Programmes Delivery Committee - Public

Thu 05 February 2026, 09:30 - 12:40

Microsoft teams

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

For Noting *Chair*

1.2. Apologies for Absence

For Noting *Chair*

1.3. Declarations of Interest

For Noting *Chair*

09:30 - 09:40
10 min

2. CONSENT AGENDA

2.1. Minutes of the Last Meeting

Approval *Chair*

- **Public**
- **Private**

2.1i DRAFT PDC Minutes PUBLIC 06 November 2025.pdf (13 pages)
2.1ii DRAFT PDC Minutes PRIVATE Abridged minutes 06 November 2025.pdf (3 pages)

2.2. Forward Workplan

For Noting *Director of Corporate Affairs | Board Secretary*

2.2 Forward Workplan.pdf (5 pages)

2.3. Programmes Delivery Committee Annual Report

For Endorsement *Director of Corporate Affairs | Board Secretary*

2.3 Draft PDC Annual Report 2025-26.pdf (7 pages)

2.4. Programmes Delivery Committee Effectiveness Self-Assessment

For Noting *Director of Corporate Affairs | Board Secretary*

2.4 PDC Effectiveness Self Assessement Report 2025-26.pdf (6 pages)

2.5.
Programmes Delivery Committee Cycle of Business

For Approval *Director of Corporate Affairs | Board Secretary*

2.5 PDC Cycle of Business .pdf (4 pages)

2.6.
Internal Audit – Programme Management

For Noting *Executive Director of Strategy*

2.6 Internal Audit Report v1.1.pdf (15 pages)

09:40 - 09:45
5 min

3.
FOR REVIEW

3.1.
Action Log -0

For Discussion *Chair*

09:45 - 11:10
85 min

4.
FOR ASSURANCE

4.1.
Annual Assurance Reports

For Assurance *Executive Director of Strategy*

4.1.1.
Cloud Migration Programme (25 mins)

For Assurance *Director of Operations*

4.1 Annual Assurance Report.pdf (61 pages)

4.1.2.
Welsh Patient Administration WPAS (Disaggregation and migration) (15 mins)

For Assurance *Director of Operations*

4.1 Annual Assurance Report.pdf (61 pages)

4.1.3.
GP Systems Framework (15 mins)

For Assurance *Director of Primary, Community and Mental Health Digital Services*

4.1 Annual Assurance Report.pdf (61 pages)

4.2.
Digital Services for Patients and the Public Programme Governance Changes

For Noting *Director of Primary, Community and Mental Health Digital Services*

4.2 NHS Wales App New Governance Jan 2026 d1-0.pdf (5 pages)

4.2i Proposed NHS Wales App Governance .pdf (3 pages)

Break -10mins

11:00-11:10

11:10 - 12:40
90 min

5. GOVERNANCE RISK PERFORMANCE AND ASSURANCE

5.1. Major Programmes Report

For Assurance *Executive Director of Strategy*

5.1 Major Programme Report.pdf (5 pages)

5.1.1. Welsh Intensive Care Informatics System (WICIS)

For Assurance *Director of Programmes & Engagement*

5.1.2. Radiology Information System Procurement (RISP)

For Assurance *Director of Programmes & Engagement*

5.1.3. Laboratory Information Management System

For Assurance *Director of Programmes & Engagement*

5.1.4. Microsoft 365 Enterprise Agreement

For Assurance *Executive Director of Operations*

5.1.5. Digital Medicines -Electronic Prescription Service (EPS)

For Assurance *Executive Director of Strategy*

5.1.6. Digital Medicines -Electronic Prescribing and Medicines Administration (EPMA)

For Assurance *Executive Director of Strategy*

5.1.7. Cancer Informatics

For Assurance *Executive Director of Strategy*

5.1.8. Integration Hub

For Assurance *Executive Director of Operations*

5.1.9. National Target Architecture

For Assurance *Executive Director of Strategy*

5.1.10. National Data Resource

For Assurance *Executive Director of Strategy*

5.1.11.
Digital Services for Patients and Public

For Assurance *Executive Director of Strategy*

5.1.12.
Connecting Care

Assurance *Director of Primary, Community and Mental Health Digital Services*

5.1.13.
Audit + Replacement

Assurance *Director of Primary, Community and Mental Health Digital Services*

5.2.
Corporate Risk Register

For Discussion *Director of Corporate Affairs | Board Secretary*

5.2 Corporate Risk Register .pdf (8 pages)

5.3.
Escalation Status – Improvement Plan Update

For Assurance *Director of Corporate Affairs | Board Secretary*

5.3 Escalation Status Improvement Plan Update.pdf (7 pages)

12:40 - 12:40
0 min

6.
CLOSING MATTERS

6.1.
Any other Urgent Business

For Discussion *Chair*

6.2.
Committee Highlight Report to SHA Board

For Noting *Chair*

6.3.
Date of next meeting: 30 April 2026

For Noting *Chair*

PROGRAMMES DELIVERY COMMITTEE- PUBLIC

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

09:30-12:50 | 06 November 2025 | MS Teams

Present (Members)	Initials	Title	Organisation
David Selway	DS	Committee Chair	DHCW
Ruth Glazzard	RG	Interim Chair of the Board	DHCW
Marian Wyn Jones	MJ	Independent Member	DHCW

In Attendance	Initials	Title	Organisation
Ifan Evans	IE	Executive Director of Strategy	DHCW
Chris Darling	CD	Director of Corporate Affairs | Board Secretary	DHCW
Sam Lloyd	SL	Executive Director of Operations	DHCW
Michelle Sell	MS	Director of Programmes and Engagement	DHCW
Laura Tolley	LT	Head of Corporate Governance | Deputy Board Secretary	DHCW
Lee Mullin	LM	Programme Director	DHCW
Matt Cornish	MC	DSPP Programme Director	DHCW
Rebecca Cook	RC	Chief Data Officer	DHCW
Belinda Mills	BM	Corporate Governance Co-Ordinator (Secretariat)	DHCW

Acronyms			
SHA	Special Health Authority	WPAS	Welsh Patient Administration System
NDR	National Data Resource	LINC	Laboratory Information Network Cymru
SRO	Senior Responsible Officer	BAU	Business as Usual
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information System

NHS	National Health Service	DHCW	Digital Health and Care Wales
WCCIS	Welsh Community Care Information System	LIMS	Laboratory Information Management System
AB	Aneurin Bevan University Health Board	CTM	Cwm Taf Morgannwg University Health Board
WG	Welsh Government	PDC	Programmes Delivery Committee
DMC	Digital Maternity Cymru	OBC	Outline Business Case
EPS	Electronic Prescription Service	RISP	Radiology Informatics System Procurement
UAT	User Acceptance Testing	CDR	Care Data Repository
BCU	Betsi Cadwaladr University Health Board	WG	Welsh Government
IQPD	Integrated Quality Planning and Delivery	WIVS	Welsh Identity Verification Service
SBUHB	Swansea Bay University Health Board	DDaT	Digital, Data & Technology Board

Item No	Item	Outcome	Action to Log
PART 1 – PRELIMINARY MATTERS			
1.1	**Welcome and Introductions** The Chair welcomed everyone to Digital Health and Care Wales' Programmes Delivery Committee Meeting. The Chair also provided some housekeeping notices regarding the technical aspects of recording the meeting, the planned break, and etiquette.	Noted	None to note
1.2	**Apologies for Absence** • Sam Hall, Director of Primary Care, Community & Mental Health • Rhidian Hurle, Executive Medical Director • Rowan Gardner, Independent Member	Noted	None to note
1.3	**Declarations of interest** No declaration of interest was raised.	Noted	None to note
PART 2 – CONSENT AGENDA			
2.1	**Minutes of the Last Meeting** • Public **The Programmes Delivery Committee resolved to:** **APPROVE** the minutes of the last meeting.	Approved	None to note
2.2	**Forward Workplan** **The Programmes Delivery Committee resolved to:** **NOTE** the Forward Workplan.	Noted	None to note

2.3	**Programme Typology** **The Programmes Delivery Committee resolved to: NOTE** the Report	Noted	None to note
PART 3 – MAIN AGENDA			
3.1	**Action Log** The Committee noted that there was one action on the action log which is now completed. **The Programmes Delivery Committees resolved to: NOTE** the Action Log.	Discussed	None to note
PART4 -FOR ASSURANCE			
4.1	**Annual Assurance Reports** Ifan Evans, Executive Director of Strategy (IE), introduced the report noting that the Committee is marking its two-year anniversary since being established in November 2023. IE highlighted significant progress in improving the consistency, stability, and transparency of programme reporting. IE explained that the meeting would follow the usual annual update format, reviewing three major programmes in detail: Connecting Care, the NHS Wales App, and the NDR programme. **Welsh Community Care Information System & Connecting Care** Lee Mullin, Programme Director (LM) presented the report noting that • The Connecting Care programme has replaced WCCIS, which is being decommissioned due to its platform reaching end of life. • Connecting Care now focuses on supporting Health Boards with new system adoption for community and mental health, working with Welsh Local Government Association (WLGA) for integrated care and data standards. • Funding for the current year is secured (£8 million split between capital and revenue), but future funding is uncertain. • Procurement and implementation of new solutions are underway, aiming for completion by 2028, though this may be challenging. • The programme is also developing an integrated care record to enable data sharing, currently in the discovery phase. Risks include fragmented procurement among health boards, data migration, and the need for multi-year funding assurance. Governance is being strengthened to ensure a coordinated approach across Wales	Assured	None to Note

Digital Services for Patients and Public

Matt Cornish, DSPP Programme Director (MC) presented the report

- The NHS Wales App now has over 609,000 registered users, with 250,000 monthly active users and growing engagement in features like GP appointment booking and repeat prescriptions.
- A major milestone was the rollout of secondary care features, including waiting list referrals and hospital appointments, now live in six of seven Health Boards, with Cardiff and Vale pending data integration.
- The app sends twenty-five thousand messages daily about referrals and appointments, links to patient portals, and provides estimated waiting times.
- Additional features launched include Welsh Identity Verification, organ donor registration, and a new dashboard for real-time usage analytics.
- The team is focusing on further enhancements such as digital medicines, pharmacy nomination, prescription tracking, patient-reported outcomes, and authorised access for carers.
- MC emphasised the importance of user feedback, ongoing community engagement, and the need for a national communications campaign once all Health Boards are live.
- Challenges remain around consistent GP appointment access, health board variation, and the need for continued improvement and technical debt management

National Data Resource

Rebecca Cook, Chief Data Officer (RC) presented the report noting that

- The National Data Resource (NDR) is a 10-year strategic programme to deliver all-Wales data and analytics capabilities, supporting digital transformation across health and care.
- The NDR is federated, involving DHCW, Health Boards, Trusts, and Social Care Wales, with both central and partner delivery plans.
- Core products include the Care Data Repository (single source of truth for citizen data), Data Analytics Platform (enterprise-scale, privacy-engineered), and Secure Data Environment (for collaborative studies including academia, industry, health and care.)
- All these systems have progressed through design, assurance, and production stages and now operate

	as 24/7 clinically critical services with full support and management • Phase 4 focuses on migrating data into new repositories and exploiting value, with recent achievements including demographics, growth charts, and all-Wales encounters data flowing into the CDR (pending Cardiff and Vale). • Secure Data Environment is being re-platformed, with recent research collaborations enabled. • Secure data sharing between organisations is now possible via shared platform views, reducing duplication. • Key challenges: ensuring data is written/read to/from NDR, legal and contractual mandates, and technical standards compliance. • Case studies: natural language processing for clinical text, predictive analytics for planning, and real-time growth chart data integration. **The Programmes Delivery Committees resolved to:** **NOTE** the report for **ASSURANCE.**		
PART 5 - GOVERNANCE, RISK, PERFORMANCE AND ASSURANCE			
5.1	**Major Programmes Report** Ifan Evans, Executive Director of Strategy (IE), introduced the report and highlighted that the report tracks the status of key programmes and highlights escalated or red-status items from the wider portfolio. **Welsh Patient Administration System (Bridgend Transition – National system impact** Sam Lloyd, Executive Director of Operations (SL) highlighted: • Overall RAG status was ‘’Not Assessed’’ • The transition of patient data from Swansea Bay to Cwm Taf Morganwg’s Welsh Patient Administration System was completed successfully between the 16 to19 May 2025 after several years of work. • The go-live weekend was smooth, with only minor data quality issues that were quickly resolved. • The full closure report and lessons learned are still being prepared, but early findings stress the need for better testing capabilities for complex, system-wide changes. • Strong collaboration between organisations, especially in the final months, contributed to the project’s success. **Welsh Intensive Care Information System** Michelle Sell, Director of Programmes & Engagement	Assured	None to note

(MS) highlighted:

- Overall RAG status was grey “Not Assessed”
- The Welsh Intensive Care Information System (WICIS) programme was on hold for about 18 months pending an independent review to assess safe deployment.
- The review’s recommendations have been addressed, including improved governance and strong clinical engagement, leading to the establishment of a new oversight board, clinical leads in each Health Board, and a Clinical advisory group.
- Supplier refinements have been identified, and a test version of the system is being evaluated by clinicians in Swansea Bay.
- Key safety challenges from the review have been addressed, with recommendations accepted by stakeholders.
- The programme board supports moving forward, and a paper has been submitted to Welsh Government for approval and additional funding.
- There is concern that further delays in decision-making could risk supplier and clinical engagement; a decision is targeted by the end of November.

Radiology Information System Procurement

Michelle Sell, Director of Programmes & Engagement (MS) highlighted:

- Overall RAG status was “Amber-Red”
- Implementation is underway through separate contracts with each Health Board.
- Early deployments (Powys, Public Health Wales, and BCU have gone live; BCU’s transition was challenging but users are pleased with the new system, and lessons are being shared with other Health Boards
- The next Health Board Hywel Dda is scheduled to go live on 1 December 2025 and is reported to be on track.
- It was noted that managing separate contracts has proven difficult, so DHCW is taking a stronger coordinating and oversight role, especially for Data Migration and Contract Management
- Ensuring data migration and cross-board image access is a key focus, and there is ongoing engagement with Philips at a strategic level to maintain national benefits
- The completion target for the programme is by March 2026, though one Health Board (Aneurin Bevan University Health Board) has shifted its implementation into May 2026.
- The compressed schedule for multiple implementations in early 2026 is a challenge, and

close monitoring of supplier capacity and support is underway

Laboratory Information Management System

Michelle Sell, Director of Programmes & Engagement (MS) highlighted:

- Overall RAG status was “Red”
- Tranche 1 (technical build and integration) is complete and live; Tranche 2 (covering cellular pathology, mortuary and andrology) is scheduled for go-live in November and final testing is underway.
- Blood transfusion component is likely to extend beyond the original target of March 2026.
- Health Boards are collaborating closely, sharing testing responsibilities, with Betsi Cadwalar University Health Board notably proactive.
- MS noted that the pathology system migration programme aims to safely replace a legacy system by March 2026, though the deployment for the blood transfusion function is likely to run into the next financial year (April/May). The reason is the complex and resource-intensive nature of migrating decades of detailed historical data. The aim remains to complete the migration ahead of an August 2026 infrastructure upgrade deadline.

GP Systems Framework

Lee Mullin, Programme Director highlighted:

- Overall RAG status “Green”
- The transfer of contract to the new supplier has been completed and the programme is now scaling up, targeting at least two GP surgeries per week for migration.
- Progress is reported as being on track and moving at pace, with good supplier support and no major issues flagged at this stage.

Microsoft 365 Enterprise Agreement

Sam Lloyd, Executive Director of Operations (SL) highlighted

- Overall RAG status was “Green”
- SL explained that the Microsoft 365 Enterprise Agreement is a national contract for NHS Wales covering desktop and productivity tools such as operating system, Microsoft 365 suites (Word, Excel PowerPoint and Teams) and email services. This agreement plays a foundational role in ensuring that NHS Wales organisations can operate efficiently as an integrated system, enabling consistent collaboration and security across the entire estate. It does not include Microsoft’s cloud-infrastructure services (e.g.,

Azure), which are procured separately. It is valued at £30 million per year and managed by DHCW. The current contract runs under a 3 + 1 + 1-year structure.
- The upcoming contract renewal aims for a new all-Wales agreement by June next year, reflecting major changes in the digital landscape particularly with AI tools like Copilot and the pressure of digital inflation (cited at 11%) creating affordability challenges.
- A Discovery Exercise involving all NHS Wales organisations has been completed to capture requirements; governance structures (task force, project board) are in place and negotiations with Microsoft are ongoing.
- The benefits of the single agreement include consolidated purchasing power, unified tenancy (improving collaboration and security), consistent security tooling, and improved adoption through a "Centre of Excellence" model.
- Despite the seemingly long lead time to June, SL emphasised that the timelines are tight, as financial planning cycles and board approvals across organisations need to be aligned to make the new contract viable.

Cloud Transition
Sam Lloyd, Executive Director of Operations (SL) highlighted:
- Overall RAG status was "Amber - Green"
- The business case is approved with two years of funding secured; an 18-month checkpoint with Welsh Government is planned to review progress.
- The mobilisation phase has started, organised into three work-streams: Enablement (designing cloud environments and security), Migration (moving services from datacentres to cloud) and Strategic Transformation (revamping operating models and building self-service capabilities).
- A core DHCW internal team is now in place, including a project lead and architects in key domains.
- Procurement activity is progressing: an RFI (Request for Information) has been issued and supplier feedback has been positive. They are targeting award of "Lot 2" (the major migration lot) by Q1 of the next financial year, and "Lot 3" (strategic transformation) by Q4 of the current year.

Digital Medicines
Electronic Prescription Service (EPS)
Ifan Evans, Executive Director of Strategy highlighted
- Overall RAG status was "Amber - Green"

- Seven and a half million prescriptions have been processed so far, but this is a small portion of the total annual volume (80 million).
- The program is progressing well, with GP migration to Optum targeted for completion by May/June and full EPS rollout by November, a year ahead of the original schedule.
- The program is expected to deliver significant time and cost savings, drawing on benefits evidence from England.
- Ongoing funding for EPS beyond rollout is not yet secured and is being discussed with Welsh Government

Electronic Prescribing Medicines Administration (EPMA)

Ifan Evans, Executive Director of Strategy highlighted

- Overall RAG status was “Amber - Green”
- Six Health Boards have signed contracts; Cardiff and Vale has gone live, Cym Taf Morganwg is going live imminently, and Betsi Cadwaladr will follow. All aim for initial go-lives by March 2026.
- DHCW’s role is purely supportive facilitating knowledge sharing and learning through the new Digital governance and DDaT Leadership Board. Health boards report progress on their EPMAs directly to this Board and are not accountable to the national programme.
- Currently, no systems are live in production with that repository, though several are in test environments. Integration progress varies Better (Betsi) is on track, while NerveCentre (Cardiff and Cwm Taf) requires further work.

Cancer Informatics Programme

Ifan Evans, Executive Director of Strategy highlighted

- Overall RAG status was “Amber - Green”
- IE noted the successful closure of Canisc, a 25-year-old legacy cancer information system that had been on the NHS Wales risk register since 2015 as unsupported and end-of-life.
- The system was closed to all users on 24 October 2025, slightly later than planned due to delays in migrating colposcopy records and resolving a few complex patient data issues.
- The programme closure report has been signed off, with only final audit and clinical sign-off remaining.
- Full decommissioning is on track for completion by the end of the year, marking a significant achievement.
- Future cancer digital work has now transitioned to a product-based model under the Associate Director, Products team within the Single Record

products area.

Integration Hub
Sam Lloyd, Executive Director of Operations (SL) highlighted

- Overall RAG status was “Green’’
- The current proprietary service is being replaced with an internally built product for greater control, agility, and better support for API-driven integration.
- The new platform is being developed with a partner, and the plan is to offboard the partner by the end of the financial year and transition delivery to internal teams
- An alpha phase has been completed with successful end-to-end testing in Azure; beta delivery is underway, with the first production flow expected before Christmas and inbound flows from the master patient index underway.
- The project is run agilely, progressing through discovery, alpha, and beta stages in sprints. It also supports staff in developing new technical skills.
- The integration service is under significant pressure due to its centrality, and the new platform aims to improve efficiency and scalability to relieve bottlenecks

National Target Architecture
Ifan Evans, Executive Director of Strategy (IE), highlighted

- Overall RAG status was “Amber - Green”
- The National Target Architecture project aims to identify and address technical debt across NHS Wales, such as legacy systems like Canisc, to prevent future risks and inefficiencies.
- The project recently completed a draft target state architecture, delivered on a revised timetable, and is expected to move back to green status.
- There is strong engagement from architects across NHS Wales, with a community of practice actively involved in refining the architecture.
- Next steps include stakeholder engagement to finalise the architecture and commissioning an external partner to develop a strategic investment plan outlining costs and sequencing for transitioning to the target state.
- The architecture will support both national and local system choices, aiming to reduce fragmentation and enable informed business case decisions about system consolidation versus local autonomy.
- The work has strong Welsh Government support and is progressing rapidly, with significant achievements in the last four months.

	National Data Resource Discussed earlier in the Annual Assurance Report **Digital Services for Patients and Public** Discussed earlier in the Annual Assurance Report **Connecting Care** Discussed earlier in the Annual Assurance Report **The Programmes Delivery Committees resolved to:** **NOTE** the Major Programmes Report for **ASSURANCE.**		
5.2	**Corporate Risk Register** Chris Darling, Director of Corporate Affairs | Board Secretary presented the report noting that there were 18 risks on the corporate risk register, seven of which were assigned to the Committee. The following risks were highlighted: • DHCW0237 New requirements impact on resources and plan • DHCW0298 Delay in the Implementation of WLIMS 2.0 • DHCW0333 WICIS Implementation Delay • DHCW0318 Welsh Language Scheme Compliance • DHCW0347 National Target Architecture Transition Roadmap • DHCW0348 Transition to new data architecture • DHCW0349 RADIS Team scaling back 25/26 • DHCW0298 Delay in the Implementation of WLIMS 2.0: • DHCW0237 (Re-escalation)- New requirements impact on resources and plan: CD emphasised that this risks reflects increased external and internal priorities that put pressure on delivery and planning and the need to mitigate these pressures, especially as IMTP planning for 2026/27 is underway, and noted ongoing efforts to reflect additional demands in planning and prioritisation processes. • DHCW0351 Changes in political landscape in Wales • The risk removed include Funding for Connecting Care for 2025/26 this financial year. **Corporate Risk Trending Analysis:** • DHCW0300 – Canisc Screening & Palliative Care; CD noted that while its current risk score is very low, it remains on the register due to its 10-year history. CD expects it to be fully decommissioned and removed from the register by the end of the year. • DHCW0318 – Welsh Language Scheme Compliance - NHS Wales App: CD noted it depends on partner collaboration ongoing risk.	Discussed and Noted	None to note

	• DHCW0331 – WICIS Implementation Delay:CD noted that it is on the register for 12 months due to a prolonged 18-month report process; a critical decision is pending to mitigate the risk. **The Programmes Delivery Committees resolved to:** • **DISCUSS** the Corporate Risks assigned to the Programmes Delivery Committee. • **NOTE** the status of the Corporate Risk Register. • **NOTE** the annual Trend analysis report		
5.3	**Escalation Status – Improvement Plan Update** Chris Darling, Director of Corporate Affairs | Board Secretary presented the update • Recent engagements included two IQPD meetings held on 22 September 2025 and 27 October 2025 with Welsh Government since the last committee meeting covering milestone achievements, future milestones, risks, and deep dives dive into National Target Architecture September 2025 and the NHS Wales App October 2025 with a Focus on the View secondary care appointments feature. • Discussions also focused on typology, the commercial framework, and the once-for-Wales approach (milestones 10.3 and 10.4), with next steps to take the work to the Directors of Digital Peer Group, incorporating feedback for a January DDAT Leadership Board discussion alongside lessons from the improvement plan. Updates on the Maternity Cymru programme highlighted a revised approach with Health Boards and DHCW's role. • CD reported on diagnostics programmes, stakeholder engagement review actions, and escalation-status programmes reviewed by the Chief Executives Management Team in October, including intensive care, connecting care, the NHS Wales App, and diagnostics. • The recent DDAT Leadership Board also addressed these programmes and flagged Q4 2025 delivery timeframes. • Of 36 milestones scheduled by end of October, 35 were fully delivered, with one partially delivered. Some milestones were delayed: colposcopy go-live by nine days, joint data controller agreements by several months due to partner dependencies, and the Target Architecture future state by a month, which is now complete. • The NHS Wales App remains partially delivered, not yet live in Cardiff and Vale, though it is live in six of seven health boards. Updates on the September milestone were provided to Welsh Government.	Assured	None to note

	• CD confirmed that the Target Architecture delay has now been resolved, and the NHS Wales app is live in six of the seven Health Boards **The four October 2025 milestones are:** • 4.3 Data standards refresh approved by new National Architecture and Standards Board (under DDaT Leadership Board) marked as complete. • 5.1 Summary report on RISP Programme governance and implementation roadmap through programme board. Completed and submitted to Welsh Government • 5.2 Summary report of LIMS2 Programme governance and implementation roadmap through programme board: Completed and submitted to Welsh Government • 10.5 Opportunities, challenges and system learning from DHCW escalation to be captured and presented to WG/partners relating to delivery of major programmes: CD confirmed that reports have been submitted to Welsh Government and additional international digital health system learning incorporated. **The Programmes Delivery Committees resolved to:** **NOTE** the current status of the Enhanced Monitoring Escalation Improvement Plan including the update on the September 2025 milestone position and October 2025 milestones		
PART 6- CLOSING MATTERS			
Any Other Urgent Business • No urgent business was raised.		Discussed	None to note
Committee Highlight Report to SHA Board The Chair agreed to include highlights on the risk to the WICIS program, the potential delay on LIMS due to blood transfusion data migration, potential delay to RISP due to ABUHB delaying implementation and EPS funding in the upcoming report to the SHA board		Noted	None to note
Date of next meeting: • 05 February 2026		Noted	None to note

PROGRAMMES DELIVERY COMMITTEE- PRIVATE ABRIDGED

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

13:20-14:20 | 06 November 2025 | MS Teams

Present (Members)	Initials	Title	Organisation
David Selway	DS	Committee Chair	DHCW
Ruth Glizzard	RG	Independent Member	DHCW
Marion Jones	MJ	Independent Member	DHCW

In Attendance	Initials	Title	Organisation
Olivia Shorrocks	OS	Head of Performance, Escalation and Intervention from Welsh Government	Welsh Government
Ifan Evans	IE	Executive Director of Strategy	DHCW
Chris Darling	CD	Director of Corporate Affairs | Board Secretary	DHCW
Lee Mullin	LM	Programme Director	DHCW
Michelle Sell	MS	Director of Programmes and Engagement	DHCW
Laura Tolley	LT	Head of Corporate Governance | Deputy Board Secretary	DHCW
Belinda Mills	BM	Corporate Governance Co-Ordinator (Secretariat)	DHCW

Acronyms			
SHA	Special Health Authority	WPAS	Welsh Patient Administration
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DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information System
NHS	National Health Service	DHCW	Digital Health and Care Wales
WCCIS	Welsh Community Care Information System	LIMS	Laboratory Information Management System

AB	Aneurin Bevan University Health Board	CTM	Cwm Taf Morgannwg University Health Board
WG	Welsh Government	PDC	Programmes Delivery Committee
FOI	Freedom of Information		

Item No	Item	Outcome	Action to Log
PART 1 – PRELIMINARY MATTERS			
1.1	**Welcome and Introductions** The Chair welcomed everyone to Digital Health and Care Wales' Programmes Delivery Committee Private Meeting and extended welcome to Olivia Shorrocks, Head of Performance, Escalation and Intervention from Welsh Government as an observer for todays meeting	Noted	None to note
1.2	**Apologies for Absence** • Rhidian Hurle, Executive Medical Director • Sam Hall, Director of Primary, Community and Mental Health Digital Services • Rowan Gardner, Independent Member	Noted	None to note
1.3	**Declarations of interest** No declaration of interest was raised.	Noted	None to note
PART 2 – CONSENT AGENDA			
2.1	**Private Minutes** **The Programmes Delivery Committee resolved to:** There were no private minutes for Approval.	Approved	None to note
PART 3 – MAIN AGENDA			
3.1	**Action Log** There were no actions on the action log **The Programme Delivery Committees resolved to:** **NOTE** The Action Log.	Noted	None to note
3.2	**Escalation Improvement Plan Feedback - Verbal update** The Committee received updates on the DHCWs escalation process and associated action plan along with reflections on progress to date.	Discussed	None to note
3.3	**Major Programmes Report**: The Committee received updates on key developments on the: The Committee received updates on: • **Digital Eyecare:** A closure report was noted, with	Discussed	None to note

	lessons identified. • **Welsh Intensive Care Information System (WICIS):** An update was provided on the current status of the programme. **The Programme Delivery Committees resolved to:** **NOTE** the Major Programmes Overview Report update on status of key programmes managed by DHCW.		
PART 4 – CLOSING MATTERS			
4.1	**Any Other Urgent Business** No urgent business was raised.	Noted	None to note
4.2	Date of next meeting: 05 February 2026	Noted	None to note

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

Eitem ar yr Agenda: **Agenda Item:**	2.2

Enw'r Cyfarfod: **Name of Meeting:**	Programmes Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	05 February 2026

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

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

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL **STRATEGIC MISSION**	All missions apply

RISG GORFFORAETHOL (cyf, os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	

DEDDF LLESIANT CENEDLAETHAU'R DYFODOL **WELL-BEING OF FUTURE GENERATIONS ACT**	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

SAFONAU ANSAWDD IGDC **DHCW QUALITY STANDARDS**	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

GALLUOGWR Y DDYLETSWYDD ANSAWDD **DUTY OF QUALITY ENABLER**	N/A
PARTH ANSAWDD **DOMAIN OF QUALITY**	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB **EQUALITY IMPACT ASSESSMENT STATEMENT**	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
Programmes Delivery Committee	November 2025	Initial workplan approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WASPI	Wales Accord on the Sharing of Personal Data
NIIAS	National Intelligent Integrated Audit Solution	SRO	Senior Responsible Officer

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Programmes Delivery Committee has a Cycle of Committee Business that is reviewed on an annual basis. In addition, a Forward Workplan dashboard is used to identify any additional items for inclusion to ensure the Committee is reviewing and receiving all relevant matters in a timely fashion

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

4.1 The following items as noted are due to be presented to the Committee meeting on 05 February 2026:

Item	Executive Lead
Action log	Chair
Annual Assurance Reports Q4: • Welsh Patient Administration WPAS • GP Systems Framework • Cloud Migration Programme	Executive Director of Strategy
Assurance Reports	Executive Director of Strategy
Audit Reports	Relevant Lead
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Deep Dive	Director of Corporate Affairs/Board Secretary
Digital Services for Patients and the Public Programme Governance Changes	Director of Primary, Community & Mental Health Digital Services
Escalation Status -Improvement Plan Update	Director of Corporate Affairs/Board Secretary
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Learning from Programmes	Executive Director of Strategy
Major Programmes Report	Executive Director of Strategy
Minutes	Chair
Programmes Delivery Committee Annual Report	Director of Corporate Affairs/Board Secretary
Programmes Delivery Committee Cycle of Business	Director of Corporate Affairs/Board Secretary
Programmes Delivery Committee Effectiveness Self-Assessment	Director of Corporate Affairs/Board Secretary
Programmes Delivery Committee Terms of Reference	Director of Corporate Affairs/Board Secretary
Tracking Programmes	Executive Director of Strategy
Welcome and Introductions	Chair

4.2 The items below have been identified for the following meeting on 30 April 2026:

Item	Executive Lead
Action log	Chair
Annual Assurance Reports Q1: • Laboratory Information Management System -Update/ Closure Report • Radiology Informatics System Procurement -Update/ Closure Report Welsh Intensive Care Informatics System (WICIS)	Executive Director of Strategy
Assurance Reports	Executive Director of Strategy
Audit Reports	Relevant Lead
Corporate Risk register	Director of Corporate Affairs/Board Secretary
Corporate Risk register - Private Risks	Director of Corporate Affairs/Board Secretary
Declarations of interest	Chair
Deep Dive	Director of Corporate Affairs/Board Secretary
Escalation Improvement Plan Status Update	
Forward Work Programme	Director of Corporate Affairs/Board Secretary
Learning from Programmes	Executive Director of Strategy
Major Programmes Report	Executive Director of Strategy
Minutes	Chair
Welcome and Introductions	Chair

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
ANNUAL REPORT OF THE PROGRAMMES DELIVERY COMMITTEE

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

Enw'r Cyfarfod: **Name of Meeting:**	Programmes Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	05 February 2026

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

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

Pwrpas yr Adroddiad: **Purpose of the Report:**	For Endorsement
Argymhelliad: **Recommendation:**	The Committee is being asked to
ENDORSE the Annual Report of the Programme Delivery Committee 2025/26 for **APPROVAL** to the SHA Board.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL **STRATEGIC MISSION**	Provide a platform for enabling digital transformation

RISG GORFFORAETHOL (cyf, os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	N/A
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	

DEDDF LLESIANT CENEDLAETHAU'R DYFODOL **WELL-BEING OF FUTURE GENERATIONS ACT**	A Globally Responsible Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

SAFONAU ANSAWDD IGDC **DHCW QUALITY STANDARDS**	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

GALLUOGWR Y DDYLETSWYDD ANSAWDD **DUTY OF QUALITY ENABLER**	Information
PARTH ANSAWDD **DOMAIN OF QUALITY**	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB **EQUALITY IMPACT ASSESSMENT STATEMENT**	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	Yes, please see detail below
	Ensuring clear Terms of Reference as to the management function and its operation in Digital Health and Care Wales ensures an appropriate level of scrutiny and assurance is provided to the board with regard to the delivery performance and a corporate view is being taken on a regular basis for such topics.
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
Laura Tolley, Head of Corporate Governance	January 2026	Reviewed
Chris Darling, Director of Governance and Corporate Affairs	January 2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 In accordance with best practice and good governance, the Programmes Delivery Committee produces an Annual Report to the SHA Board which sets out how the Committee has met its Terms of Reference during the financial year.

3.2. Following an independent review into Programme Governance Arrangements that was commissioned by DHCW, supported by Welsh Government, a new Committee of the Board was established during 2023-24, the Programmes Delivery Committee.

3.3 The purpose of the Programme Delivery Committee is to advise the SHA Board and the Chief Executive (who is the Accountable Officer) that effective arrangements are in place around delivery of DHCW major programmes, advise on the development and implementation of the SHA's major programmes and key delivery plans, and assure how its major programmes may be strengthened and developed further.

3.4 The Committee seeks assurance on behalf of the SHA Board to scrutinise and provide assurance to the Board on how programmes are delivered, in particular that they have regular and proper governance, have robust control processes and reporting, and are demonstrating good planning, management and delivery.

3.5 The Committee seeks assurance on behalf of the SHA Board in relation to the delivery of programmes as a portfolio, prioritised allocation of resources, programmes impact on wider DHCW delivery, benefits readiness and transition of programmes activity to live services which are sustainable in the longer term.

3.6 This report outlines Programme Delivery Committee attendance and key items discussed in public and private during the 2025 – 2026 financial year.

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

4.1 The Committee was appointed by the SHA Board from amongst the non-officer members of the SHA and consists of no less than 4 members, comprising:

Chair: DHCW Chair

Members: Independent Member x 4

Other usual expected attendees

- Executive Director of Strategy
- Director of Primary, Community & Mental Health Digital Services
- Director of Corporate Affairs | Board Secretary
- Major Programme Directors

At least **two** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair. In the interests of effective governance, it is expected that at least one Director listed above will also be in attendance.

4.2 The Committee met Seven times during the period 1 April 2025 and 31 March 2026. This is in line with its Terms of Reference. The Programme Delivery Committee achieved attendance rate of 88% for this period.

	01.05.25	07.08.25	06.11.25	05.02.26	Attendance
David Selway (Chair)	✓	✓	✓	TBC	TBC
Ruth Glizzard (Vice Chair)	✓	✓	✓	TBC	TBC
Marian Wyn Jones	✓	✓	✓	TBC	TBC
Rowan Gardner	✓	✓	✓	TBC	TBC
Total	100%	75%	75%	TBC	TBC

Extraordinary Meetings

	10.07.25	09.09.25	19.03.26		Attendance
David Selway (Chair)	✓	✓	TBC		TBC
Ruth Glizzard (Vice Chair)	✓	✓	TBC		TBC
Marian Wyn Jones	✓	✓	TBC		TBC
Rowan Gardner	✓	✓	TBC		TBC
Total	88%	88%	TBC		TBC

4.3 During the financial year 2025/26 the Programme Delivery Committee reviewed the following key items at its public meetings:

Standing items presented at each Committee throughout the year are as follows:

Forward Work Programme (informed by the Annual Cycle of Business) The workplan as identified by members of the Committee in developmental meetings with Director of Corporate Affairs | Board Secretary and Executive Director of Strategy around the Annual Cycle of Business is noted at each meeting with the opportunity for further input.

Corporate Risk Register – At all meetings during the period, the Committee received and reviewed Corporate Risks assigned to the Committee for scrutiny and oversight. In addition, the Committee reviewed the 12-month Corporate Risk Trending Analysis for risks assigned to the Committee.

Assurance Report – The Committee received detailed Annual Assurance reports on the following programmes during the 2025-26 period:

Quarter 1:

- Laboratory Information Management System (LIMS)

- Radiology Informatics System Procurement (RISP)

Quarter 2:

- Digital Medicines Programme
- Cancer Informatics Programme
- Digital Maternity Cymru

Quarter 3:

- Welsh Community Care Information System & Connecting Care
- Digital Services for Patients and Public
- National Data Resource

Quarter 4:

- Welsh Patient Administration (WPAS)
- GP Systems Framework
- Cloud Migration Programme

4.4 **Major Programmes Report** –The Major Programmes Report provides an overall RAG status dashboard for major programmes and projects in scope of the Committee, together with individual assurance highlights report for each programme and also associated risks and subsequent escalations.

In addition, during 2025-26 the following items were presented to the Committee for oversight and assurance:

- Major Programme Scoring
- Escalation Status-Improvement Plan Update
- Deep Dive (DHCW0345 Funding for Operational Delivery of Care Director in FY25/26)
- Programme Typology
- Strategic Diagnostics Review
- Digital Services for Patients and the Public Programme Governance Changes

During the financial year 2025/26 the Programmes Delivery Committee discussed the following items at its **private** meetings:

- Major Programmes Update, specifically:
  - Digital Eyecare Closure Report
  - Escalation Improvement Plan Feedback - Verbal update
  - Integration Hub
  - Digital EyeCare Programme Update
  - Laboratory Information Management System
  - Radiology Information System Procurement (RISP)
  - Welsh Intensive Care Informatics System (WICIS)
  - Microsoft 365 Enterprise Agreement
- Private Corporate Risk Register-all risks assigned to the Committee and deemed

private were reviewed in detail for assurance at each meeting.

4.5 **Committee Membership, Terms of Reference, and Effectiveness Self-Assessment**

As an annual exercise the Committee Membership and Terms of Reference are reviewed, and Committee members undertake a Committee Effectiveness Self-Assessment with results presented to the Committee, and subsequently SHA Board, at the end of each financial year.

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

5.1 The Programme Delivery Committee is of the opinion that the draft Programme Delivery Committee Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no matters the Committee is aware of at this time that have not been disclosed appropriately.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
ENDORSE the Annual Report of the Programme Delivery Committee 2025/26 for **APPROVAL** to the SHA Board.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
PROGRAMME DELIVERY COMMITTEE EFFECTIVENESS SELF ASSESSMENT REPORT

Eitem ar yr Agenda: **Agenda Item:**	2.4

Enw'r Cyfarfod: **Name of Meeting:**	Programmes Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	05 February 2026

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

Noddwr Gweithredol: **Executive Sponsor:**	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: **Prepared By:**	Laura Tolley, Head of Corporate Governance | Deputy Board Secretary
Cyflwynwyd gan: **Presented By:**	Chris Darling, Director of Corporate Affairs / Board Secretary

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	All missions apply

RISG GORFFORAETHOL (cyf, os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	ALL
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	N/A

DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER	N/A
PARTH ANSAWDD DOMAIN OF QUALITY	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
Chris Darling, Director of Corporate Affairs | Board Secretary	January 2026	Approved

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

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The Chair of the Programme Delivery Committee is required to present an annual report outlining the business of the Committee throughout the financial year to the DHCW SHA Board. The report is designed to provide assurance on the monitoring and scrutiny on

behalf of the DHCW Board in relation to their remit. As part of this process the Committee are required to undertake an annual effectiveness self-assessment questionnaire.

3.2 Members of the Committee are asked to discuss and review the Committee effectiveness self-assessment questionnaire relating to the activities and performance of the Committee on behalf of the Board during 2025/26.

3.3 Members should note Eight responses were received. The report does not include comments in order to ensure anonymity.

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

4.1 Summary report

The report is split into three areas:

- Positive assurance
- Areas requiring further assurance
- Areas requiring further action

Positive Assurance	Area: Composition, Establishment and Duties
	Members were aware that: • There were approved **Terms of Reference** reviewed annually to take into account governance developments and the remit of other Committees within the organisation. • The Committee will prepare an **annual report** on its work and performance for 2025/26 to the SHA Board. However, one member felt that Annual report should be considered/ approved at early February meeting. • The Committee have established an **annual cycle of business** to be dealt with across the year. However, one member felt it was reviewed regularly. Members felt: • The Committee had been **provided with sufficient authority** and resources to perform its role effectively. However, one member felt that this appears to be the case though as a relatively new Committee with DHCW's Major Programmes at Level 3 Escalation, it is difficult to be 100% certain. • The Committee **meetings are held sufficiently with additional meetings convened as** required to address relevant topics, ensuring effective and efficient collaboration among members. However, one member noted that additional meetings have been held as business demands and time allows. • The atmosphere is considered conducive to open and productive debate and behaviour is courteous and professional.

	• There was appropriate **use of private sessions of the Committee when attended** to discuss items that should not be discussed in the public domain. Members noted that that they cannot think of an agenda item held in private which could legitimately have been held in public session. • The Committee has **undertaken deep dives** into significant risks to review and challenge management actions to manage and mitigate risk. In addition, one member felt that good deep dives have taken place into key risks and another member also felt that deep dives were held routinely.

Area: Committee Leadership and Support	
Findings: • The **meetings are effectively chaired with clarity of purpose and outcome**. In addition, one member felt that the Committee had an effective and knowledgeable Chair setting appropriated tone and culture. • The **Chair provided clear and concise information to the Board on the activities of the Committee** and any gaps in assurance and/or control. • Members felt the Committee is **adequately supported by the Executive Directors** in terms of attendance, good quality reports and length of papers and response to challenges/questions. • Members felt the Committee operates in line with **DHCW Values (*Collaboration, Innovation, Inclusive, Excellence, Compassion)*** • Members felt there was **adequate secretariat support,** with one member commenting that effective secretariat supports Committee effectiveness and efficiency • Members felt their **training was adequate**, and no further training was required to fulfil their roles • General comments from members indicate the Committee is functioning effectively and smoothly. • The Committee has successfully increased frequency of meeting to incorporate DHCW escalation improvement plan oversight and ongoing review of the list of major programmes is required.	
Areas Requiring Further Action / Assurance	There were no findings requiring further action or assurance
Appendices	Programmes Delivery Committee Effective Self-Assessment Survey Summary of results as at Appendix 2.4i

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

5.1 The outcome of the Programmes Delivery Committee Effectiveness Survey will input to the Committee Annual Report to the SHA Board to include addressing areas where further improvements can be made to the operating of the Committee.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE the contents of the report and the survey findings.	

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
PROGRAMMES DELIVERY COMMITTEE
CYCLE OF BUSINESS
2025-26

Eitem ar yr Agenda: Agenda Item:	2.5

Enw'r Cyfarfod: Name of Meeting:	Programmes Delivery Committee
Dyddiad y Cyfarfod: Date of Meeting:	05 February 2026

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

Noddwr Gweithredol: Executive Sponsor:	Chris Darling, Director of Corporate Affairs / Board Secretary
Paratowyd gan: Prepared By:	Laura Tolley, Head of Corporate Governance
Cyflwynwyd gan: Presented By:	Chris Darling, Director of Corporate Affairs | Board Secretary

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL **STRATEGIC MISSION**	All missions apply

RISG GORFFORAETHOL (cyf, os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	All
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	

DEDDF LLESIANT CENEDLAETHAU'R DYFODOL **WELL-BEING OF FUTURE GENERATIONS ACT**	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

SAFONAU ANSAWDD IGDC **DHCW QUALITY STANDARDS**	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

GALLUOGWR Y DDYLETSWYDD ANSAWDD **DUTY OF QUALITY ENABLER**	N/A
PARTH ANSAWDD **DOMAIN OF QUALITY**	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB **EQUALITY IMPACT ASSESSMENT STATEMENT**	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
Chris Darling, Director of Corporate Affairs | Board Secretary	January 2026	Reviewed

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

3 SEFYLLFA & CEFNDIR / 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 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 The Cycle of Business is presented as item 2.5i Appendix 1.

4.2 The Cycle of Business covers the period 1 April 2026 to 31 March 2027 and has been developed to help plan the management of Committee matters and facilitate the management of agendas and Committee business.

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

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

6 ARGYMHELLIAD / RECOMMENDATION

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

Programme Management

Final Internal Audit Report

2025/26

Digital Health and Care Wales

Reasonable Assurance

Contents

Review Reference	DHC-2526-06
Fieldwork	October-November 2025
Executive Sign Off	January 2026
Audit Committee	January 2026
Executive Lead	Ifan Evans, Director of Digital Strategy
Audit Team	Stephen Chaney, Head of Internal Audit
	Eifion Jones, Deputy Head of Internal Audit
	Krisztina Kozlovszky, Internal Audit Manager

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28/01/2026 14:56:03

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

Executive Summary

Purpose

To provide assurance over the timely rollout of a sample of digital programmes / projects across Wales and steps taking place to overcome obstacles, challenges and manage the delivery of benefits.

Overview

Following an assessment against the NHS Wales Oversight and Escalation Framework[1] in February 2025, DHCW was placed at Escalation level 3 for performance and outcomes relating to major programmes / projects. Level 3 (enhanced monitoring) is applied when the Welsh Government identifies 'serious concerns related to the NHS organisation'.

As part of this audit, we conducted a targeted review of selected programmes / projects, focusing on two Welsh Government (WG) initiatives: the Welsh Emergency Care Data Set (WECDS) project and the Secondary Care Electronic Prescribing and Medicines Administration (ePMA) Programme – see 'At a Glance' section for further details on both. The review also examined the evidence of its stakeholder engagement.

We have concluded reasonable assurance on this area, recognising positive aspects such as the launch of the Digital Portfolio Management Office and the Benefits Realisation Network Group. The matters requiring management attention were:

- Gaps in project planning documentation;
- Uncertainty regarding the future funding of initiatives;
- Delays caused by differing health board priorities, continue to adversely affect timescales and overall project delivery;
- Absence of a clearly defined effective date for the renewed Framework; and
- Benefits identification gaps within the Project Initiation Documents (PID) tested.

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

- Incomplete filing of project and programme documentation within the Digital Portfolio Management Office (DPMO).

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

	Objectives	Related Findings	Assurance
1	Digital programmes / projects are delivered in accordance with agreed timelines, milestones and deliver schedules	1	**Reasonable**
2	Effective arrangements are in place to identify, escalate and resolve key delivery challenges (including technical, financial, staffing, supplier-related issues)	2	**Reasonable**
3	Delivery of programmes / projects are supported by appropriate governance, oversight and reporting mechanisms	3	**Reasonable**

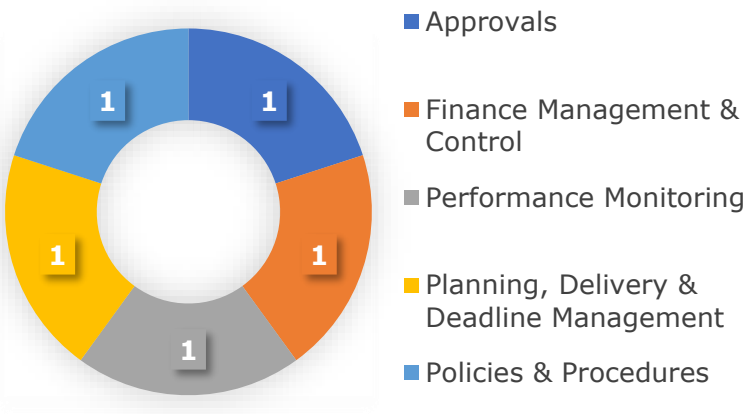
[1] The NHS oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each Health Board will be assessed.

4	Benefits for digital programmes / projects are clearly defined (SMART), and appropriate arrangements are in place to monitor, measure, and report on their achievement	4,5	**Reasonable**

Management Actions

-	5
High Priority	Medium Priority

Themes



Risk Types

Financial Loss

Legal & Regulatory Non-Compliance

At a Glance

The following two initiatives (including a programme and a project) were selected for our sample:

	Welsh Emergency Care Dataset (WECDS)	**Electronic Prescribing and Medicines Administration – Secondary care (ePMA)**
Initiative type	Project	Programme
Purpose	Develop a comprehensive Urgent and Emergency Care (UEC) dataset for Wales and support the implementation of dataset, mapped to SNOMED CT[2] as the national clinical terminology standard within Emergency Departments, Minor Injury Units and Same Day Emergency Care settings across Wales.	Enable implementation of the ePrescribing[3] and medicines administration programme solutions across hospitals in Wales.
Project timescale	Over two years: 2024-25 and 2025-26	Over two years: 2024-25 and 2025-26
Programme family	Six Goals for Urgent and Emergency Care (UEC) Programme	Originally Digital Medicines Transformation Portfolio (DMTP) – amended to an alliance of independent programmes collectively referred to as DMP (Digital Medicines Programmes)
Structure	The project is divided into three work packages, which are planned to be delivered in parallel. • Data set and data standards development; • National Dataflows, