leave, corporate duties and on-costs that are not applicable to outsourced development.

### 3.6.2 Costing assumptions

The following assumptions have been used to provide costs for each of the shortlisted scenarios:

1. Any elements of outsourced provision going forwards would retain the same cost profile as the outsourced activity provisioned to date. These have been reverse engineered from the work package charges over the previous 18 months of activity with Kainos as the NHS Wales App has been built and deployed.
2. Internal provision for support (tech), operate and develop based on the costed Target Operating Model provided by ADS and included in Appendix D.
3. Support and operation costs are based on the NHS Wales App and associated service not being classified as Clinical Critical and as such, not requiring 24/7 support.
4. Provision of oversight function to continue at current level. Whilst it is desirable to reduce the standing costs associated with coordinating activities, commissioning outcomes and managing delivery partners, reducing these costs below a minimum operational level will result in disproportionately higher costs elsewhere in terms of delay due to poor coordination of multiple parties, longer development periods and poorly managed commercial activity.
5. Development of new capabilities will be commissioned in quarterly work packages, regardless of external or internal provision.
6. Work packages will include 6x2 week sprints.
7. Sprint team costs as below.
8. Assumptions of costs for progressing backlog items:
  - a. Agile process followed, spanning multiple work packages.
  - b. The agile cycle might span between 2 and 4 work packages up to and including deployment.
  - c. Continuous improvement spans 6-12 months. Following deployment for costing purposes (although ongoing in reality, funded under 'maintain' activity.)
  - d. Sprint allocation assumes one full development squad.

	Discovery	Development (alpha)	Development (beta)	Deployment	continuous improvement
Simple developments	1½ sprints	2½ sprints	1½ sprints	½ sprint	1 sprint over first 12 months
Complex development	3 sprints	4 sprints	3 sprints	1 sprint	2 sprints over first 12 months

Table 6 – Effort allocation framework

The above assumptions, combined with the costs provided for the Target Operating model and the known expenditure over the previous 18 months, result in the following input costs:

	In house	Outsourced	Hybrid
Support (per month)	£20k	£40k - £60k	n/a
Operations (per month)	£30k	£50k	n/a
Development (1 sprint)	£30k	£120k	As per outsourced, if required.
Discovery (1 sprint)	Assume £500k per year =£30k per sprint	£140k	

Table 7 – Input costs

### 3.6.3 Funding assumptions

1. All additional costs associated with transition (dual running, training and skills transfer in particular) occur in 2024/25 only.
2. Short term and programme funding required for 2 years plus 1 year winding down. This could be a shorter or longer period depending upon:
  - a. Pace of delivery anticipated.
  - b. Number of enhancements anticipated.
3. There are three distinct types of funding considered in this business case:
  - a. DPIF: Current allocation of DPIF funding.
  - b. New sustainable funding: Funding required on an ongoing basis.
  - c. Collaboration funding: Funding provided by collaboration partners when undertaking build-out activities, working with either strategic programmes or health boards.

4. Proposed allocation of funding sources to activity areas:

Service area	Activity	2024/25	2024/25	2025/26 onwards
		Baseline	Transition (including dual running)	
Maintain	Support	Funded within current DPIF allocation.	DPIF	Steady state continuous funding required.
	Operate		DPIF	
	Develop (min)		DPIF	
Enhance	Develop	Funded within current DPIF allocation.	DPIF	Short term funding required.
	Discover		DPIF	Short term funding required.
	Oversee		DPIF	Extension of programme funding required.
Build out	Support	Largely funded by service owner.	Largely funded by service owner.	Funded within central allocation for agreed roadmap items.
	Operate			
	Develop			
	Discover			
	Oversee	Assume covered within DPIF allocation.	DPIF	Extension of programme funding required.

Table 8 – Proposed funding sources by activity type

### 3.7 Benefits appraisal

#### 3.7.1 The DSPP benefits model

The DSPP benefits model uses six benefit groupings as follows:

- (i) Financial, quantified and cash releasing
- (ii) Financial, quantified, not cash releasing
- (iii) Financial, not quantified
- (iv) Improved patient experience (non-clinical)
- (v) Improved clinical outcomes
- (vi) Contributes to sustainability targets (e.g. carbon reduction)

The model is applied in three steps:

- Step 1: Identify the thing that will be measured – the ‘metric.’ (e.g. avoided phone calls to GP surgeries when someone requests a repeat prescription in the App so the metric that we should measure in the App is ‘repeat prescription requests’)
- Step 2: Identify the ‘multiplier’ for this benefit, if it is a quantified benefit (i.e. type (a) or (b) in the list, above). In our example, how much money is saved each time a phone call is avoided?

- Step 3: Automate the counting of the occurrence in the App and multiply the count by the multiplier to get the accumulated value of the benefit going forwards.

The benefits identified within this process are attached to the delivery and operation of specific services, enabled through the NHS Wales App, such as appointment booking in primary care, repeat prescription functionality and direct access to records in place of telephone calls. These are in turn matched to features in the NHS Wales App. The usage of features can be tracked and counted in the App and converted to a set of benefit figures. Future enhancements anticipate the benefit associated with the use of each feature and add to the DSPP benefit model as features are deployed.

Many benefits are qualitative, improving patient outcomes and empowering patients to take ownership of their health needs. Others contribute to sustainability targets.

### 3.7.2 Benefits by option

This section summarises the benefits for each of the shortlisted options, noting:

1. Only benefits type (i) and (ii) above have been quantified.
2. Qualitative benefits, including patient benefits, (types (iii) (iv) (v) and (vi) above have been classed as high, medium or low.
3. The benefit model has been developed to capture clear and obvious benefits for this analysis. Over time, as the benefit model matures, the level of both quantified and qualitative benefits is expected to be much higher. As such, this business case represents the lowest potential benefits to be achieved.

Option	Quantified benefits		Financial, not quantified. Staff time released (days) (iii)	Qualitative benefits (iv), (v), (vi)	Notes
	Cash releasing (i)	Funding re-deployed (ii)			
1 – Stop (Do nothing)	£0	£0	0	Zero	Could be negative to reflect loss in current services
2 – Pause	£0	£17,135,714	256	Low / delayed	Depends on level of activity once re-start commences.
3 – Maintain only	£0	£28,245,682	512	Medium	Benefits of current services only
4 – Enhance central services	£0	£48,959,182	512	Medium	Benefits of enhance sore services.
5 – Build out: Contributor funded	£8,133,750	£78,732,497	84,456	High	Slower delivery of outcomes and benefits associated with funding challenges.
6 – Build out: Centrally funded	£9,037,500	£87,480,552	93,840	High	More predictable delivery.
7 – Rapid growth: Centrally funded	£15,815,625	£153,090,966	164,220	Very high	Maximum delivery and maximum associated benefits.

Table 9 – Summary of benefit analysis

In general, the more delivery that is facilitated by the option, the higher the benefit that will be realised.

### 3.7.3 Risk assessment

A number of high-level risks have been identified for each option, resulting in a combined risk assessment on a scale of 1 (Low) to 5 (High).

This risk assessment is a relative assessment of risk between each of the shortlisted options, as distinct from a full risk assessment for each option if it were to be delivered as a programme of work.

Option	Risk assessment (L, M, H)	Main risks
1 – Stop (Do nothing)	5 – High	Public upset with removal of existing digital routes to services.
2 – Pause	5 – High	Public upset with removal of existing digital routes to services.
3 – Maintain only	4 – Medium high	App does not provide sufficient functionality to meet user expectations, resulting in disenfranchisement and people drifting away, potentially leading to App failing to reach a critical mass of functionality and users. Healthcare delivery partners will do their own thing resulting in patchwork of services across Wales.
4 – Enhance central services	3 – Medium	Without support to encourage health and care delivery partners to develop and deploy digital service offerings built on the core platform services and making best use of the NHS Wales App, users will be faced with multiple and varied digital routes and solutions to access health and care services.
5 – Build out: Contributor funded	2 – Medium low	There is a risk in this option that health and care delivery partners choose to 'do their own thing' and commit funding to a range of disparate and not fully connected patient facing digital solutions. This will result in less funding and less progress of DSPP and NHS Wales App related capabilities.
6 – Build out: Centrally funded	1 – Low	Challenges around agreeing priorities for central funding
7 – Rapid growth: Centrally funded	3 Medium	The biggest risk with this option is that the demands on the service are too great, especially in terms of service transformation. It also places high demand on development resources, which, although saleable to a degree, risks becoming less effective if too much parallel activity is expected.

Table 10 – Summary of risk analysis

### 3.7.4 Assessment of estimated costs

Full details of the costing assumptions for each of the options are included in the financial model in Appendix D.

The impact of these assumptions are shown in the tables below.

### 3.7.5 Net present value

The net present value for each option has been calculated using a discount figure of 3.5% in line with HMRC treasury green book guidance. Full details are included in the financial model included in Appendix D.

Option	Five-year costs	Net present value	Notes
1 – Stop (Do nothing)	£0	£0	In practice this option would attract some costs associated with closure.
2 – Pause	£11,127,412	£10,395,205	These costs are based on a 3-year pause, then resuming on a scale equivalent to option 4 plus some additional start-up costs.
3 – Maintain only	£16,239,650	£15,147,070	Minimum maintenance costs only included.
4 – Enhance central services	£23,126,986	£21,617,991	Cost of core feature development only included.
5 – Build out: Contributor funded	£33,184,046	£31,452,663	Cost of additional feature development included with additional effort to reflect need to gain commitment for collaborative funding plus additional discovery costs.
6 – Build out: Centrally funded	£31,305,079	£29,624,485	This is the fully costed baseline option based on historic run rate costs, updated to reflect the impact of transition.
7 – Rapid growth: Centrally funded	£56,233,367	£53,438,663	This assumes a range of between 100% and 200% of the costs associated with option 6 for the various activities.

Table 11 - Summary of cost analysis

### 3.7.6 Summary of cost, risk and benefit analysis

The above outcomes of the benefit model, the risk model and the cost model are summarised in table 12 below. A score of 1 indicates this is the top option and 7 indicates the least preferable option.

Option								
	Benefit		Risk		Cost		Benefit / Cost	
	value	score	value	score	value	score	value	score
1 – Stop (Do nothing)	£0	7	5	6	£0	1	1	7
2 – Pause	£17,135,714	6	4	5	£11,127,412	2	1.54	6
3 – Maintain only	£28,245,682	5	5	6	£16,239,650	3	1.74	5
4 – Enhance central services	£48,959,182	4	3	3	£23,126,986	4	2.12	4
5 – Build out: Contributor funded	£86,866,247	3	2	2	£33,184,046	5	2.62	3
6 – Build out: Centrally funded	£96,518,052	2	1	1	£31,305,079	6	3.08	1
7 – Rapid growth: Centrally funded	£168,906,591	1	3	3	£56,233,367	7	3.00	2

Table 12 – Cost / benefit analysis

### 3.7.7 Net present benefit and sensitivity analysis

The benefits accrue over differing time periods for each option and at a different rate for each of the feature that are included in each option. To help with sensitivity analysis, the net present benefit for each option has been calculated using a discount figure of 3.5% in line with HMRC treasury green book guidance. Full details are included in the financial model included in Appendix D.

Benefit assertion	Five-year total	NPB	Benefit type	Staffing time benefits (over 5 years)
<b>Primary care navigation</b>				
Direct booking reduces phone calls to practice	£24,570,000	£22,173,939	Financial, quantified, not cash releasing	512
<b>Unplanned and emergency care</b>				
Reduction in GP emergency appointments	£29,417,143	£26,863,502	Financial, quantified, not cash releasing	12,768
<b>Planned care</b>				
Removes need for separate waiting list validation exercises.	£2,500,000	£2,336,540	Financial, quantified and cash releasing (Within NHS Wales)	
Reduction in DNA rates in secondary care.	£5,390,000	£3,474,549	Financial, quantified, not cash releasing	

Reduction in primary care 'progress checking' calls	£7,312,500	£6,599,386	Financial, quantified, not cash releasing	
Subtotal:	£15,202,500	£12,410,475		32,560
<b>Cancer care</b>				
Removal of cost and effort in duplication functionality across multiple portals.	£2,700,000	£2,570,365	Financial, quantified, not cash releasing	0
<b>Digital medicines</b>				
Reduction in prescription related phone calls to practices (above MHOL usage)	£13,090,909	£11,898,423	Financial, quantified, not cash releasing	
People reminded to take medicines, avoiding wastage, repeats and appointments	£5,000,000	£4,544,811	Financial, quantified, not cash releasing	
	£18,090,909	£16,443,234		48,000
<b>Immunisation services</b>				
Reduction in letters sent from multiple systems for immunisations and boosters.	£2,062,500	£1,874,621	Financial, quantified and cash releasing (Within NHS Wales)	
<b>Screening services</b>				
Reduction in paper-based screening letters.	£2,475,000	£2,233,638	Financial, quantified and cash releasing (Within NHS Wales)	
Simplified system costs (Single patient-facing portal).	£2,000,000	£1,836,540	Financial, quantified and cash releasing (Within NHS Wales)	
Subtotal:	£4,475,000	£4,070,178		0
<b>Total:</b>	<b>£96,518,052</b>	<b>£86,406,314</b>		<b>93,840</b>

Table 13 – Net present benefit analysis. Note, highlighted rows are cash releasing benefit areas.

The preferred option does not change when considering net present costs and net present benefits.

### 3.8 Preferred option

Option 6 is demonstrably the preferred option in terms of maximising benefit for input costs. It is also the preferred option in terms of minimising the risks associated with meeting the investment objectives.

The implications of this option are:

1. Use the current DPIF funding up until the end of March 2025 to continue on the current programme trajectory:
  - a. Build and launch (2022/23)
  - b. Deploy and grow (2023/24)
  - c. Enhance (2024/25)
2. Re-structure the activity of the programme during the transition phase (largely during financial year 2024/25) into three increasingly separate areas of activity:
  - a. Maintain the NHS Wales App, including service support, operational support and minimum development activity as required. Limited options and few choices to be made.
  - b. Enhance the NHS Wales App, consolidating the NHS Wales App as a platform for digital service transformation by continuing to progress the backlog of core

- capabilities documented in the DSPP roadmap. Options are considered in this business case in terms of delivery approach, pace and priorities.
- c. Build out to add value, making use of the DSPP core platform services, including the NHS Wales App, working with service leads and supporting the Digital Service Transformation Agenda. Options are considered in this business case in terms of priorities as well as challenges and complexities due to the service transformation activities required, the additional funding required and service owners external to DHCW and the DSPP Programme.
3. Change the management arrangements within these three activity areas during the transition phase from one of an overarching programme, managing all activity to one where:
    - (i) live service is largely a fully funded, standalone activity managed as a business-as-usual function within DHCW as part of the shift to a product focus in DHCW operations;
    - (ii) oversight, discovery and development associated with a minimum level of enhancement needed to consolidate the NHS Wales App are delivered by extending for a fixed period the current DSPP core team activities and funding.
    - (iii) The core team to progress the DSPP development roadmap, working with identified service leads. Provide a support service to assist and encourage the wider value-adding service-led digital service transformation activities.
  4. Ensure that development is ongoing during the transition into DHCW, with particular emphasis on closing the assumptions listed in section 1.3.4, above.
  5. Maintain a delivery oversight capability:
    - a. Ensure appropriate governance.
    - b. Financial control.
    - c. Undertake commercial activities.
    - d. Stakeholder engagement.
    - e. Oversee the service management model including operations.
    - f. Commission development and discovery activities and oversee delivery.
  6. Seek alignment of any digital strands of strategic programme funding to make full use of the services enabled by the NHS Wales App.
  7. Seek alignment of Health Board digital investments to make full use of the services enabled by the NHS Wales App.

## 4 Commercial case

The preferred outcome, established in the economic case, leads to two distinct time periods and three specific service delivery areas where clarity in provision of services is required. These time periods and service requirements are summarised in table 14.

These five delivery areas, described in the economic case above, underpin the proposals in this commercial case, the financial case and the management case.

Activity type		Timeframe	
		Financial year 2024/25	April 2025 onwards
Maintain	Maintenance of the core platform services / NHS Wales App as a gateway to services.	Operational delivery during transition	Ongoing operational delivery (steady state)
Consolidate through enhancements	Enhancement of the core platform services / NHS Wales App as a gateway to services.	Enhancement during transition	Ongoing enhancements (steady state)
Build out	Working with the wider service delivery areas to encourage and support the creation of new digital services, building on the NHS Wales App core platform services and delivering the DSPP development roadmap.	Value add activity – programme extension	

Table 14: Service delivery areas over time

### 4.1 Strategy for delivery

In order to deliver the preferred option outlined in the economic case, a flexible delivery mechanism will be required for each activity type, as described in the management case.

#### 4.1.1 Access to supporting services during 2024/25

Services during this transition period will be required in each of the delivery areas:

1. Support
2. Operations
3. Development
4. Discovery
5. Oversight

#### 4.1.2 Access to supporting services beyond April 2025

Post transition, service delivery in each of these five delivery areas will be based on the Target Operating Models presented in section 6 of this business case.

1. Support:
  - Support for DSPP services built around the NHS Wales App: Fully transitioned and delivered within DHCW as an additional service delivery area.
  - 3<sup>rd</sup> line technical support for the NHS Wales App: Fully transitioned and delivered within DHCW alongside the 'development' function.

2. Operations: Fully transitioned and delivered within DHCW alongside the 'development' function.
3. Development:
  - Fully transitioned and delivered within DHCW.
  - Access to external resources to supplement the internal capabilities envisaged on a call off basis for some time.
4. Discovery:
  - Fully transitioned and delivered within the DSPP core team within DHCW.
  - Access to external resources to supplement the internal capabilities envisaged on a call off basis for some time.
5. Oversight: Provided as a programme function within DHCW.

#### 4.1.3 Routes to service provision

There are three commercial vehicles that can be used to provide these services, on top of the internal service provision that is envisaged:

1. The new support agreement established under the recent DSPP procurement.
2. The DHCW resourcing framework.
3. External procurement.

The procurement has established a single supplier framework where activity can be called off to provide services in each of the above delivery areas as and when needed.

This framework anticipates the need for access to external resources to supplement the internal capabilities in the areas of Discovery and Development. Provision is included to access these services to support a hybrid operating model for up to four years from 1<sup>st</sup> April 2024.

## 5 Financial case

### 5.1 Funding requirements

The preferred option has been costed in some detail, based on:

- (i) Historic costs incurred by the programme to date:
  - a. Internal team costs
  - b. Outsourced delivery costs
- (ii) The declared costs of the internal DHCW delivery team, once recruited, trained and operational, anticipated to be before the end of March 2025.

The costs model is included in Appendix D.

### 5.2 Funding Sources

#### 5.2.1.1 *Central budget allocations*

The majority of funding for the DSPP Programme activities, and the NHS Wales App in particular, will need to be provided as public sector funding from within the Welsh Government. Whilst the method and mechanics of this are important, this business case has not drawn the distinction between any additional central allocation and hypothecated funding within existing budget allocations. The decisions in this business case revolve around whether to fund, what to fund, and therefore how much funding might be required, ahead of conversations about where the funding might come from and how this is allocated within the public sector finance processes.

To aid the future funding considerations that this business case has been written to support, the required funding has been split between capital and revenue funding. It is additionally helpful to consider the expenditure categories of:

- (i) live service (operations and support);
- (ii) developing core capabilities in the NHS Wales App;
- (iii) adding benefit -driven improvements to support new models of care and service transformation and
- (iv) providing oversight and management to each of these activity areas.

In making these distinctions between funding categories it is important not to accidentally consider variable funding as optional funding if the business case outcomes are to be achieved.

#### 5.2.1.2 *External funding and income generation*

There is very limited external funding identified in the future plans for the programme. Supplier contributions for the onboarding process might generate some income in time but it is unlikely that this will ever exceed the costs of running the services.

#### 5.2.1.3 *Internal (public sector) recharging*

In addition to central budget allocations, the financial model assumes some cross charging within the public sector for some aspects of service provision. These fall into three broad categories:

- (i) Pay as you go: Some elements of service provision will be set up as discrete services. Messaging patient cohorts is one such example. Facilitation of appointment booking is another. It is possible to envisage an approach that applies charges for the use of these services in some cases. This has not been progressed as a funding route for this business case. It is likely that the costs involved in setting up and charging for these services would be disproportionately high compared to the recovered costs.

- (ii) Standing service charges: As new build-out activities are added on to the core service offering, the costs associated with maintaining and operating the NHS Wales App will go up. As the app gets bigger and more complicated, so the work required to maintain, operate and repair also increase. Recharging for an element of the standing operational charges to the service owner for integrated components is possible but currently not being progressed, pending a strategic steer and Programme Board discussions.
- (iii) Supporting build out activities: There are options to re-charge for provision of resources used to support the discovery and development stages of any new service creation as well as providing access to the development capabilities within the programme. Re-charging DMTP for development of patient-facing digital medicine capabilities illustrate this potential model.

Recharging service leads for activity that incrementally increases the operating costs for the NHS Wales App has a number of benefits:

- Ownership
- Commitment
- Buy in

All these lead to improvements in the quality of the engagement, an ongoing relationship and better attendance at governance meetings.

However, the process of applying recharges must be extremely efficient, less the cost and effort in operating a recharging mechanism outweigh the value of the recharge resulting in a net loss to the public sector. Flat fee annual charging is proposed to offset this risk.

Rate book charging models are proposed to simplify the calculation of actual impact on the core services based on a simple assessment of the impact:

- Fully embedded
- Integrated
- Linked

End user funding for any element of the services has been discounted at this time.

### 5.3 Funding requirements

The model included in Appendix D presents the forecasted funding requirements within each of the three activity areas (maintain, enhance, build out) for the continuation / closure of the current DPIF period and on-going steady state, post-programme conditions.

The summary of the required funding is presented in table 15.

	2025/26	2026/27	2027/28	2028/29	2029/30 and ongoing	Five-year total
Capital	£1,669,844	£1,374,643	£402,643	£402,643	£402,643	£4,252,416
Revenue	£7,077,933	£6,710,069	£4,500,603	£4,357,029	£4,377,029	£27,022,663
Total funding required	£8,777,777	£8,084,712	£4,903,246	£4,759,672	£4,779,672	£31,275,079

Table 15: Summary of funding requirements

## 5.4 Capital and revenue treatment

The following approach has been adopted in consideration of capital and revenue elements of the proposed activity. The cost of developing new functionality by an external delivery partner in the NHS Wales App is treated as creating an asset of a value commensurate to the cost of creating the new functionality. As such, a level of capital funding is required to support the activities described within this business case. Development activity associated with repairing, modifying or updating existing, previously built functionality is treated as revenue activity. Activity associated with discovery, process design, programme management and enhancement of existing functionality through continuous improvement is treated as a revenue expense category.

Activity type	Capital	Revenue	Notes
Discovery activity, resulting in a documented understanding of the possible service transformation and supporting digital solutions that might be needed to support this.	0%	100%	Understanding the health and care delivery environment and developing new models of care, including digital aspects of care delivery, is seen as an ongoing and continuous activity in the health and care delivery service.
Developing new functionality in the NHS Wales App. (Programming and software development.)	100%	0%	The cost of developing the software is considered to represent the capital value of the application that is delivered.  This is regardless of whether the activity is delivered by internal resources, outsourced or a hybrid delivery model.
Any procured hardware, specific to the operation of the application.	100%	0%	Where software operated on dedicated hardware, owned and operated by DHCW, this is treated as a capital asset, funded with capital funding.
Any rented or leased hardware, specific to the operation of the application.	0%	100%	Where software operated on rented or leased hardware, including cloud services, this is treated as a revenue funded activity.
Enhancement to existing functionality in the NHS Wales App: Adding new features	100%	0%	Adding capabilities to the NHS Wales App that are clearly new and additional is considered to increase the capital asset value of the application. The added value is considered commensurate to the cost of the new development activity, regardless of whether this is delivered by internal resources, outsourced or a hybrid delivery model
Enhancement to existing functionality in the NHS Wales App: Modification and updating existing features	0%	100%	The ongoing improvement of existing capabilities in the NHS Wales App is considered as a continuous improvement to the underlying, existing service.
Operating the NHS Wales Application on a day-to-day basis:	0%	100%	The day-to-day operation of the NHS Wales App is treated as a revenue funded activity.

Service desk (staff) Technical support (staff) Operations (staff) Platform costs Development: Break-fix & continuous improvement (staff) Software (Licences and operating costs) NHS login Other commercial agreements			
Programme and oversight team costs.	0%	100%	Staff resourcing costs, regardless of whether internal or externally provided, are treated as revenue funded activities, unless directly attributed to software application and asset creating activities.

Table 16: Principles adopted to capital and revenue treatment of funding programme activity.

This means that the level of capital funding required over time by the programme will diminish.

The summary funding requirements of the preferred option are shown table 17, below.

The implications of this approach to allocation of activity to capital funded and revenue funded activity for the preferred options is shown in table 18.

	Year 1		Year 2		Year 3		Year 4		Year 5	
	Capital £k	Revenue £k	Capital £k	Revenue £k	Capital £k	Revenue £k	Capital £k	Revenue £k	Capital £k	Revenue £k
<b>Operating the App</b>										
Service desk (staff)	£0	£87	£0	£87	£0	£131	£0	£131	£0	£131
Technical support (staff)	£0	£315	£0	£315	£0	£315	£0	£315	£0	£315
Operations (staff)	£0	£384	£0	£384	£0	£384	£0	£384	£0	£384
Platform	£0	£338	£0	£338	£0	£338	£0	£338	£0	£338
Dev: Break-fix & continuous improvement (staff)	£0	£168	£0	£168	£0	£168	£0	£168	£0	£168
Software (Licences and operating costs)	£0	£450	£0	£540	£0	£550	£0	£600	£0	£650
NHS login	£0	£799	£0	£922	£0	£924	£0	£930	£0	£950
Other commercial agreements	£0	£315	£0	£325	£0	£335	£0	£335	£0	£335
<b>Sub totals:</b>	<b>£0</b>	<b>£2,856</b>	<b>£0</b>	<b>£3,079</b>	<b>£0</b>	<b>£3,145</b>	<b>£0</b>	<b>£3,201</b>	<b>£0</b>	<b>£3,271</b>
<b>Service transformation</b>										
Discovery	£0	£332	£0	£231	£0	£50	£0	£50	£0	£50
Agile development (internal baseline)	£403	£268	£403	£268	£403	£268	£403	£268	£403	£268
Agile development (hybrid)	£1,267	£1,901	£972	£1,458	£0	£0	£0	£0	£0	£0
Deployment	£0	£634	£0	£486	£0	£0	£0	£0	£0	£0
<b>Sub totals:</b>	<b>£1,670</b>	<b>£3,135</b>	<b>£1,375</b>	<b>£2,443</b>	<b>£403</b>	<b>£318</b>	<b>£403</b>	<b>£318</b>	<b>£403</b>	<b>£318</b>
<b>Ownership, oversight and coordination</b>										
DSPP programme team	£0	£830	£0	£900	£0	£750	£0	£550	£0	£500
Service management	£0	£137	£0	£137	£0	£137	£0	£137	£0	£137

Communications	£0	£50	£0	£50	£0	£50	£0	£50	£0	£50
Staff training, development, travel, equipment	£0	£100	£0	£100	£0	£100	£0	£100	£0	£100
<b>Sub totals:</b>	£0	£1,117	£0	£1,187	£0	£1,037	£0	£837	£0	£787
<b>Totals</b>										
	£1,670	£7,108	£1,375	£6,710	£403	£4,501	£403	£4,357	£403	£4,377

Table 17: Funding requirements

In summary, based on these high-level principles of accountancy treatment, the majority of the funding demands for the DSPP Programme and delivering the NHS Wales App going forwards will be for revenue funding.

