PWYLLGOR CYFLAWNI RHAGLENNI CYHOEDDUS

Tue 06 February 2024, 10:40 - 13:20

Microsoft Teams

Agenda

10:40 - 10:45
5 min

1. MATERION RHAGARWEINIOL

1.1. Croeso a chyflwyniadau

I'w Nodi *Cadeirydd*

1.2. Ymddiheuriadau am Absenoldeb

I'w Nodi *Cadeirydd*

1.3. Datganiadau o Fuddiannau

I'w Nodi *Cadeirydd*

1.4. Materion sy'n codi

I'w Nodi *Cadeirydd*

10:45 - 10:45
0 min

2. AGENDA GYDSYNIO

2.1. Cofnodion y Cyfarfod Diwethaf

I'w Gymeradwyo *Cadeirydd*

Minutes2 Welsh Translation.pdf (15 pages)

2.2. Blaengynllun Gwaith

I'w Nodi *Ysgrifennydd y Bwrdd*

2.2 Forward Workplan.pdf (4 pages)

2.3. Cylch Busnes Blynyddol y Pwyllgor

Ysgrifennydd y Bwrdd *I'w Gymeradwyo*

2.3 Committee Cycle of Business.pdf (4 pages)
2.3i Programmes Delivery Committee Annual Cycle of Business 23_24 24_25 V1.pdf (3 pages)

10:45 - 12:20
95 min

3. PRIF AGENDA

3.1. Cofnod Gweithredu

I'w Drafod *Cadeirydd*

Action Log (1).pdf (1 pages)

3.2. Adborth o Sesiwn Ddatblygu'r Pwyllgor – Diweddariad ar Lafar

I'w Drafod *Cyfarwyddwr Gweithredol Strategaeth*

3.3. Adroddiad Trosolwg Rhaglenni

I'w Drafod *Cyfarwyddwr Gweithredol Strategaeth*

3.3 Programmes Overview Report.pdf (6 pages)

3.4. Y Gofrestr Risg Gorfforaethol

I'w Drafod *Ysgrifennydd y Bwrdd*

3.4 Corporate Risk Register Report.pdf (8 pages)
3.4i Appendix A DHCW Corporate Risk Register.pdf (8 pages)

Egwyl-15 munud

12:20 - 13:20
60 min

4. AGENDA SICRWYDD

4.1. Adroddiadau Sicrwydd Blynyddol

Ar gyfer Sicrwydd

4.1.1. System Wybodaeth Gofal Dwys Cymru

Ar gyfer Sicrwydd *Cyfarwyddwr Gweithredol Strategaeth*

4.1i Welsh Intensive Care Information System Assurance Report.pdf (9 pages)

4.1.2. Gweinyddiaeth Cleifion Cymru WPAS

Ar gyfer Sicrwydd *Cyfarwyddwr Gweithredol Gweithrediadau*

4.1ii Welsh Patient Administration Assurance Report.pdf (6 pages)
4.1iii WPAS CTM Bridgend Transition.pdf (6 pages)

13:20 - 13:20
0 min

5. MATERION I GLOI

5.1. Unrhyw Faterion Brys Eraill

I'w Drafod *Cadeirydd*

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

I'w Nodi *Cadeirydd*

5.3. Dyddiad y cyfarfod nesaf: 14 Mai 2024

I'w Nodi *Cadeirydd*

PWYLLGOR CYFLAWNI RHAGLENNI – CYHOEDDUS

COFNODION, PENDERFYNIADAU A CHAMAU GWEITHREDU I'W CYMRYD

09:30-12:30 9 Tachwedd 2023

MS Teams

Yn Bresennol (Aelodau)	Blaenl ythren nau	Teitl	Sefydliad
Simon Jones	SJ	Cadeirydd	Iechyd a Gofal Digidol Cymru (DHCW)
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	DHCW
David Selway	DS	Aelod Annibynnol	DHCW
Rowan Gardner	RG	Aelod Annibynnol	DHCW

Yn Bresennol	Blaenlythrennau	Teitl	Sefydliad
Chris Darling	CD	Ysgrifennydd y Bwrdd	DHCW
Ifan Evans	IE	Cyfarwyddwr Gweithredol Strategaeth Ddigidol	DHCW
Sam Hall	SH	Cyfarwyddwr Gwasanaethau Digidol Gofal Sylfaenol, Cymunedol ac Iechyd Meddwl	DHCW
Simon Jones	SJ	Cadeirydd	DHCW
Matt Cornish	RG	Cyfarwyddwr Rhaglen DSPP	DHCW
Laura Tolley	LT	Pennaeth Llywodraethu Corfforaethol	DHCW
Michelle Sell	MS	Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol (Tan adran 3)	DHCW
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol, CCIO Cymru, Wrolegydd Ymgynghorol	DHCW

Sam Lloyd	SL	Cyfarwyddwr Gweithredol Gweithrediadau (tan adran 3)	DHCW
Lee Mullin	LM	Cyfarwyddwr Rhaglen System Wybodaeth Gofal Cymunedol Cymru (WCCIS) (ar gyfer eitem 3.1)	DHCW
Rebecca Cook	RC	Cyfarwyddwr Rhaglen yr Adnodd Data Cenedlaethol (NDR) (ar gyfer eitem 3.3)	DHCW
Skylar Green	SG	Cydlynydd Llywodraethu Corfforaethol (Ysgrifenyddiaeth)	DHCW

Ymddiheuriadau	Teitl	Sefydliad
Marian Wyn Jones	Aelod Annibynnol	DHCW
Ruth Glazzard	Is-Gadeirydd (O 12pm ymlaen)	DHCW
Rowan Gardner	Aelod Annibynnol (O 12pm ymlaen)	DHCW

Acronymau			
SHA	Awdurdod Iechyd Arbennig	DG&S	Llywodraethu a Diogelwch Digidol
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	DHCW	Iechyd a Gofal Digidol Cymru

Rhif yr Eitem	Eitem	Canlyniad	Cam Gweithredu i'w Gofnodi
PART 1 – PRELIMINARY MATTERS			
1.1	Croeso a Chyflwyniadau Croesawodd y Cadeirydd bawb i Gyfarfod Pwyllgor Cyflawni Rhaglenni Iechyd Digidol a Gofal Cymru. Dywedodd SJ mai hwn oedd cyfarfod cyhoeddus cyntaf y Pwyllgor newydd, a sefydlwyd yn dilyn adolygiad annibynnol o Lywodraethu Rhaglenni a gomisiynwyd gan DHCW, gyda chefnogaeth Llywodraeth Cymru. Dywedodd SJ y byddai'r pwyllgor yn adrodd i Fwrdd SHA ac y byddai'n rhoi sicrwydd ynghylch holl brif raglenni DHCW. 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.	Nodwyd	Dim i'w nodi
1.2	Ymddiheuriadau am Absenoldeb Nodwyd ymddiheuriadau am absenoldeb gan: 1. Marian Wyn-Jones, Aelod Annibynnol o Iechyd a Gofal Digidol Cymru a Chadeirydd y Pwyllgor Archwilio a Sicrwydd. 2. Ruth Glazzard – angen gadael am 12pm oherwydd ymrwymiadau a oedd eisoes yn bodoli. 3. Rowan Gardner - angen gadael am 12pm oherwydd ymrwymiadau a oedd eisoes yn bodoli.	Nodwyd	Dim i'w nodi
1.3	Datganiadau o Fuddiannau Nid oedd unrhyw ddatganiadau o fuddiannau.	Nodwyd	Dim i'w nodi
1.4	Materion sy'n codi	Nodwyd	Dim i'w nodi

	Ni chodwyd unrhyw faterion.		
RHAN 2 - PRIF AGENDA			
2.1	DHCW Trefniadau Llywodraethu Diwygiedig Dywedodd y Cadeirydd, Simon Jones (SJ), wrth bawb fod rhywfaint o waith i'w wneud o hyd o safbwynt Llywodraeth Cymru ar y mater hwn, er enghraifft cadarnhau newid o Uwch Swyddogion Cyfrifol Rhaglenni i Gadeiryddion Rhaglenni. Mae gwaith yn parhau gyda Llywodraeth Cymru ar drosglwyddo'r trefniadau hyn. Crynhodd Chris Darling (CD), Ysgrifennydd y Bwrdd, y canlynol: ➢ Roedd cylch gorchwyl mewnol Bwrdd Rheoli DHCW wedi'i gryfhau i sicrhau arolygiaeth o raglenni mawr DHCW ar sail Portffolio. ➢ Byddai'r rhaglenni sydd wedi'u cynnwys o fewn y cwmpas ar gyfer arolygiaeth ar sail portffolio yn cael eu hadolygu'n flynyddol, ac yn fwy rheolaidd pe bai angen, yn enwedig o ystyried prosiectau a rhaglenni sy'n cael eu datblygu. ➢ Byddai'r Pwyllgor Cyflawni Rhaglenni yn rhoi sicrwydd a chraffu ar gyflawni rhaglenni mawr a gynhelir gan DHCW mewn modd agored a thryloyw. ➢ Bydd Llywodraeth Cymru yn dwyn DHCW i gyfrif am gyflawni rhaglenni a gynhelir gan DHCW, gan ddefnyddio trefniadau rheoli perfformiad presennol e.e. adolygiadau'r Tîm Gweithredol ar y Cyd (JET) ac Adolygiadau Cynllunio a Chyflawni Gweithredol Integredig (IOPD). ➢ Roedd y Pwyllgor yn cynnwys pum Aelod Annibynnol gan gynnwys y Cadeirydd. Penderfynodd y Pwyllgorau Cyflenwi Rhaglenni wneud y canlynol: NODI trefniadau llywodraethu diwygiedig DHCW.	Nodwyd	
2.2	Cylch Gorchwyl y Pwyllgor a Blaengynllun Gwaith y Pwyllgor. Cyflwynodd Chris Darling (CD), Ysgrifennydd y Bwrdd, y ddwy ddogfen a thynnodd sylw at y canlynol: ➢ Pwrpas y pwyllgor oedd rhoi sicrwydd i'r Bwrdd a'r Prif Weithredwr fod trefniadau effeithiol ar	Cymeradwywyd a nodwyd	CAM GWEITHREDU A01: Trafod cwmpas y Pwyllgor mewn sesiwn Datblygu'r Bwrdd /

	waith o ran cyflawni rhaglenni mawr. Byddai'r Pwyllgor hefyd yn cynghori'r Bwrdd ynghylch datblygu a gweithredu'r rhaglenni, a gwelliannau pellach iddynt. ➢ Roedd Cylch Gorchwyl y Pwyllgor Cyflawni Rhaglenni wedi'i ddrafftio mewn cydweithrediad ag arweinwyr allweddol o fewn DHCW, ac fe'i cyflwynir i'r Pwyllgor i'w gymeradwyo. ➢ Byddai'r Pwyllgor yn darparu adroddiad blynyddol ysgrifenedig i Fwrdd SHA ar y gwaith o gefnogi'r datganiad llywodraethu blynyddol i gynnwys y rhaglenni sydd o fewn cwmpas y pwyllgor. ➢ Byddai'r Pwyllgor Cyflawni Rhaglenni yn cyfarfod bob chwarter. ➢ Roedd blaengynllun gwaith y Pwyllgor wedi'i ddatblygu, gan nodi y byddai cylch busnes blynyddol yn cael ei ddatblygu ar gyfer 2024-2025. ➢ Roedd yr eitemau sefydlog a gynhwyswyd yn y blaengynllun gwaith yn cynnwys adroddiad crynhoi cynnydd rhaglenni a oedd yn cwmpasu'r holl raglenni o fewn cwmpas y pwyllgor, adroddiadau sicrwydd ar gyfer pob rhaglen dros gyfnod o 12 mis, y gofrestr risg gorfforaethol a dysgu o drefniadau LINC ac RISP a threfniadau llywodraethu. Ar ôl trafodaeth, cytunodd y Pwyllgor pe bai'r rhaglenni nad ydynt yn rhaglenni mawr yn mynd yn goch neu'n oren, y byddent yn cael eu huwchgyfeirio i'r grŵp hwn o Bwyllgorau. CAM GWEITHREDU A-01 Yn ogystal, byddai sesiwn Datblygu'r Pwyllgor yn cael ei chynnal i drafod a chadarnhau cwmpas y Rhaglenni y byddai'r Pwyllgor yn eu goruchwylio i ddechrau, gan gydnabod y byddai hyn yn newid dros amser, a byddai'r rhestr hon yn cael ei dwyn yn ôl i gyfarfod nesaf y Pwyllgor i'w nodi. Penderfynodd y Pwyllgor Cyflawni Rhaglenni wneud y canlynol: CYMERADWYO Cylch Gorchwyl y Pwyllgor a NODI'R blaengynllun gwaith.		Pwyllgor yn y dyfodol gyda phapur yn cadarnhau'r cynnig yng nghyfarfod nesaf y Pwyllgor
2.3	Adroddiad Trosolwg Rhaglenni Hysbysodd SJ aelodau'r Pwyllgor fod un newid wedi'i	Trafodwyd	Dim i'w nodi

	wneud i statws RAG cyffredinol y Portffolio Trawsnewid Meddyginiaethau Digidol ers cyhoeddi'r papurau'n wreiddiol. Cyhoeddwyd hwn yn wreiddiol gyda statws RAG cyffredinol o WYRDD; ers hynny, mae hwn wedi'i gywiro i fod yn statws OREN/GWYRDD. Trosolwg o'r rhaglenni: 1. Crynodeb dangosfwrdd: Darparodd Ifan Evans (IE), Cyfarwyddwr Gweithredol Strategaeth Ddigidol, y diweddariad canlynol. Ar hyn o bryd, roedd 11 o raglenni wedi'u nodi y gellir eu dosbarthu fel rhai mawr ac sydd wedi'u cynnwys yn y dangosfwrdd. Roedd y dangosfwrdd yn dangos y sgôr unigol o ran llinell amser, cwmpas, adnoddau, a sgôr gyffredinol. Defnyddiodd bedwar band lliw i ddangos symudiad y rhaglenni. Cadarnhawyd y rhain fel Coch, Oren, Oren/Gwyrdd, Gwyrdd. Cadarnhaodd IE fod y rhaglenni'n gwneud eu hunanasesiad RAG eu hunain; roedd rhywfaint o anghysondeb yn y dull RAG ar gyfer sgorio; fodd bynnag, byddai gwaith yn cael ei wneud gan y swyddfa rheoli portffolios i ddarparu arweiniad clir i raglenni wrth symud ymlaen. 2. Darparodd Sam Hall, Cyfarwyddwr Gwasanaethau Digidol Sylfaenol, Cymunedol ac Iechyd Meddwl (SH), ddiweddariad ar System Wybodaeth Gofal Cymunedol Cymru: System Wybodaeth Gofal Cymunedol Cymru (WCCIS) oedd y galluogwr digidol allweddol ar gyfer trawsnewid sylfaenol ym maes iechyd a gofal cymdeithasol, yn unol â pholisi'r llywodraeth: RAG cyffredinol: Oren Roedd paratoadau cam dau ar gyfer gosod platfform newydd yn parhau i fynd rhagddynt. Roedd y rhaglen yn y cyfnod cynllunio/darganfod. Roedd rhai cerrig milltir cyfredol o fewn y rhaglen yn heriol. Paratoi ar gyfer Cam dau oedd y prif beth y gellid ei gyflawni ar gyfer y cyfnod nesaf. Roedd gan y rhaglen fewnol adnoddau digonol ar gyfer y gweithgarwch gweithredol cyfredol. 3. Darparodd IE ddiweddariad ar Famolaeth Digidol Cymru (DMC) Amcan y rhaglen oedd darparu datrysiad mamolaeth digidol ledled Cymru sy'n cefnogi clinigwyr ac yn grymuso menywod a phobl sy'n geni i gymryd rhan mewn gofal diogel o ansawdd uchel sy'n cefnogi canlyniadau a phrofiadau gwell.		

	RAG cyffredinol: Oren Gwyrdd. Roedd y rhaglen hon yn y cam darganfod/datblygu, gydag achos busnes amlinellol (OBC) yn cael ei ddatblygu, i gefnogi'r broses gaffael a hefyd i sicrhau bod holl ofynion y Bwrdd Iechyd/Ymddiriedolaeth yn cael eu cynnwys. Mae cynllun rhaglen lefel uchel wedi'i ddeall, ond mae amserlenni cyffredinol yn dibynnu ar ddechrau caffael. Mae cwmpas y rhaglen wedi'i ddiffinio'n dda yn ystod y gwaith darganfod. Mae'r rhaglen wedi sicrhau cyllid am 4 blynedd; fodd bynnag, mae rhai bylchau wedi'u nodi ar gyfer 25/26 a 26/27 o ran adnoddau ar gyfer timau cenedlaethol a gweithredu lleol. Bydd datblygu'r achos busnes yn pennu gofynion o ran adnoddau yn fwy manwl. Bydd y rhaglen yn cael ei chyflwyno i Fwrdd SHA am drafodaeth ar y cynllun ariannu hirdymor. 4. Darparodd SH ddiweddariad ar ofal Llygaid. Amcanion y rhaglen yw cefnogi'r gwaith o gyflawni'r Bil diwygio Optometreg (Medi 2022) a rheoliadau newydd (Medi 2023), gan gynnwys darparu gofal a rennir rhwng gwasanaethau optometreg ac offthalmoleg, ac ar draws ffiniau byrddau iechyd trwy ddarparu systemau digidol a data TG. Y prif bethau i'w cyflawni yn hyn o beth yw e-bost, O365, atgyfeiriadau electronig ar gyfer Optometryddion ac EPR ar gyfer gwasanaethau Offthalmoleg. Atgoffodd SH aelodau'r Pwyllgor fod y rhaglen hon wedi'i throsglwyddo o Fwrdd Iechyd Prifysgol Caerdydd a'r Fro i DHCW ar 1 Mehefin 2023. RAG cyffredinol: Coch. Y rheswm pam mae'r RAG yn goch oedd oherwydd bod y rhaglen yn dal i fod yn y cyfnod atal ac ailosod, y rhagwelwyd y byddai'n cael ei gwblhau erbyn diwedd mis Hydref, yn dilyn trosglwyddo'r rhaglen o Fwrdd Iechyd Prifysgol Caerdydd a'r Fro i DHCW ar 1 Mehefin 2023; fodd bynnag, cytunwyd ar estyniad tan ddiwedd mis Tachwedd gyda Llywodraeth Cymru. Mae'r Pwyllgor Archwilio a Sicrwydd wedi gofyn i Archwilio Mewnol gynnal adolygiad brys o'r rhaglen. Roedd hwn yn cael ei gychwyn gan Gaerdydd a'r Fro (CAV), a byddai DHCW yn gweithio'n agos gyda CAV ar ganlyniad yr adolygiad, a hefyd y camau nesaf tuag at ei symud ymlaen.		

	Er bod y rhaglen yn y cyfnod atal ac ailosod, roedd DHCW wedi datblygu e-bost Office 365/Gwasanaeth Iechyd Gwladol (GIG), a oedd yn yn flaenoriaeth allweddol, gyda'r nod o gael pobl i symud o ddibynnu ar bapur i ddefnyddio e-bost y GIG - Roedd hyn yn mynd yn dda. Roedd diffyg cyllid ac adnoddau yn bryder mawr ac yn risg i'r gwaith o gyflawni'r rhaglen. 5. Darparodd Sam Lloyd, Cyfarwyddwr Gweithredol Gweithrediadau (SL), yr wybodaeth ddiweddaraf am Raglen Drosglwyddo Pen-y-bont ar Ogwr (Gan gynnwys Dadgyfuno System Gweinyddu Cleifion Cymru) Amcan y rhaglen oedd cefnogi gwaith Rhaglen Trosglwyddo Gwasanaethau TGCh Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (CTM) Pen-y-bont ar Ogwr i symud cleifion Pen-y-bont ar Ogwr allan o systemau TGCh Bwrdd Iechyd Prifysgol Bae Abertawe (SB) i systemau TGCh CTM yn dilyn newid ffiniau'r bwrdd iechyd ym mis Ebrill 2019. RAG cyffredinol: Oren: Roedd yr asesiad effaith cychwynnol wedi'i wneud ac roedd dau ar hugain o Wasanaethau Digidol Cenedlaethol eraill y byddai'r gwaith hwn yn effeithio arnynt. Roedd y gwaith rhagarweiniol i bennu'r cwmpas wedi'i gwblhau. Roedd gwaith y rhaglen wedi'i osod allan i ymgymryd â'r broses o symud data o'r ddau achos W PAS sy'n gysylltiedig â saith trawsnewidiad data gwahanol. Roedd y ddau gam cyntaf wedi'u cwblhau'n llwyddiannus. Bydd cyfres ychwanegol o waith yn cynnwys gweithgareddau profi, integreiddio llawn a throsglwyddo. Y rheswm pam mae'r llinell amser yn goch oedd oherwydd y llinellau amser y bwriadwyd eu cymryd ar hyn o bryd oedd y gwaith hyd at fis Mai 2025 i'w gwblhau'n llawn. Roedd y cyllid yn ei le tan fis Mawrth 2025. Yr opsiynau a gyflwynwyd yw naill ai ymestyn y cyllid neu ddwyn y gwaith ymlaen. Tynnodd SL sylw at y ffaith mai dyma'r gwaith mudo data mwyaf cymhleth y mae DHCW wedi'i wneud. 6. Cyflwynodd Michelle Sell, Cyfarwyddwr Cynllunio a Pherfformiad / Prif Swyddog Masnachol (MS), ddiweddariad ar System Wybodaeth Gofal Dwys Cymru (WICIS) Byddai System Gwybodaeth Gofal Dwys Cymru (WICIS) yn system genedlaethol ganolog i reoli'r holl unedau		

	gofal critigol i oedolion, gan ddarparu dull gofal critigol safonol ledled Cymru. Byddai'r system yn disodli'r holl gofnodion papur cyfredol a systemau gwybodaeth glinigol gofal critigol cyfredol eraill, gan sicrhau y gellir rheoli cofnod llawn y claf mewn un lle. RAG cyffredinol: Oren. Roedd gwaith wedi'i wneud gyda'r partner masnachol a nifer o randdeiliaid ledled Cymru er mwyn cael eglurder ynghylch y gofynion a sut i'w cyflawni. Aethpwyd i'r afael â'r gofynion hynny ac roedd y rhaglen yng nghamau olaf y profion cyn mynd yn fyw. Byddai'r gweithredu cyntaf yn digwydd ym mwrdd iechyd Aneurin Bevan (BIPABM). Fodd bynnag, bu oedi yn yr amserlen wreiddiol oherwydd newidiadau i ofynion sydd angen cael eu datblygu ymhellach ar gyfer integreiddio canlyniadau labordy a'r modiwl therapi cyffuriau. Roedd yr holl brofion a dilysu canolog wedi'u cwblhau ac erbyn hyn, y Bwrdd Iechyd fyddai'n penderfynu a ddylid mynd yn fyw ai peidio. Cam nesaf y cynllun oedd rhoi'r datrysiad ar waith ar draws gweddill y byrddau iechyd yng Nghymru. Oherwydd estyniad i'r rhaglen (canol 2025), mae angen staff i gefnogi'r broses gyflwyno am 12 mis ychwanegol. Cytunwyd y cynhelir sgwrs gyda Llywodraeth Cymru am y cyllid ar gyfer 2025/2026 y flwyddyn nesaf. 7. Darparodd MS ddiweddariad ar Gaffael System Gwybodeg Radioleg (RISP) Amcan y rhaglen hon oedd caffael systemau System Archifo Lluniau a Chyfathrebu (PACS), System Gwybodaeth Radioleg (RIS) a System Rheoli Dosau Cleifion (PDMS) newydd ar gyfer pob bwrdd iechyd yng Nghymru, oherwydd bod y contract PACS presennol yn dod i ben yn 2023/2024. Roedd y rhaglen wedi trosglwyddo i DHCW o Gydweithrediaeth y GIG ym mis Ionawr 2023. RAG cyffredinol: Oren. Rôl DHCW fyddai cefnogi'r gwaith o ddarparu datrysiad canolog, gan weithio'n agos gyda'r byrddau iechyd a rheoli meysydd fel integreiddio i'r systemau ehangach er mwyn i wybodaeth allu llifo i mewn ac allan o radioleg yn ôl yr angen. Adroddwyd am gynnydd da er gwaethaf rhai heriau		

	cynnar. Roedd cynllun cytunedig wrth symud ymlaen. Roedd disgwyl i'r contract terfynol gyda Bwrdd Iechyd gael ei gymeradwyo'n fuan. Roedd adnoddau wedi'u nodi fel risg, ond roedd cynllun i roi'r adnoddau angenrheidiol ar waith. Unwaith y bydd yr adnoddau hynny ar waith, bydd y RAG yn cael ei adolygu eto. 8. Darparodd MS ddiweddariad ar y System Rheoli Gwybodaeth Labordy (LIMS 2.0) RAG cyffredinol: Oren. Amcan y rhaglen oedd cyfrannu at ddatganiad o fwriad Patholeg Llywodraeth Cymru trwy ddatblygu gwasanaethau patholeg diogel, cynaliadwy a safonol trwy systemau a gwasanaethau technoleg gwybodaeth a chyfathrebu o un pen i'r llall. Trosglwyddwyd y rhaglen hon i DHCW o Raglen Gydweithredol y GIG ym mis Ionawr 2023. I grynhoi, roedd llwyfan o ran y system a oedd yn cael ei defnyddio ar hyn o bryd fel un system ledled Cymru i gefnogi gwasanaethau labordy. Roedd penderfyniad wedi'i wneud i newid y cyflenwr er mwyn sicrhau trosglwyddiad llyfn a diogel i ddatrysiad newydd o fewn yr amserlen y cytunwyd arni. Disgwyliwyd y bydd y statws RAG yn newid erbyn i gyfarfod nesaf y Pwyllgor gael ei gynnal oherwydd bod y cyflenwr newydd a chynlluniau cadarn yn eu lle. 9. Darparodd IE ddiweddariad ar y Portffolio Trawsnewid Meddyginiaethau Digidol (DMTP) Roedd y rhaglen 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). RAG cyffredinol: Oren Gwyrdd. Ymddengys fod cyflawni llwyddiannus yn debygol. Roedd oedi posibl wedi'i nodi oherwydd dibyniaethau allweddol ar gyflenwyr a rhaglenni eraill. Roedd cynnydd da wedi'i wneud mewn perthynas â'r rhaglen EPMA.		

	Llongyfarchodd IE y DMTP ar ddwy wobr a enillwyd ar 8 Tachwedd. 10. Rhoddodd Rhidian Hurle, Cyfarwyddwr Meddygol Gweithredol (RH), ddiweddariad ar y Rhaglen Gwybodeg Canser (CIP) RAG cyffredinol: Coch. Amcan y rhaglen oedd disodli'r hen System Gwybodaeth Rhwydwaith Canser Cymru (Canisc) nad oedd yn cael ei chefnogi bellach. Byddai'r datrysiad newydd yn cael ei ddatblygu ar gynhyrchion presennol megis System Porth Clinigol Cymru a System Gweinyddu Cleifion Cymru. Cefndir: Canisc oedd yr enw cyffredin ar System Gwybodaeth Rhwydwaith Canser Cymru; aeth yn fyw ym 1994, ac roedd yn dal i fod yn weithredol. Amcan yr achos busnes gwreiddiol oedd dileu'r ddibyniaeth ar y system, a oedd yn ymyrryd â'r gallu i ddarparu parhad gofal a gwasanaeth. Cymeradwywyd yr achos busnes ym mis Tachwedd 2019; cyn gynted ag y rhoddwyd yr achos busnes ar waith, dechreuodd y pandemig COVID-19, a gafodd effaith ar y llinellau amser. Ym mis Tachwedd 2022, dilëwyd dibyniaeth Canolfan Ganser Felindre ar Canisc wrth i'r Ymddiriedolaeth symud i WPAS ac i WCP. Rhannwyd y rhaglen yn dair rhan: 1. Dibyniaeth ar gyfer darparu canser 2. Dibyniaeth ar gyfer gofal lliniarol 3. Gwasanaethau colonosgopi a sgrinio Mae nifer o gymhlethdodau wedi'u nodi ar draws y tri gwasanaeth. Byddai angen mireinio a chwmpas ar Ganser Cam 2. Byddai angen cyllid am 2.5 mlynedd ychwanegol, yn ôl amcangyfrif lefel uchel. Roedd gwaith agos yn cael ei wneud gyda'r bwrdd gofal diwedd oes ac roedd dibyniaeth ar integreiddio i systemau niferus ledled Cymru i sicrhau bod cofnodion cleifion yn ddiogel.		

	Adroddwyd bod cynnydd da wedi'i wneud o ran y gwaith o ddarparu rheoli nodiadau achos gofal cleifion, yn ogystal â chynnydd mewn perthynas â dylunio pensaernïol. Mae'r cofnod gwella a gofal wedi cael ei ailystyried gyda defnyddwyr y gwasanaeth ac roedd ar ganol cael ei gymeradwyo cyn Nadolig 2023. Penderfynodd y Pwyllgorau Cyflawni Rhaglenni wneud y canlynol: DERBYN A THRAFOD Adroddiad Trosolwg y Rhaglen.		
2.4	Y Gofrestr Risg Corfforaethol (Risg Rhaglen) Rhoddodd CD ddiweddariad ar y Gofrestr Risg Gorfforaethol. Bryd hynny, roedd saith risg corfforaethol ar y gofrestr yn ymwneud â'r Pwyllgor. Dosbarthwyd tri ohonynt yn rhai preifat, ac felly nid oeddent wedi'u cynnwys ym mhapurau'r cyfarfod. Roedd pedwar ohonynt yn risgiau cyhoeddus ac fe'u cadarnhawyd fel a ganlyn: 1. DHCW0322- Ariannu cam tri'r Adnodd Data Cenedlaethol (NDR) 2. DHCW0324- Argaeledd adnoddau i gefnogi WICIS 3. DHCW0323- Y gost ar gyfer trosglwyddo a chymorth parhaus ar gyfer ap GIG Cymru. Penderfynodd y Pwyllgorau Cyflenwi Rhaglenni wneud y canlynol: DDERBYN a THRAFOD y Gofrestr Risg Gorfforaethol	Trafodwyd	Dim i'w nodi
RHAN 3 – ADOLYGIAD SICRWYDD			
3.1	System Wybodaeth Gofal Cymunedol Cymru Cyflwynodd SH a Lee Mullin, Cyfarwyddwr Rhaglen WCCIS, sleidiau ar System Wybodaeth Gofal Cymunedol Cymru. Yn ystod y cyflwyniad, amlygwyd y pwyntiau canlynol: ➢ Ers mis Tachwedd 2021, roedd y rhaglen wedi bod yn destun adolygiad strategol, a fu'n arwain at ailosod y rhaglen yn ôl argymhellion. Cynhaliwyd gwaith ymgynghori ac ymgysylltu pellach â phartneriaid a rhanddeiliaid yn dilyn hyn. Ar hyn o bryd, roedd y rhaglen yn dechrau ar gam nesaf ei gwaith; elfen allweddol o hyn oedd opsiynau ar gyfer newid o amgylch datrysiad digidol y rhaglen.	Rhoddwyd sicrwydd	Dim i'w nodi

	➢ Allan o 29 o sefydliadau, mae 20 o leoliadau gweithredol ledled Cymru ar hyn o bryd, 19 yn fyw, sy'n cynnwys Awdurdodau Lleol a Byrddau Iechyd sy'n defnyddio gwasanaethau dan gontract. ➢ Golwg Rhaglen Hirdymor: o Darparu platfform ar gyfer galluogi trawsnewid digidol. o Ehangu'r cofnod iechyd a gofal digidol a'r defnydd o ddulliau digidol i wella iechyd a gofal. o Darparu cynhyrchion a gwasanaethau digidol o ansawdd uchel. o Ysgogi gwell gwerth a chanlyniadau trwy arloesi. ➢ Cam Nesaf Rhaglen WCCIS: ➢ Cynhyrchu drafft ar gyfer achos busnes a chynllun caffael llawn i'w cymeradwyo gan Lywodraeth Cymru erbyn Nadolig 2023. Penderfynodd y Pwyllgorau Cyflawni Rhaglenni wneud y canlynol: NODI Adroddiad System Wybodaeth Gofal Cymunedol Cymru ar gyfer SICRWYDD.		
3.2	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd Cyflwynodd Matt Cornish, Cyfarwyddwr Rhaglen DSPP (MC), ddiweddariad ar ddatblygiad Ap GIG Cymru. Cyfnodau'r rhaglen: 1. Blwyddyn 1 2022/23- Datblygiad 2. Blwyddyn 2 2023/24- Defnydd 3. Blwyddyn 3 2024/25- Ehangu Rhannwyd fideo arddangos,https://www.youtube.com/watch?v=JvAHkQzxv9U Roedd cyllid gan Lywodraeth Cymru ar gael tan fis Mawrth 2025. Roedd achos busnes am gyllid ychwanegol ar ganol cael ei ddatblygu.	Rhoddwyd sicrwydd	Dim i'w nodi

	Penderfynodd y Pwyllgorau Cyflawni Rhaglenni wneud y canlynol: NODI'r adroddiad ar gyfer SICRWYDD.		
3.3	Adnodd Data Cenedlaethol Cyflwynodd Rebecca Cook, Cyfarwyddwr Rhaglen yr NDR (RC), sleidiau'r NDR, ac amlygodd y canlynol: Roedd Rhaglen yr Adnodd Data Cenedlaethol (NDR) yn dangos ymrwymiad hirdymor i wella rhyngweithrededd pensaernïaeth ddigidol iechyd a gofal cymdeithasol yn barhaus ac roedd yn ofyniad sylfaenol i alluogi un cofnod iechyd a gofal cymdeithasol digidol. Roedd risgiau'n cynnwys: Sefyllfa Ariannol GIG Cymru – gallai pwysau ar lefel y cyllid ar gyfer y rhaglen barhaus effeithio ar gyflymder y cyflawni. Defnyddio Data Gofal Sylfaenol – Os na ellir diffinio set glir o ddibenion i gasglu a phrosesu data dinasyddion o Ofal Sylfaenol, ni fydd y rhaglen yn gallu darparu elfennau pwysig o gofnod gofal a rennir sydd wedi'i ddatblygu'n llawn na chreu adnoddau gwybodaeth sydd eu hangen ar gyfer gwella gwasanaethau, gwerth ym maes iechyd neu ymchwil ac arloesi. Roedd pennu sail gyfreithiol ar gyfer y defnydd eilaidd o ddata yn her. Mae'r rhaglen yn anelu at gyflwyno mewnwelediad a gwerth yn gyflym trwy gysylltu ac ailddefnyddio data. Nid oedd modd deall eto pa mor gyflym y byddai'r rhain yn cael eu pennu. Nododd CD y byddai'r Pwyllgor Llywodraethu a Diogelwch Digidol yn cael adroddiad manwl ar risg yr Addewid Data yng nghyfarfod nesaf y Pwyllgor ym mis Chwefror. Roedd yn parhau i fod ymgysylltu rhagorol â sefydliadau partner. Er mwyn cyflymu'r gwaith cyflawni, byddai gwaith ymgysylltu â sefydliadau iechyd a gofal GIG Cymru yn cael ei gynyddu i barhau i adeiladu ar yr hyn a ddysgwyd eisoes (e.e., modelau rhagweld i baru capasiti â galw; codio clinigol awtomatig i alluogi mewnwelediad cyflymach). Penderfynodd y Pwyllgorau Cyflenwi Rhaglenni wneud y canlynol: NODI'r adroddiad ar gyfer SICRWYDD.	Rhoddwyd sicrwydd	Dim i'w nodi
RHAN 4 – MATERION I GLOI			

4.1	Unrhyw Faterion Brys Eraill Ni nodwyd unrhyw faterion brys.	Nodwyd	Dim i'w nodi
4.2	Eitemau ar gyfer Adroddiad Crynhoi Cynnydd y Cadeirydd i'r Bwrdd Cadarnhaodd SJ y byddai eitemau i'w cynnwys yn yr adroddiad crynhoi cynnydd i'r Bwrdd yn cael eu trafod a'u cytuno gydag aelodau allweddol.	Nodwyd	Dim i'w nodi
4.3	Dyddiad y cyfarfod nesaf: 6 Chwefror 2024	Nodwyd	Dim i'w nodi

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN

Agenda Item	2.2

Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 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

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
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 6 February 2024:

- Committee Development Session Feedback – Verbal Update
- Programmes Overview Report
- Corporate Risk Register
- Annual Assurance Reports:
    I. Welsh Intensive Care Information System
    II. Welsh Patient Administration WPAS
- Digital Services for Patients & Public Business Case PRIVATE session
- Eyecare Digitisation Update - PRIVATE session
- Digital Maternity Cymru Update - PRIVATE session
- Welsh Intensive Care Information System Update- PRIVATE session
- Private Corporate Risk Register-PRIVATE session

4.2 The items below have been identified for the following meeting on 14 May 2024:

- Learning from LINC and RISP Governance Arrangements
- Laboratory Information Management System – Annual Assurance Report
- Radiology Informatics System Procurement - Annual Assurance Report
- Digital Services for Patients & Public Business Case

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report	

DIGITAL HEALTH AND CARE WALES
PROGRAMMES DELIVERY COMMITTEE CYCLE OF BUSINESS 2024-25

Agenda Item	2.3

Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 2024

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

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Laura Tolley, Head of Corporate Governance
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Approval
Recommendation	The Committee is being asked to
APPROVE the DHCW Programmes Delivery Committee Annual Cycle of Business.	

WC: 528
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply

CORPORATE RISK (ref if appropriate)	All
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	**DATE**	**OUTCOME**
Chris Darling, Board Secretary	January 2024	Approved
Ifan Evans, Executive Director of Strategy	January 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
PDC	Programmes Delivery Committee	SO's	Standing Orders

3 SITUATION / BACKGROUND

3.1 The DHCW Programmes Delivery Committee should, on annual basis, receive an Annual Cycle of Committee Business which identifies the agenda items and reports which will be regularly presented to the Committee for consideration. The annual cycle is one of the key components in ensuring that the Committee is effectively carrying out its role.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Cycle of Business is presented as item 2.3i Appendix 1. The approval of the annual Cycle of Committee Business will take place before the start of the new financial year.

4.2 The Cycle of Business covers the period 1 April 2024 to 31 March 2025. The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

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

6 RECOMMENDATION

Recommendation	The Committee is being asked to
APPROVE the DHCW Programmes Delivery Committee Annual Cycle of Business.	

Programmes Delivery Committee

Cycle of Business
(1 April 2024 – 31 March 2025)

The Programmes Delivery Committee should, on annual basis, receive a cycle of business which identifies the reports which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Programmes Delivery Committee is effectively carrying out its role.

The Cycle of Business covers the period 1st April 2024 to 31st March 2025.

The Cycle of Business has been developed to help plan the management of Committee matters and facilitate the management of agendas and committee business.

The principal role of the DHCW Board is set out in the Standing Orders 1.0.1.

The Committee is an Independent Member Committee of the Board and has no executive powers, other than those specifically delegated in the Terms of Reference.

The purpose of the Committee is to advise and assure the Board on whether effective arrangements are in place with regard to DHCW major programmes.

Programmes Delivery Committee Cycle of Business (1st April 2024 – 31st March 2025)

Item of Business	Executive Lead	Reporting period	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2024
Preliminary Matters														
Minutes of the previous Committee Meeting	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Action Log	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Forward Workplan	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Governance & Risk														
Programmes Delivery Committee Annual Report	Board Secretary	Annually											✓	
Programmes Delivery Committee Effectiveness Self-Assessment	Board Secretary	Annually											✓	
Programmes Delivery Committee Terms of Reference	Board Secretary	Annually											✓	
Programmes Delivery Committee Cycle of Business	Board Secretary	Annually											✓	
Programmes Delivery Committee Forward Work Plan	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Corporate Risk Register - Risks assigned to Programmes Delivery Committee	Board Secretary	All Regular Meetings		✓			✓			✓			✓	
Corporate Risk Tending Analysis	Board Secretary	Annually								✓				
Audit Reports	Relevant Lead	As required at all Regular Meetings		✓			✓			✓			✓	
Policy Report	Board Secretary	As required												
Programmes Performance and Assurance														
Programmes Overview Report	Executive Director of Strategy	All Regular Meetings		✓			✓			✓			✓	
Relevant Annual Assurance Reports	Executive Director of Strategy (&	All Regular Meetings		✓			✓			✓			✓	

Item of Business	Executive Lead	Reporting period	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2024
	Relevant Leads)													
Learning from Programmes	Executive Director of Strategy (& Relevant Leads)	As required												

Reference	Date of Meeting	Action/Decision	Action Lead	Due Date	Status/Outcome Narrative	Status
A01	08/02/2024	Discuss scope of Committee in a future Board / Committee Development	Ifan Evans (DHCW - Director of Digital Strategy)	08/02/2024	Discuss scope of Committee in a future Board / Committee Development session with a paper confirming proposal at the next Committee meeting. Meeting organised for 18/01/23	Closed

DIGITAL HEALTH AND CARE WALES
PROGRAMMES OVERVIEW REPORT

Agenda Item	3.3

Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 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
RECEIVE and **DISCUSS** the Programmes Overview Report update on status of key programmes managed by DHCW.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	All missions apply.

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

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

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	**DATE**	**OUTCOME**
DHCW Management Board	15 Jan 2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority

3 SITUATION / BACKGROUND

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

PORTFOLIO	PROJECT	OVERALL	TIMELINE	SCOPE	RESOURCES
1.1	National Data Resource (NDR)	⇔			
2.2	Welsh Community Care Information System (WCCIS)	⇔			
2.3	Digital Maternity Cymru (DMC)	⇩			
2.3	National Digital Eye Care Programme (DECP)	⇔			
2.3	Bridgend Transition (Including Welsh Patient Administration System Disaggregation)	⇔			
2.4	Welsh Intensive Care Informatics System (WICIS)	⇔			
2.5	Radiology Information System Procurement (RISP)	⇔			
2.5	Laboratory Information System 2.0 (LIMS2.0)	⇔			

PORTFOLIO	PROJECT	OVERALL	TIMELINE	SCOPE	RESOURCES
2.6	Digital Medicines Transformation Portfolio (DMTP)	⇩			
3.1	Cancer Informatics (CIP)	⇔			
3.2	Digital Services for Patients and the Public (DSPP)	⇔			

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4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The **National Data Resource** remains green overall - however there are recruitment challenges impacting on timelines and timely spend.

4.2 Three Programmes are amber/green. **Digital Services for Patients and the Public -** One GP practice supplier deployment is complete. The project is addressing a spike in public feedback on ID verification. Funding for transition to service is outstanding. The **Bridgend Transition Programme -** activities are progressing as expected, however, further discussions with Swansea Bay and Cwm Taf Morgannwg are required to finalise the migration scope and timelines. **Digital Medicines Transformation Portfolio -** successful delivery appears probable but continuing attention will be needed to ensure risks do not materialise.

4.3 Four programmes are amber/red. The **Digital Maternity Cymru** programme has a delay in order to develop the Outline Business Case to support the procurement start and ensure health boards buy in to the programme. **Radiology -** A revised implementation plan has been agreed, resulting in the programme extending by 12 months with an extension with the current supplier for 4 health boards which will mean dual running payments to suppliers for a period of time. **Laboratory Information System 2.0** – Overall timelines are green reflecting good progress in the system delivery. Concerns remain regarding the tight timescales and the availability of resources within the health boards. **Welsh Community Care Information System** timelines are challenging including making iterative developments to the current solution.

4.4 Three Programmes are Red. **Welsh Intensive Care Informatics System –** Aneurin Bevan health board go live has been rescheduled pending completion of user testing and training. **Cancer Informatics Solution** Phase 2 prioritised items require refinement and the impact on funding approach needs to be resolved. **National Digital Eye Care Programme -** the commercial review recommends against novating the contract. These circumstances have given rise to intricate strategic challenges, necessitating ongoing collaboration with stakeholders.

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1 Please note the following escalations to the committee

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation Category	Escalation
	Cancer Informatics Programme	Jan 24	Escalation	Programmes Delivery Committee		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.

6 RECOMMENDATION

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

DIGITAL HEALTH AND CARE WALES
CORPORATE RISK REGISTER

Agenda Item	3.4

Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 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
NOTE the status of the Corporate Risk Register. **DISCUSS** the Corporate Risks assigned to the Programmes Delivery Committee.	

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services

CORPORATE RISK (ref if appropriate)	All are relevant to the report
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

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

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be legal implications
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective risk management not take place,

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

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	DATE	OUTCOME
RISK Management Group	02/01/2024	Reviewed
Management Board	15/01/2024	Reviewed
Chris Darling, Board Secretary	January 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

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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 19 risks on the Corporate Risk Register, of which 5 are for the consideration of this Committee. The Risk register presents the full public register with the green highlighted ID numbers representing the 3 public risks assigned to this Committee (DHCW0269 Switching Service – Data Warehouse, DHCW0332 Sustainable Major Programmes funding and DHCW0333 WICIS Implementation Delay) at 2.3i Appendix A with the other 2 classified as private due to their sensitivity which will be considered in the private session of the Programmes Delivery Committee.

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

NEW RISKS (4) – 4 public, 0 Private

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0330	WCCIS Future Programme Funding	Financial	Programmes Delivery Committee
DHCW0331	Fixed Term Resource Funding	Financial	Audit & Assurance Committee
DHCW0332	Sustainable Major Programmes funding	Financial	Programmes Delivery Committee
DHCW0333	WICIS Implementation Delay	Service Delivery	Programmes Delivery Committee

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

There was 1 change in score with 1 reduction during the period

Reference	Name	Commentary	Committee Assignment
DHCW0318	**PRIVATE**	Decreased in score due to review of position and current mitigations	Audit & Assurance Committee

RISKS REMOVED (11) – 7 public, 4 private

Reference	Name	Commentary	Committee Assignment
DHCW0259	Staff vacancies	Control Measures in place providing mitigation	Audit & Assurance Committee
DHCW0278	**PRIVATE**	Downgraded and closed due to implementation of mitigating actions	Digital Governance & Safety Committee
DHCW0279	**PRIVATE**	Downgraded and closed being managed under DHCW0317	Digital Governance & Safety Committee
DHCW0237	New Requirements Impact on Resources and Plan	Downgraded as robust mitigation is in place	Digital Governance & Safety Committee
DHCW0292	High concentration of unfunded posts in infrastructure teams	Downgraded to Directorate level due to the mitigation actions in place	Digital Governance & Safety Committee
DHCW0323	Costs for transition to and ongoing operational support/development of the NHS Wales App and platform of services	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee
DHCW0322	NDR Phase 3 Funding	Linked to overarching risk DHCW0332 for management at Corporate level downgraded to Directorate level for Programme	Programmes Delivery Committee

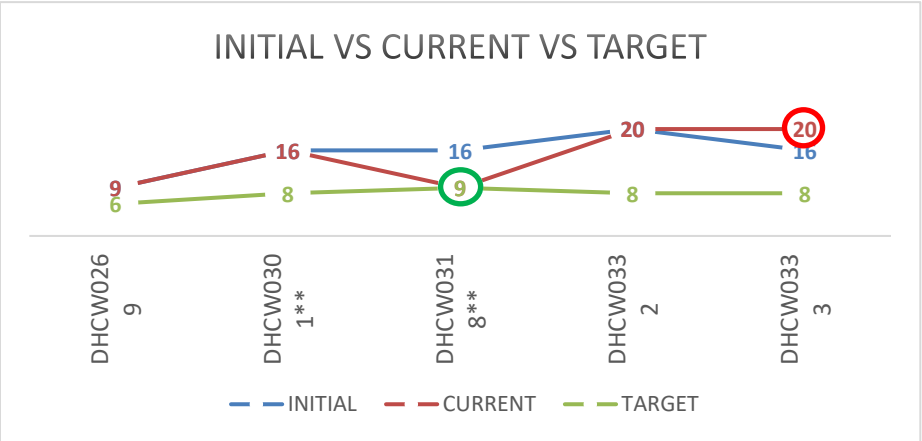
4.3 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 2 Significant and 3 Critical risks assigned to the Committee. The key indicates the current position of the risk, future reports will demonstrate the movement since the last risk report to the Committee.

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
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) ⟷ **DHCW0301 ⟷ DHCW0316 – Technical Debt Accumulation ⟷ DHCW0329 – Choose Pharmacy – DHCW maintaining funding gap ⟷	DHCW0331 - Fixed term resource funding ★ DHCW0332 - Sustainable Major Programmes Funding ★ DHCW0333 - WICIS Implementation Delay ★
MODERATE (3)			DHCW0269 – Switching Service – Data warehouse ⟷ **DHCW0318 ↓	DHCW0308 - Sustainable funding for NIIAS ⟷ DHCW0321 – Sustainable funding for WASPI ⟷	
MINOR (2)					
NEGLIGIBLE (1)					

★ New Risk ⟷ Non-Mover ↓ Reduced ↑ Increased ** Private Risks

4.4 Three of the eleven critical risks currently on the Corporate Risk Register are assigned to the Programmes Delivery Committee.

4.5 The Committee are also asked to consider of the risks assigned to the Committee, the overview of initial risk score versus current versus target and risks that may be identified for further investigation and action. Those highlighted with a red circle represent those risks with a score increased from their initial scoring, those with a green circle represent those risks with a score decreased from their initial scoring, the remainder are the same as their initial score.



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

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3.4 i Appendix A – Corporate Risk Register

Risk Matrix

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

Key – Risk Type:

Critical	Significant	Moderate	Low

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	14/12/23	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: Overarching Corporate risk raised and approved."	20 (4x5)	8 (4x2)	Executive Director of Strategy	New Risk	Programmes Delivery Committee	Financial	Mission 1 - Provide a platform for enabling digital transformation.

3.4 i 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
DHCW0333	Project	WICIS Implementation Delay 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.	03/11/23	14/12/23	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: 14/12/23: Currently no revised agreed go-live date has been achieved with ABHB. ABHB are continuing with UAT with clinicians and pharmacists yet to complete this activity. To date over 250 issues have been logged on the DHCW UAT feedback form. CTM have not advised of their intentions to proceed and BCU have advised DHCW that due to financial concerns, they are not able to go-live as planned in Q2 2024/25. AB have advised that the go-live date of 20/11/23 is no longer achievable, following continuous refinements to the system resulting in them not being able to carry out local UAT as planned before go-live. Discussions taking place with AB to agree a revised go-live plan and go-live date. The suppliers have been made aware. In addition, CTM have advised they are not able to commit to the 3 go-live dates due to inability to complete local go-live dependencies. "	20 (4x5)	8 (2x4)	Executive Director of Strategy	New Risk	Programmes Delivery Committee	Service Delivery	Mission 1 - Provide a platform for enabling digital transformation.
DHCW0331	Finance	Fixed term resource funding IF roles recruited into on a permanent basis (as a result of market conditions and responsive development during the pandemic) in order to meet delivery requirements are supported by time limited funding THEN once funding expires, material cost pressure will arise RESULTING IN Significant financial risk to DHCW meeting its statutory requirement to breakeven.	28/11/23	28/11/23	20 (4x5)	AIM: Reduce Likelihood FORWARD ACTIONS: (INC DELIVERY DATE) Present concerns to executive Directors with a proposal outlining recommended actions. ACTIONS TO DATE: 28/11/2023 Concerns around time limited funding and posts highlighted at Strategic resourcing group this is now included as an ongoing agenda item for discussion.	20 (4x5)	4 (4x1)	Executive Director of Finance	Non mover	Audit & Assurance Committee	Financial	Mission 5 – Be the trusted partner

3.4 i 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
DHCW0316	Finance	Technical Debt Accumulation IF DHCW is unable to reduce and/or prevent further accumulation of technical debt, THEN DHCW will be unable to embrace latest technologies and modernise working practices, RESULTING IN increasing challenges to deliver high quality digital services and meeting customer demands within reasonable timescales.	19/04/23	28/12/23	16 (4x4)	AIM: Reduce Likelihood FORWARD ACTIONS: Establish TDA to steer architecture development. Conduct DevOps maturity assessment Develop product-centric target operating model. Develop WPAS cloud migration roadmap. Establish cloud TCO model and develop business case. ACTIONS TO DATE: 28/12/2023 Initial feedback session delivered for WPAS Cloud Migration Roadmap. Awaiting final report to review recommendations. 05/12/2023 DevSecOps maturity work continues. Initial report from deep dives received. Awaiting final report to review recommendations. 26/10/2023. CLJ. TDA moved to early November. DevSecOps maturity work continues. Deep dives into 5 areas are being undertaken. Initial Economic Assessment (Microsoft Azure) completed. Working with 3rd party to review and assure/update this work.	16 (4x4)	8 (4x2)	Executive Director of Operations	Non-Mover	Digital Governance & Safety	Financial	Mission 2 - Deliver high quality digital products and services
DHCW0329	Finance	Choose Pharmacy - DHCW maintaining funding gap IF a sustained and appropriate level of funding for the support and development of the Choose Pharmacy application is not established THEN DHCW will need to continue to cover the additional costs of £515k PA for the provisions of the service, which is the current shortfall between Welsh Government annual funding (£415k) and the costs associated with the Choose Pharmacy service (£930k) RESULTING IN DHCW bearing a significant cost pressure of £515k PA for the provisions of the Choose Pharmacy service.	07/02/23	05/12/23	16 (4x4)	AIM: Establish a sustainable funding stream for the Choose Pharmacy Service, which reflects at minimum, the current costs associated with the delivery and development of the Choose service. FORWARD ACTIONS: Escalate the issues to DHCW executives for discussion and agreement on an appropriate level and source of funding. ACTIONS TO DATE: 05/12/2023 Following the transition of Choose Pharmacy Team to PCMH an options appraisal is underway to determine a sustainable funding model to develop and support the service. 07/11/23: Update provided at RMG; Infrastructure teams are looking for possible cost avoidance measures such as move to Cloud. Further conversations are ongoing regarding funding options.	16 (4x4)	6 (2x3)	Director of Primary, Community & Mental Health Digital Services	Non-Mover	Audit & Assurance	Financial	Mission 2 - Deliver high quality digital products and services

3.4 i 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
DHCW0300	Service Interruption	Canisc (Screening and Palliative Care) IF there is a problem with the unsupported software used within the Canisc system THEN the application may fail RESULTING IN potential disruption to operational service namely Palliative care and Screening Services requiring workarounds.	07/12/22	02/01/24	16 (4x4)	AIM - Reduce Likelihood and Impact by developing four new features for Palliative Care: Palliative Care MDT, Patient Preferences, Caseload Management and Specialist Palliative Care Eform and develop new features to replace the Colposcopy Proforma and Image acquisition and Storage. FORWARD ACTIONS Palliative Care: Complete development of Worklist Manager functionality. Continue User Acceptance Testing for MDT, Patient Preferences features and Specialist Palliative Care Form. Implement across Wales. Screening & Colposcopy: Continue to progress end to end design for the Image Acquisition & Retention. Target to get approval from Technical Design Authority on 21st November. ACTIONS TO DATE 02/01/24 Work ongoing on user acceptance testing 05/12/23 Palliative Care functionality development completed. All features available for User Acceptance Testing. Screening & Colposcopy - a review of supplier product offering underway which may mitigate significant internal development and effort. 07/11/23 Palliative Care development has continued. Screening & Colposcopy - Decision made for Google Could Platform for Image storage. Numerous escalations to remove blockers in the workstream. End to end design in progress. 04/10/23 Palliative care development of four key feature-sets expected to launch in Q3, to plan. Screening colposcopy to start, based on understood set of requirements and technical (image acquisition & retention) decision.	16 (4x4)	6 (3x2)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Service Delivery	Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care.

3.4 i 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
DHCW0296	Clinical Risk	Allergies/Adverse Reactions - Single Source IF allergies and adverse reactions are not stored in a single source and in a simple, structured, standardised and SNOMED-coded manner THEN a clinician may not be able to retrieve all the relevant, updated information in the system that they are logged in RESULTING IN potential patient harm due to missing or outdated information being presented in the system being used by the clinician. Possible Causes: - Single source of truth (Clinical Data Engine/WCDR) in which to input and retrieve information not used widely - Lack of integration API with CDE/CDR - Interoperability - No standard as how to portray Adverse reactions (ie: not all systems display them in the patient banner/ user interface)	13/09/22	13/12/23	12 (4x3)	AIM: Reduce Likelihood FORWARD ACTION: Shared Medicines Record to take up this functionality to be cross-systems. Strategy to be determined. ACTION TO DATE: 13/12/2023 DMTP programme have a plan to move the FHIRr3 data (to Google FHIRv4), to then expose allergies/adverse reactions to other products. The work will not include absorption of uncoded allergy values from products such as WPAS. Determined unsafe, requiring expert validation. 05/12/2023 - work is continuing. 13/11/2023 - Initial work has commenced to schedule the movement of WelshPAS Allergies and reactions to use the CDE. 07/11/2023 - HM, GDE, ML, MB (PST) - DSCN notice 2022/76 states we should follow the standards for HL7 FHIR, DM&D and SNOMED language for all systems by 31st July 2024 which enable patient medicines, allergies, and intolerances information to be recorded, sent, received, or shared between care locations. 16/10/23 This will be addressed in Tranche 2 of the shared medicines record (SMR). Due to be available March 2023. Dependency on having the CDR in place. 09/10/2023 - Initial work will commence in late October to schedule the movement of WelshPAS Allergies and reactions to use the CDE.	12 (4x3)	4 (4x1)	Executive Medical Director	Non-mover	Digital Governance & Safety	Safety / Wellbeing	Mission 2 - Deliver high quality digital products and services
DHCW0313	Finance	Digital Cost Pressure – Service Model Changes IF externally and internally sourced service provision models change resulting in movement from CAPEX based solutions to OPEX THEN there will be an increased cost pressure for the IMTP period, RESULTING IN an increased risk to the organisations ability to reach a break-even position.	28/02/23	28/11/23	16 (4x4)	AIM REDUCE LIKELIHOOD FORWARD ACTIONS 02/10/2023: Cloud Business currently being drafted. As part of the 23/24 SLA process lessons learned exercise DHCW service Management to review SMB and NSMB terms of reference to include responsibly to highlighting unavoidable costs (due to changes in rev to capital) and incorporating the appropriate funding requirements with SLA's. ACTIONS TO DATE: 28/11/2023: Discussions ongoing with WG there is a meeting in place to discuss sustainable core funding. 07/11/2023 Ongoing wider discussions around sustainable funding. 07/09/2023 DHCW is currently constructing a sustainable funding paper (due October 2023) which will propose recommendations to address changes in the technological layer (both external supplier and internal cloud adoption) that have a consequential CAPEX to OPEX impact. This exercise builds upon the current established mitigation of strengthened horizon scanning adopted as part of the contract management reviews.	12 (4x3)	9 (3x3)	Executive Director of Finance	Non-Mover	Audit & Assurance	Service Delivery	Mission 4 - Drive better values and outcomes through innovation

3.4 i 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
DHCW0308	Information Governance	Sustainable funding for NIIAS IF a sustainable financial position cannot be found for the National Intelligent Integrated Audit Solution (NIIAS) THEN a DHCW funding risk will create longer term financial challenges to DHCW internal core funding decisions RESULTING IN difficult financial control issues and jeopardising long-term provision for the service	31/01/23	05/12/23	12 (3x4)	AIM - Reduce likelihood. FORWARD ACTIONS - Commercial and Procurement support on options appraisal ACTIONS TO DATE – 05/12/2023 Discussions continue between Welsh Government and DHCW around core funding. 07/11/2023 Discussions between Welsh Government and DHCW are ongoing around core funding. 06/09/2023 Discussions between Welsh Government and DHCW are ongoing. 05/05/23 Non recurrent internal funding explored for year 1 of the contract (to be agreed by directorate), longer term funding to be addressed with WG or via National Sustainable Funding exercise by the end of May 2023	12 (3x4)	6 (2x3)	Darren Lloyd	Non-Mover	Digital Governance &Safety Committee	Information, Access and Sharing	Mission 3 - Expanding the Digital Health and Care record and the use of Digital to improve Health and care.
DHCW0263	Information Governance	DHCW Data Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data, THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.	26/01/21	05/12/23	12 (4x3)	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. Discussions to be held in January 2023. ACTIONS TO DATE: 05/12/2023 Position unchanged work with WG continuing towards resolution. 07/11/2023 DHCW continue to work towards an action plan in agreement with Welsh Government. A Deep Dive of this risk was undertaken in the Risk Management Group meeting this month. 06/09/2023 - Awaiting action plan from Welsh Government to progress mitigation	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Information, Access and Sharing	Mission 4 – Drive better values and outcomes through innovation

3.4 i 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
DHCW0320	Information Governance	Citizen and stakeholder trust in uses of Health and Social Care data IF (i)DHCW does not articulate a costed plan to deliver citizen and stakeholder engagement and involvement around uses of Health and Social Care data, and (ii)Resources are not available to deliver the plan… THEN it is less likely that stakeholders and patients be assured that current and proposed uses of Health and Social data in Wales are trustworthy… RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy	12/05/23	05/12/23	12 (4x3)	AIM: REDUCE Likelihood FORWARD ACTIONS: Await actions from Welsh Government for mitigation plan to be progressed. ACTIONS TO DATE 05/12/2023 Position unchanged work with WG continuing towards resolution. 07/11/2023 Ongoing discussions with Welsh Government to continue mitigation. A Deep Dive was undertaken during the Risk Management Group meeting this month. 06/09/23 - Awaiting actions from Welsh Government to continue mitigation	12 (4x3)	4 (4x1)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Information Storing and Maintaining	Mission 1 - Provide a platform for enabling digital transformation
DHCW0321	Information Governance	Sustainable funding for WASPI IF a sustainable financial position cannot be found for funding to support the development and implementation of the WASPI Code of Conduct THEN key organisation stakeholders are unlikely to sign up to become code member organisations as DHCW would not be able to discharge Code responsibilities RESULTING IN a missed opportunity for enhancing data sharing standards across Wales and reducing missed opportunities with data sharing between agencies.	15/05/23	05/12/23	12 (3x4)	AIM Reduce likelihood. FORWARD ACTIONS Confirm funding application outcomes. ACTIONS TO DATE 05/12/2023 Discussions continue between Welsh Government and DHCW around core funding. 07/11/2023 Discussions are ongoing around sustainable funding. 06/10/2023 Executive summary consultation report on the proposals to create WASPI as a Code of Conduct has been drafted with wording relevant to WG being discussed. It is intended that a report with the Executive Summary Report is to be taken to Weekly Directors Meeting in November/December 2023.	12 (3x4)	6 (2x3)	Executive Medical Director	Non-Mover	Digital Governance & Safety	Information, Access and Sharing	Mission 1 - Provide a platform for enabling digital transformation

3.4 i 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
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	04/01/24	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: 04/01/2024 Plan in place for ISD to proof of concept four pieces of work to inform the approach to migration. Staff recruitment should be complete by the end of January 2024 offers in place onboarding process underway. 27/10/2023 Update to wording of the risk, no change in score and no plan update. 05/09/2023 The outline workplan is being discussed and agreed, project manager has been allocated and the scrutiny process has been approved to recruit the resource requirements identified to complete the work. ISD have identified a lead ("Data warehouse and acquisition lead"), Steering group formed and Project in scoping phase.	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

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

The Welsh Intensive Care Information System (WICIS) Programme

January 2024

Overview: Background to WICIS

The overall aim of the project is to implement a **fully managed electronic solution**, capable of **replacing all paper charts** currently used for recording patient observations on **all Adult Intensive Care Units** across Wales. Providing a common user interface, which will significantly improve the collation and access to clinical information and real time data capture from bedside devices.

WICIS
SYSTEM WYBODAETH GOFAL DWYS CYMRU
WELSH INTENSIVE CARE INFORMATION SYSTEM

STRATEGIC DRIVER

Together for Health – A Delivery Plan for the Critically Ill provides a strategic framework for Local Health Boards. It sets out the Welsh Government's expectations of NHS Wales in delivering high quality critical care, ensuring that the right patient has the right care at the right time. The Delivery Plan is split into five core themes as listed below along with a rationale for how the Welsh Intensive Care Information System supports this vision:

- **Delivering appropriate, effective ward-based care** – through the elimination of paper charts and manual observations, meaning less time collecting and accessing information and more time delivering care to patients.
- **Effective critical care provision and utilisation** – improving business intelligence, allowing for real-time or near-real-time reporting of key critical care statistics and by helping to support the reduction in variation across Wales by developing standard procedures through best practice.
- **Timely Admissions to Intensive Care** - through effective reporting and an overview of bed availability.
- **Timely Discharge from Intensive Care** – through improved monitoring of patients and increased data quality, meaning that clinicians are better able to plan and prepare for patients to be discharged.
- **Improving information and Research** - Improved data quality and automated reporting, as well as links to the national data warehouse mean that big data and deep learning techniques can be used to improve clinical practice.

Record patient assessments, manage prescriptions and drug administration, vital signs and fluid balance, acuity scores, support infection control, daily care plans

STATUS

- A contract was awarded for the development of a national critical care information system for NHS Wales which will develop and manage a clinical system over a seven-year period.
- The current focus will remain on continued engagement and involvement of the critical care community across Wales, who have been instrumental in informing the design and creation of standardised assessments and workflows to achieve our aim of reducing variations of care.
- Work is ongoing in terms of planning across NHS Wales.
- An agile, incremental delivery of development and testing has been adopted, which will ensure visibility of progress with tight monitoring and control of the timescales.
- Significant progress has been made to integrate a number of bedside devices to the central solution.

WICIS Programme to date

Following approval of the Business Case, the procurement of a Critical Care Information System commenced in May 2019. Following which, configuration workshops led by the National Clinical WICIS Lead took place between June 2020 and January 2021, enabling stakeholders from across NHS Wales to define at a greater level of detail how they expected the system to be configured to meet NHS Wales requirements, in alignment with contractual requirements. The system has been developed to date based on the requirements identified, has been tested nationally and an implementation plan to introduce the system across Wales is ongoing.

May 2019 – Nov 2019

The procurement of a critical care information system commenced in May 2019, following which the contract was awarded in November 2019 to implementation WICIS across all adult critical care wards in Wales, agreed and signed off by Chief Executives.

Nov 2019 – May 2020

- Contract awarded and activities commenced between DHCW and system supplier to agree contractual requirements and timeframes.
- Additional project resources recruited to support development and implementation of WICIS.

June 2020 – Jan 2021

- Configuration workshops took place, supported by the WICIS National Clinical Lead and National Informatics Nurse, enabling stakeholders from all health boards across Wales to define and document the expectations of the system and development roadmaps, in line with contractual requirements

COVID pandemic caused delay to WICIS Implementation

Feb 2022 – Jan 2023

- Following agreement with the system supplier, a set of development drops were agreed to be implemented over time, through a change management process.
- Testing was hosted nationally, with all health boards invited to attend demonstrations and sign off.

Feb 2023 – Jul 2023

- Re-development of the system work took place, focused on display of authorised laboratory data and integration with Welsh Clinical Portal (WCP) for all remaining results. In addition, management of mis-file work was included to present to users any data that had been entered incorrectly and displayed appropriately.
- April 2023 – Change to National Clinical Lead

Aug 2023

- End to end workshops took place, hosted by DHCW, to demonstrate to stake-holders, development of the system to date, against contractual requirements, allowing users to see the system from admission through to discharge.
- SIT (System Integration Testing) & National UAT (User Acceptance Testing) was finalised based on contractual requirements agreed for the system

Sep 2023 – Oct 2023

- Health Boards informed unable to go-live as planned due to concerns relating to drug therapy module.
- Additional development drops were agreed to implement changes relating to national laboratory integration and refinements to the drug therapy and administration module, following feedback from users.

Implementation delay due to concerns related to drug therapy module & laboratory integration

Nov 2023 – Dec 2023

- ABHB were scheduled to go-live in November 23, however due to refinements being made as a request following system review, the current go-live has been postponed and an agreement on a revised go-live date is to be scheduled.
- Local UAT commenced at ABHB allow the system to be tested locally and signed off.

ABHB implementation delayed due to continued refinements and local UAT commencing

January 2024

- ABHB continuing UAT of system.
- HB Chief Executives to advise on intention to proceed with WICIS
- High level approach drafted

Benefits Realisation

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

Since the development of the OBC, the benefits associated with the procurement of the Critical Care Clinical Information System were re-assessed and additional benefits identified. Three additional benefits were identified for the purpose of the economic appraisal. Benefits identified are based on time and motion studies, cash releasing savings, reduction in clinical time, reduction in average patient stay within an adult intensive care unit and improved data analysis and reporting.

Five key benefits were included in the FBC with an expectation that health boards will realise these post go-live as well as demonstrating local benefits outcomes. Additionally, further benefits have been identified across NHS Wales and are due to be reported on once implementation begins.

Stakeholder Engagement & Resource

Clinical Support	• National Clinical Lead in post for WICIS • Local Clinical Leads across all health boards funded to support implementation locally and inform wider stakeholder engagement • Local WICIS Nurse Lead across all health boards funding to support implementation locally, inform wider stakeholder engagement and support users through the transition from paper to digital.
Project Management	• National WICIS Principal Project Manager & Project Team in post, providing national project support • Health board funded project manager post available to support implementation locally and support wider stakeholder engagement
National Team	• National WICIS team in post to support multiple workstreams including development, architecture, testing, commercial, business change, pharmacy, service management etc. • Ongoing engagement to inform stakeholder engagement and liaise with health boards

WICIS
SYSTEM WYBODAETH GOFAL DWYS CYMRU
WELSH INTENSIVE CARE INFORMATION SYSTEM

Requirements Gathering

- Requirements gathering received from Health Boards in order to build a digital clinical solution.
- Stakeholder engagement sessions taken place through various forms i.e. clinical reference group, mind-map sessions with all health boards involved.

Development

- Ten development drops completed, allowing the system to be developed over time in line with contractual requirements. Development drops demonstrated to stakeholders as they evolve.

Testing

- Testing hosted nationally by DHCW WICIS Team and demonstrated to health boards over time.
- Test scripts written and shared with health boards to use locally.
- UAT completed by Subject Matter Experts, supported by HB Leads.

Health Board order of proposed implementation

The 6 Health Boards across Wales who operate adult intensive care are included in scope for the implementation and delivery of the WICIS solution, providing a Once for Wales critical care clinical system. ABHB did not go live as planned in Nov 23 however the commitment is for all sites to be implemented by March 2025. Powys HB do **not** currently have any Adult ITU wards across their hospital sites.

The 6 Health Boards include 13 District General Hospitals, of which 3 sites have an existing alternative critical care information system, procured locally by the health board themselves.

- Aneurin Bevan Health Board – 1 site: 30 beds
- Swansea Bay Health Board – 1 site: 28 beds
- Betsi Cadwaladr Health Board – 3 sites: 35 beds
- Cardiff & Vale Health Board – 1 site: 38 beds
- Hywel Dda Health Board – 4 sites: 29 beds
- Cwm Taf Morgannwg Health Board – 3 sites: 29 beds

Welsh Intensive Care Information System (WICIS) | Owner: David Sheard | Assurance Highlight Report | Qtr. 3 23/24

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	Scope	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 2023 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 2024, 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

- Escalation to health board Chief Executives for confirmation of planned timescales for implementation within 2024/25 due to availability of funding
- Readiness payment agreement with system supplier
- ABHB commenced and continuing with local testing and patient safety review of application
- Completion of penetration testing
- Swansea Bay (SBU) HB commenced local testing
- Implementation readiness activities commenced with Swansea Bay and Cardiff and Vale (CAV) health boards
- ABHB reviewed training requirements in preparation for go-live

Planned work for Next Reporting Period

- Escalation to health board Chief Executives for confirmation of planned timescales for implementation within 2024/25 due to availability of funding
- Agreement from health boards on revised implementation dates to be agreed
- Discussions with health boards and system supplier on potential streamlining of system
- ABHB completion of testing
- SBU completion of testing
- Discussions and agreements on training requirements
- DHCW Business Change visits to SBU and CAV health boards

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

Escalation to health board Chief Executives for health boards intention to go-live with WICIS within 2024/25 due to availability of funding

Finances £000s

WICIS	Capital £K	Revenue £K	Total
Annual Budget	4,707	570	5,277
Annual Forecast	5,241	408	5,649
Spend to Date	2,428	273	2,701

Escalations

13

Dashboard

Current Key Risks

DELAYED IMPLEMENTATION DATES	IF the implementation dates are delayed, THEN there may be increased costs due to delay in completion and indexation rates, RESULTING in funding short-fall and system supplier losing confidence.	Health board Chief Execs have been briefed and requested to respond to request to advise of intention to proceed by 19/01/24 so that a revised implementation plan can be drafted and agreed.
AVAILABILITY OF RESOURCES	IF no additional funding is identified to support changes caused by delay in start of implementation, inc staff on fixed-term contracts, THEN there is a risk that certain project work cannot continue or be finalised.	Awaiting confirmation from health boards on willingness to proceed so that a timeline and plan can be drafted and presented.
DCT2 MOVE	DHCW are currently undergoing a data centre move, affecting the hosting of the datacentre for WICIS, which may impact the overall timescales for WICIS if the dates for the move impact an implementation date.	Working with DCT2 team to agree timescales for move to reduce impact to implementation dates.

ISSUES
We currently have issues with UAT feedback queries submitted by health boards as they carry out testing locally. Some feedback to date has been due to lack of understanding of the system. Suggestion to introduce DHCW Business Change team into ITU wards as early as possible to build knowledge and consider creating Standard Operating Procedures to implement once live.

CHALLENGES
If ALL health boards respond to the request that they intend on going live as planned before March 2025, a robust implementation plan will need to be considered, to rollout WICIS across all 13 sites in a short timeframe. Additional resources and a change in training approach may need to be considered.

LESSONS LEARNT
Since the procurement began, over-time the system has been developed and has grown in its development. User requirements have continued to expand as more people become involved resulting in a wider scope and expectation of the system. The system has been over-configured and feedback has been that the system is complex and requires simplifying.

High Level Approach
from Development through to Implementation

Solution

National clinical lead to work with HB clinical leads and system supplier to streamline the solution, agreed on a national approach.

Health Boards to suggest simplistic changes to system navigation. Demonstrate options through workshops.

Governance

Agree change management process, governance structure and roles and responsibilities of stakeholders.

Implementation

Following responses back from health boards on their intentions to implement WICIS before March 2025, implementation workshops to be held to discuss revised rollout order and coordination and management of system training and business change support.

Feedback from users is that the system requires streamlining to make navigation simpler and more user-friendly. Work is ongoing between NHS Wales and the system supplier to review what refinements can be made in order to achieve an effective go-live. Changes will be made on a national level following a robust change management process.

DIGITAL HEALTH AND CARE WALES
WELSH PATIENT ADMINISTRATION SYSTEM (WPAS) & CTM-BRIDGEND TRANISTION PROJECTS

Agenda Item	4.2ii

Name of Meeting	Programmes Delivery Committee
Date of Meeting	6 February 2024

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

Executive Sponsor	Sam Lloyd, Executive Director of Operations
Prepared By	Stuart Davies, Interim Head of Software Development
Presented By	Sam Lloyd, Executive Director of Operations

Purpose of the Report	For Assurance
Recommendation	The Committee is being asked to

NOTE the report for **ASSURANCE.**

WC:
APP:
TOTAL:

1 IMPACT ASSESSMENT

STRATEGIC MISSION	Deliver high quality digital products and services

CORPORATE RISK (ref if appropriate)	
QUALITY IMPACT ASSESSMENT (ref if appropriate)	

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

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

DUTY OF QUALITY ENABLER	Whole Systems Approach
DOMAIN OF QUALITY	Safe
If more than one enabler / domain applies, please list below:	

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

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Current DPIF funding until March 2025, project delivery projected to be May 2025.
WORKFORCE	Yes, please see detail below

IMPLICATION/IMPACT	Large number of national applications affected by the project requiring resource allocation not accounted for previously.
SOCIO ECONOMIC IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
RESEARCH AND INNOVATION IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 APPROVAL / SCRUTINY ROUTE

Person / Committee / Group who have received or considered this paper prior to this meeting		
PERSON, COMMITTEE OR GROUP	**DATE**	**OUTCOME**
Sam Lloyd	23/01/2024	Approved

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CTM	Cwm Taf Morgannwg	SB	Swansea Bay
WPAS	Welsh Patient Administration System	RISP	Radiology information System Programme
LIMS	Laboratory Information Management System	EPMA	Electronic Prescribing & Medicines Administration
DPIF	Digital Priorities Investment Fund	SLA	Service Level Agreement

3 SITUATION / BACKGROUND

3.1 On 1st April 2019, Welsh Government transferred responsibility for health services in Bridgend from Abertawe Bro Morgannwg University Health Board to Cwm Taf University Health board.

3.2 As part of this process the organisations were renamed to Swansea Bay (SB) and Cwm Taf Morgannwg (CTM) University Health boards

3.3 At the time of the boundary change, SLA arrangements were agreed between the health boards to permit CTM to use the SB IT services to manage Bridgend patients while addressing the transition of services.

3.4 Multiple systems are impacted by the boundary change including both national and local systems. The primary system in enabling the transition is the Welsh Patient Administration System (WPAS).

3.5 DHCW is currently working with the affected health boards to undertake the migration of records relating to Bridgend patients from the Swansea Bay instance of WPAS to the Cwm Taf Morgannwg instance.

4 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

4.1 The Programmes Delivery Committee is asked to note the Transition Programme assurance update and status, in particular:

- This is a CTM-led project, to which DHCW is a contributor.
- Significant data migration is required to move patient records from Swansea Bay to Cwm Taf Morgannwg – safeguarding data quality is paramount consideration.
- Assuring all systems manage the change in patient records correctly is a major undertaking.
- DPIF funding is available for the WPAS aspects of this work until March 2025.
- The projected project timeline currently estimates completion in May 2025.
- An assessment of impact on other national systems is currently underway and is expected to complete in February 2024.
- Health boards are managing concurrent national programmes e.g. RISP (radiology information system programme), LIMS2.0 (laboratory information management system) and EPMA (electronic prescribing and medicines administration).

5 KEY RISKS / MATTERS FOR ESCALATION TO BOARD / COMMITTEE

5.1	Projected project timeline currently estimates completion in May 2025; however funding is only until March 2025.
5.2	A safe and secure test environment is required to enable appropriate quality assurance of data migration activity. Currently there is no funding for this test environment.
5.3	No funding for national systems other than WPAS (Welsh Patient Administration System).
5.4	This is a complex data migration programme, requiring the movement of a high volume of records between systems, involving multiple stakeholders and impacting a large number of integrated services. There are risks to delivery costs and timelines inherent in this, and also to service performance, which are being managed closely through the programme.

6 RECOMMENDATION

Recommendation	The Committee is being asked to
NOTE the report for **ASSURANCE.**	

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Digital Health and Care Wales

CTM-Bridgend Transition

Welsh Patient Administration System (WPAS) and CTM-Bridgend Transition Projects

Introduction

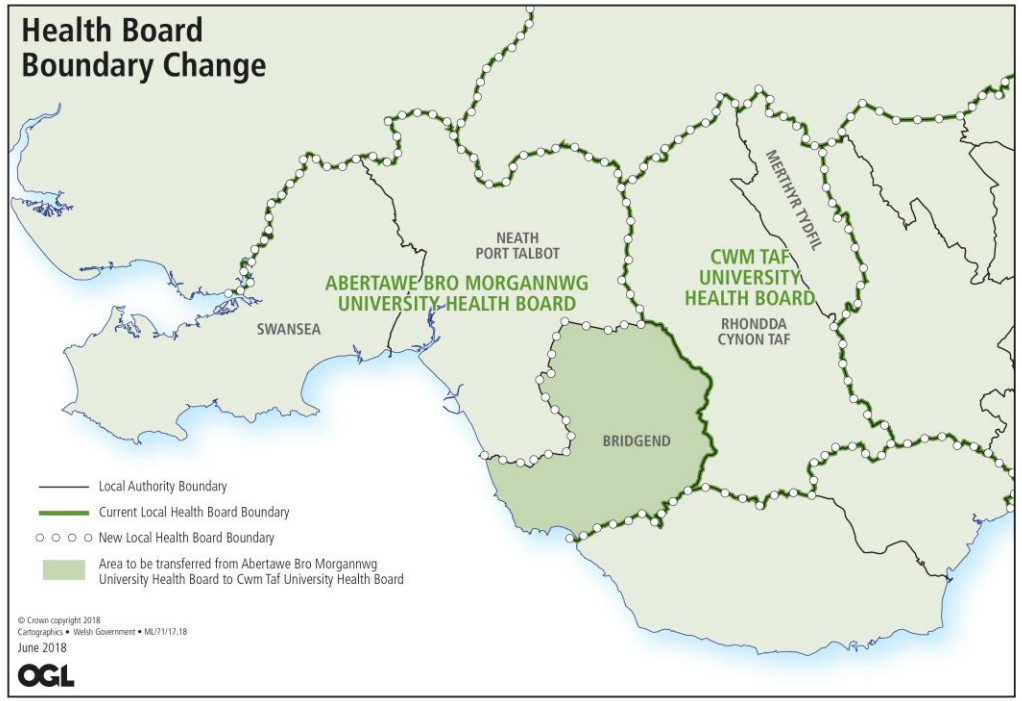
What is a PAS?

- A Patient Administration System (PAS) is a computerized system used in healthcare organisations to manage patient data. The system is used to track patient demographics, medical records, and financial information. The PAS is also used to schedule appointments, manage hospital beds, and manage outpatient and inpatient care episodes.

What is WPAS?

- The Welsh Patient Administration System (WPAS) is a DHCW-built national system used in all health boards except Cardiff and Vale University health board.
- WPAS is a critical system to the health boards, as it helps to ensure the accuracy and completeness of patient data. The system also helps to streamline the workflow of the organisation, and to improve the efficiency of care delivery.
- WPAS is integrated with other healthcare information systems both nationally (including but not limited to RadIS, WLIMS, WCP) and locally. The integration of these systems allows for the sharing of data within and across health boards.

Background



- On 1st April 2019, Welsh Government transferred responsibility for health services in Bridgend from Abertawe Bro Morgannwg University Health board to Cwm Taf University Health board.
- These health boards were renamed to Swansea Bay (SB) and Cwm Taf Morgannwg (CTM) University health boards (UHB).
- SLA arrangements agreed between the health boards to permit CTM to use the SB IT services to manage Bridgend patients while addressing the transition of services.
- The primary system in enabling the transition is WPAS.

Project considerations

- This is a CTM project to which DHCW is a contributor
- DHCW has DPIF funding for a range of WPAS activities, including overall PAS improvement – Velindre University NHS Trust implementation, Betsi Cadwaladr University health board merger to single instance and the CTM Bridgend Transition.
- Multiple systems are impacted by the Bridgend boundary change including both national and local systems.
- CTM have an SLA arrangement with SBUHB to permit the use of their systems for managing CTM patients until the programme completes the transfer.
- CTM have created and managed approximately 500K patient records in the SBUHB PAS.
- These CTM patient records will need to be identified and transferred to the CTM PAS.
- Only the CTM records are to be transferred. If there is genuine SB activity on the patient PAS record, these activities will remain in the SB PAS
- The transfer of records between the PAS systems will change the patient identifying references with only the patient's NHS number remaining constant.

Project timelines

Risks and Opportunities

- DPIF funding covers WPAS activities. Impact assessment of work required to the national systems outside PAS currently underway
- There is a requirement for a secure test environment to enable the QA of data transfer between PAS systems
- Both SB and CTM are also part of the RISP and LIMS2.0 programmes which run concurrently with the boundary change transition work.
- DPIF Funding available until March 2025
- Technical architecture review of WPAS underway