## 5.5 Variable costs and risk mitigation

### 5.5.1 Classification of charges

Many of the costs associated with operating the NHS Wales App are variable with three underlying costs drivers:

1. Number of users.
2. Pace of development and associated feature release cycle (new features).
3. Complexity and number of features / services within the App.

The number of users can be interpreted as number of newly registered users or number of active users of particular features in the App, changing over time.

In most cases, these variable costs are predictable and also often low value. It is the high value unpredictable costs that introduce risk into the budget management and funding for the NHS Wales App:

		Certainty	
		Predictable	Unpredictable
Magnitude / value of variable component	Small <£50k per year	1. Low risk	2. Low risk
	Medium £50k-£250k	3. Low risk	4. Medium risk
	High >£250k per year	5. Medium risk	6. High risk

Table 18: Risk assessment of variable costs

## 5.6 Analysis

The financial model in Appendix D groups the predicted expenditure into a limited number of rows. These have been used to help with consideration of risks of unexpected variable costs.

Funding Required	2025/26	2026/27	2027/28	2028/29	2029/30 & Ongoing	Total
Capital						
Capital	£1,669,844	£1,374,643	£402,643	£402,643	£402,643	£4,252,416
Revenue						
Fixed	£5,859,159	£5,248,295	£3,027,029	£2,827,029	£2,777,029	£19,738,541
Variable						
NHS Login	£798,774	£921,774	£923,574	£930,000	£950,000	£4,524,122
MS Azure cloud hosting & Licencing	£450,000	£540,000	£550,000	£600,000	£650,000	£2,790,000
Total Variable	£1,248,774	£1,461,774	£1,473,574	£1,530,000	£1,600,000	£7,314,122
Total Revenue	£7,107,933	£6,710,069	£4,500,603	£4,357,029	£4,377,029	£27,052,663
Total	£8,777,777	£8,084,712	£4,903,246	£4,759,672	£4,779,672	£31,305,079

Table 19: Fixed and variable costs

When considering variable costs, it is important to recognise that these are not optional costs. They are charges driven by growth in number of users and increased complexity of the overall NHS Wales App capabilities.

Cost category	Risk classification	Variable cost drivers	Notes and mitigations
Service desk (staff)	Predicable, low value	# users # features	The number of support staff to assist with user feedback will grow as complexity and number of users increase.
Technical support (staff)	Predicable, medium value	# users # features	The technical support requirements will grow as the complexity of the NHS Wales App increases. This is being mitigated by keeping the App simple and integrating with complex service areas (e.g. PROMs), rather than building these in the App.

Operations (staff)	Predicable, medium value	# users # releases	The operational costs will grow as the number of users grow and with periods of development with a high release cycle cadence.
Platform (Staff)	Unpredictable, medium value	# users # features	The management of the infrastructure is expected to remain stable during the lifetime of the NHS Wales App although cyber security and associated measures will remain a risk to be managed.
Dev: Break-fix & continuous improvement (staff)	Predicable, medium value	# users # features	The level of development resources needed to keep the NHS Wales App up-to-date and to investigate fixes will remain predictable, varying by number of users and complexity.
Software (Licenses and operating costs)	Unpredictable, high value	# active users # features	The cost of the MS Azure cloud services are large, variable and difficult to predict without careful management of the technology and usage.
NHS login	Unpredictable, high value	# new users	The cost of £1.50 per new user to register with NHS login is a one-off charge with a high degree of unpredictability in terms of when this will be incurred.
Other commercial agreements	Unpredictable, medium value	# 3 <sup>rd</sup> party services	Number of accredited digital services to be processed is hard to predict. Number of 3 <sup>rd</sup> party integration requests to manage is hard to predict.
Discovery (Hybrid)	Predictable, high value	# new developments	The cost of discovery activity is high, directly proportional to the number of new features being commissioned.
Development (Hybrid)	Predictable, high value	# new developments	The cost of development is high, directly proportional to the number of new features being commissioned.
Oversight, ownership and coordination (staff)	Predicable, medium value	# new developments	The core team has been set to oversee the planned developments. If the pace of development changes, the shape and size of the core team may need to adjust.
Service management (staff)	Predicable, low value	# new developments	The service management staffing has been set to oversee the planned developments.
Communications	Unpredictable, low value.	Comms activity	The communication costs have been set based on the planned communication campaign.

Table 20: Variable funding risk assessment

### 5.6.1 Variable funding risk analysis

There are two main areas of high risk, identified above:

- MS Azure cloud hosting and development charges

- NHS login costs

### 5.6.2 User growth model

The business case for sustained funding is built on estimated user growth, underpinned by several scenarios:

High

	Mar-24	In-year change	Mar-25	In-year change	Mar-26	In-year change	Mar-27	In-year change
Installed users (downloaded and registered)	200,000	200,000	1,000,000	800,000	1,500,000	500,000	1,800,000	300,000
% not already P9 on NHS login	40%		40%		60%		80%	
New NHS login registrations		80,000		320,000		300,000		240,000
Registration charges (@£1.50)		£120,000		£480,000		£450,000		£360,000
% heavy users (driving Azure usage costs)	30%		30%		30%		30%	
		24,000		96,000		90,000		72,000

Low

	Mar-24	In-year change	Mar-25	In-year change	Mar-26	In-year change	Mar-27	In-year change
Installed users (downloaded and registered)	200,000	200,000	500,000	300,000	800,000	300,000	1,200,000	400,000
% not already P9 on NHS login	40%		40%		60%		80%	
New NHS login registrations		80,000		120,000		180,000		320,000
Registration charges (@£1.50)		£120,000		£180,000		£270,000		£480,000
% heavy users (driving Azure usage costs)	30%		30%		30%		30%	
		24,000		36,000		54,000		96,000

Table 21a and 21b: User growth models

### 5.6.3 MS Azure cloud hosting

The costs associated with operating the NHS Wales App as a cloud service are billed monthly based on resourced consumed in running the NHS Wales App.

This resource usage is driven by the number of transactions which in turn are affected by several factors:

- Number of users transacting with the service in the period
- The design of the application
- The management of the cloud services
- The underlying commercial agreement and negotiated charges.

This makes the predictability of charges straight-forward if the configuration and complexity of the App does not change. Charging will be largely proportionate to the number of active users in the period. The ratio of registered users to the number of active users is based on assumptions. The complexity of the service (and hence transactional charges) is also based on assumptions.

These assumptions have been used to establish the estimated funding as follows:

	Year 1	Year 2	Year 3	Year 4	Year 5
Charges	£450,000	£540,000	£550,000	£600,000	£650,000

Table 22: Modelled MS Azure hosting charges

#### 5.6.4 NHS login charges

The NHS login charges are underpinned by an agreement between DHCW and NHS England. This agreement includes:

- One-off charges for the registration and ID validation of each new user to proof level 9 (needed to access sensitive medical data)
- On-going usage charges

The agreement that has been reached is heavily loaded towards upfront charges, based on the argument that monitoring and collecting usage charges could cost more to operate than the value to be paid. Therefore, £1.50 is paid for each newly verified user (remembering that many Welsh users are already verified after the Covid pandemic) and a notional annual contribution is made for on-going support.

This means that the overall financial risk is linked directly to the total number of new users and the magnitude of this is effectively capped by the total potential user base.

The more challenging risk is around when the exposure to this financial commitment might actually be realised. This might require funding to be moved across years if growth is significantly slower or significantly higher than modelled.

The estimated rate of user growth included above has been used to establish the estimated funding requirements as follows:

	Year 1	Year 2	Year 3	Year 4	Year 5
Charges	£798,774	£921,774	£923,574	£930,000	£950,000

Table 23: Modelled NHS login charges (worst case scenario)

### 5.7 Additional considerations

The treasury guidance on developing and documenting a full business case includes a number of additional considerations that are less directly relevant to this sustainable funding business case. They are included here, with some limited consideration, for completeness.

#### 5.7.1.1 Net effect on prices (if any)

The implications for any prices that the organisation charges for its services must be explained.

As discussed above, there is limited opportunity to charge for services within the programme going forwards. The value of the transactions is small compared to the overall funding requirements and therefore considerations in terms of income and net effect on funding requirements have been excluded within his business case.

#### 5.7.1.2 Impact on balance sheet

The impact on the organisation's balance sheet must be explained. This includes depreciation, impairment, and any contingent liabilities or capital changes.

The majority of this business case relates to March 2025 and beyond. At this point the NHS Wales App will have largely been completed and therefore the capital element of funding from this point onwards will be limited. Given that the majority of the funding requirement is on-

going, revenue in nature and additional to existing funding, the impact on the balance sheet is anticipated to be in the form of a gross uplift in budget funding.

#### 5.7.1.3 *Impact on income and expenditure account*

The impact of the organisation's income and expenditure account must be explained, if applicable.

As above, the trading element of the programme is very limited.

#### 5.7.1.4 *Overall affordability and funding*

A summary of the overall affordability and funding of the project must be provided, together with an assessment of how any shortfalls in available funding will be covered.

This business case assumes:

- (i) An uplift in budget allocation to cover the maintenance, operation and enhancement of the NHS Wales App on an ongoing basis as well as the administrative tasks associated with operating the services set up by the DSPP Programme.
- (ii) Programme funding for up to three years to support the value-adding build out activities enabled by the NHS Wales App and core platform services, including ongoing benefits realisation.
- (iii) Recharging to some degree going forwards for any discovery and development activity relating to the value-adding build out activities going forwards.

The delivery model is proposed to replicate the current 'work-package based commissioning' of development activity that is currently in use. This allows for prudent budget management:

- (i) Only commission activity where there is clear budget provision.
- (ii) Only pay for outcomes that have been clearly delivered.
- (iii) Recharge for activity that is not clearly related to enhancing the core platform services.

This approach minimises any risk of any funding shortfalls within any given budget period.

#### 5.7.1.5 *Confirmation of stakeholder support*

This must be provided where other public sector organisations are funding the project's outputs and services.

The proposed financial model is one where the core platform services within the DSPP Programme, including the provision of the NHS Wales App, are funded from a central budget allocation. The existing assurance regime within the programme will be maintained to ensure appropriate stakeholder commitment and input into decision making, including prioritising funded activity relating to maintain and enhancing the NHS Wales App.

The activity to build on the core platform will be supported as a core service using the budget allocation. This includes the provision of project support and product specialist input. Any additional costs associated with discovery, design and development of digital solutions, plus integration etc. will be laid out upfront. These will subsequently be re-charged to the service owner under the proposed collaboration model and as such, stakeholder commitment, including any funding, is assured from the outset.

## 6 Management case

The options in this business case are built around the delivery of outcomes in five key areas:

1. Service support. There are two distinct delivery areas within service support:
  - a. Support for the growing number of DSPP services, built around the NHS Wales App.
  - b. 3<sup>rd</sup> line technical support for the NHS Wales App.
2. Deployment and operation of the NHS Wales App.
3. Development activity to maintain and improve the code base and technical capabilities of the NHS Wales App.
4. Discovery to support process design, business analysis, modelling, user research and documentation.
5. Programme oversight and service management – keeping all the disparate activities on track including commercial, finance, communications, stakeholder engagement and strategic direction.

These delivery areas are defined in the economic case, above. This management case describes the current arrangements and the proposed future delivery arrangements in the form of a Target Operating Model for each of these delivery areas. The implications and proposals for transition from the current state to the Target Operating Model are also presented.

### 6.1 Target Operating Models

	Current arrangements	Target operating model
1a. DSPP service support	Operating within DHCW, built around existing processes and overseen by the DSPP service management lead.	Continue with current arrangements, improving integration with existing DHCW service management arrangements: <ul style="list-style-type: none"> <li>• Retain responsibility for overall ticket management of complex, multi-party service management issues.</li> <li>• Enhance public facing support for Welsh Identity Verification Service (WIVS) for an interim period (12 months).</li> <li>• Service management arrangements for integrated third-party solutions (delivered as part of 'build out' activity) remain the responsibility of the 'sponsoring body' for the integration.</li> <li>• Feedback provided in app stores (Apple and Google) are picked up and responded to as a communication activity.</li> <li>• In app feedback (using the Qualtrics-based feedback feature) picked up as part of the wider user research and continuous improvement activities within the overall 'discovery' activity area.</li> </ul>
1b. Technical support for the NHS Wales App	Outsourced to a commercial partner. Procurement activity is currently underway to	Technical support for the NHS Wales App will be provided within the arrangements for the development of the NHS Wales App. During the early stages of development and deployment of the NHS Wales App, when the underlying technical product is being rapidly updated, it is proposed to keep technical support close to the development expertise.

	<p>test the market and update the requirements in line with the current programme status. Specific focus on supporting live service delivery and transition.</p>	<p>This is for activity outside of (or emerging from) the wider DSPP service management arrangements, above. Typically this can be considered as '3<sup>rd</sup> line technical support' although a degree of 1<sup>st</sup> and 2<sup>nd</sup> line service desk activity may well occur internally in the lead technical organisation.</p> <p>Contribution to 'multi-party issue resolution teams' will be required for the triaging and resolution of complex issues.</p> <p>Where more than one party is responsible for developing aspects of the NHS Wales App, (e.g., during any transit phases), one party will be identified as 'the lead development partner' and the primary responsibility for technical support will remain with that organisation.</p> <p>Access to development resources to provide a bug fixing and continuous improvement service will be provided from the development function, below.</p>
<p>2. Operations support for the NHS Wales App</p>	<p>as above</p>	<p>Operational support includes owning the release management process and management of the cloud-based environments in which the NHS Wales App operates (as a minimum: development, test, a live x2).</p> <p>This environment management extends to commercial management of the MS Azure platform to maximise efficiency and minimise unnecessary costs.</p> <p>Management of integrated third-party dependent technologies (EventStore DB etc.) is also a key part of this function.</p> <p>The Target Operating Model for operations is for these services to be provided by the lead development partner, transitioning as required to match any transition of the development activity.</p>
<p>3. Development of the NHS Wales App</p>	<p>The NHS Wales App is developed in an agile fashion, following a delivery approach based on SCRUM. One, two or three development squads operate in parallel. Each squad includes 3 to 5 developers, 1 or 2 senior developers and a squad leader plus access to additional technical expertise (such as lead architect) and feature owners.</p>	<p>The NHS Wales App is in the early stages of development and deployment. It is envisaged that a significant amount of ongoing development will be required for some time. This will be needed to support developments in four areas:</p> <ol style="list-style-type: none"> <li>1. Fixes to existing features, linked to service management, above.</li> <li>2. Continuous improvement of existing features, linked to discovery and user research, below.</li> <li>3. Enhancements to the core services with new features, responding to the enhancement programme requirements, below.</li> <li>4. Developments to better support integrated third-party digital components.</li> </ol> <p>The Target Operating Model involves replicating this capability within the DHCW ADO function. In making this transition, it is proposed that the programme retain as much of this agile development discipline as possible:</p> <ul style="list-style-type: none"> <li>• Delivery in timebound sprints</li> <li>• Delivery in agile development squads</li> <li>• Clear commissioning of development activity</li> </ul>

	<p>The development is in fortnightly sprints, bound within work packages. There are typically 6 sprints per work package with a clear commission, delivery and handover regime for each work package.</p>	<ul style="list-style-type: none"> <li>• Development to draw down from an agreed and documented backlog</li> <li>• Monitoring of efficiency and effectiveness using the concept of story points and utility</li> <li>• Sprints to be grouped into timebound work-packages.</li> </ul> <p>The current resourcing proposals to deliver 1b - Technical support; 2 - Operational support and 3 - Development services for the NHS Wales App within DHCW have been developed between the DSPP Programme team and the DHCW software development team over the past few months. This includes indicate costs that have been used to underpin the options appraisal for these services within this business case.</p> <p>The current proposed model is included in appendix D.</p>
<p>4. DSPP discovery activities</p>	<p>Outsourced to Kainos although the level of discovery activity has been reduced in later work packages. Also, DSPP core team taking a more active role in discovery for potential new features.</p>	<p>Discovery includes ownership of the entirety of the NHS Wales App experience, including the user-interface and the strategic direction for the NHS Wales App as a product, including controlling how any integrated services compliment the end-user experience.</p> <p>The development of the NHS Wales App is led by two forces that often align and occasionally conflict:</p> <ol style="list-style-type: none"> <li>1. The requirements of the various service owners.</li> <li>2. The requirements of the patients and the public (the app users).</li> </ol> <p>Going forwards, the Target Operating Model is to create and build up capabilities in this area within DHCW, working closely with the Centre for Digital Public Services (CDPS).</p> <p>The programme activity described below (oversight for build-out) to support health and care delivery projects undertaking Digital Service Transformation presents an opportunity to develop and consolidate this discovery capability within DHCW.</p> <p>The outcomes required within this discovery activity area include:</p> <ul style="list-style-type: none"> <li>• Documented user stories, describing the outcome of the business analysis.</li> <li>• Content creation, resulting in text and wireframe designs for any new app screens, including Welsh translations.</li> <li>• User research ahead of development, based on wireframes.</li> <li>• Stakeholder engagement.</li> <li>• Backlog documentation ready for development.</li> <li>• Coordination of technical discovery as required.</li> <li>• Continuous improvement of live features, supported by ongoing user research.</li> <li>• Contribution to prioritisation of development activity.</li> </ul>

		<ul style="list-style-type: none"> <li>Supporting data capture for the benefits model and benefits realisation for features.</li> </ul> <p>The exact Target Operating Model to support discovery for the NHS Wales App is still to be finalised. In the interim, the current arrangements will remain in place. These have evolved from fully outsourced to a Hybrid model, bringing together people with skills from three key areas:</p> <ul style="list-style-type: none"> <li>(i) DSPP core team providing product specialists, feature owners and project management resources, as well as overall responsibility for the information architecture and user experience.</li> <li>(ii) External supplier providing business analysis, documentation, user-research, design and (outsourced) translation services.</li> <li>(iii) Partner collaborators in the NHS providing service ownership and subject matter experts. This includes Health Boards and strategic programme in WG / NHS Wales.</li> </ul>
<p>5. Programme oversight</p>	<p>Managed with DHCW</p>	<p>The Target Operating Model for programme management going forwards is based on increasing the separation of three areas of programme responsibility:</p> <ol style="list-style-type: none"> <li>1. Maintaining and operating a growing number of live services, built around the NHS Wales App.</li> <li>2. Enhancing the core service built into the NHS Wales App, based on the prioritised road map and level of available funding.</li> <li>3. Supporting third parties with Digital Service Transformation activities, including the development of new supporting capabilities in the NHS Wales App.</li> </ol> <p>Operational services</p> <p>As the programme develops services, these will transition to business-as-usual operations. When launched (as they transition from private beta to public beta and then to a fully deployed, live service) the responsibility for each new service will be handed over from the programme oversight function to the DSPP service management function described in section 1a. above.</p> <p>The services that are envisaged to be operationalised and in the near future include:</p> <ul style="list-style-type: none"> <li>The live version of the NHS Wales App.</li> <li>Communication services, built on three related feature sets:             <ul style="list-style-type: none"> <li>Demographic updating capabilities.</li> <li>Communication preferences.</li> <li>Messaging via the NHS Wales App message inbox and related channels (SMS, email and device notifications.)</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Integration support for third parties, including the use of Personalised Features Settings.</li> <li>• Welsh Identity Verification Services (WIVS)</li> <li>• Support for digital communication services (hybrid mail).</li> <li>• Patient provided data services and generic approaches to surfacing PPD in Clinical environments.</li> <li>• Generic appointment management integrations.</li> </ul> <p>Over time, this list of services built around the NHS Wales gateway application is expected to grow. The road map in Appendix B provides further examples of the services that might be envisaged, subject to funding.</p> <p>The Target Operating Model for each these live services is to develop each as a programme activity and then to hand them over to be operated as a live service within the existing expertise and processes within DHCW as a family of NHS Wales App services, described in section 1a above. This includes clarity over the service management and support arrangements as well as any service levels.</p> <p>Enhancing the core app</p> <p>The roadmap presented in Appendix A presents a wide range of potential enhancements that might be made to the core services offered in the NHS Wales App. The Target Operating Model for this activity is to continue to operate as a programme (the DSPP Programme) with a specific funding level for a specific period, linked to the achievement of specific outcomes.</p> <p>The Target Operating Model for enhancing the NHS Wales App is that the DSPP Programme continues to operate within DHCW.</p> <p>The advantage of continuing to operate a programme-based approach to short term enhancement activities is that several other short-term activities can also be carried out within this programme:</p> <ul style="list-style-type: none"> <li>• Oversight and operation of governance activities. These are complex, multi-party and require significant effort to operate. They are essential to ensure:</li> <li>• Wide stakeholder engagement, driving support and commitment to the NHS Wales App as a unifying gateway to services.</li> <li>• Input into, and agreement on, priorities for development.</li> <li>• Coordination of efforts in patient facing digital transformation activities.</li> <li>• Operation of the benefits model and benefits realisation for features. As the benefits model develops, enhancements to the NHS Wales App will</li> </ul>
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		<p>become increasingly evidence led, based on reducing time to value.</p> <ul style="list-style-type: none"> <li>• Communication activities.</li> <li>• Financial management.</li> <li>• Commercial</li> <li>• Supplier engagement and support services.</li> <li>• Operating a service to support service leads in the NHS in Wales to undertake Digital Service Transformation Projects, building on the features available in the NHS Wales App.</li> </ul> <p>Supporting 'build-out'</p> <p>Supporting health and care delivery projects across the NHS in Wales to undertake Digital Service Transformation, built around the core features available in the NHS Wales App is a key, value driving programme activity for the next phase of the programme.</p> <p>This business case illustrates that this is the area where the maximum future benefit can be realised.</p> <p>This also provides an opportunity to define and establish the Discovery capabilities required by the Target Operating Model described above.</p> <p>The intention is that every development activity that builds on the NHS Wales App is progressed by a collaboration of a service owner, a service champion and a feature owner.</p> <p>This is an extension of the operating model used during development:</p> <p>Service owner: Responsible for (or at least representative of) the service delivery area that is the target for Digital Service Transformation. Typically external to the DSPP Programme and DHCW. Has budget responsibility to fund the development and service transformation activities.</p> <p>Champion: The person who wants this service transformation to happen and who can drive the changes that will be required. Might be the service owner or might be from elsewhere in the service.</p> <p>Feature owner: The product specialist in the DSPP team with subject matter expertise, supported by a project manager. The feature owner acts as the liaison point between the largely external service transformation project and the development teams. The feature owner and project manager will have access to standardised approaches, documentation and other resources to help drive the project in an agile fashion and at pace.</p>
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Table 24: Target operating model

## 6.2 Programme and project management governance arrangements

The DSPP Programme is currently live and as such is operating to an agreed project plan and governance structure.

Moving forwards, programme management and the multiple projects within the programme will be complex and multifaceted to include:

- Continue with the roll-out of the NHS Wales App.
- Continue commissioning (with commercial partner) for the support and operations requirements for maintenance of the NHS Wales App.
- Continue commissioning (with commercial partner) for the development requirements for the 'enhancing' requirements.
- Closure of the three DSPP pathfinder projects.
- Progress transition for development, operational and support, as a project.
- Define transition for discovery requirements and progress transition of discovery capabilities.
- Set up and commence with projects to progress the roadmap:
  - (a) Enhance the NHS Wales App.
  - (b) Add further value by building out from the NHS Wales App.
- Continue operating the DSPP core team and providing the associated deliverables (governance, financial management, communications, stakeholder engagement, resourcing, strategic direction, architectural overview etc.)

Each of these delivery areas are supported by project documentation, including project plans, risk and issue logs and appropriate project governance. Many of these activities these will occur in the year 2024/25 and as such, either use the DPIF funding allocation or depend on transition finding, more than the steady-state funding.

## 6.3 Use of specialist advisers.

Specialist advisors and external resource appear in two places in the DSPP Programme model going forwards:

1. Contributing to the core DSPP Programme oversight capabilities. This appears in the funding model as 'external support to the programme.'
2. The outsourcing of some aspects of delivery capability. This is proposed to reduce as a consequence of this business case although a tail of hybrid operation is envisaged for some time, especially in the areas of software development and discovery.

In both cases, this is factored into the financial modelling.

## 6.4 Change and Contract management arrangements

For outsourced delivery, these are covered in the procurement requirements.

For internal delivery, these are still to be defined.

## 6.5 Benefits Realisation arrangements

These are described in the separate DSPP benefits framework model.

## 6.6 Risk management arrangements

The oversight activities include provision for the maintenance of programme risk and programme issue logs and associated processes.

## 6.7 Project assurance, post implementation and evaluation arrangements

The extension of programme oversight activities proposed in this business case will benefit from the extension of the existing programme governance arrangements. These provide robust assurance to all areas of programme activity.

The benefits model and approach includes arrangements for post implementation evaluation of each feature delivered in the NHS Wales App by the programme.

## 6.8 Contingency arrangements and plans

The contingency approach is documented in the procurement strategy, included in Appendix A.

This is centred around clarity in available budget, establishing a 'zero value' single supplier framework and only calling off service delivery where there is clear and identified budget to do so.

In the event of a conflict between available funding and delivery, the contingency approach will be to slow down or delay the delivery of any new services.

## 6.9 Project Assurance

See DSPP governance arrangements, including terms of reference for the assurance groups.

The DSPP Commercial and Financial assurance group has oversight of the procurement activities that are underway and implied by this business case.

## 7 Appendix A – NHS Wales App development backlog (Road map)



Appendix A DSPP  
development roadma

## 8 Appendix B – The DSPP Service Management Model

Service management within the DSPP activities, including the NHS Wales App and related core platform services, fall into three areas:

1. Support users of DSPP services (typically health and care delivery partners), that are themselves delivering digitally supported services to patients, built around the features in the NHS Wales App.
2. Technical support for the NHS Wales App.
3. Oversight as new services are developed, ensuring that responsibilities for service management are clearly defined and understood. This requires a degree of monitoring, communication and coordination.

The activities under the DSPP Programme that fall into service management are wide and growing. Added to this, the consumers of services under the programme are numerous and diverse. This leads to both the potential for confusion and also complexity in the support arrangements for the services being set up.

It is helpful to separate two different categories of users when considering the support model and service management for DSPP services, built around the NHS Wales App:

- Patients and the public using the NHS Wales App (often referred to as 'end users').
- People working in health and care delivery organisations, using the App to underpin digital access and service delivery.

It is this second category of users that are often overlooked or not appreciated as service users when thinking about the NHS Wales App and yet the DSPP Programme has already established a number of services to support those across health and care to offer digital elements to their service delivery. To illustrate this by example, the NHS Wales App offers GP practices a method to enable their patients to book various types of appointments at the GP surgery. To make use of this digital channel shift, GP practices need to undertake a range of coordinated activities, collected together under a digital service transformation project. In this context, DHCW and the DSPP Programme are offering a service to GP practices and GP practices are using the NHS Wales App to offer a service to their patients.

Almost all of the services that are supported by the DSPP Programme, and where delivery is facilitated through the NHS Wales App, fall into this two-layer service model. The programme offers a service to a health and a care delivery partner and the health and the care delivery partner offers a digitally-supported service to the public and patients in Wales. Other examples include:

- (i) The ability for pharmacists, through their system supplier, to alert people when prescriptions are ready to collect. It is the role of the DSPP service management model to help the pharmacist to understand and deploy this new digital capability (in this case via the DMTP portfolio of programmes) and for the pharmacist to support their users of the service. It is not for DHCW (and the DSPP support model) to offer a route for patients to raise queries directly relating to the collection of their prescription with DHCW. That would be an example of the wrong problem going to the wrong place and with the issue receiver having no way to fix it. At best this is ineffective and inefficient, leading to annoyed people. At worst it is clinically risky, potentially delaying people getting the medication they need.
- (ii) The ability to intercept secondary care communications (discharge summaries, appointment letters etc.) and to store these securely and digitally, notifying people

they have mail and for people to access the documents when required, online. Again, the service user from a DHCW perspective is the health and care delivery partner sending out the communications. The patient / public at the end of the services is a service user of the health and care delivery partner services.

In all cases, there is a 'service owner' in the service delivery model that is far better placed to deal with any support calls relating to the underlying service offered to patients and the public.

The current service management model developed and in use mirrors this two-layer delivery with the programme offering support services to the health and care delivery partner and the health and care delivery partner expected to offer support services to the patients and public as part of their overall service delivery model.

It is fair to say that this approach does not always land well and is not always immediately understood or supported. However, it is a fundamental tenet of the DSPP service management strategy, reflecting the wide and diverse range of services anticipated going forwards. Without this clarity of 'the service owner retaining responsibility for supporting their users on the digital journey,' DHCW and the DSPP Programme risk supporting every element of NHS health and care service delivery by offering a patient and public response service.

There are edge cases and crossover use cases that are recognised and add to the confusion around this underlying service management strategy:

- If the App breaks or is not working as expected, this might be identified and raised by a member of the public and this needs to be recognised, picked up quickly and passed through the two-layer service model for investigation and resolution. This is especially the case in the early stages of deployment of new services.
- Other elements of the core platform service may not easily fit into this two-layer service model:
  - Registration issues with NHS login. Whilst NHS login are technically the 'service owner' in this element of the public facing service, the people in Wales may require a more tailored and personal support service to assist with initial registration that NHS login are not best placed to deliver. This includes when the automated registration journey fails and the user needs to drop to manual process at the GP practice and also when the user wishes to transact in Welsh.
  - Updating demographic details. There are currently multiple entry points and hence multiple 'service owners' for capturing updated patient details across the health and care delivery services. The NHS Wales App and the DSPP Programme offer a way to simplify this and offer a more efficient, reliable and secure service delivery model. This service has not yet been set up and hence any service owner in DHCW for this service has not yet been identified. If set up, this service may well come with some true end-user support issues.
    - Complex, multiparty support issues. There are some issues, especially in the early stages of deploying a new digital pathway, where the service fails and it is not clear which of the many parties need to make changes. There could typically be two system suppliers, one or more health delivery bodies and one or two departments from within DHCW involved in these complex issue resolution challenges. Often the issue is not technical and is infrequently an issue with the NHS Wales App. It is often a communication issue or a configuration issue in a dependent system or process. Each service support model in operation needs to be modified, making the obligations clear when it comes to contributing to a

multi-party resolution team to help understand, resolve and document solutions. This commitment needs to be to agreed service levels, supported by a joined up, overarching coordinating function.

- Major incidents. Different service management and support arrangements come into play if a major incident occurs.
- In-App feedback as a feature. The NHS Wales App has a feature that can be switched on and off and can appear at various locations in the NHS Wales App, soliciting direct feedback from patients and the public. This is used to support:
  - Testing of new services in UAT and early deployment.
  - To offer close support for new services, as a back-up to the two-layer (devolved) support model and also to provide immediate learning to DHCW.
  - Continuous improvement of live services.
  - Polling of patients and the public for specific purposes (like prioritisation and soliciting more general feedback etc.)

## 9 Appendix C – Long list analysis

The dimensional analysis presented in the economic case established the following categories and definitions, used to create a longlist of potential options:

### 9.1.1 Dimension 1 - Activity type:

1. Maintaining the services, including the NHS Wales App.
2. Essential enhancements to the core platform.
3. Build out from the core platform to deliver more value.

### 9.1.2 Dimension 2 - Pace:

1. Stop: Stop completely.
2. Pause: Stop for a specified period of time and then continue.
3. Slow down: Continue at a slower rate of progress than the current programme pace.
4. Same pace: Continue at the current rate of progress.
5. Speed up: Continue at a quicker rate of progress than the current programme pace.

### 9.1.3 Dimension 3 - Delivery model:

1. Outsourced delivery: Using a commercial partner such as Kainos.
2. DHCW: Internal delivery within DHCW.
3. Other public: Internal delivery using another public body other than DHCW.
4. Hybrid: A blend of outsourced and internal delivery.

### 9.1.4 Dimension 4 - Service delivery area:

1. Service support:
  - a. Wider DSPP services to health and care delivery bodies (e.g. GP practices, HBs etc.), built around the NHS Wales App.
  - b. Technical support for the NHS Wales App
2. Operations
3. Development
4. Discovery
5. Oversight

### 9.1.5 Consideration 5: Funding

1. Central
2. Federated
3. Hybrid

### 9.1.6 Reducing the long list

In order to reduce the theoretical long list from some 900 options, many of the scenarios can be removed because either they do not represent a meaningful way to proceed or there is clearly a much more effective option alongside, as presented below.

### 9.1.7 Activity type 1 - Maintaining the core platform.

Analysis of options around pace, within the options to provide the basic (minimum) level of maintaining the NHS Wales App

Maintaining the app (core)	
	Pace

Service delivery area	Stop	Pause	Slow down	Same pace	Speed up
Service management	In all scenarios, stopping or pausing the maintenance of the core platform services (NHS Wales App) would result in no NHS Wales App and so all these scenarios can be assessed as two groups (stop or pause) in the business case. Stopping would result in the environments being closed and removed. Pausing might result in on going charges associated with mothballing.		Slowing down (i.e., reducing) the basic level (i.e., minimum) level of maintenance activity has been assessed as a non-viable option.	Required	Speeding up (i.e., increasing) the basic level (i.e., minimum) level of maintenance activity is a meaningless option.
Technical support				Required.	
Operations				Required.	
Development				Only required to provide break fix development support	
Discovery				Not required.	
Oversight				Required.	

The above high-level consideration of changing the pace of maintaining the core platform services illustrates that there is only really one consideration with three options: Stop, pause or continue the delivery of the NHS Wales App. Pausing or continuing both have a requirement for service management, operational support and a minimum level of development activity as well as oversight of delivery.

Analysis of options around service delivery, within the options to provide the basic (minimum) level of maintaining the NHS Wales App

Within the context of a basic maintenance activity to support the NHS Wales App, it is proposed that service management, operational support and a minimum level of break / fix development expertise are treated as a single, indivisible delivery area. This is because breaking these three requirements across different delivery arrangements would add complexity and therefore cost to all sub options. Given that these would then score lower in any subsequent analysis (delivering the same outcome for a high cost) they do not need to be split out and scored individually. Similarly, assuming that keeping these activities together will always provide a preferable outcome for the same or lower cost, the concept of a hybrid delivery option can also be discounted.

Maintaining the app (core)				
	Delivery model			
Service delivery area	External	DHCW	Other public	Hybrid
Service management	Valid.	Current model.	Valid, although no obvious options for	Theoretically valid but discounted as unable to deliver
Technical support	Valid. Best delivered	Valid. Best delivered		
Operations				

Development	together with minimum development.	together with minimum development.	providing this service.	the highest scoring option.
Discovery	Not required within the 'minimum, maintenance' option			
Oversight	Outsourcing the intelligent client function is never a good option.	Valid option	Valid option. Propose using a health board as the best-case scenario.	Valid. The DSPP core team is currently supplemented with external support in key areas.

### 9.1.8 Activity type 2 - Enhancing the core platform.

Analysis of options around pace, within the options to enhance the NHS Wales App core services

Enhancing the app (core)					
	Pace				
Service delivery area	Stop	Pause	Slow down	Same pace	Speed up
	No enhancement.	Valid. A pause in service is feasible, prior to enhancing the service	Treated as a low level of ongoing enhancement	Treated as current (planned) level of enhancement	Treated as a high level of ongoing enhancement
Service management	All these options default to maintenance of core services only, as described in previous section.	Not required	Required, but in all cases to the levels provided in the previous group of scenarios. That is, as provided to deliver the NHS Wales App maintenance activities.		
Technical support			Not required	Some required	Same required
Operations					
Development					
Discovery					
Oversight					

The above high-level consideration of changing the pace of enhancing the core platform services illustrates that there are four groups of scenarios: Pause, reduced pace of enhancement, same pace of enhancement and faster pace of enhancement going forwards. Within these scenarios, the same levels of service management and operational support will be required. Varying levels of additional development, discovery and oversight activity will be required.

Analysis of options around the delivery model, within the options to enhance the NHS Wales App core services.

Within the context of enhancing the core features of the NHS Wales App, it is possible to envisage 3<sup>rd</sup> line technical support for the app being provided by one solution, operational support for the app by another and development by a third route. However, for the scale of enhancements envisaged, based on the current level of development activity needed to build and enhance the NHS Wales App to date, it is proposed that these three activity areas are treated as a single, indivisible service area. This is for the reasons documented above under the consideration of options to maintain the current level of core functionality.

Enhancing the app (core)				
	Delivery model			
Service delivery area	External	DHCW	Other public body	Hybrid
Service management	Valid	Valid	Valid, although no candidate identified	Valid
Technical support	Valid	Valid	Valid, although no candidate identified	Valid
Operations				Additional external development possible
Development				Valid, especially during transition.
Discovery	Valid	Valid		
Oversight	Not valid. (See above table)	Valid option	Valid option. Propose using a health board as the best-case scenario.	Valid. The DSPP core team is currently supplemented with external support in key areas.

### 9.1.9 Build out from the core platform.

#### Analysis of options around pace, within the options to build on the NHS Wales App core services

These scenarios all relate to adding value to the core platform services on offer within the NHS Wales App. The assumption is that this activity will be undertaken by digital service transformation projects led by champions external to the programme and with service leads taken from the wider health and care delivery environment.

Against this background, service ownership (including responsibility for the service management model) for any new digital solutions will remain the responsibility of the external service owner and not impact on the core (or enhanced core) of the NHS Wales App. Where this is not the case, this will be identified during the imitation of the build out activity. Any enhancements that do impact on the core service are by definition considered in the scenarios above.

The assumption in this options analysis is that any operational support for the NHS Wales App will not be significantly impacted by the integration of third-party, value-adding digital extensions resulting from any build out activity. This is because the integration of such third-

party solutions is envisaged to be supported as part of the core service offering for the NHS Wales App and associated technical eco-system.

Building out from the core platform may require access to development resources that are knowledgeable about and experienced with the NHS Wales App technical development environment. Similarly, building out may also require access to Discovery skills as well as some oversight (in the form of product specialists) from the core DSPP team.

Value add: Building on the core platform					
	Pace				
Service delivery area	Stop	Pause	Slow down	Same pace	Speed up
Service management	Stop is not a valid option within if the decision is to build on the core platform.	There could be a pause either before or during building on the core platform.	Provided as a core service		
Technical support			Provided as a core service		
Operations			Provided as a core service		
Development			Valid	Valid	Valid
Discovery			Valid	Valid	Valid
Oversight			Valid	Valid	Valid

The above high-level considerations in relation to building out from the core platform at varying paces suggests that access to development, discovery and oversight to varying degrees.

[Analysis of options around the delivery model within the options to build on the NHS Wales App core services](#)

Within the context of building out from the core of the NHS Wales App, as above, service support and operations are largely unimpacted. Support for development and discovery will be required, as will some oversight from the core DSPP team.

Value add: Building on the core platform				
	Delivery model			
Service delivery area	External	DHCW	Other public	Hybrid
Service management	Not viable.	Current option	None identified	Not viable.
Technical support	Provided by development resources (however they may be sourced.)			
Operations	Provided by development resources (however they may be sourced.)			
Development	Valid	Valid	Valid, although no option identified to provide this service.	Valid, especially during transition.
Discovery	Valid	Valid		Valid, especially during transition.
Oversight	Valid	Valid		Possible option

## 9.2 Developing the shortlist

### 9.2.1 Delivery model

The long list analysis is set against the current activity to transition development and support for the NHS Wales App into DHCW during 2024/25. Within this overarching strategic decision, there are assumptions that:

- (a) During this transition, both the external delivery partner (Kainos) and DHCW will operate together;
- (b) Following this transition, Kainos and other external partners will be used to support a hybrid delivery and development model.

These assumptions reduce the 'delivery model' options in this business case to establishing the balance between internal delivery and external delivery within this hybrid delivery model. Furthermore, given that the transition to internal delivery is predicated on operating in the same way as the externally supported delivery (e.g. agile, product focused and sprint-based) and is intended to increase ownership whilst reducing cost, the balance of delivery will change over time with development activity effectively being passed to or 'commissioned' with the most cost effective and appropriate delivery option.

This then means that this business case needs to identify and justify sufficient levels of funding to deliver the desired outcomes, regardless of whether the actual development is commissioned with the internal resource, the external resource or a hybrid blend of delivery partner. In order to better understand the cost implications of these assumptions, the Target Operating Models are documented in more detail in the Management Case.

### 9.2.2 Service delivery areas

Consideration of the five service delivery areas suggests that programme management (5) and discovery (4) can be treated as discrete activities in terms of the delivery options. Development (3), operations (2) and 3<sup>rd</sup> line technical support (1b) should 'travel together' and be dealt with as a single category, following industry best practice. This creates three possible shortlisted delivery areas:

1. Development, operations and 3<sup>rd</sup> line technical support.
2. Discovery.
3. Oversight.

### 9.2.3 Organising activity

The three activity areas of 1. Maintaining the core, 2. Enhancing the core and 3. Building out from the core are all valid distinctions of activity that can be progressed in separate ways, changing over time relatively independently to create multiple shortlisted options.

## 9.3 The short list

In order to progress the analysis, four distinct short list options have been derived from the permutation of long list options and dimensions. These have been defined to span the full range of long list options. This will allow a preferred approach to be identified that can then be further refined if specific long list variables remain relevant.

### 9.3.1 Group 1

The first group of options cover stopping, pausing and minimum further development. These all assume that little or no further development against the proposed roadmap will take place.

9.3.1.1 Option 1a – Do nothing

The proposed ‘do nothing’ option in this business case is to consider stopping the provision of the NHS Wales App, closing the DSPP Programme and remove all requirement for sustained funding going forwards. In many ways this is a ‘go backwards’ option in that it would involve the removal of services from at least 1m people across Wales by 2025, including services that people are very dependent on already as either legacy MHOL users or new NHS Wales App users.

9.3.1.2 Option 2 – Pause

This option is a variation of option 1. It presents the decision to turn off the NHS Wales App for an extended period with a significant decrease in programme expenditure during the pause. This would present an opportunity to restart the programme at a future date at a time when a source of sustained funding becomes available.

This option differs from option 1a in that a core DSPP Programme team would be retained during the pause period. There would also be costs associated with mothballing the application, code and environments for future re-use.

9.3.1.3 Option 3 – Minimum maintenance

This option considers keeping the NHS Wales App operational in its current form with a minimal level of development sufficient to offer a break-fix service but with no additional enhancements.

In many ways, this is the true do-nothing option (do nothing more), assuming that the decision to have an NHS Wales App remains in place.

9.3.2 Group 2

The second group of options consider the options for pace going forwards and adding support for additional health and care service transformation areas in the NHS Wales App. All of these options deliver against the DSPP development roadmap with differences in pace of additional delivery and also variations in the approach to funding the development.

		Funding blend	
		More federated funding	More central funding
Pace of delivery	Slow Just develop core app features only.	Seek contributor and collaboration funding to develop core NHS Wales App enhancements only.	Limited development NHS Wales App core capabilities, funded centrally.
	Medium 12 new service transformations per year		
	Fast 20 new service transformations per year	In this option, strategic programmes and health boards would contribute to rapid development of functionality, supported with service transformation activity.	In this option, rapid development of NHS Wales App functionality would be centrally funded.

Three distinct short list options have been identified from the various permutation in the above table:

1. Central: Centrally allocated budget passed from the Welsh Government to DHCW. Further complexities exist within this option in terms of how this funding is defined and allocated within the Welsh Government with a consequential impact on other funded services, including Health Board allocations. These wider considerations around overall NHS Wales budget allocation are beyond the scope of this business case. The term 'central funding' has been used to encompass these wider complexities.
2. Contributor model: Recovery model from within the service. Health and delivery partners making use of DSPP services, including the NHS Wales App, might be asked to contribute to the use of these services. This extends to requesting that new capabilities are built into the service portfolio.
3. Hybrid funding options, blending central and contributor funding are also possible. This is how the programme activities are being funded during the transition period of 2024/25. The core DPIF allocation is being used to enhance the core capabilities of the programme with contributor funding being sought to help progress activities in planned care, unplanned care and primary care, for example.

#### *9.3.2.1 Option 4 – Steady development of core features but limited support for build out activity*

In this option, the NHS Wales App would be kept operational and would be steadily enhanced with additional core features, but the build out activities (working with external strategic programmes and Health Boards) would not be progressed.

#### *9.3.2.2 Option 5 – Federated funding: Encourage and support build out activity*

As per option four but with additional funding for oversight activity to develop projects that will build out from the NHS Wales App, making use of DSPP cores services. The intent would be to align / leverage funding from within strategic programmes and health boards to fund the majority of any discovery, development and support activity that may be required.

#### *9.3.2.3 Option 6 – Strong, centralised push*

In this option, the provision of the NHS Wales App is fully funded on an ongoing basis, the enhancement of the core application is fully funded on an ongoing basis and the build out of services from the core application, working with strategic programmes and Health Boards is also largely fully funded on an ongoing basis.

## 10 Appendix D – Financial model, including benefits analysis

DSPP financial and benefits model:

Version 2.0

6<sup>th</sup> May 2024



DSPP financial model  
and benefits v2-1.xlsx

## 11 Appendix E – DHCW resourcing proposals for development, operations and support.



NHS Wales App  
Target Operating Moc

## 12 Appendix F – DSPP Benefits model

Overview description:



DSPP Benefits  
Approach v1-2a.docx

Benefits framework:

See financial model in Appendix D

## 13 Appendix G – Document version control

The development of the business case with major revisions is documented here.

### September 2023

Previous iterations of the programme operating model, transition planning documentation, target operating models and historic ways of working brought together into a single business case for sustained funding for the NHS Wales App moving forwards.

### 4<sup>th</sup> October 2023

First draft:

- Strategic context.
- Case for change.
- Investment objectives.
- Options development framework.
- Development of proposed operating model and segmentation of service delivery areas:
  - (i) Live service delivery.
  - (ii) Enhancing core platform capabilities.
  - (iii) Building out and support digital service transformation using core platform capabilities.
    - Indicative costs.
- Detailed risk, cost and benefit analysis still needed.

Emphasis on funding delivery areas (i) and (ii) above and requesting alignment of distributed digital funding from wider national programmes to contribute to delivery area (iii), noting that this later is where the main benefits lie.

Reviewed within DSPP project team.

Updated and moved to shared document repository.

### November 2023

Version 0.4 reviewed by the DSPP Commercial and Financial Assurance Group.

- Implications of proposed transition to DHCW for the majority of service delivery included.
- Target operating model for Discovery activity not yet defined.

Executive summary developed and circulated for review at DHCW executive board to confirm general direction of travel and magnitude of costs.

Request to consider more aggressive identification of deliverables, with benefits, mapped to increased funding, especially under delivery area (iii) above.

### January 2024

Major update to version 0.7:

- Total five-year funding = £31.3m
- Forecasted five-year benefit = £91.9m
- Transition year (2024/25) removed from the business case.

- Case and requested funding now clearly commencing from 1st April 2025.
- Assumptions updated to make clear that operations, support and the majority of the development will have transitioned to DHCW by 31st March 2025.
- Include more detailed description of the development roadmap, with benefits.
- Full cost model included.
- Full benefits modelling included for proposed development roadmap
- Preferred option changes to include more direct funding for development of technology to support wider service transformation (delivery area (iii) above.)

Distributed to the programme board for review.

### March 2024

Updated to version 1.0:

- Additional non-quantified benefits summarised and included in the analysis.
- Cash releasing benefits identified.
- Capital and revenue expenditure and proposed accounting principles added.
- New financial summary added to section 5 (Financial case).
- Overall five year benefits of preferred option increased to £92.3m following revision to planned care benefits model.

Distributed to the Programme Board for review.

Updated to version 2.0L

Reviewed by DHCW finance and presented to DHCW exec team.

### May 2024

Updated to version 2.1:

- Net present value (NPV) calculations added to financial model.
- Capital and revenue split included in executive summary.
- Profiling of benefits over the period (5 years) and net present benefit (NPB) calculations included.
- Funding sources – clarified wording in terms of the next steps and anticipated conversations about possible funding sources.

Released to Welsh Government for consideration.

# Digital Eyecare Programme Internal Advisory Review Report April 2024

Digital Health and Care Wales

Private and Confidential

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Review reference:	DHCW-2324-14
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Committee:	Audit and Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023

## Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

## Disclaimer notice - please note

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

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

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

## Executive Summary

### Purpose

This advisory review has been undertaken to provide a view over the identification and mitigation of risk with the transition of the Digital Eyecare Programme (the 'Programme') from Cardiff & Vale UHB (CVUHB) to Digital Health Care Wales (DHCW).

### Overview

We found that extensive and wide-ranging due diligence and discovery work had been carried out by DHCW to identify the Programme's commitments, liabilities and barriers or limitations to its delivery at the time of the transfer. At the time of this review this activity continues.

The due diligence work undertaken by DHCW revealed that there are some barriers to delivery and as a result the Programme is currently paused whilst a range of issues are being evaluated and solutions sought, for example there is currently no agreed project plan that describes and schedules future project stages, although there are several scenarios being examined.

At the time of reporting, we identified that DHCW has been unable to confirm the funding position for the Programme. In addition, for future national digital programmes we have suggested that for a programme to transfer from one organisation to DHCW then the governance process needs to be clearly set out. These matters for consideration are detailed further in Appendix A.

### Report Classification



**Assurance not applicable**

Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.

These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Review objectives

- 1 An appropriate process is in place to determine the status of the Programme, in preparation for the continued roll-out across Wales. In particular, identifying the current issues / risks and challenges within the Programme.

---

- 2 Recommendations raised within the Gateway review have been considered, with plans in place to address areas of concern.

---

- 3 An appropriate approach to establishing delivery / project implementation plans to deliver the Programme are being developed, including potential governance / contract arrangements.

### Matters arising

	Review Objectives	Control Design or Operation	Recommendation Priority
1 Governance of digital programmes	3	Design	N/A

## 1) Introduction

- 1.1 The National Digital Eye Care Programme (the 'Programme') is a Welsh Government programme of work in place to digitise the Ophthalmology Electronic Patient Record (EPR) and Referral (ERS) processes across NHS Wales. The Programme has been managed and delivered by Cardiff and Vale University Health Board (CVUHB) on behalf of the WG, all Welsh health boards and primary care optometrists.
- 1.2 The transfer of the Programme to Digital Health and Care Wales (DHCW) from CVUHB took place in June 2023. Subsequent to this, the Welsh Government paused the Programme for transition until the 30<sup>th</sup> September 2023. During November 2023, the governance of the Programme transferred to DHCW.
- 1.3 This review examined the process that DHCW has taken to determine the current status of the Programme and the remaining deliverables to complete.
- 1.4 In particular, it focussed on the process implemented by DHCW to determine the status of the Programme and identify the next steps to deliver the required outputs. We have not provided a quantification / state of the Programme deliverables at the point of transfer, but rather what DHCW is undertaking to deliver the remaining work.
- 1.5 This review partnered a separate review, which assessed the procurement processes undertaken by CVUHB when they were delivering the Programme.

## 2) Detailed Findings

**Objective 1:** an appropriate process is in place to determine the status of the Programme, in preparation for the continued roll-out across Wales. In particular, identifying the current issues / risks and challenges within the Programme

- 2.1 There is a raised level of risk with the delivery of the Programme, as a large number of the outputs still require delivery. We sought evidence from DHCW that they had undertaken a review of each of the Programme deliverables, recognising that at the point of transfer there may still be work required for elements of this.
- 2.2 We sought to establish the processes which DHCW have undertaken to identify the Programme's commitments, liabilities and any barriers or limitations to its delivery at the time of the transfer.
- 2.3 Where digital programmes of work have commenced within other NHS Wales organisations, but subsequently transfer across to DHCW, the governance arrangements for this process should be fully documented and determined prior to commencement of the deliverables. This should enable oversight and risk management of the programme progress (**Matter for consideration 1**).
- 2.4 We were advised that DHCW embarked on a programme of discovery to understand the Programme status which involved the following steps/ document review:
  - a series of review meetings with key stakeholders;

- introductory meetings between the DHCW National Programme manager and LHBs Programme Managers/SROs;
- review of key Programme documents;
- receipt of the transition deliverables identified by the 'Gateway 0' review;
- preparation of a matrix of resources engaged on the Programme, including type, tenure, cost, role etc.;
- preparation of financial analysis for 2022/23 and 2023/24, to provide a full understanding of the programme's finances and commercials;
- investigation to fully understand the requirements for the O365 licenses for release to optometrists; and
- conducting further due diligence work covering a range of areas including applications design, commercials, cyber security, finance, information governance and infrastructure.

2.5 The discovery work revealed the issues set out in the paragraphs that follow.

## 2.6 **Review of Key Programme documents**

Whilst we were informed that full and up to date Programme documentation was not available, either at the time of the transfer nor since, key documentation that was available has been shared. We reviewed this documentation and confirmed its status with the DHCW Transition Programme Team, which is set out below.

## 2.7 ***Contract to deliver the Eyecare digitisation solution***

We reviewed the paper prepared by the Commercial Team over the contract status following the transfer of the Programme arrangements to DHCW. There were numerous issues identified and a subsequent risk analysis completed, with proposed actions included. We found this to be a suitable analysis and some of the observations are incorporated within the report below too. We were advised that it has not been possible for DHCW to determine the true start and end date of the contract between CVUHB and the delivery partner ToukanLabs Ltd (TKL) as there is uncertainty and ambiguity in the contract documentation. We reviewed the document and found that whilst timeframes are described for the contract length, the start of the contract, as detailed under Section 4.7.10, states, 'Subject to FBC approval it is anticipated that the Contract will be awarded in early April 2020.'

## 2.8 ***Programme full business case***

The version of the Programme's full business case shared was dated from 2020. However, this has not been updated to reflect Programme changes since that time, including the refresh of milestone target dates, deployment timetables or spending schedules.

## 2.9 ***Programme financial position***

We have identified that at the time of reporting, DHCW has not been able to obtain a clear picture of the Programme's finances (this was also raised as part

of the Commercial Team's review). The Programme Due Diligence Information Requirements spreadsheet (the 'spreadsheet') listed 14 (from 17) finance information elements still outstanding.

### 2.10 **Programme plan**

The copy of the Programme plan provided to DHCW took the form of a 180-task level listing with planned start and finish dates, but only 113 of these were partially or fully completed. In many instances, the dates have since lapsed. There was no information of task status, or actual task completion dates populated within the plan. As such, the Programme plan conveys no information of current status, progress or task slippage.

### 2.11 **Conducting due diligence work**

We noted that at the time of the review, 57 of the combined 161 due diligence requests across the areas of applications design, commercials, cyber security, finance, information governance and infrastructure are of 'status outstanding'. This follows on from the Service Acceptance Review completed by DHCW during October 2022, where 68 of 85 questions raised were assessed as red RAG rated.

### Conclusion:

2.12 Whilst we observed that discovery and due diligence work conducted by DHCW has been extensive and is ongoing, programme transfers bring with them a high degree of inherent risk. We note that, at the time of the review, there remain some areas of enquiry where uncertainty over the extent of commitments, liabilities, barriers or limitations to programme delivery persist.

**Objective 2:** recommendations raised within the Gateway review have been considered, with plans in place to address areas of concern

2.13 We sought to establish that the issues identified in a previous Welsh Government gateway review of the Programme prior to the transfer had been noted, assessed and considered during the due diligence work carried out by DHCW, and to establish the current status of the recommendations made in these reviews.

2.14 Independent reviews were carried out in October 2022 (based on the Government's Infrastructure and Project Authority Gate Review Process, review no. 4 of 5, 'Readiness Review') and March 2023 (review no. 0 of 5, 'Strategic Assessment').

2.15 The first of these (Readiness Review) identified weaknesses associated with the Programme's processes and documentation including change management, risk management, programme level planning, eyecare application testing, application delivery scope, roles and responsibilities and Programme finance and made, in total, 37 recommendations across a broad range of areas.

2.16 The later Strategic Assessment identified five critical rated issues associated with:

- absent communications strategy;

- risks and issues management;
- poorly defined roles, responsibilities and membership of the programme and stakeholder boards;
- gaps and omissions in key project documentation; and
- absence of financial reconciliation of the Programme finances.

2.17 As described above, 57 of the 161 due diligence requests remain outstanding.

#### Conclusion:

2.18 We have raised no matters arising under this objective relating to the action of legacy review recommendations, although we note the matters raised have not been confirmed as addressed. Whilst there remain uncertainties linked to these areas, the DHCW discovery and due diligence work underway has re-examined these and other areas.

**Objective 3:** an appropriate approach to establishing delivery / project implementation plans to deliver the Programme are being developed, including potential governance / contract arrangements

2.19 We sought to establish how DHCW is proposing to manage the Programme going forward, following its transfer on the 1<sup>st</sup> June 2023. Preceding sections of this report covering the earlier review objectives have outlined the approach DHCW has taken to establishing the Programme's commitments, liabilities and barriers or limitations to its delivery.

#### 2.20 **DHCW's project brief**

At the time of the review, the project brief from the WG was not finalised. However, there were several different scenarios being discussed for the deployment of the solution functionality to health boards and community optometrists.

#### 2.21 **Existing contract with TKL**

The original contract entered into by CVUHB with the provider TKL in 2020 remains live and extends across the solution development, configuration and deployment, with an original deadline for full rollout to health boards of March 2025.

#### 2.22 **New programme model**

Several scenarios have been considered for the new Programme, but DHCW has now approached the WG to approve and fund a full open procurement for an ophthalmology EPR optometry ERS solution plus some potential parallel deployment by CVUHB under the current contract with TKL. The bid involves an aggregate of £4.5m funding across 2024/25 and 2025/26.

2.23 Ultimately, the WG will instruct DHCW in a revised project brief, but at the time of writing they had not yet done so.

## 2.24 Programme issues revealed through DHCW discovery work

Prominent in the Programme discovery work carried out by DHCW is the matter of funding / finances at the time of handover. Currently, DHCW has been unable to establish with certainty what remains of the existing contract price, or of the funding already provided by Welsh Government.

2.25 Additionally, we noted the capital funding for 2024/25 (£293,470) has been awarded by the WG (Schedule F of the Funding Letter) on the basis of the Programme's original 2020 business case finance schedules - £292,500 on the capital funding allocation table from 2019/20 (Section 5.7 of the Final Business Case). Consequently, this may be out of alignment with the historic spending profiles.

## 2.26 Outstanding programme issues

The DHCW discovery work revealed a series of matters that require addressing, prior to any further deployment of the applications to health boards can take place. These include contract, applications testing, clarity on contract change requests, cyber security and service support arrangements.

## 2.27 Programme management plan going forward under DHCW

DHCW has advised that going forward the Programme will be delivered via a Programme board, following a Prince2 type project methodology, supported by the DHCW Project Management Office (PMO).

2.28 We noted DHCW has submitted an initial Digital Investment Proposal (DIP) with a second proposal pending. The DIP – which follows a WG template, covers the areas of current project status, programme configuration options going forward, costs, benefits and risks – represents an outline business case and is the formal request to the WG for funding.

2.29 Currently, the Programme is being managed by the Transition Board and it is the intention that this will transfer to a permanent programme board when the final project brief is decided. We noted the Transition Board's purpose, scope, objectives, membership etc. are defined in a terms of reference document.

2.30 The Transition Board meetings are operating to a monthly timetable, but not all the other elements of a conventional project methodology are yet in place, but it is planned that they will be developed.

## 2.31 Programme viability status

We noted a range of areas including commercials, infrastructure and solution architecture where risk has been identified and work is ongoing to resolve this. However, ensuring financial queries / tasks are resolved and that sufficient funding of the Programme going forward is in place is key. (**Matter for consideration 1**).

## 2.32 Transfer of live programmes

Alongside the viability of the Programme, we have noted an increasing inherent risk with the nature of multi-partner programmes of work. In particular, the

transfer of live programmes of work into DHCW. To mitigate this, we recommend that DHCW ensures that for each programme of work that documented governance arrangements are in place, to have full oversight of the deliverables. **(Matter for consideration 1)**.

**Conclusion:**

- 2.33 We have noted the potential absence of sustainable funding going forward, which may threaten the viability of the Programme and have raised a recommendation over the governance of future national digital programmes of work.

## Appendix A: Management Action Plan

### Matter for consideration 1: Governance of digital programmes (Design)

### Impact

Regarding this Programme, there remains information outstanding to be able to ascertain the current status, including the financial position. To assist with the current position, DHCW completed an options appraisal during February 2024 to determine the approach with least risk going forward. In total, eight scenarios were considered.

Potential risk that live programme transfers to DHCW result in greater risk, additional cost and unidentified issues arising.

For future national digital programmes we recommend that for a programme to transfer from an organisation to DHCW then the governance process should be defined upfront, alongside the monitoring and risk management arrangements. We recognise that DHCW as a Special Health Authority was not formed until 2021, but going forward to minimise future risk, partnership arrangements should be established to support this programme delivery method.

Potential risk of increased financial cost and non-delivery of strategic objectives.

### Recommendations

- 1.1 For future contracts that novate across or programmes that transfer to DHCW a documented governance approach and / or partnership arrangements should be in place to oversee this process.
- 1.2 DHCW should determine the remaining deliverables to complete the roll out across Wales of this Programme, with all health boards providing detailed plans of work to complete, and clients delivering on their commitments or matters being escalated to the Welsh Government.



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# Benefits Realisation Final Internal Audit Report January 2024 Digital Health and Care Wales



Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd  
Shared Services  
Partnership  
Audit and Assurance Services



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## Executive Summary

### Purpose

To determine if the principles of an appropriate benefits realisation framework have been implemented to support decision making.

### Overview

We have issued reasonable assurance on this area.

A benefits management framework has been developed which sets out the processes to be implemented, to ensure benefits are achieved from investment. However, the embedded toolkit is not yet in use.

Benefits are clearly included within business cases and are grounded in a realistic assessment of what can be achieved, which is undertaken with stakeholders.

Whilst benefits are being achieved and reported within individual programmes, there is no coordinated approach to benefits realisation as a whole and no reporting on benefits.

The main points which require management action are, in general, related to improving documentation and in particular:

- finalising the Benefits Framework;
- ensuring all benefits are baselined and have an owner; and
- developing an overarching benefits tracking and realisation process.

### Report Opinion



Reasonable

Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

### Assurance summary<sup>1</sup>

Objectives	Assurance
1 Framework and Guidance	Reasonable
2 Benefits Focused Business Cases	Substantial
3 Benefits Realisation	Limited

### Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Benefits Framework Toolkit	1	Operational	Medium
2	Benefits Baseline	3	Operational	Medium
3	Benefits Realisation	3	Operational	High
4	Reporting	3	Operational	Medium

---

## 1. Introduction

- 1.1 In line with the 2023/24 Internal Audit Plan for DHCW (the 'organisation') a review of the management of benefits realisation has been undertaken.
- 1.2 Benefits realisation is the definition, planning, structuring and actual realisation of the benefits of a business change or digital implementation project.
- 1.3 Projects are often considered finished when their deliverables are complete. However, the benefits of a project are typically realised over time. For benefits realisation to work it is crucial to identify clear benefits (early in the change life cycle) and to assign ownership to those responsible for planning and managing their achievement.
- 1.4 The risks considered as part of this audit are:
  - Investment in digital solutions does not produce the anticipated benefits to the organisation or NHS Wales.
  - Reputational risk to DHCW.

## 2. Detailed Audit Findings

### **Objective 1: A framework for benefits realisation is in place which defines how benefits should be owned, identified, structured, planned and realised.**

- 2.1 Digital Health and Care Wales (DHCW) Benefits Realisation Team has produced a comprehensive framework for use within the organisation. The overarching framework, with documentation, sets out how programmes and projects are managed and assessed in regards of benefits. The framework identifies key aspects including:
  - Benefit profile – sets out the definitions of benefits and dis-benefits and how they will be released and timescales.
  - Benefits register - records and track the expected benefits along with owners, metrics, baselines, targets, and dependencies.
  - Benefit realisation plan - sets out the necessary aspects for delivering meaningful benefits outcomes.
  - Benefits map - defines and captures the expected benefits.
  - Delivery reports - used to track the progress and outcomes of the benefits.
- 2.2 The benefits framework (the 'framework') thus sets out the processes by which benefits will be managed throughout the business change lifecycle. It ensures owners are clearly identified and that there is an agreed structure for the achievement of benefits alongside the business case for each project, together with an established baseline for measurement.
- 2.3 The framework document "Guide to Managing Benefits" includes an embedded toolkit. During testing we established that this has not entered use yet, and there is ongoing work to develop an improved electronic resource to better enable this.

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As such the Benefits Team, and wider organisation are not able to use the framework to its full extent. **Matter Arising 1.**

- 2.4 The framework requires that benefits are considered from the inception of the programme or project, requiring engagement with service owners and stakeholders and making use of workshops where benefits are identified. During workshop sessions, some analysis is undertaken on the anticipated benefits of a project being proposed. In particular, to evaluate the possible benefits derived and to assess if they are realistic and deliverable, with workshop outcomes feeding into the building of the business case. As part of the framework, it is clear that there are cash related benefits, but other benefits to be considered include quality and process improvements.
- 2.5 The framework requires that benefit owners should be identified from within the service. These should ensure that the benefits are delivered using appropriate process changes.
- 2.6 The framework enables the ongoing measurement of benefits using a benefits register. The benefits register should contain potential dis-benefits so that these can be kept under review and actively mitigated, which may influence future business change activity. The benefit profile supports good governance, as it enables the benefit owner and other stakeholders to quickly appraise all the attributes of a benefit. The benefit owner will be responsible for approving the target measures and the extent of improvement that is achievable.
- 2.7 Within the Benefits Management Process Framework document dis-benefits are clearly a key aspect of benefits management. A dis-benefit is the measurable decline resulting from an outcome perceived as a negative by one or more stakeholder. The document goes on to detail 'During delivery, benefits management tools can track benefits realisation so that action can be taken if forecasts are not met. They can also help to identify and leverage emerging benefits, mitigate dis-benefits and seek to realise planned benefits earlier'. As such the management of dis-benefits is specifically included.
- 2.8 The framework has been developed with consultation with other organisations across Wales. We note that the Welsh Government has provided funding for benefits leads across Wales and the structures for sharing information and coordinating benefits realisation are developing, with regular meetings with the benefits leads.
- 2.9 As the framework is not yet fully complete, there has been limited communication of this across Wales, although we note communication and roll out within DHCW. Once the framework is complete there should a communications campaign to ensure staff across Wales are aware of benefits.

#### Conclusion:

- 2.10 The Benefits Team has developed a comprehensive benefits management framework which defines benefits and enables the organisation to fully track benefits and dis-benefits from inception to realisation. The framework is not yet

fully complete and there has been limited communication across Wales. Accordingly, we have provided **Reasonable Assurance** over this objective.

**Objective 2: Benefits focussed business cases show the value that project or programme will achieve by the proposition in the business case, by identifying specific benefits that will be achieved, with the current position being baselined.**

- 2.11 Guidance within the framework is clear and states that benefits should be planned into the business case document of any programme or project. The business case is developed in order to obtain finance for programmes and deliver a return on investment. In addition, it sets out the justification for the programme and includes the anticipated benefits that were identified and are expected within the accepted timescales.
- 2.12 The business case explores the potential options for the benefits being delivered and identifies a preferred option that will deliver the programme or project requirements with optimum value for money, outlining the commercial arrangements required to deliver the benefits, the resulting financial impact, and the management arrangements for successful implementation. As part of the business case, benefits are to be identified with measures established, and a plan agreed to collect baseline data along with agree targets and methods of monitoring.
- 2.13 From our review of a sample of business cases (Radiology Informatics System Procurement (RISP), Community Care Information Solution (CCIS) and Critical Care Clinical Information it was evident that the Benefits Team followed the appropriate processes in order to define the benefits within business cases.
- 2.14 Our testing confirmed that benefits within business cases were supported by backing information, with DHCW facilitating workshops, which included stakeholders and service owners to identify potential benefits and ensure they are realistic, achievable and deliverable. The benefits were then clearly defined within business cases.

**Conclusion:**

- 2.15 Business cases contain statements of benefits, with the identification of benefits being done in conjunction with stakeholders to ensure that they are realistic. Benefits included within business cases are supported by appropriate documentation and accurately reflect workshops and financial measurements. Accordingly, we have provided **Substantial Assurance** for this objective.

**Objective 3: Benefits are tracked, and the structure ensures that these are achieved, with actions taken if they do not accrue.**

- 2.16 The realisation of benefits show that a project has been worthwhile, and the investment of time, money, and resources have had a positive impact on stakeholders. Project benefits should be measured not only by time, cost and quality but also the positive, measurable improvements they have delivered for stakeholders.

- 
- 2.17 As per the framework, there was evidence of benefits having owners and measurement criteria, but this was not the case for all benefits. Our testing showed that not all benefits were baselined or had owners attributed and there was no evidence of identifying criteria for measuring the realisation of the benefits in some of those tested. **Matter Arising 2.**
- 2.18 DHCW provide digital solutions which are implemented across Wales and as such are delivering projects and programmes across multiple organisations. The benefits for these reside with and are gained by DHCW's client organisations, with each health board or trust having their own management arrangements for the delivery and implementation of projects and programmes which includes benefits realisation.
- 2.19 Currently, the Benefits Team do not have a mechanism in place to collect or collate the data produced by the projects and programmes with which they are involved. The data generated by the various projects remain in the project structures of the individual health boards and trusts. As such, the Benefits Team is not tracking the realisation of benefits. We also note that as a consequence there is no tracking of dis-benefits.
- 2.20 The current state of the benefits within individual projects and programmes is thus unknown to DHCW and as such the organisation is unable to fully demonstrate the value of its work across Wales in a coordinated way. The lack of a coordinated, national benefits realisation and monitoring process for national systems may also hide areas where significant dis-benefits impact on specific client organisations. **Matter Arising 3**
- 2.21 We note that DHCW is developing a SharePoint database to coordinate and track benefits across Wales which will include the data captured through workshops and forums. This will enable DHCW to monitor projects and coordinate the tracking of benefits across Wales.
- 2.22 From our internal audit work conducted within the health boards and trusts, we have confirmed that the individual health boards and trusts are tracking the benefits associated with their projects and programmes and are able to provide data when asked. We note that the DHCW Benefits Team is embarking on the development of a SharePoint database where data from projects across Wales can be input and stored in a central repository, thus providing the necessary means to track the realisations of projects on a national basis. This is an on-going internal project.
- 2.23 There is no reporting of benefits and the activity of the Benefits Team to senior management within DHCW outside of the programme and project structures. This may hide the work undertaken and miss opportunities for sharing information. **Matter Arising 4.**

**Conclusion:**

2.24 Although there is tracking of the realisation of benefits within individual programmes and within health boards and trusts, there is no overall tracking and realisation process within DHCW. As such the overall status of DHCW is unclear and there is no reporting of benefits within the overall governance structure. However, we note that work is ongoing to develop a process to collate benefits information across all programmes. Accordingly, we have provided **Limited Assurance** for this objective.

## Appendix A: Management Action Plan

Matter Arising 1: Benefits Framework Incomplete (Operational)		Impact
<p>The framework document "Guide to Managing Benefits" includes an embedded toolkit. During testing we established that this has not entered use yet, and there is ongoing work to develop an improved electronic resource to better enable this. As such the Benefits Team, and the wider organisation are not able to use the framework to its full extent</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Investment in digital solutions does not produce the anticipated benefits to the organisation or NHS Wales.</li> </ul>
Recommendations		Priority
1.1	<p>The benefits framework should be completed, with the electronic toolkit finalised.</p> <p>Once complete a communications exercise should be undertaken to roll out and raise awareness.</p>	<b>Medium</b>
Agreed Management Action		Target Date
1.1	<p>As part of the DHCW Managing Benefits Guidance Documents there is an embedded benefits register toolkit containing a:</p> <ul style="list-style-type: none"> <li>Benefits List template; and</li> <li>Benefit Profile template.</li> </ul> <p>This is a static Excel Template with development underway to build an electronic Sharepoint resource and library in conjunction with DHCW's newly established Programme Management Office. A full engagement and communications approach will be developed and rolled out.</p>	31.03.2023
		Director of Finance

Matter Arising 2: Benefit Baselines (Operational)		Impact	
Our testing showed that not all benefits were baselined or had owners attributed to the benefit. Furthermore, there was no evidence of identifying criteria for measuring the realisation of the benefits in some of the sample tested.		Potential risk of: <ul style="list-style-type: none"> <li>Investment in digital solutions does not produce the anticipated benefits to the organisation or NHS Wales.</li> </ul>	
Recommendations		Priority	
2.1	Benefits within business cases should be baselined at the start of the project and criteria for measurement should be defined.	<b>Medium</b>	
2.2	Each benefit should have a specific owner from within the service.		
Agreed Management Action		Target Date	Responsible Officer
2.1	<p>DHCW has initiated a review of the construction of Digital Business Cases and the general fit of the 5-case model to Agile Software Investment/Development in particular. As part of a recent proactive gap appraisal DHCW has identified areas to address within business cases including:</p> <ul style="list-style-type: none"> <li>Greater quantification of benefits.</li> <li>Greater emphasis on setting targets as well as establishing baselines.</li> <li>Benefit measures should have as much focus as adoption measures.</li> </ul> <p>Refined guidance suit and templates consistent with best practice and government standards will be produced with particular focus on the requirement to produce transparent, robust and evidenced formal benefits realisation plans.</p>	31.03.2024	Director of Finance

Matter Arising 3: Benefits Realisation and Tracking (Operational)		Impact	
<p>The Benefits Team do not have a mechanism in place to collect or collate the data produced by the projects and programmes with which they are involved. The data generated by the various projects remain in the project structures of the individual health boards and trusts. As such, the Benefits Team is not tracking the realisation of benefits. We also note that as a consequence there is no tracking of dis-benefits.</p> <p>The current state of the benefits within individual projects and programmes is thus unknown to DHCW. Consequently, the organisation is unable to fully demonstrate the value of its work across Wales in a coordinated way. The lack of a coordinated, national benefits realisation and monitoring process for national systems may also hide areas where significant dis-benefits impact on specific client organisations.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Investment in digital solutions does not produce the anticipated benefits to the organisation or NHS Wales.</li> </ul>	
Recommendations		Priority	
3.1	<p>The benefits Sharepoint site should be completed.</p> <p>Once complete this should be populated by leads across Wales with all operational DHCW programmes and projects, with the anticipated benefits identified alongside the current position.</p>	<b>High</b>	
Agreed Management Action		Target Date	Responsible Officer
3.1	<p>As part of our internal gap assessment an emerging recommendation was to establish a reporting regime.</p> <p>The Director of Finance &amp; Business Assurance has requested that all programmes now report benefits management progress as part of the monthly Portfolio Oversight sessions with the Management Board.</p> <p>DHCW will work with the All-Wales Benefits Network, DHCW Programme Management office. Business Change Team and programmes to develop and populate the Sharepoint with the required information to produce robust benefits intelligence and formulate and appropriate reporting framework and frequency.</p>	31.03.2024	Director of Finance

Matter Arising 4: Reporting (Operational)		Impact	
There is infrequent reporting of benefits or the activity of the Benefits Team to senior management within DHCW, other than via the programme and project structures. This may hide the work undertaken and miss opportunities for the sharing of information.		Potential risk of: <ul style="list-style-type: none"> <li>Benefits Team is unable to draw conclusions or trends.</li> <li>The current state of individual projects is unknown.</li> </ul>	
Recommendations		Priority	
4.1	A periodic report on benefits achieved from DHCW programmes across Wales should be developed and reported to appropriate governance groups.	<b>Medium</b>	
Agreed Management Action		Target Date	Responsible Officer
4.1	<p>Whilst there are no recurrent updates formally scheduled, a mid-year briefing session was held with DHCW Executives and management to provide an update on progress, issues and future actions and deliverables.</p> <p>Linked to our internal recommendation to “establish in a reporting regime” we will work with the Corporate Governance team, Programme Management Office and Digital Business Change Team to develop an identify an appropriate reporting content, frequency and forum.</p>	31.01.2024	Director of Finance

## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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# Programme Management Final Internal Audit Report

April 2024

Digital Health and Care Wales

Private and Confidential

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023

## Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

## Disclaimer notice - please note

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

# Executive Summary

## Purpose

This internal audit has been undertaken to provide an opinion of the project management being operated over the Digital Services for Patients and Public (DSPP) programme. This was completed by assessing programme governance measures in operation, against a range of generic project control themes representing good practice.

## Overview

Overall, we found the DSPP programme has a good level of compliance with five of the seven generic project management themes.

However, we raised two medium priority matters where we recommend that the programme (a) develop and implement a review control to evidence its ongoing business justification and value for money and (b) operate a master end-to-end baseline programme plan to ensure deviations from delivery targets or costs can be identified and addressed at the earliest opportunity. Other low priority matters arising are recorded in the report.

Matters arising are summarised in the table at the beginning of the next section and all of these are referenced in the main body of the report and detailed further in the matters arising and management actions table in Appendix A.

## Report Classification



Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

## Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Create and maintain a business justification for the project and create a benefit realisation plan	Reasonable
2 Define the project organisation and structure	Reasonable
3 Define a quality management approach and specify quality criteria for the project's products	Substantial
4 Produce and maintain a project plan for the whole project and stage plans for each management stage	Reasonable
5 Ensure that project risks are identified, assessed, managed and reviewed throughout the project lifecycle and that some form of risk register is maintained	Substantial
6 Identify, assess and control any potential and approved changes to the project baselines as the project progresses	Reasonable
7 Establish mechanisms to monitor and compare actual achievements against those planned	Reasonable

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	Ongoing confirmation of programme business justification and value for money	1	Design	Medium
2	Assurance groups terms of reference	2	Operation	Low
3	Baseline programme plan	4	Design	Medium
4	Programme change control process documentation	6	Operation	Low

## 1) Introduction

- 1.1 The internal audit of Programme Management was completed in line with the 2023/2024 Internal Audit Plan.
- 1.2 Digital Health and Care Wales (DHCW) has an all-Wales remit for the following:
  - enabling digital transformation through design and architecture of digital building blocks;
  - national digital systems development and support;
  - national technical infrastructure;
  - cyber security of the NHS system;
  - national digital procurement; and
  - collecting and analysing data to deliver insights and intelligence products.
- 1.3 There are a number of recognised project methodologies widely in use within the health sector (e.g. Agile Projects, Prince2, MSP) any of which may be adopted by the individual teams delivering the organisation's national digital systems development and support initiatives.
- 1.4 This audit has focussed on the current Digital Services for Patients and Public (DSPP) programme as an example of the organisation's development activity. We focused on the following aspects:
  - Business case: create and maintain a business justification for the project and create a benefit realisation plan;
  - Organisation: define the project organisation and structure;
  - Quality: define a quality management approach and specify quality criteria for the project's products;
  - Plans: produce and maintain a project plan for the whole project and stage plans for each management stage;
  - Risk: ensure that project risks are identified, assessed, managed and reviewed throughout the project lifecycle and that some form of risk register is maintained;
  - Change: identify, assess and control any potential and approved changes to the project baselines as the project progresses; and
  - Progress: establish mechanisms to monitor and compare actual achievements against those planned.
- 1.5 The risks considered in the review included:
  - project deliverables are not delivered to cost, time or quality; and
  - projects are undertaken and continued without ongoing business justification.
- 1.6 The scope of the audit was limited to the DSPP programme of the DHCW Digital Patient Empowerment portfolio and excluded the area of benefit realisation which was examined as a theme in a separate 2023/24 organisational level audit.
- 1.7 During the audit we identified the following examples of good practice:
  - 12 week packages of deliverables ('Work Packages'), including a closure report, with external providers;

- tracking of deliverables against Work Packages;
- six weekly on-site meetings;
- programme risk management;
- adoption of the Welsh Informatics Assurance Group quality assurance model; and
- programme products are assessed against established quality criteria.

## 2) Detailed Findings

**Objective 1:** Business case: create and maintain a business justification for the project and create a benefit realisation plan

- 2.1 We sought to establish the business justification under which the DSPP programme operates.
- 2.2 Typically, organisations conduct benefit assessments of competing investment proposals in order to select those which should be pursued. Business justification for an investment proposal is a prerequisite for the commitment of funds and programme methodologies require that this is not only determined at the planning stage of a development, but also that it is continuously confirmed throughout a project's timeline.
- 2.3 Whilst it is a key component of the Organisational Strategy, the requirement for an NHS Wales App (the deliverable of the DSPP) was a Ministerial directive. This was funded by the Welsh Government Digital Prioritisation Investment Fund (DPIF), which supports digital and data transformation at the all-Wales level.
- 2.4 Under this arrangement, there was no requirement for DHCW (previously National Wales Informatics Service (NWIS) at the time the programme began) to prepare and present a business case to secure the funding to deliver the programme. Therefore, as a result no business case or business justification on economic grounds was prepared.
- 2.5 Rather, the programme brief called for a 'Business Plan' addressing a range of elements including strategic context, scope and objectives of the investment, proposed programme structure and governance arrangements.
- 2.6 By design, the business plan did not attempt to evaluate and document the full benefits that the programme would deliver and consequently this aspect was neither fully examined at the outset, nor has it been subsequently reviewed as the programme has progressed.
- 2.7 Although business justification in this case is not dependent on the continuing validity of evaluated benefits, the programme nevertheless continues to review its ongoing viability through planning and costing its deliverables and project costs throughout and monitoring actual spend against its DPIF funding budget. This is currently awarded up until the end of March 2025.
- 2.8 We noted project spend is continuously monitored and that project finance reports are made to the Programme Board monthly meetings. The Finance

Report for December 2023 indicated that ongoing finance monitoring identifies further funding requirements for a number of upcoming features, but demonstrates the project spend to date is within budget.

- 2.9 However, in the absence of programme benefits and their regular review, we were not able to obtain evidence that the business justification to continue the project nor its value for money was challenged by the Programme Board at stages through the life of the project to date (see **Matter Arising 1**). Without repeatedly and systematically reviewing the business justification throughout the life of a project, the risk that it does not deliver value for money is increased.
- 2.10 Looking forward, a DSPP business case for sustained funding, that establishes the need for continuous funding for the NHS Wales App and associated activities from 1st April 2025 forward, was in draft at the time this audit was conducted.
- 2.11 This proposes a future funding settlement from the Welsh Government to DHCW to maintain, operate and develop the NHS Wales App and contains a proposal for the development of both a benefits model and realisation plan therefore addressing a limitation of scope seen in the original business plan that covers the programme’s activities to date.

**Conclusion:**

- 2.12 We have raised one matter arising under this objective relating to the absence of ongoing business justification for the continuation of the programme. However, we also recognise that the justification for the inception of this programme was different from a standard programme assessment and therefore we have provided **reasonable assurance** over this area.

**Objective 2: Organisation: define the project organisation and structure**

- 2.13 We sought to establish how the programme is structured and to evaluate whether that adopted accommodates sound programme management. Project methodologies promote that project’s establish and define a structure that facilitates decision making in a framework of clear accountability and responsibilities.
- 2.14 We noted the DSPP programme is structured in the manner described in the paragraphs that follow.
- 2.15 Project methodologies recommend an organisation structure that include as a minimum the following key roles:

Role	Accountability/ responsibilities	Role holder DSPP programme
Customer/ Sponsor	Provides the project brief and funding	Welsh Government
Project Executive/ SRO	Ultimately accountable for the project’s success and the key decision maker	Independent NHS Wales Executive
Senior User	Responsible for specifying the needs of those who will use the project product	Chief Operating Officer, DHCW
Senior Supplier	Accountable for the quality of products delivered by the supplier(s)	Chief Executive Officer, DHCW
Project Manager	Responsible for day-to-day management of a project	Programme Manager, DHCW

### 2.16 Programme Board

We noted the Programme Board composition has evolved since inception of the programme in 2020. However, as well as the permanent roles listed above, it has at all times included other key stakeholders representing the Welsh Government and participating health organisations.

### 2.17 Workstreams

The Programme Delivery Team includes six workstreams. These are coordinated by an overarching Programme Management Function and are as follows:

- Communications & Engagement;
- Live Service Support;
- Delivery, Development & Deployment;
- Commercial;
- Strategic Programme Support; and
- Transition.

The team reports to the Programme Board via the Programme Director.

### 2.18 Assurance Groups

The programme structure includes a number of assurance groups who provide an assurance function to the DSPP Programme Board, through scrutiny of the work of the delivery team.

Assurance group	Purpose
Technical	To act as the design authority for the solution.
Communications	To provide an assurance function to the DSPP Programme, to ensure that the experience and expertise in designing and delivering successful public-facing communications activities within the health and care system in Wales is reflected in the design and implementation of programme communications deliverables (public campaign).
Patients and Public	To ensure that the 'Patient First' focus is maintained throughout the Digital Services for Patients and Public Programme and that patient and public views and feedback are sought throughout the design and delivery phases of the Programme.
Practitioner	To ensure the clinical safety and efficacy of the solution design and use.
Ethics and Information Governance	Managing the ethics, information governance and challenges for the scope of the DSPP Programme, specifically associated with presenting data to patients and collecting data from patients across the NHS and care services in Wales.
Commercial and Finance	To ensure programme finances are operating within funding levels.
Service Delivery and Transformation	To ensure that the perspective of operational health and care services are reflected in programme decision making.

Alongside assurance, the groups ratify decisions, provide a forum for debate and a conduit to the wider NHS. The Chairs and wider membership comprise a broad range of stakeholders fitting to each group's scope.

2.19 Typically, assurance groups meet monthly and provide highlight reports to each Programme Board meeting.

2.20 We noted the assurance groups' roles and responsibilities are defined in formal terms of reference documents, but that these were not complete in all cases (see **Matter arising 2**).

**Conclusion:**

2.21 We have raised one matter arising under this objective relating to the assurance groups' documentation and have provided **reasonable assurance** over this area.

**Objective 3: Quality: define a quality management approach and specify quality criteria for the project's products**

2.22 We sought to confirm the means by which the programme verifies that products are fit for purpose and ensures that these meet business expectations.

2.23 Project methodologies recommend that a programme's quality approach is defined, and that this is then implemented in assessing the deliverables of the programme, particularly in respect of the assessment and sign-off of programme products.

2.24 We were advised the following points in respect of programme quality assurance:

- the Welsh Informatics Assurance Group quality assurance model has been adopted by the programme for its Quality Assurance Methodology;
- product feature descriptions and the quality criteria by which they will be assessed are recorded in the 'Assurance Quality Plan', included in the feature definitions in the Work Package documents;
- products are assessed against these criteria at the time of delivery of the work package and its constituent products or features; and
- for features that are for public use, DHCW assess and certify the product release in the 'Safety Case and Readiness Report'.

2.25 As an example, we examined Work Package 8, to obtain evidence that product quality descriptions and acceptance criteria were included and that there was evidence that these had been satisfied.

2.26 The key intent of Work Package 8 was to support ongoing public beta activity (release for public use of an interim version of the NHS Wales App with limited functionality) and enable expansion of the services available in the App, extending availability to a wider population in Wales.

2.27 This work package focused on two areas: (i) NHS Wales App Service Operations and Live Support and (ii) further enrichment of the NHS Wales App service, which comprises a list of six new features for users of the App.

2.28 We noted that for each of the latter features, descriptions defining scope and functionality acceptance criteria were listed against which the feature would be tested before being accepted and that accordingly, a work package exit report confirmed that each of these had been satisfied.

2.29 We noted the release of the NHS Wales App public beta phase, which followed the successful delivery of the functionality of Work Package 8, was approved in the DHCW 'Safety Case and Readiness Report'.

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**Conclusion:**

2.30 We have not raised any matters arising under this objective and we have provided **substantial assurance** over this area.

**Objective 4:** Plans: produce and maintain a project plan for the whole project and stage plans for each management stage

2.31 We sought to establish the means by which work of the programme was planned and scheduled and to obtain documentation to support this.

2.32 Project methodologies typically recommend a plan or plans that set the project's targets in terms of time, cost, quality, scope, benefits and risk and against which actual progress is measured. Plans are key project control documents which ensure deviations to an agreed baseline are visible to project boards, commissioners / customers and stakeholders and that changes to original targets receive appropriate challenge and scrutiny.

2.33 At work package level, we noted that these include product feature delivery plans in their specification documents and that delivery dates of these and other aspects of the deliverable are closely monitored and communicated in review point and closure reports.

2.34 We noted the programme's 2020 original business case included an outline timetable for the delivery of the different project products based on an understanding and estimates of these at that time. However, we understand that there were no subsequent versions of this document or other document(s) that established a baseline programme plan when the programme formally began (see **Matter arising 3**).

2.35 The Programme Board highlight reports reviewed record key milestone and actual delivery dates against targets. However, whilst an agile approach to the programme operates, we were not able to identify a definitive approved plan for significant stages of delivery. We believe there is a benefit to formalising some key milestone dates further to monitor performance and for assessing programme delivery (see **Matter arising 3**).

2.36 In addition to the high level timetable, we noted that the programme's key milestones are recorded in a DHCW performance monitoring framework. These are monitored by the DCHW Planning and Performance Management Group (PPMG) and where change control scrutiny operates (see further on this under audit objective 7). At the time of the audit, the programme's 2024/25 key milestones had been prepared for submission to the framework but had not then been approved.

2.37 Looking forward, we were advised that a high level programme level plan to April 2025 is currently being drafted but, being incomplete at the time of the audit, we were not able to assess how effective this might be as a programme baseline plan.

**Conclusion:**

2.38 We have raised one matter arising under this objective related to an absence of a baseline programme plan. Because of the significance of this we have provided **reasonable assurance** over this area.

**Objective 5:** Risk: ensure that project risks are identified, assessed, managed and reviewed throughout the project lifecycle and that some form of risk register is maintained

2.39 We sought to establish how the programme approaches risk management and to obtain materials that evidence that this is operating effectively.

2.40 The programme defines its approach in a process document which covers aspects of risk identification, scoring, review, mitigating and reporting.

2.41 The process specifies the creation of a programme risk register and requires that this adopts the same formats as, and is aligned with, the DHCW corporate risk register.

2.42 We noted registers are reviewed monthly at which time a fresh version is created to preserve document history.

2.43 We reviewed registers across the calendar months of 2023 and made the following observations:

- the register template includes the conventional risk entry elements (description, score, owner, mitigating action, status etc.);
- new risks are added in a new line in the register and assigned the next sequential reference number;
- notable risk entries (high scoring risks, risks new in period, substantial score revision, risks closed in period) are raised in the programme manager's highlight reports;
- there are no target dates recorded against mitigating actions, but risk entries are all recorded as either status 'open' or 'closed', are actively managed until appropriately mitigated and at that point 'closed';
- there were four high rated (red) open risks recorded in the register at January 2024, the oldest of these being six months;
- there were seven open high rated issues yet to impact the programme (but certain to) as well as 18 closed high rated issues that had already had an impact.

**Conclusion:**

2.44 We have raised no matters arising under this objective and have therefore provided **substantial assurance** over this area.

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**Objective 6:** Change: identify, assess and control any potential and approved changes to the project baselines as the project progresses

- 2.45 We sought to establish the change control approach within the programme and obtain evidence of its operation.
- 2.46 Typically, project methodologies prescribe a systematic approach to the identification, assessment and control of issues that may result in changes to baselines. Issues that arise are recorded in an issue register and assessed to determine what action to take in response e.g. to change some dimension of the project's time, cost or scope. Projects record the approach prescribed in a change control process document.
- 2.47 Change management involves the establishment of 'tolerances' against which variations in time, cost or scope are assessed. Those within these pre-determined levels are accepted without the need for change control activities. Tolerances are normally defined for all project deliverables.
- 2.48 Whilst the programme does have a formal change control process, we noted this was in draft form only and were advised that the document is pending update (see **Matter arising 4**).
- 2.49 Change requests arise from the identification of issues as a programme progresses (for example, as deliverables are tested) and are typically captured in an issue register.
- 2.50 We noted that the programme captures resulting change requests in a tracker document where they are reviewed before being assessed for action.
- 2.51 We examined an example of a recent scope change (Governance for NHS login use in Wales) that had been identified during programmed work package delivery and testing. We noted the appropriate entries appeared in programme documentation and its approval by the Programme Board in meeting minutes.
- 2.52 To revise programme milestone dates, the programmes seeks approval from the Board / SRO before agreeing a re-forecast / change request with the DCHW PPMG.
- 2.53 We examined three cases of milestone re-forecast change requests recorded in both the Programme Board key milestone updates and the DHCW IMTP milestone framework in January 2024.
- 2.54 Milestone changes were approved at Programme Board and Board minutes were seen that evidenced approval of one of these, the other two were for Board approval at a future meeting, at the time of the audit.
- 2.55 We were advised that changes to the milestones in the DHCW framework are to be actioned accordingly (milestones are monitored by DHCW PPMG and changes to these require prior approval, although controls operating in this framework were out of the scope of the audit).

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## Conclusion:

2.56 We have raised one matter arising under this objective relating to the completeness of the programme's change control process document and therefore provided **reasonable assurance** over this area.

### **Objective 7:** Progress: establish mechanisms to monitor and compare actual achievements against those planned

2.57 We sought to identify the mechanisms used by the programme to monitor and compare actual achievements against those planned and control any unacceptable deviations.

2.58 The programme tracks, monitors and reports its progress through the following mechanisms:

- the project roadmap is made up of a series of high level phases;
- project activity to deliver the products that make up the phases is broken up into a series of stages (work packages). These each deliver specified product functionality/ features;
- work packages, typically of 12 weeks duration, are timetabled back-to-back across the programme's timeline, each with set start and finish dates;
- work package outputs include an outline plan for the next work package which is submitted for approval;
- the completion of work packages is designated a key milestone;
- progress monitoring is multi-level: work package, key milestone and programme phase;
- work package 'exit' reports record what has been delivered by the package and any deviations in time, cost, content etc. from the original package specification;
- project level progress reporting is primarily against key milestone target dates;
- the programme manager reports on the programme's cost, quality, scope and risk dimensions in each of its programme board update reports; and
- DHCW provide a regular programme status update to Welsh Government.

2.59 We noted that programme progress of key milestones is monitored by the Programme Board through the programme manager monthly update reports and we noted the key milestone updates present in the reports of November 2023, December 2023 and January 2024.

2.60 Programme key milestones are at the same time recorded in the DHCW 'Manage My Milestones' (MMM) framework. Changes to the details of the milestones recorded in the framework are controlled and require the submission and approval of change control notices.

2.61 To update DHCW on milestone progress, the approach the programme takes is as follows:

- Regular meetings with the DHCW Planning Team to jointly review and update the information held on the MMM view / app for the milestones and confirm / arrange any requests for change; and
- The DSPP Programme Director attends the DCHW PPMG meetings, contributing to the DHCW process for oversight / management of the programme milestones.

2.62 We examined examples of the programme's key milestone documentation and noted that the progress monitoring identified the following key issues:

- In a January 2024 key milestone update report, work package delivery dates up to and including April 2024 were reported as achieved or on target.
- In the same report, three key milestones were reported off target and as a result, re-forecast to future dates (change control procedures of these were examined under audit objective 6 above). This resulted in product delivery slippage against recorded targets of six, 9 and 11 months, the latter being the re-forecasting of 'Transition Complete to DHCW Business as Usual' from an original target date of June 2023 to March 2024.

2.63 The programme regularly reports its status to the Welsh Government and we reviewed reports made across the period January 2023 – January 2024, noting that these followed a similar format and content to the monthly DSPP programme highlight reports to the programme board.

#### Conclusion:

2.64 We have not raised any matters arising under this objective but because of the dependency between programme plans and progress themes, we have provided **reasonable assurance** over this area.

## Appendix A: Management Action Plan

### Matter arising 1: Ongoing confirmation of programme business justification and value for money (Design)

#### Impact

Business justification for the DSPP programme is not underpinned by the delivery of evaluated benefits that present a positive return. Due to this, we were not able to identify a mechanism where the business justification to continue the project nor its perceived benefits / objectives was challenged by the Programme Board, at stages throughout the life of the project to date.

Potential risk that the investment in the programme with the existing scope and products does not deliver any benefit or achieve its objectives.

Without repeatedly and systematically reviewing the business justification throughout the life of a project the risk that it does not deliver its benefit(s) / objective is increased. Furthermore, without a regular review, prioritisation of resource is difficult to calculate, when delivering a multitude of project work with competing priorities across Wales.

#### Recommendations

#### Priority

1.1 We recommend that DHCW develop and implement a regular review of the business rationale / justification / appropriate metric for the programme, including the impact on resources to achieve this. Where business justification is not relevant (e.g. a project is a Ministerial or Welsh Government requirement), the continued value of the project should be assessed to assist with allocation of resources and discussions over how that is prioritised going forward.

Medium

#### Management Responses

#### Target Date

#### Responsible Officer

1.1 The programme has prepared a formal Business Justification Case (BJC) including a benefits framework and benefits forecast. The BJC has been assured through the DSPP Programme Board and DHCW governance and will be submitted to Welsh Government in support of funding requested from April 2025.

June 2024

DSPP Programme Director

Matter arising 2: Assurance Groups terms of reference (Operation)	Impact
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We noted that the programme operates with a number of groups, to provide an assurance function over key aspects of the programme. However, one of the seven had not recorded its brief in a formal terms of reference document.

Potential risk that stakeholders misinterpret the purpose and scope of the assurance groups.

Recommendations	Priority
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2.1 We recommend that for clarity and the avoidance of doubt, all assurance groups define their role in a formal terms of reference document.

Low

Management Responses	Target Date	Responsible Officer
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2.1 The outstanding terms of reference document will be completed.

June 2024

DSPP Programme Director

**Matter arising 3: Baseline programme plan (Design)**

**Impact**

We noted the programme’s 2020 original business case included an outline timetable for the delivery of the different project products based on an understanding and estimates of these at that time. However, we understand that there were no subsequent versions of this document or other document(s) that established a baseline programme plan when the programme formally began.

Potential risk that deviations to accepted targets in respect of time, resource or scope go undetected and are therefore not addressed.

However, whilst an agile approach to the programme operates, we were not able to identify a definitive approved plan for significant stages of delivery. We believe there is a benefit to formalising some key milestone dates further to monitor performance and for assessing programme delivery.

Whilst key programme milestones are held and monitored in a DHCW performance/ delivery framework outside of the programme, there is no definitive documented programme plan that provides a full end-to-end map of the programmes products and their target delivery dates. This increases the risk of delivery slippage and the consequent impact on deliverables.

**Recommendations**

**Priority**

3.1 Given the agile approach to project delivery, we recommend that DHCW review the current process to documenting deliverables and determine if a further update regarding the level of detail is required.

Medium

**Management Responses**

**Target Date**

**Responsible Officer**

3.1 DHCW will review how deliverables are documented and reported at the programme level, through DHCW programme and portfolio management arrangements, alongside the DHCW performance / delivery framework, and Welsh Government DPIF monitoring arrangements.

September 2024

Assistant Director of Planning and Service Transformation

**Matter arising 4: programme change control process documentation (Operation)**

**Impact**

Whilst the programme does operate a formal change control mechanism, we noted that the documentation that defines this process was in draft form only, pending an update. Good project governance and the need for clarity requires that key control mechanisms such as change control are defined in approved procedural documents.

Potential risk that change control requirements are not fully defined, understood or complied with.

**Recommendations**

**Priority**

4.1 We recommend that the programme ensure its change control requirements are defined in a final approved version process document.

Low

**Management Responses**

**Target Date**

**Responsible Officer**

4.1 Change control requirements will be defined in an approved document.

June 2024

DSPP Programme Director

## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<p><b>Substantial assurance</b></p>	<p>Few matters require attention and are compliance or advisory in nature.  <b>Low impact</b> on residual risk exposure.</p>
	<p><b>Reasonable assurance</b></p>	<p>Some matters require management attention in control design or compliance.  <b>Low to moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>Limited assurance</b></p>	<p>More significant matters require management attention.  <b>Moderate impact</b> on residual risk exposure until resolved.</p>
	<p><b>No assurance</b></p>	<p>Action is required to address the whole control framework in this area.  <b>High impact</b> on residual risk exposure until resolved.</p>
	<p><b>Assurance not applicable</b></p>	<p>Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.                  These reviews are still relevant to the evidence base upon which the overall opinion is formed.</p>

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
<p>High</p>	<p>Poor system design OR widespread non-compliance.                      Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.</p>	<p>Immediate*</p>
<p>Medium</p>	<p>Minor weakness in system design OR limited non-compliance.                      Some risk to achievement of a system objective.</p>	<p>Within one month*</p>
<p>Low</p>	<p>Potential to enhance system design to improve efficiency or effectiveness of controls.                      Generally issues of good practice for management consideration.</p>	<p>Within three months*</p>

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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# DIGITAL HEALTH AND CARE WALES PROGRAMMES DELIVERY COMMITTEE REPORT

Agenda Item	3.2
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Name of Meeting	Programmes Delivery Committee
Date of Meeting	14 May 2024

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

Executive Sponsor	Ifan Evans, Executive Director of Strategy
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Ifan Evans, Executive Director of Strategy

Purpose of the Report	To Receive/Discuss
Recommendation	The Committee is being asked to
<b>RECEIVE</b> and <b>DISCUSS</b> the Programmes Delivery Report update on status of key programmes managed by DHCW.	

WC:  
APP:  
TOTAL:

# 1 IMPACT ASSESSMENT

<b>STRATEGIC MISSION</b>	All missions apply
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<b>CORPORATE RISK</b> (ref if appropriate)	
<b>QUALITY IMPACT ASSESSMENT</b> (ref if appropriate)	

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

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

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

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

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

<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	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	18 <sup>th</sup> April 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

### 3 SITUATION / BACKGROUND

3.1 The attached report as [Appendix A 3.2i](#) 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 MARCH 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. There continues to be variation in how programmes use RAG ratings to report, a collective review will be undertaken during the next quarter to support consistent and proportionate reporting.

PORTFOLIO	PROGRAMME	OVERALL	TIME	QUALITY	RESOURCE	DHCW COMMENTARY on RAG ratings
1.1	<a href="#">National Data Resource (NDR)</a>	↓				<b>Resource:</b> NDR funding for 2024-25 has been reduced by £4m from original programme plan and the funding allocation letter has not been issued to DHCW <b>ACTION:</b> Update programme plan and confirm reduced funding allocation
2.2	<a href="#">Welsh Community Care Information System (WCCIS) / Connecting Care</a>	↔				<b>Time:</b> timescales to deliver the transition away from the incumbent supplier are very challenging and any delay in initiation will lead to increased operational risks <b>Resources:</b> The funding in FY24/25 is insufficient to initiate implementation at the scale required, and there is no funding allocated beyond Mar 25 <b>ACTION:</b> Producing a Full Business Case early to secure further funding
2.3	<a href="#">Digital Maternity Cymru (DMC)</a>	↓				<b>Time:</b> decision to complete Outline Business Case before procuring in order to confirm implementation and sustainable funding <b>Resource:</b> funding has been reduced by over £1m (2024/25) from programme plan <b>ACTION:</b> update current programme plan
2.3	<a href="#">National Digital Eye Care Programme (DECP)</a>	↔				<b>Overall:</b> Rejection of DHCW Digital Investment Proposal by Welsh Government for procurement of a new solution - rejected in favour of recommencing deployment under current contract. Outstanding issues to be resolved first. <b>Resources/Costs:</b> no commitment provided by WG to fund the programme in 2024/25, therefore unable to deliver, and resources at Health Boards are leaving due to continued uncertainty
2.3	<a href="#">Bridgend Transition National System Impact (including WelshPAS Bridgend Disaggregation)</a>	↓				<b>Overall:</b> - timescales dependent on funding <b>Time:</b> - timescales challenging due to complexity and funding <b>Resource:</b> - funding reduction anticipated for WPAS, no funding for downstream systems
2.4	<a href="#">Welsh Intensive Care Informatics System (WICIS)</a>	↔				<b>Time:</b> Health Boards have postponed implementation dates, clinical users have requested further configuration changes <b>Resource:</b> Delayed implementation and need for further configuration changes have increased programme and supplier costs <b>ACTION:</b> escalation of options paper to WG and others for decision, update programme plan

#### PROGRAMME HIGHLIGHT REPORTS | RAG STATUS MAJOR PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END MARCH 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. There continues to be variation in how programmes use RAG ratings to report, a collective review will be undertaken during the next quarter to support consistent and proportionate reporting.

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on Red RAG ratings
2.5	<a href="#">Radiology Information System Procurement (RISP)</a>	↓				<b>Time:</b> Supplier plan received late, revised plan includes delay to implementation dates, putting pressure on overall timetable. <b>Resources:</b> particular concern regarding health board capacity
2.5	<a href="#">Laboratory Information System 2.0 (LIMS2.0)</a>	↑				
2.6	<a href="#">Digital Medicines Transformation Portfolio (DMTP)</a>	↔				<b>NB:</b> RAG does not reflect £2.6m reduction (35%) in 24/25 funding which was notified in Mar 24 <b>ACTION:</b> a rescoping exercise to redefine programme delivery milestones will be needed
3.1	<a href="#">Cancer Informatics (CIP)</a>	↔				<b>Overall:</b> WG funding for 2024/25 is indicated but not confirmed; without funding, programme will stop. <b>Time:</b> delays in delivery of some programme milestones has extended the programme timetable
3.2	<a href="#">Digital Services for Patients and the Public (DSPP)</a>	↔				

## 4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

**4.1 Status Update:** Across the portfolio, programme boards' delivery confidence has declined since the last quarter. Three programmes (Eyecare, Cancer and Intensive Care) have remained Red. Three programmes (Maternity, RISP and WPAS migration) have reduced from Amber Red to Red.

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 and delayed implementation at the local level.

Three Programmes are rated **AMBER / GREEN**

- **Laboratory Information Management System (LIMS) 2.0** – the Programme Board agreed to maintain the amber/green status as project making good progress.
- **Digital Medicines Transformation (DMTP)** – 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).
- **Digital Services for Patients and the Public (DSPP)** – onboarding of practices is complete; the Programme Board has endorsed the business case for submission to Welsh Government.

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

- **Welsh Community Care Information System (WCCIS)** – a number of milestones are challenging, and resources are not confirmed for the next phase of the programme – Connecting Care.
- The **National Data Resource (NDR)** also has further uncertainty over funding.

Six Programmes / projects are rated **RED**

- The **Digital Maternity Cymru (DMC)** Programme – in year and longer-term funding is unclear. Variations in Health Board buy-in reduce the likelihood of an 'all Wales' scope.
- National **Digital Eye Care Programme (DECP)** – the latest investment proposal for a new cloud hosted solution was not accepted by Welsh Government. Outstanding issues to be resolved if using existing contract option.
- **Bridgend Transition** project to support a boundary change – this is highly complex and risks remain for impacted systems activities.
- The **Welsh Intensive Care Informatics System (WICIS)** – go live in the first site is still delayed.
- **Radiology (RISP)** – there are concerns from health boards around the lack of detail in the plan.
- **Cancer Informatics Solution (CIS)** – a recent Welsh Government funding bid has not been formally confirmed.

## 5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Please note the following escalations to the committee

### Escalations to Programmes Delivery Committee

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation	Next Steps/Outcome /Requirements for Programme Delivery Committee
PMO 019	Cancer Informatics Programme	Jan 2024	Escalation	Programmes Delivery Committee	Alert	<b>Funding.</b> If funding bid is not agreed by WG then the costs of completing the programme and running the service will remain with DHCW next financial year. DHCW has highlighted this risk in its financial position for 2024-25.	<b>CLOSED. NOTE – THIS ESCALATION HAS BEEN MERGED INTO ONE FUNDING ESCALATION 029</b>
PMO 002	Welsh Intensive Care Information System	May 2024	Escalation	Programmes Delivery Committee	Advise	<b>Funding</b> shortfall for 2024/25 and <b>commitment</b> from HBs to accept and implement WICIS by March 2025	Options paper escalated to Welsh Government, Health Board Chief Executive and Directors of Digital on 18 Apr 2024. Options cover the minimum number of Health Boards implementing the system, funding requirements, and alternative outcomes.
PMO 028	Multiple	May 2024	Escalation	Programmes Delivery Committee	Advise	Some programmes do not currently have a <b>Programme Chair</b> , or the Chair is due to retire soon with no identified successor. These include the Cancer Informatics Programme, 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.	DHCW executive team are engaging with Welsh Government to identify and appoint Programme Chairs and Policy Leads to programmes.
PMO 029	Multiple	May 2024	Escalation	Programmes Delivery Committee	Alert	<b>Funding.</b> 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.	Programmes impacted by funding reduction are reviewing their delivery projects and plan to reprioritise and reallocate resources. DHCW team and PMO are co-ordinating programme investment case pipeline and future funding profile to improve forecast. DHCW executive team engaging with Welsh Government to agree approach to funding.

## 6 RECOMMENDATION

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



GIG  
CYMRU  
NHS  
WALES

Iechyd a Gofal  
Digidol Cymru  
Digital Health  
and Care Wales

# Programmes Delivery Committee

14<sup>th</sup> May 2024

# Programmes RAG Framework

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 the four ratings and the three domains described below. There continues to be variation in how programmes use RAG ratings to report. A collective review will be undertaken during the next quarter to support consistent and proportionate reporting.

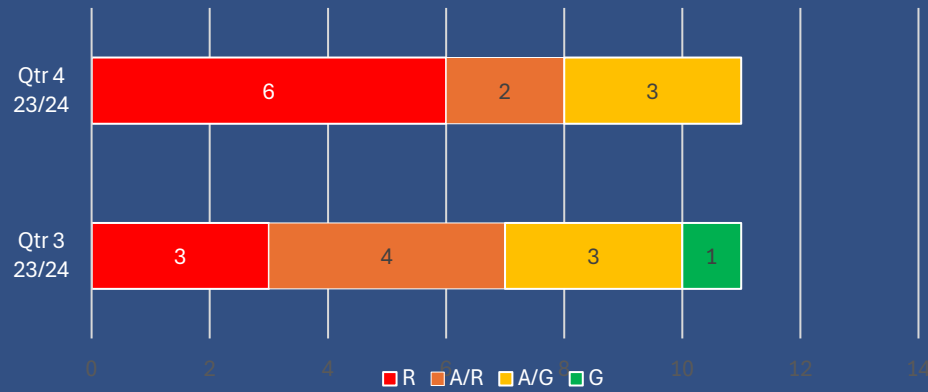
	Summary	Green	Amber Green	Amber Red	Red	Typical issues
Overall Assessment of Delivery Confidence	Consolidated view on delivery confidence at the whole programme level, informed by ratings in each domain.	High confidence of successful delivery and no major outstanding issues that threaten delivery	Reasonable confidence of successful delivery with some aspects requiring attention  Action needed to ensure risks do not materialise into major issues threatening delivery.	Low confidence of successful delivery requiring urgent management attention  Major risks and /or issues in key areas requiring action	No confidence of successful delivery requiring critical, decisive action  Major issues which do not appear to be manageable or resolvable.	
Time	Confidence of delivering the programme within the timetable set out in the programme plan.	Programme is ahead of or on schedule	Programme is behind schedule with a realistic plan to recover	Programme is behind schedule and high likelihood of late delivery	Programme will be delivered significantly late	Issue: Delays in programme delivery, supplier delivery, partner delivery, etc.  Manage: Reduce external dependencies, lock in commitments, monitor delivery.
Quality	Confidence of delivering the programme outcomes and resulting benefits, as defined in the programme plan (in an agile programme user needs may include outcomes from discovery, and user experience measures)	High confidence of meeting user needs without an adverse impact on time or budget  (Level of user satisfaction is likely to mean a high confidence of benefits being realised.)	Reasonable confidence of meeting user needs without an adverse impact on time and budget.  (Level of user satisfaction is likely to mean a reasonable confidence of benefits being realised.)	Low confidence of meeting user needs without an adverse impact on time and budget.  (Level of user satisfaction is unlikely to mean benefits being realised.)	No confidence of meeting user needs without an adverse impact on time and budget.  (The resultant solution may be unusable by the user.)	Issue: Unachievable specification, integration challenges, failed user acceptance testing, poor adoption.  Manage: Simplify requirements, reduce bespoke configuration, define interoperability standards, continuous agile approach, user research and business change.
Resources	Confidence that the resources available to the programme are sufficient to deliver the programme (primary consideration is financial resource but should also assess people capacity and capability)	£ -The programme is forecast to complete within budget or under budget.  People - The programme is fully resourced, with no significant skill gaps	£ - The programme is forecast to exceed budget but has a plan to recover  People - The programme has some resource or skill gaps but has a plan to recover	£ - The programme is forecast to exceed budget and has limited confidence of recovery  People - The programme has significant resource or skill gaps and limited confidence of recovery	£ - The programme will significantly exceed budget  People - The programme has critical resource or skill gaps which do not appear resolvable	Issue: additional funding required, funding reduced, recruitment delays, specialist skills not available  Manage: Detailed planning and delivery management, secure funding for whole programme period, strategic resourcing approach.

# Dashboard Summary

The overall RAG is self-assessed by each Programme Board, based on their view of delivery confidence across three areas: timeline, quality and resources.

This dashboard summary includes all major programmes. Other programmes are reported to the Committee only if there are matters which have been escalated by the DHCW Portfolio Management Board.

### Overall Portfolio Health Summary



Status Update: Across the portfolio, programme boards' delivery confidence has declined since the last quarter. Three programmes (Eyecare, Cancer and Intensive Care) have remained Red. Three programmes (Maternity, RISP and WPAS migration) have reduced from Amber Red to Red.

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 and delayed implementation at the local level.

Three Programmes are rated **AMBER / GREEN**

- Laboratory Information Management System (LIMS) 2.0 – the Programme Board agreed to maintain the amber/green status as project making good progress.
- Digital Medicines Transformation (DMTP) – 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).
- Digital Services for Patients and the Public (DSPP) – onboarding of practices is complete; the Programme Board has endorsed the business case for submission to Welsh Government.

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

- Welsh Community Care Information System (WCCIS) – a number of milestones are challenging, and resources are not confirmed for the next phase of the programme – Connecting Care.
- The National Data Resource (NDR) also has further uncertainty over funding.

Six Programmes / projects are rated **RED**

- The Digital Maternity Cymru (DMC) Programme – in year and longer-term funding is unclear. Variations in Health Board buy-in reduce the likelihood of an 'all Wales' scope.
- National Digital Eye Care Programme (DECP) – the latest investment proposal for a new cloud hosted solution was not accepted by Welsh Government. Outstanding issues to be resolved if using existing contract option.
- Bridgend Transition project to support a boundary change – this is highly complex and risks remain for impacted systems activities.
- The Welsh Intensive Care Informatics System (WICIS) – go live in the first site is still delayed.
- Radiology (RISP) – there are concerns from health boards around the lack of detail in the plan.
- Cancer Informatics Solution (CIS) – a recent Welsh Government funding bid has not been formally confirmed.

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS  
 MAJOR PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END MARCH 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. There continues to be variation in how programmes use RAG ratings to report, a collective review will be undertaken during the next quarter to support consistent and proportionate reporting.

PORTFOLIO	PROGRAMME	OVERALL	TIME	QUALITY	RESOURCE	DHCW COMMENTARY on RAG ratings
1.1	<a href="#">National Data Resource (NDR)</a>	↓				Resource: NDR funding for 2024-25 has been reduced by £4m from original programme plan and the funding allocation letter has not been issued to DHCW ACTION: Update programme plan and confirm reduced funding allocation
2.2	<a href="#">Welsh Community Care Information System (WCCIS) / Connecting Care</a>	↔				Time: timescales to deliver the transition away from the incumbent supplier are very challenging and any delay in initiation will lead to increased operational risks Resources: The funding in FY24/25 is insufficient to initiate implementation at the scale required, and there is no funding allocated beyond Mar 25 ACTION: Producing a Full Business Case early to secure further funding
2.3	<a href="#">Digital Maternity Cymru (DMC)</a>	↓				Time: decision to complete Outline Business Case before procuring in order to confirm implementation and sustainable funding Resource: funding has been reduced by over £1m (2024/25) from programme plan ACTION: update current programme plan
2.3	<a href="#">National Digital Eye Care Programme (DECP)</a>	↔				Overall Rejection of DHCW Digital Investment Proposal by Welsh Government for procurement of a new solution- rejected in favour of recommending deployment under the current contract. Outstanding issues to be resolved first. Resources/Costs; no commitment provided by WG to fund the programme in 2024/25, therefore unable to deliver, and resources at Health Boards are leaving due to continued uncertainty
2.3	<a href="#">Bridgend Transition National System Impact (including WelshPAS Bridgend Disaggregation)</a>	↓				Overall – timescales dependent on funding Time – timescales challenging due to complexity and funding Resource – funding reduction anticipated for WPAS, no funding for downstream systems
2.4	<a href="#">Welsh Intensive Care Informatics System (WICIS)</a>	↔				Time: Health Boards have postponed implementation dates, clinical users have requested further configuration changes Resource: Delayed implementation and need for further configuration changes have increased programme and supplier costs ACTION: escalation of options paper to WG and others for decision, update programme plan

PROGRAMME HIGHLIGHT REPORTS | RAG STATUS  
 MAJOR PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END MARCH 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. There continues to be variation in how programmes use RAG ratings to report, a collective review will be undertaken during the next quarter to support consistent and proportionate reporting.

PORTFOLIO PROJECT OVERALL TIME QUALITY RESOURCE COMMENTARY on Red RAG ratings

2.5	<a href="#">Radiology Information System Procurement (RISP)</a>	↓				Time: Supplier plan received late, revised plan includes delay to implementation dates, putting pressure on overall timetable. Resources: particular concern regarding health board capacity
2.5	<a href="#">Laboratory Information System 2.0 (LIMS2.0)</a>	↑				
2.6	<a href="#">Digital Medicines Transformation Portfolio (DMTP)</a>	↔				NB: RAG does not reflect £2.6m reduction (35%) in 24/25 funding which was notified in Mar 24 ACTION: a rescoping exercise to redefine programme delivery milestones will be needed
3.1	<a href="#">Cancer Informatics (CIP)</a>	↔				Overall: WG funding for 2024/25 is indicated but not confirmed; without funding, programme will stop. Time: delays in delivery of some programme milestones has extended the programme timetable
3.2	<a href="#">Digital Services for Patients and the Public (DSPP)</a>	↔				

# DHCW Commentary on 2023-24 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
1.1	National Data Resource (NDR)	NDR platform services are live since August 2023 – these enable data to flow into new environments, the NHS Executive reporting stores were migrated in February 2024. The national API Management Platform is live – this provides a secure, scalable technology enabling systems to shift to open architecture and interoperability. The team has developed stakeholder engagement and communications to build understanding of NDR and to confirm a roadmap of features through 2024.
2.2	Welsh Community Care Information System (WCCIS) / Connecting Care	Stabilisation of current system. Preparatory work with local authorities and health boards on new solution with improved applications underpinned by a shared care record. Outline business case approved, work on defining the procurement approach.
2.3	Digital Maternity Cymru (DMC)	The programme was established in April 2023 and has engaged with clinical networks and leads, using digital service design principles, to understand requirements, map clinical pathways, determine national standards, and develop a business case setting out preferred way forward. The business case is needed to confirm funding and implementation commitments from health boards and Welsh Government, prior to procuring a system supplier.
2.3	National Digital Eye Care Programme (DECP)	The DECP programme transitioned from Cardiff and Vale UHB to DHCW in June 2023. DHCW has undertaken extensive diligence work on the programme, which has raised several areas of concern, and that approach has been validated by Internal Audit services.
2.3	Bridgend Transition National System Impact / WelshPAS Bridgend Disaggregation	Established the programme to manage the systems impact of the Swansea Bay / Cwm Taf Morgannwg boundary change. WelshPAS data migration approach documented, and significant work started on early migrations. Impact assessments started for the other national systems, in collaboration with health boards.
2.4	Welsh Intensive Care Informatics System (WICIS)	The programme team and supplier have delivered a release of the system as planned. Health boards have raised concerns and postponed implementation. The programme team is discussing implementation dates and further configuration requirements with health boards.
2.5	Radiology Information System Procurement (RISP)	A full review of the RISP programme was completed in year, including governance, management, stakeholder engagement, commercial arrangements, and the implementation timetable. A Full Business Case was completed, contract signed, and supplier readiness activities are in progress.
2.5	Laboratory Information System 2.0 (LIMS2.0)	A full review and reset of the LIMS2.0 (previously LINC) programme was completed in year, including governance, management, stakeholder engagement, a change of supplier, and revised implementation timetable. In response to a tight timetable there is an urgent contingency plan which has delivered two key milestones (national infrastructure, core solution) ahead of plan.
2.6	Digital Medicines Transformation Portfolio (DMTP)	In secondary care the EPMA programme has supported all eight Health Boards and Trusts in scope to complete their procurement evaluation activity and develop their business cases. In primary care the EPS programme has demonstrated digital prescribing and completed 'service proof of concept' testing. For the data platform the SMR project has completed testing to link primary care medicines data to secondary care systems. The Patient Access project completed testing of 'prescription ready' and 'nominate a pharmacy' features in the NHS Wales App.
3.1	Cancer Informatics (CIP)	Project continued to work closely with stakeholders to develop the replacement for the legacy Canisc solution. Functionality to support Palliative Care now developed.
3.2	Digital Services for Patients and the Public (DSPP)	The public beta version for the NHS Wales App was launched in April 2023. During the year every GP practice was connected and 170k people downloaded the App. In March 2024 there were 60k repeat prescriptions made through the App. The programme has prepared a business case for further investment which includes a roadmap of features and used a discovery cycle to develop a case for a package of planned care features.



# Escalations to Programmes Delivery Committee

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
PMO 019	Cancer Informatics Programme	Jan 2024	Escalation	Programmes Delivery Committee	Alert	<b>Funding.</b> If funding bid is not agreed by WG then the costs of completing the programme and running the service will remain with DHCW next financial year. DHCW has highlighted this risk in its financial position for 2024-25.	<b>CLOSED. NOTE - THIS ESCALATION HAS BEEN MERGED INTO ONE FUNDING ESCALATION 029</b>
PMO 002	Welsh Intensive Care Information System	May 2024	Escalation	Programmes Delivery Committee	Advise	<b>Funding</b> shortfall for 2024/25 and <b>commitment</b> from HBs to accept and implement WICIS by March 2025	Options paper escalated to Welsh Government, Health Board Chief Executives and Directors of Digital on 18 Apr 2024. Options cover the minimum number of Health Boards implementing the system, funding requirements, and alternative outcomes.
PMO 028	Multiple	May 2024	Escalation	Programmes Delivery Committee	Advise	Some programmes do not currently have a <b>Programme Chair</b> , or the Chair is due to retire soon with no identified successor. These include the Cancer Informatics Programme, 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.	DHCW executive team are engaging with Welsh Government to identify and appoint Programme Chairs and Policy Leads to programmes.
PMO 029	Multiple	May 2024	Escalation	Programmes Delivery Committee	Alert	<b>Funding.</b> 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.	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. DHCW executive team engaging with Welsh Government to agree approach to funding.

# Appendix 1 – Assurance Highlight Reports

The objective of the National Data Resource programme is to support a Healthier Wales by delivering all-Wales health and social care data capabilities in a governed, secure and ethical manner. These includes 1) an 'open' architecture and associated enablers. 2) A data platform – including a national data and analytics platform, local data repositories and supporting infrastructure and 3) a data and analytics function including data acquisition, shared learning and research.

Overall RAG	Timelines	Quality	Resources
The rationale for Amber/Red status is due to unconfirmed and potentially reduced funding against requirements which impacts on the programme's ability to finalise its 2024-25 delivery plan. Of the 24 live projects: <ul style="list-style-type: none"> <li>1 x Red: National Data Warehouse Migration</li> <li>3 x Red/Amber: Shared Code Repository (GitHub), Secure Data Environment (SDE) and Analytics as a Profession.</li> <li>2 x Amber status Care Data Repository, Shared Medicines Record and Demographics.</li> </ul>	1/Red: National Data Warehouse Migration 2/Red Amber: <ul style="list-style-type: none"> <li>Shared Code Repository (GitHub),</li> <li>Secure Data Environment (SDE).</li> </ul> All IMTP Milestones completed 2023-24.  Red/Amber status reflects the need to reprofile plans due to funding uncertainty.	Red/Amber status reflects the potential impact to the programme scope if the proposed budget reduction is confirmed.	People: Vacancies and absence in some areas continues to constrain capacity, however appointments have been made; critical posts are proceeding as fixed term only due to financial uncertainty. Finance: Underspent at the end of the financial year due to reduction in spending requirements of federated partners and VAT rebates. Confirmation of allocation for 2024-25 has not been received. Indicative funding is less than the required budget.

### Progress Since Last Reporting Period

#### Project Delivery

- Clinical Data Engine (Acute Coronary Syndromes Pathway Form): The electronic form which is to be used as a single source of clinical data across Health Board boundaries has been assured by the Welsh Informatics Assurance Group.
- NHS Executive: Successfully completed initial data migration of the former NHS Wales Delivery Unit's Data Warehouse into the National Data and Analytics Platform.
- NDR Operational Delivery Framework: Work to review and test the framework end-to-end through two-pilot use cases has concluded; planning of the implementation (embedding) phase is underway.
- National Data Warehouse: Reference data specific to the National Warehouse has been ingested to National Data & Analytics Platform and validated.
- BCUHB: Progress is being made to develop a local plan and is included in the BCU IMTP. New governance arrangements are in place and progress reports for NDR are included in the Health Board recovery reporting to WG. Discovery use case to address unscheduled care issues is preparing to initiate.

#### Finance & Governance:

- WG scrutiny of 2023-24 progress (phase 3, year 1) undertaken Feb 2024.
- Review and deep dive into corporate risk (DHCW0269 ) Switching Service was undertaken.
- Year-end processes completed in partnership with DHCW Finance and Business Assurance team.

### Key Risks and Issues

- Unconfirmed and potentially reduced budget allocation for 2024-25; DHCW portfolio prioritisation exercise underway which may result in an impact to the 2024-25 NDR programme delivery plan.

### Finances £000s

	NDR	Capital £K	Revenue £K	Total
Annual Budget		0	7062	7062
Spend to Date		0	6077	6077

### Planned work for Next Reporting Period

#### Project Delivery

- Clinical Data Engine (Acute Coronary Syndromes Pathway Form): Early adopter Health Boards (HDdUHB & SBUHB), initial roll out by Wales Cardiac Network.
- Information Governance Phase 3: Begin upload of all current information sharing protocols (ISPs) to the Information Governance Digital tool.
- Shared Code Repository (GitHub): Change control and reprofile plan.
- Secure Data Environment (SDE): Review project timelines.
- Social Care Wales : Finalise individual data maturity reports for local authorities. Complete National report.
- ABUHB/Local Data Resource: Test proof of concept to load and maintain GP practice data.
- PHW: Complete use case pilots.
- WAST: Productionise use case pipeline into National Data & Analytics Platform (Out of Hospital Cardiac Arrest) once data sharing agreement is in place.

#### Comms & Engagement: Launch refreshed web pages and monthly newsletter.

#### Finance & Governance:

- Complete project prioritisation exercise and ratify milestones for 24/2
- Review programme scope and timelines for delivery to reflect available resources
- Publish 2024-25 delivery plan; agree programme milestones with WG.

### Mitigation/Resolution

- Prioritisation exercise underpinned by cost benefits analyses
- Further review of planned expenditure against updated delivery plan

### Escalations

The Welsh Community Care Information System (WCCIS) is the key digital enabler of fundamental transformation in health and social care, in line with government policy: Informed Health and Care; 'Once for Wales'; the Social Services and Well-being Act, and 'A Healthier Wales'. Connecting professionals to provide better joined up care. WCCIS is to be replaced by 'Connecting Care'

Overall RAG	Timelines	Quality	Resources
Connecting Care preparations for a platform replacement continue to progress. This is in the planning/discovery phase. Ongoing iterative improvements of the current platform continue to be challenging though progress is being made. The supplier is aware of future plans.	A number of current milestones are challenging. Phase 2 planning is underway. Timelines remain tight but the programme has made significant advances towards procurement readiness. The programme team continue to work with partners to understand their requirement and iterate the programme approach. Confidence will only be improved once the programme can initiate planning discussions formally with potential suppliers.	Current scope is well understood, defined in clear requirements with the platform operational and providing adequate service. Outstanding requirements are understood. Phase 2 exit must be defined and is a key deliverable for the next period. Phase 2 scope has been extended to include the digitisation of Mental Health services in HBs where systems don't exist or are fragmented. Scoping is underway to define how Phase 2 will deliver interoperability through a shared care record for community care	The internal programme is adequately resourced for currently forecasted operational and development activity. There has been no extra consideration for discovery and initiation of the next phase - Connecting Care. Currently the programme continues to meet the funding and resource requirement necessary to progress the work, and consequently is overspent.

Progress Since Last Reporting Period

- Initiation of Mental Health Discovery Phase 2 to validate findings in Cwm Taf Morgannwg Health Board with all other Health Boards
- Design work on a data transition approach to support 19 partners to extract, transform and load data from existing supplier in readiness for new solutions is underway
- Regional Technology Steering group established with representation from Health Boards and Local Authorities
- Procurement approach for Social Care agreed; regional working group of procurement specialists from Local Authorities created
- Market engagement for Health underway
- Exit discussions with supplier ongoing

Planned work for Next Reporting Period

- Approval of a procurement approach for Health Care applications.
- Initiate procurement activities with first adopter Local Authorities and Health Boards
- Present draft Full Business Case to partners and Welsh Government
- Continue exit discussions with the supplier
- Market engagement for Health underway
- Initiate market engagement around Shared Care Record

Key Risks and Issues

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Mitigation/Resolution

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Finances £000s

	WCCIS	Capital £K	Revenue £K	Total
Annual Budget		0	3772	3,772
Spend to Date		0	4917	4,917

Escalations

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The objective of this programme/project is 'Delivering a digital maternity solution across Wales that supports clinicians and empowers women and birthing people to participate in high-quality, safe care that supports improved outcomes and experiences'

Overall RAG	Timelines	Quality	Resources
Longer term funding mechanism requires clarification by Welsh Government. Significant budget reduction against 2024/25 revenue funding will constrain planning and impact delivery timescales.	High-level programme planned, timescales dependent on procurement start, delayed due to outstanding Outline Business Case funding clarifications. Delivery likely to be significantly delayed.	Programme scope and detailed definition is completed, with sign off delayed due to Outline Business Case status.	Revenue budget reduction for 2024/25 will impact recruitment of additional resources to support programme delivery. At present unresolvable, but full impact assessment underway.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
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- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>Held discussions with Welsh Government Policy Leads and Chief Nursing Office to detail DMC Business Case position and understand potential future funding mechanisms.</li> <li>Shared Outline Business Case (OBC) with Welsh Government, programme board and team members for content review. Awaiting feedback from WG on funding mechanisms.</li> <li>Completed review of refinements to Statement of Requirements, incorporating changes and updating formats. Preparing contract documentation in readiness to commence procurement.</li> <li>Held 2 project scoping workshops on 14 Mar 24 with a variety of stakeholders involved in the data and analytics project and standardisation of women's information.</li> <li>Finalised user research and service design outputs with Centre for Digital Public Services.</li> <li>Key milestone delayed: Programme plan developed. Completion moved back to end Q1 24/25.</li> </ul> | <ul style="list-style-type: none"> <li>Review programme position following reduction in 2024/25 revenue budget, including detailed assessment of impact on planned work, programme deliverables and timescales.</li> <li>Respond to feedback on OBC with a further iteration. Update funding mechanisms and detail approval routes once clarity is provided on funding mechanisms.</li> <li>Share finalised outputs from user research and service design work with key stakeholders.</li> <li>Complete review of initial 3 draft national clinical data standards and engage with Clinical Assurance Group to review. Continue with gap analysis, process mapping, drafting of national standards, and clinical engagement for first phase of standards.</li> <li>Complete set-up of procurement governance and prep for start of procurement, pending resolution of OBC. Approval of all procurement documents in readiness for start of procurement.</li> </ul> |
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Key Risks and Issues	Mitigation/Resolution
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Following development of Outline Business Case a funding gap has been identified between the allocated Funding Letter and the full funding required to deliver the programme. This needs to be resolved via an agreed funding mechanism.	Escalated to Welsh Government digital and clinical policy leads. Outline Business Case to be finalised and agreed with health boards.
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Finances £000s	Escalations
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	DMC	Capital £K	Revenue £K	Total
Annual Budget		240	1691	1,931
Spend to Date			1396	1,396

Dashboard

The Digital Eyecare Programme is a critical enabler for the successful transformation of eyecare services across Wales and includes an Ophthalmology Electronic Patient Record (EPR) and Electronic Referral system for Optometrists referring into secondary care. This will enable the electronic transfer of clinical data between clinicians in both primary and secondary care settings to support shared care

Overall RAG	Timelines	Quality	Resources / Costs
A digital investment proposal for a new cloud hosted procurement of EPR and ERS solution was submitted to WG. The proposal was not accepted, with further direction from WG for the programme to investigate whether continued tactical deployment under the existing contract was possible. Outstanding issues to be resolved first to allow this to happen	Under the Full Business Case all Health Boards should have completed deployment by the end of 23/24. At the time of transfer only CAV had done any material deployment and 5 of the Health Boards have not deployed anything.	Outstanding system clinical risks for ophthalmology and optometry that need addressing	Costs: Insufficient funding to deliver the programme Resources: Retention of experienced programme resources across all organisations at risk due to funding issues will make any new deployment of the programme doubtful.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
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<p>January - Completed options appraisal with a recommendation to procure a supplier to provide cloud hosted support and some development of the existing solution and to migrate the system from CAV, alongside some tactical deployment if possible.</p> <p>February - Under the contract the supplier retains ownership of the IP and all associated licences and software, prohibiting migration or retention of the system at the end of the contract.</p> <p>March - A digital investment proposal for a new cloud hosted procurement of an EPR and ERS solution was submitted to Welsh Government. The proposal was not accepted, with further direction from WG for the programme to investigate whether continued tactical deployment under the existing contract was possible.</p> <p>An internal audit was conducted into the Programme Transition</p>	<p>April -</p> <ul style="list-style-type: none"> <li>CAV to resolve and provide evidenced assurance to the Transition Board of 13 pre-requisites to enable re-commencement and planning for deployment under the remaining term of the contract</li> <li>CAV to obtain agreement with the supplier to agree contract changes to enable transfer of ownership of the Intellectual Property</li> </ul> <p>May - workshops with all health boards to review and agree any clinical risks associated with ERS and EPR products and to understand mitigation and resolution actions.</p>
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Key Risks and Issues	Mitigation/Resolution
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Issue: Uncertainty in respect of 24/25 funding has meant that fixed term contracts have not been renewed and vacancies not filled across the programme	Review strategic options and submit a position statement to Welsh Government
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Finances £000s	DECP				Escalations
	Capital	Revenue	Total		
	£K	£K			
Annual Budget	0	0	0		
Spend to Date	0	286	286		

Dashboard

# Bridgend Transition National System Impact (including WelshPAS Bridgend Disaggregation)

Owner: David Sheard

Assurance  
Highlight Report

Qtr. 4  
23/24

The objective of this programme is to support Cwm Taf Morgannwg's (CTM) Bridgend ICT Services Transition Programme work to move Bridgend patients out of Swansea Bay (SB) ICT systems into CTM ICT systems following the health board boundary change in April 2019.

Overall RAG	Timelines	Quality	Resources
<p>WelshPAS Data migration activities progressing. However, no agreed Go Live data for the project and scope yet to be signed off. High degree of complexity with the disaggregation and degree of risk associated with remaining activities.</p> <p>Concerns around timelines for impacted systems to align with WelshPAS. No resources funded for impacted systems.</p>	<p>The broad plan for WelshPAS data migration work is clear, and activities are progressing. While a May 2025 Go Live date has been suggested, it is not formally agreed upon.</p>	<p>A data migration scope document has been created but pending decisions within CTM/SB delay formal approval. Proceeding with assumptions in the absence of decisions risks delays if significant changes are introduced later. Further exploration work required to determine the impact on DHCW national systems and activities required to transition.</p>	<p>Awaiting formal notification of reduction to the revenue allocation. Impact of the reduction on the May 25 date to be assessed with CTM.</p> <p>2 Full Time Equivalent posts funded for Welsh Patient Referral Service until March 25, No resources funded for other impacted systems.</p>

## Progress Since Last Reporting Period

- Data Migration (DM) 3 complete and DM3 report signed off, DM4 data load completed successfully and testing in progress
- Logic/rules for data migration being documented (specification documents)
- Data flows built for CTM inbound Master Patient Index feed; system integration testing complete and flows deployed for user acceptance testing
- Workshops held with national systems to get into further detail on the impact for them (Welsh Clinical Portal, Welsh Clinical Communications Gateway, GP Test Requesting, Welsh Care Records Service)
- Workshops between Welsh Reference and Terminology Service and impacted systems to capture changes to reference data
- Welsh Patient Referral Service Assurance and Delivery Focus Group established

## Planned work for Next Reporting Period

- Arrange workshops to discuss specific aspects of the scope, such as Emergency Department data, Cancer tracking and finalise specification documents for DM4 and DM5 scope
- CTM/SB to resolve issues around ways of working - awaiting decisions on service model
- Resource and funding requirement for 2025/26 to be determined
- Data migration scope to be formally approved by all parties
- Data Privacy Impact Assessment for data migration
- Dates for two-way Master Patient Index feed user acceptance testing to be agreed
- All national systems/services to advise of their testing plans in the absence of a sealed test environment, workshop arranged
- Continue to assess impact on national systems and hold workshops, workshops arranged with CTM and SB to identify detailed impact on Welsh Point of Care Test and Welsh Laboratory Information Management System

## Key Risks and Issues

## Mitigation/Resolution

Finances £000s	Bridgend Transition (including WelshPAS System Disaggregation)	Capital £K	Revenue £K	Total
	Annual Budget	264	2446	2,710
	Spend to Date	0	2363	2,363

## Escalations

13

The Welsh Intensive Care Information System (WICIS) will be a centralised national system to manage all adult critical care units providing a standardised approach to critical care across Wales. The system will be replacing all current paper records and other current critical care clinical information systems ensuring that the full patient record can be managed in one place.

Overall RAG	Timelines	Quality	Resources
Due to refinements being made within the system, particularly focused around the drug therapy and administration module, Aneurin Bevan Health Board (ABHB) go live at Grange Hospital, rescheduled for 20th Nov 23 has been postponed to allow ABHB to carry out and complete local user acceptance testing. In addition, the final week of training at ABHB has been put on hold until testing is signed off and accepted locally.	As the implementation has been delayed in ABHB, no revised go live date has been agreed currently. Cwm Taf Morgannwg (CTM) health board has advised that they will not go live as planned in Jan 24, impacting the overall completion date of the project. Additionally, due to finance issues, Betsi Cadwaladr (BCU) health board have indicated they are not able to go live in 2024/25 with ongoing discussions taking place. All health boards are required to go-live by Mar 25 due to availability of funds.	As refinements have been made within the system, additional change requests may be required in order for user acceptance testing to be signed off. Validation testing between 'production' and user acceptance testing environments have been affected due to changes being made since validation testing commenced. Additional validation testing may be required once local and national testing is complete.	As the project has not commenced go-live as planned and an extension to project workstreams, ie validation, staff are required to support the project further than expected. Additional resources may be identified once implementation begins including pharmacy resources to maintain the drug dictionary and business change to support go live readiness activities with health boards. Additionally, the completion date of the project to be live across all health boards as expected, may need to be extended if health boards cannot meet dates.

## Progress Since Last Reporting Period

Implementation workshop held on 19/03/24 with attendance from ABHB and SBU health boards to discuss opportunities for implementation and changes needing to be made in order to meet the completion deadline of Mar 25.  
DHCW reviewed ABHB hazard analysis report.  
Clinical lead worked with supplier to identify and recommend simplification work needing to be made to the system following discussions with clinicians and nurses across the health boards. The supplier considered the recommendations and reported back to DHCW on timescales required to complete this work. Escalated to DHCW Directors.  
Additional device controllers received from the supplier to DHCW, following successful additional funding received from WG.

## Planned work for Next Reporting Period

- Options for proceeding with WICIS to be presented to Programme Board
- Device controllers to be delivered to SBU HB
- Implementation proposals to be agreed
- Discussions on timescales to complete suggested development re-work to be agreed

## Key Risks and Issues

DHCW0333 IF the planned Health Board implementation dates for WICIS are delayed THEN there may be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives.

## Mitigation/Resolution

Options paper presented to DHCW Chief Executive to be discussed at programme board

## Finances £000s

	WICIS	Capital £K	Revenue £K	Total
Annual Budget		5307	365	5,672
Spend to Date		5265	476	5,741

## Escalations

Funding shortfall for 2024/25 and commitment from HBs to accept and implement WICIS by March 2025. Options paper escalated to Welsh Government, Health Board Chief Executives and Directors of Digital on 18 Apr 2024. Options cover the minimum number of Health Boards implementing the system, funding requirements, and alternative outcomes.

Dashboard

The objective of this programme is to procure replacement Picture Archiving and Communications System (PACS), Radiology Information System (RIS) and Patient Dose Management System (PDMS) systems for all health boards in Wales, due to the current PACS contract ending in 23/24. (Health Board contracts have varying terms, DHCW currently provide the RIS).

Overall RAG	Timelines	Quality	Resources
Overall RAG status downgraded to RED as supplier plan received late and plan has delayed health board and Trust implementation Dates, however overall programme end date remains the same.	All health Boards have signed their deployment orders , timelines are tight , revised plans have been received from the radiology system supplier - this plan has delayed a number of health board and Trust go lives. Individual planning sessions are taking place and intention is to baseline the plan at the May 24 Board	Programme scope remains the same as set out in the Full Business Case. The standardisation project will be taken forward by a newly created transformation group.	Welsh Government have confirmed funding. However, following the Full Business Case sign off, a number of omissions have come to light. Some Health boards highlighted they have resource issues which may impact service delivery while readiness activities are ongoing.

## Progress Since Last Reporting Period | Planned work for Next Reporting Period

<ul style="list-style-type: none"> <li>Identified the need to go through Information Standards Development and Assurance Process to obtain Welsh Information Standards Board (WISB) approval to get a set of radiology data standards approved</li> <li>SANDPIT environment set up with demographics link enabled</li> <li>Public Sector Broadband (PSBA) supplier have been instructed to proceed with (PSBA) installation however a mitigation has been agreed as there is a risk that the link will not be in place in time</li> <li>Revised plans have been received from radiology system supplier however this has resulted in delays to a number of Health Board and Trust go live dates, individual planning sessions have been set up with the supplier and health boards /Trusts to discuss.</li> <li>Technical design documentation has been approved</li> <li>Contract Management Board established</li> </ul>	<ul style="list-style-type: none"> <li>Health boards/Trusts to sign All Wales Contract Change Note</li> <li>Confirm funding gap</li> <li>Agree DHCW third party service model</li> <li>Agree a date with supplier for PSBA installation</li> <li>Baseline plan</li> </ul> <p>Key milestones coming up:</p> <ul style="list-style-type: none"> <li>Data centre Build complete</li> </ul>
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## Key Risks and Issues | Mitigation/Resolution

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## Finances £000s | Escalations

	RISP	Capital £K	Revenue £K	Total
Annual Budget		783	899	1,682
Spend to Date		438	795	1,233

The objective of this programme/project is to contribute to Welsh Government Pathology statement of intent by developing safe, sustainable, and standardised pathology services through end-to-end information and communication technology systems and services.

Overall RAG	Timelines	Quality	Resources
Mar 24 Laboratory Programme Board (LPB) agreed to maintain AMBER/GREEN RAG. LPB will continue to monitor closely as we progress through 'Set-up/Build' phase (due to be complete end Aug 24).	RAG remains GREEN; first commercial milestones (CM1 / CM2) met ahead of schedule; no change to 'Solution Built' commercial milestone (CM3) – due end Aug 24.	RAG remains AMBER/GREEN due to condensed timelines and supplier's change control notice does not cover all the elements detailed in the original LINC procurement. Still awaiting decision from ABHB on de-scoping Blood Transfusion from their initial Go live (scheduled for Aug 25).	RAG remains AMBER/RED due to condensed timelines (4-year programme of work, reduced to 2-years). Health boards/Trust resources across operational and digital teams will need to be allocated and prioritised alongside DHCW resource.

## Progress Since Last Reporting Period

- Continued 'Set-up/build' phase (LIMS configuration; interface build; Data Migration build)
- Data Migration 'Side-application' tested by supplier
- Sandpit environment provided to 100+ Health Boards/Trust staff)
- Resolved critical firewall defect with interim/VPN connectivity
- Commenced functional testing of LIMS / interfaces

## Planned work for Next Reporting Period

- Continue 'Set-up/build' phase (LIMS configuration; interface build; Data Migration build)
  - Data Migration 'Side-application' to be tested by DHCW/Health boards
  - Continue functional testing of LIMS / interfaces
  - Continue installing instrument interfaces (in order of deployment)
  - Continue work on test planning/test script production
- Key milestones coming up:
- Solution built 31/08/2024

## Key Risks and Issues

## Mitigation/Resolution

## Finances £000s

	LIMS 2.0	Capital £K	Revenue £K	Total
Annual Budget		7705	1723	9,428
Spend to Date		7643	1721	9,364

## Escalations

Dashboard

Digital Medicines Transformation Portfolio (DMTP) *comprising* Shared Medicines Record Project (SMR), Electronic Prescription Service Programme (EPS), Hospital e-Prescribing Programme (ePMA), Patient Access Project (PA)

Overall RAG	Timelines	Quality	Resources
Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.	Baseline plans have been produced against which key milestones and deliverables are monitored.	Scope defined and approved in Programme and Project Initiation documents. Portfolio and Programme mandates published.	64/66 (97%) of required roles in post within the DMTP. Interviews for a communications officer to be scheduled for April. Budget to be confirmed for FY 24-25 but notified of provisional reduction.

## Progress Since Last Reporting Period

- Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme
- Health boards and Velindre University NHS Trust making good progress with the procurement of their ePMA systems.
  - Cwm Taf Morgannwg University Health Board has received their implementation funding letter and business case approval from Welsh Government. Aneurin Bevan and Hywel Dda University Health Boards have successfully completed their standstill periods and have selected their preferred supplier. Betsi Cadwaladr University Health Board, Powys Teaching Health Board and Velindre have completed their evaluation activities.
  - Discovery completed on Closed Loop Medicines Administration (CLMA) to introduce as part of ePMA implementations
- Primary Care Electronic Prescription Service (EPS) Programme
- EPS implemented in first sites in Rhyl on 7th Nov 2023. (Lakeside Medical Practice and Wellington Road Pharmacy). 3,196 prescription items have been sent via EPS.
  - Welsh EPS assurance of EMIS GP system and Titan Pharmacy system completed, allowing national roll out to commence with these suppliers. Implementation planning underway.
  - EPS went live in Plas Menai Surgery with Gwynan Edwards (Titan) and a Boots pharmacy on 5th March.
  - Assurance activities underway with Positive Solutions and Clanwilliam pharmacy system suppliers. Pre-assurance activities underway with EMIS pharmacy system supplier.
- Patient Access (PA) Project
- Software development completed on 'push ready' notification feature with one supplier completing testing. 'Nominate Community Pharmacy' feature is in development and is expected to be available in the NHS Wales App in Jun subject to NHS England completing development on Application Programming Interface (API) version 3 Service Search feature.
- Shared Medicines Record (SMR) Project
- Testing GP Medicines API with 2 ePMA suppliers on national framework. Demonstration of this API working with one supplier well received.
  - Work to migrate patient allergies recorded using the Welsh Clinical Portal (WCP) into the Care Data Repository (CDR) due to be completed by September and before first ePMA go live.
  - Working with systems, which record patient medicines and allergies information, to adopt published standards and to make this information available in the SMR.

## Planned work for Next Reporting Period

- Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme
- Cwm Taf Morgannwg University Health Board to sign contract with their supplier.
  - Remaining health boards and Velindre to announce their preferred supplier.
- Primary Care Electronic Prescription Service (EPS) Programme
- Work with next first of type sites planned to go live with EPS (Positive Solutions and Clanwilliam pharmacy system suppliers) and complete assurance activities with Boots pharmacy.
- Patient Access (PA) Project
- Onboard Titan pharmacy system supplier to go live with 'Prescription Ready' notification feature in the NHS Wales App.
  - Work with next community pharmacy system suppliers to test and onboard to use 'Prescription Ready' notification feature
  - Complete "Nominate a Pharmacy" feature development in the NHS Wales App.
- Shared Medicines Record (SMR) Project
- Work with ePMA suppliers to test interoperable data sharing between systems.
  - Commence activities to migrate patient allergies recorded using the WCP to the SMR.
  - Hold workshops with system owners to agree plans for adopting the medicines, allergies and intolerances data standards to allow data to be shared across assured systems/applications.
  - Work through caveats with the National Data Resources (NDR) Programme for them to host and support the persistent SMR store APIs as part of the CDR.

## Key Risks and Issues

## Mitigation/Resolution

## Finances £000s

DMTP	Capital £K	Revenue £K	Total
Annual Budget	273	6555	6,828
Spend to Date	273	6151	6,424

## Escalations

The objective of this programme is to replace the legacy Cancer Network Information System Cymru (CaNISC) which is out of support. The new solution will be developed on existing products such as Welsh Clinical Portal and Welsh Patient Administration Systems.

Overall RAG	Timelines	Quality	Resources
The Programme will not complete all objectives to replace CaNISC functionality without additional investment. A minimum investment proposal for 24/25 has been presented to Programme Board and formally submitted to Welsh Government. Tentative confirmation that this has been approved but await formal response.	Timeline being determined by the current Digital Priorities Investment Funding allocation ie. Mar 24 however the programme will not achieve all objectives in this timeframe. An investment proposal has been submitted to Welsh Government to seek additional funding for 24/25.	Scope is to replace current CaNISC functionality. Requested requirements for enhancements or additional features will require a separate investment proposal. An independent review of functionality delivered for Phase 1 will be carried out to assess quality.	Within budget allocation for 23/24, with slight underspend. Await confirmed funding for Programme to continue after Mar 2024.

Progress Since Last Reporting Period	Planned work for Next Reporting Period
<ul style="list-style-type: none"> <li>Data and Reporting – Significant ongoing work to replace existing Phase 1 CaNISC reports.</li> <li>Multi-Disciplinary Team Meetings and Cancer Datasets - User stories for highly prioritised enhancements to Meeting List functionality have been accepted into development sprint. Wider adoption of tumour sites across some Health Boards.</li> <li>Screening and Colposcopy – Technical end to end design options with third party supplier completed, procurement for product ready to proceed.</li> <li>Palliative Care – All features have been developed and are available for user acceptance testing. The patient preference functionality has been signed off for deployment to live.</li> </ul>	<ul style="list-style-type: none"> <li>Data and reporting – Continue to progress the Swansea Bay Chemotherapy and Radiotherapy Interfaces. Supplier to provide mapping of coding. Continue with CaNISC Report replacement.</li> <li>Multi Disciplinary Team Meetings and Cancer Datasets – Continue to develop prioritised enhancements and agree new national plan of tumour site roll out.</li> <li>Screening and Colposcopy – End to end design now signed off. Procurement to proceed.</li> <li>Palliative Care – Continue user acceptance testing across all health boards. Planning activities with stakeholders. Resolution with Cardiff and Vale IT for supporting their hosted hospices.</li> </ul>

Key Risks and Issues	Mitigation/Resolution

Finances £000s	Escalations

CIP	Capital £K	Revenue £K	Total
Annual Budget	0	1977	1,977
Spend to Date	0	1921	1,921

Dashboard

Digital Services for Patients and the Public 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
NHS Wales App now deployed to all GP practices across Wales. Programme Board endorsement of business case for submission to Welsh Government. Dilys milestone (public communications / operational service) dependencies in progress. Work Package 10 in progress. Planned Care discovery activity complete.	Programme milestones approved. Welsh Government alignment on public communications launch date (May 2024). MAUI, proxy access (linked profiles) and Welsh Identification Verification Service (WIVS) deployment plans agreed for May 2024. Recruitment activity delayed, potentially impacting transition milestones.	Work package 10 change control approved for revised delivery scope. Work in progress on proxy and WIVS. Disaster recovery failover testing successful. Public Communications campaign scope approved. DSPP Operating model approach to third party governance (including NHS login) pending further discussion. Scope to be finalised for new contract delivery increment 1. Support contracts for GP system suppliers not yet agreed.	2023/2024 – Underspend to Digital Priorities Investment Fund (DPIF) allocation/additional financial support confirmed from DHCW forecasted due to late revision to Work Package 10 change control scope. 2024/2025 – DSPP DPIF allocation will need to fund both transition team as well as commission service support / software delivery from third party delivery partner. 2025/2026 - No confirmed budget pending agreement of business case. Business case complete for submission to Welsh Government. Reduction in consultancy capacity from Mar and May 2024. Recruitment in progress for support and transition roles.

## Progress Since Last Reporting Period | Planned work for Next Reporting Period

<ul style="list-style-type: none"> <li>Completed rapid deployment plan for all GP practices with both GP system suppliers.</li> <li>Business Case for sustainable funding approved by DSPP Programme Board (subject to minor updates before submission to Welsh Government).</li> <li>Agile Product Delivery Partner Framework Procurement Contract completed in Feb 2024 and approved by SHA Board on 28th March 2024.</li> <li>Discovery activity for 'Planned Care' features (including See on Symptoms, Patient Initiated Follow Up and secondary care appointments) completed with Strategic Planned Care Programme.</li> <li>Programme milestones for 24/25 drafted and approved by DSPP Programme Board.</li> <li>Scope and plan for national public communications campaign approved by DSPP Communications Assurance Group and DSPP Programme Board.</li> <li>Work Package 10 initiated and change control confirmed to include additional scope for proxy access linkage key capability in line with Public Beta user feedback.</li> <li>Commence recruitment activity for initial core transition team.</li> </ul>	<ul style="list-style-type: none"> <li>Submission of Business Case for Sustainable Funding to Welsh Government.</li> <li>Finalisation of support model and functionality pre-requisites for public communications campaign.</li> <li>Public communications campaign launch.</li> <li>Continued recruitment activity for transitioning the NHS Wales App development, operations and support into DHCW.</li> <li>The new Delivery Increment 1 Work Package to be drafted, approved, completed and delivered.</li> <li>The Procurement of Supplier Accreditation Service (P882) PIN to be issued on in Apr.</li> </ul> <p>Key milestones coming up:</p> <ul style="list-style-type: none"> <li>Work package 10 build complete</li> <li>Commencement of publicity</li> </ul>
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## Key Risks and Issues | Mitigation/Resolution

<ol style="list-style-type: none"> <li>DHCW0318 <b>**PRIVATE**</b></li> <li>DHCW0334 Impact of cost of transition team</li> </ol>	<ol style="list-style-type: none"> <li><b>**PRIVATE**</b></li> <li>Prioritisation of service support and key development activities whilst continuing service/strategic partner engagement to confirm support for new features</li> </ol>
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Finances £000s	DSPP	Capital £K	Revenue £K	Total
	Annual Budget	980	5377	6,357
	Spend to Date	999	5758	6,757

## Escalations



# 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	14 May 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><b>NOTE</b> the status of the Corporate Risk Register.  <b>DISCUSS</b> the Corporate Risks assigned to the Programmes Delivery Committee.</p>	

WC:  
APP:  
TOTAL:



# 1 IMPACT ASSESSMENT

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

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

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

<b><u>EQUALITY IMPACT ASSESSMENT STATEMENT</u></b>	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.

<b>IMPACT ASSESSMENT</b>	
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<b>QUALITY AND SAFETY IMPLICATIONS/IMPACT</b>	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
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<b>LEGAL IMPLICATIONS/IMPACT</b>	Yes, please see detail below Should effective risk management not take place, there could be legal implications
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<b>FINANCIAL IMPLICATION/IMPACT</b>	Yes, please see detail below Should effective risk management not take place,
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	there could be financial implications
<b>WORKFORCE IMPLICATION/IMPACT</b>	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
<b>SOCIO ECONOMIC IMPLICATION/IMPACT</b>	No, there are no specific socio-economic implications related to the activity outlined in this report.
<b>RESEARCH AND INNOVATION IMPLICATION/IMPACT</b>	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	02/04/2024	Reviewed
Management Board	18/04/2024	Reviewed
Chris Darling, Board Secretary	03/05/2024	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 16 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
- DHCW0332 Sustainable Major Programmes funding
- DHCW0333 WICIS Implementation Delay
- DHCW03342 Impact of cost of transition team
- DHCW0318 \*\* Private \*\*

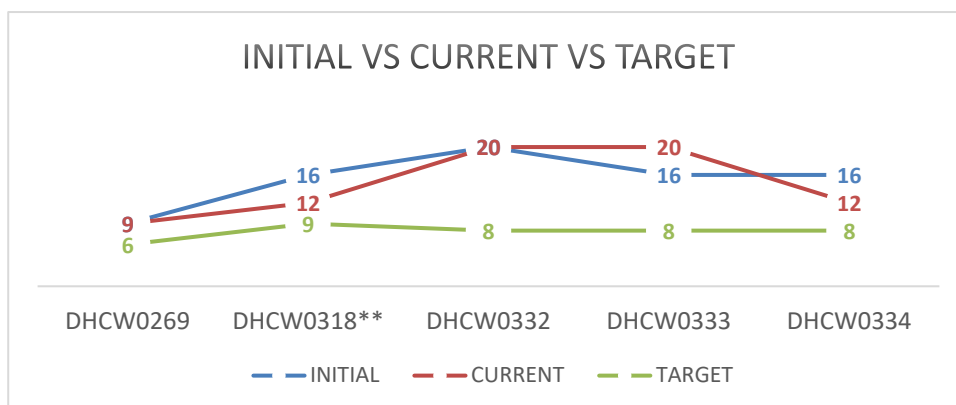
4.2 The Risk register presents the Committees public register representing the 4 public risks assigned to this Committee at item [3.4i Appendix A](#) with the other 1 classified as private due to their sensitivity to be received in the private session of the Committee.

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 nine 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 ↔	DHCW0300 – Canisc (Screening and Palliative Care) ↔ DHCW0316 – Technical Debt Accumulation ↔	DHCW0331 – Fixed term resource funding ↔ DHCW0332 – Sustainable Major Programmes Funding ↔ DHCW0333 – WICIS Implementation Delay ↔
	MODERATE (3)			DHCW0269 – Switching Service – Data warehouse ↔ **DHCW0318 ↑	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 (1) – 1 public, 0 Private**

There was one new risk escalated during the period.

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0334	IMPACT OF COST OF TRANSITION TEAM	Financial	Programmes Delivery Committee

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

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

Reference	Name	Commentary	Committee Assignment
DHCW0318	**PRIVATE**	Increased in score due to communication received	Programmes Delivery Committee

**RISKS REMOVED (4) – 3 public, 1 private.**

Reference	Name	Commentary	Committee Assignment
DHCW0308	Sustainable funding for NIIAS	Reduced to Directorate level awaiting WG confirmation letter	Digital Governance & Safety Committee
DHCW0321	Sustainable funding for WASPI	Reduced to Directorate level awaiting WG confirmation letter	Digital Governance & Safety Committee
DHCW0329	Choose Pharmacy - DHCW maintaining funding gap	Core funding approved	Audit & Assurance Committee
DHCW0301	**PRIVATE**	Revised plan in place agreed by supplier reduced to Directorate level	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
<b>NOTE</b> the status of the Corporate Risk Register. <b>DISCUSS</b> the Corporate Risks assigned to the Programmes Delivery Committee.	

### 3.3i Appendix A – Corporate Risk Register

Risk Matrix

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

Key – Risk Type:



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

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status (PLEASE NOTE THIS INCLUDES THE MOST RECENT UPDATES A FULL AUDIT IS AVAILABLE ON REQUIREMENT)	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0332	Funding	Sustainable Major Programmes Funding  IF there is not certainty about future years funding for major programmes THEN programmes may not be able to commit to medium term plans and may not be able to secure resources RESULTING IN reduced delivery confidence, delayed outcomes and benefits, erosion of stakeholder trust, and impact on DHCW's reputation.  (Affecting DSPP, NDR, Cancer, WCCIS, WICIS).	14/12/23	28/03/24	20 (4x5)	AIM: Reduce impact  FORWARD ACTIONS:  Drive discussions about sustainable funding with Welsh Government, revise Service Level Agreement payments from local health boards, and/or reprioritise funding internally to DHCW. Follow up with funding approach documents, business cases and revised SLA agreements.  ACTIONS TO DATE:  28/03/2024: DHCW has commissioned a review and benchmarking exercise of Digital funding and spend to inform proposals to establish an affective funding model going forward.  14/12/2023: Overarching Corporate risk raised and approved.	20 (4x5)	8 (4x2)	Executive Director of Strategy	Non mover	Programmes Delivery Committee	Financial	Mission 1 - Provide a platform for enabling digital transformation.
DHCW0333	Project	WICIS Implementation Delay  IF Health Boards do not confirm implementation dates for WICIS THEN there will be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives.	03/11/23	04/03/24	16 (4x4)	AIM: Reduce likelihood  FORWARD ACTION:  Revised implementation plan has been shared with HBs directly as well as discussed in programme board. Financial concerns of continuing into 2025/26 logged and shared with Executive team. Working closely with system supplier to refine system to ensure it meets the requirements.  ACTIONS TO DATE:  04/03/24: No new revised go-live date has been agreed with ABHB and the remaining HB go live dates previously agreed are at risk. A new plan is being drafted to include the 4 HBs who have indicated to DHCW they intend on implementing WICIS by March 2025.	20 (4x5)	8 (2x4)	Executive Director of Strategy	Non mover	Programmes Delivery Committee	Service Delivery	Mission 1 - Provide a platform for enabling digital transformation.

3.3i Appendix A – Corporate Risk Register

Ref	Risk Type	Description	Opened date	Review date	Rating (initial)	Action Status (PLEASE NOTE THIS INCLUDES THE MOST RECENT UPDATES A FULL AUDIT IS AVAILABLE ON REQUIREMENT)	Rating (current)	Rating (Target)	Risk Owner	Trend	Committee Assignment	Primary Risk Domain	Strategic Mission
DHCW0334	Commercial	<p>Impact of cost of transition team</p> <p>IF there is a delay to operationalising a new internal NHS Wales App product team THEN the DSPP Programme will need to support an extended period of 'dual running' RESULTING IN less funding available to commission work from the external delivery partner.</p>	08/01/24	09/04/24	16 (4x4)	<p>AIM: REDUCE LIKELIHOOD</p> <p>FORWARD ACTIONS: (INC DELIVERY DATE)</p> <p>1- The DSPP programme will need to prioritise the work being commissioned (taking into account operational support, delivery and 2- the best activities to support transition).</p> <p>3- Understand and seek other sources for funding such as strategic programmes to support discovery / development of new features</p> <p>Stagger timelines for recruiting transition team, by prioritising a core team initially then onboarding of additional team members.</p> <p>ACTIONS TO DATE:</p> <p>09/04/2024 - Most significant risk for the programme at this time. Addressed by commissioning the smallest work package to commence on 9th April to achieve what is essential and seeking NHS Executives investment in funding of planned care features (through SL and HT). We would schedule this work to keep the internal team usefully employed alongside supplier so that they are ready to take up work from supplier towards the end of the FY. Priority is getting the funding and the people recruited and then establishing a firm end date of when transition should be completed.</p> <p>20/02/2023 - Risk remains current and will keep being re-assessed against funding position for transition.</p> <p>Transition team and target operating model agreed. Main effort is recruitment of key posts. There has been slippage on the plan getting posts through internal DHCW scrutiny and out to recruitment. Current forecasts are that the first batch of key posts won't be filled until mid May 2024. This will compress the time needed for transition to take place for the internal DHCW team to be able to take over dev, ops and support from the external team from 1 Oct 24. Progress against the plan is being managed in weekly x-DHCW transition meetings. DHCW Directors are attending meetings every 2 weeks to maintain focus on progress. We are content that we will have support from the delivery partner, although the position of having the internal team ready when we want them has deteriorated. Action is being taken to support delivery.</p> <p>Parallel work taking place with Strategic Planned Care to win commitment for a bundle of features to be delivered across the year which would aid transition through the development of a pipeline of features.</p>	12(3x4)	8 (2x4)	Executive Director of Strategy	Non Mover	Programmes Delivery Committee	Service Delivery	Mission 2 - Deliver high quality digital products and services

**3.3i Appendix A – Corporate Risk Register**

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DHCW0269	Business & Organisational	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."	07/12/20	15/03/24	9 (3x3)	AIM: REDUCE Likelihood and REDUCE Impact  FORWARD ACTION: Meeting scheduled to agree the NDR solution and agree reasonable timelines or structure  ACTION TO DATE: 15/03/2024 ISD data warehouse migration continuing due to complexities unveiled, additional specialist resources are being commissioned to support this and progress the plan, deep dive at the next Risk Management Group on the 2nd April 2024. 29/02/2024 PM now in place and work will be refocused around the plan.	9 (3x3)	6 (3x2)	Executive Director of Digital Strategy	Non-Mover	Programmes Delivery Committee	Information Storing and Maintaining	Mission 4 - Drive better values and outcomes through innovation



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Digidol Cymru  
Digital Health  
and Care Wales

# The Diagnostics Programme: Laboratory Information Management System (LIMS2.0) and Radiology Information Procurement Programme (RISP)

# Diagnostics Portfolio

## Need For Change

Diagnostic services in Wales are facing challenges due to increasing demand, changes in clinical care, lack of standardisation and scarce expertise. NHS Wales aims to improve service efficiency and effectiveness by reconfiguring services and providing diagnosis closer to the patient. Digital technology is being used to realise improvements in service delivery, patient safety, communication, error rates, costs and use of data which in turn supports artificial intelligence.

### LIMS2.0

The objective of this programme is to procure a replacement Laboratory Information Management System which will contribute to the Welsh Government Pathology statement of intent by developing safe, sustainable, and standardised pathology services through end-to-end information and communication technology systems and services. The current LIMS contract ends in September 2025.

### RISP

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

Digital Health and Care Wales is also working to support the integration of new laboratory and radiology informatics solutions, expanding electronic requesting functionality, and enhancing the national availability of diagnostic results and reports into national repositories. This means better access to test results improving patient care and clinical safety. Improved information sharing across boundaries and solutions for storage and distribution of imaging.

Modern diagnostic imaging is key to diagnosis and treatment in modern patient care. Radiology services have always been provided from a wide range of healthcare settings, in all health boards and trusts across Wales, but the future development of regional diagnostic hubs will expand the range of services provided outside of typical hospital environments

# LIMS2.0 Programme update

Following approval of the Business Case in September 2021, a procurement commenced, and a contract was awarded to Citadel Health on the 14<sup>th</sup> October 2021. As a result of ongoing delays to delivery and to ensure continuity in Laboratory services, all Health Boards and Trusts endorsed the decision to terminate the Citadel contract and invoke the contingency plan to extend the current LIMS agreement. As part of the extension there was a requirement to upgrade to the latest solution as the legacy solution is end of life in September 2025.

Nov 2017 – Oct 2021

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



Nov 2021 – Dec 2022

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



Jan 2023 – March 2023

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



April 2023 – July 2023

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



August 2023 – Dec 2023

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



Jan 2024 – August 2024

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



Sep 2024 – Oct 2024

- Deliver 2 x formal cycles of User Acceptance Testing (UAT)
- Health Boards/Trusts to adopt "Once for Wales" testing to allow all pathology disciplines to be tested across Wales
- Detected defects will be fixed and re-tested prior to the next phase
- HBs and Trusts to formally accept the solution meets their requirements



Nov 2024

- During this phase, DHCW, HBs and Trusts will validate the system is clinically safe / ready to deploy into service (and rollout across Wales)
- System validation will focus on higher-risk aspects of the solution, such as Blood Transfusion
- At the end of the system validation phase, Health Boards and Trusts will confirm the system is ready for service, clinically safe and deployment can commence



Dec 2024 – Aug 2025

- Adoption stage 4 commences (roll-out & adoption of system across Wales)
- Complete migration of legacy data
- Each go-live will require users to be set-up on the system and trained until the system is live
- First go-live scheduled in Feb 25 with the last go-live in Aug 25

# LIMS2.0 Programme

## Benefits Realisation

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

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

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

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

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

Even though the contingency plan has been invoked the upgraded system will enable realisation of the benefits outlined in the FBC.



# LIMS2.0 Programme

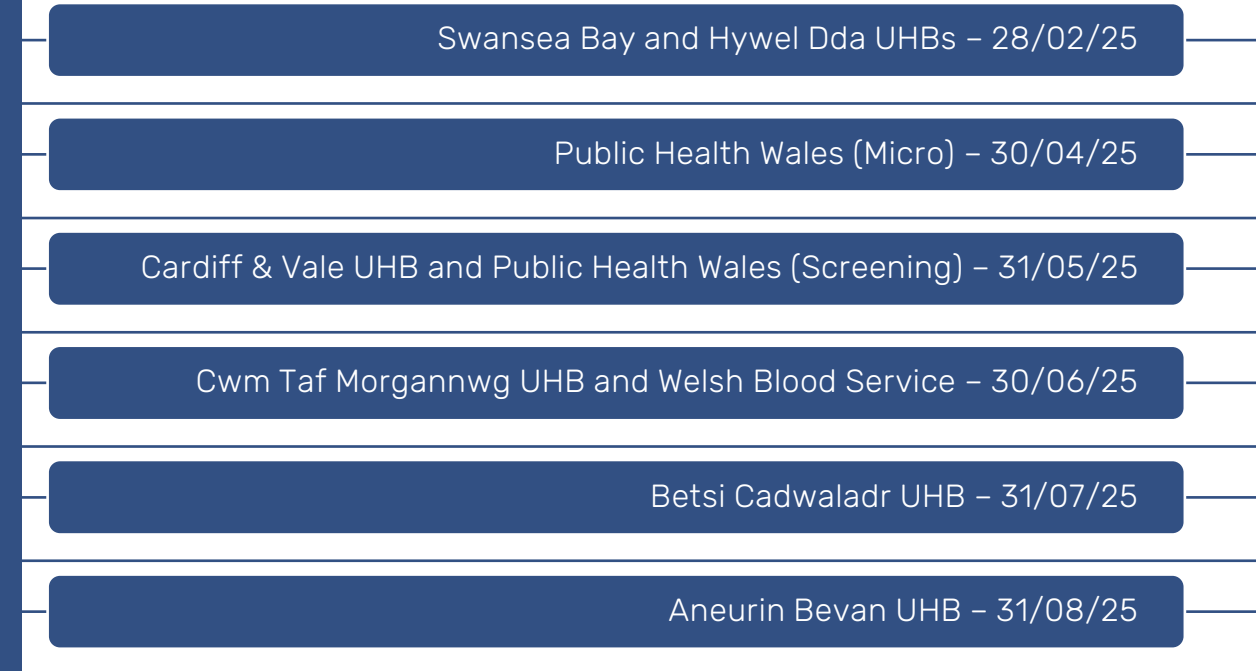
## Deployment Timeline

All Health Boards and PHW screening and microbiology will move across from the legacy LIMS1.0 to LIMS2.0

This implementation will also include the deployment of the Blood Transfusion module. The majority of Health Boards currently utilize local legacy LIMS systems to run Blood Transfusion except for Swansea Bay who transferred on to LIMS1.0 in December 2023.

Due to the time constraints (end of Life of LIMS1.0) Swansea Bay and Hywel Dda, Cwm Taf and the Welsh Blood service go live at the same time.

Due to the establishment of the South West Wales Regional Pathology service and joint LIMS2.0 implementation, Swansea Bay and Hywel Dda are running a joint Implementation board to jointly manage the readiness and implementation activities.



The objective of this programme/project is to contribute to Welsh Government Pathology statement of intent by developing safe, sustainable, and standardised pathology services through end-to-end information and communication technology systems and services.

Overall RAG	Timelines	Quality	Resources
Mar 24 Laboratory Programme Board (LPB) agreed to maintain AMBER/GREEN RAG. LPB will continue to monitor closely as we progress through 'Set-up/Build' phase (due to be complete end Aug 24).	RAG remains GREEN; first commercial milestones (CM1 / CM2) met ahead of schedule; no change to 'Solution Built' commercial milestone (CM3) – due end Aug 24.	RAG remains AMBER/GREEN due to condensed timelines and supplier's change control notice does not cover all the elements detailed in the original LINC procurement. Still awaiting decision from ABHB on de-scoping Blood Transfusion from their initial Go live (scheduled for Aug 25).	RAG remains AMBER/RED due to condensed timelines (4-year programme of work, reduced to 2-years). Health boards/Trust resources across operational and digital teams will need to be allocated and prioritised alongside DHCW resource.

## Progress Since Last Reporting Period

- Continued 'Set-up/build' phase (LIMS configuration; interface build; Data Migration build)
- Data Migration 'Side-application' tested by supplier
- Sandpit environment provided to 100+ Health Boards/Trust staff)
- Resolved critical firewall defect with interim/VPN connectivity
- Commenced functional testing of LIMS / interfaces

## Planned work for Next Reporting Period

- Continue 'Set-up/build' phase (LIMS configuration; interface build; Data Migration build)
  - Data Migration 'Side-application' to be tested by DHCW/Health boards
  - Continue functional testing of LIMS / interfaces
  - Continue installing instrument interfaces (in order of deployment)
  - Continue work on test planning/test script production
- Key milestones coming up:
- Solution built 31/08/2024

## Key Risks and Issues

## Mitigation/Resolution

## Finances £000s

	LIMS 2.0	Capital £K	Revenue £K	Total
Annual Budget		7705	1723	9,428
Spend to Date		7643	1721	9,364

## Escalations

Dashboard

# LIMS2.0 Programme

## Key Risks

### LIMS 2.0 Validation

IF the time taken to complete validation of all disciplines (including Blood Transfusion) is delayed; THEN there will be a delay in deploying the solution to HBs/Trusts; RESULTING IN NHS Wales running a LIMS system which is out of contractual support at the end of June 2025.

### NHS resources and availability of skills

IF NHS Resources and availability of skills in essential functional areas is limited, THEN there may be limited support for multiple workstreams RESULTING IN project timescales being impacted

### LIMS2.0 and RISP Timelines converging

INCREASED rating as RISP revised plan timelines has resulted in a direct clash with LIMS readiness activities : IF the RISP timelines detailed in the contract stay the same THEN DHCW/Health Boards will have insufficient resource to manage both Programmes RESULTING IN Delays to either both or one of the programmes

### Non-Encrypted messaging over WAN (PSBA)

IF locally-hosted equipment (analysers etc.) lack the capacity to encrypt information, THEN they may not be suitable for transmitting data across wide area networks RESULTING IN a potential security threat in our NHS infrastructure, else delays to SIT/UAT to implement.

## ISSUES

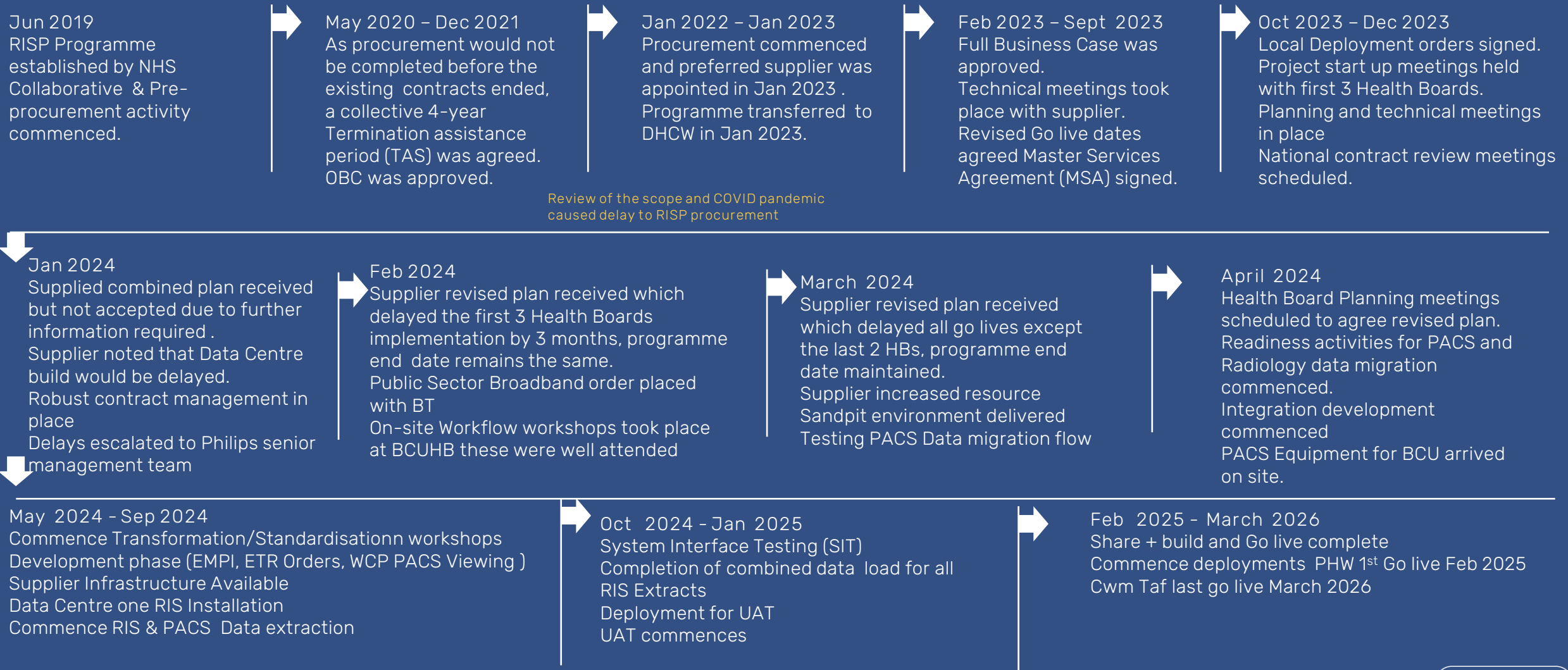
- The migration of Blood Transfusion data from LDR to TCL2016 was delayed, reducing the time available for the data migration.
- The TCLE product requires implementation of Unique Tube Identification across Wales: Changes are required in the specimen reception processes to handle unique specimen numbering.
- There are insufficient Biochemistry resources to configure, build and functionally test the required 724 Test Sets before SIT.
- As a result of a delay to configuration training and an issue with VPNs/Firewalls, the 'Set-up/Build' phase is running approximately 1 month late.

## LESSONS LEARNT

- A future LIMS procurement process will require:
  - In-country site visits to meet the customer (in their offices) to assess their capability to deliver the service.
  - In-country site visits to existing customers of the short-listed suppliers (minimum of 2 site visits for at least 1/2 a day per visit) to ensure solution can meet authority requirements (and observe all aspects of the LIMS service within a live customer environment)

# RISP Programme to date

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



# RISP Programme

## Benefits Realisation

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

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

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

These will be reviewed before deployment and re-baselined to reflect an accurate benefit realisation.



# RISP Programme

## Deployment Timeline

All Health Boards and Trusts are implementing the RISP solution with Powys having their own service for the first time, previously this was run by BCUHB .

PHW Wales do not currently use the Radiology Information System (RIS) and will only be utilizing a small element of the new RIS as such they do not need any Data migration and have limited integration requirements.



The objective of this programme is to procure replacement Picture Archiving and Communications System (PACS), Radiology Information System (RIS) and Patient Dose Management System (PDMS) systems for all health boards in Wales, due to the current PACS contract ending in 23/24. (Health Board contracts have varying terms, DHCW currently provide the RIS).

Overall RAG	Timelines	Quality	Resources
Overall RAG status downgraded to RED as supplier plan received late and plan has delayed health board and Trust implementation Dates, however overall programme end date remains the same.	All health Boards have signed their deployment orders , timelines are tight , revised plans have been received from the radiology system supplier - this plan has delayed a number of health board and Trust go lives. Individual planning sessions are taking place and intention is to baseline the plan at the May 2024 Board	Programme scope remains the same as set out in the Full Business Case. The standardisation project will be taken forward by a newly created transformation group.	Welsh Government have confirmed funding. However, following the Full Business Case sign off, a number of omissions have come to light. Some Health boards highlighted they have resource issues which may impact service delivery while readiness activities are ongoing.

## Progress Since Last Reporting Period

- Identified the need to go through Information Standards Development and Assurance Process to obtain Welsh Information Standards Board (WISB) approval to get a set of radiology data standards approved
- SANDPIT environment set up with demographics link enabled
- Public Sector Broadband (PSBA) supplier have been instructed to proceed with (PSBA) installation however a mitigation has been agreed as there is a risk that the link will not be in place in time
- Revised plans have been received from radiology system supplier however this has resulted in delays to a number of Health Board and Trust go live dates, individual planning sessions have been set up with the supplier and health boards /Trusts to discuss.
- Technical design documentation has been approved
- Contract Management Board established

## Planned work for Next Reporting Period

- Health boards/Trusts to sign All Wales Contract Change Note
  - Confirm funding gap
  - Agree DHCW third party service model
  - Agree a date with supplier for PSBA installation
  - Baseline plan
- Key milestones coming up:
- Data centre Build complete

## Key Risks and Issues

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## Mitigation/Resolution

## Finances £000s

	RISP	Capital £K	Revenue £K	Total
Annual Budget		783	899	1,682
Spend to Date		438	795	1,233

## Escalations

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Dashboard

# RISP Programme

## Key Risks

### PSBA connectivity

IF PSBA connectivity is not made available by BT to at least one of Philips Data Centre within Philips timescales, THEN Philips Data Centres will not be operational as planned in Q1 24/25 to support PACS Data Migration, SIT testing and the overall programme RESULTING IN potential delays to implementation dates.

### Resourcing

IF there are not sufficient resources available to support the implementation of the programme within individual health boards (noting Covid 19 recovery and winter pressures), THEN the health Board may not be able to implement the system, RESULTING IN delays and increased local costs to the programme

### Emerging Costs

IF funding is not identified for the emerging costs, THEN delivery of service will be compromised RESULTING IN potential service disruption or non-delivery.

## ISSUES

- Until the Code of Connection documents are in place for all affected organisations then connectivity will not be available to the NHS network for the suppliers which may result in delays to migration of PACS data.
- There is a difference between the values in the MPI and Core Reference Data, which means some fields from CRD, do not match MPI. This could lead to patient data being lost or modified and additional work for teams to manage incorrect data.
- It is the responsibility of health boards to check /rectify any patient id duplicates or exceptions highlighted during the data migration.

## LESSONS LEARNT

- A future PACS/RIS procurement process will require:
  - Early escalation to the supplier to address any issues and risks. Escalate issues to senior leaders as soon as possible to prevent delays.
  - Ensuring HBs are aware of the requirements and necessary actions prior to an implementation, so they can identify resources and plan activities accordingly.
  - Proceed with instruction of PSBA as soon as possible after contract award, noting the anticipated delays in PSBA.

# Stakeholder Engagement & Resource

LIMS2.0

RISP

## Clinical Support

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

## Clinical Support

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

## Project Management

- National team in place who manage the overall programme.
- Centrally funded Health Board IT leads and discipline leads to support implementation locally and support wider stakeholder engagement.
- Local Project Management boards in place

## Project Management

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

## National Team

- National team in post to support multiple workstreams including development, architecture, testing, commercial, business change, service management and system support.

## National Team

- Limited National team in place to support National delivery including development, architecture, testing.
- A plan is being developed to provide National commercial/service management support.
- Health Boards and supplier responsible for local implementations supported by the National Team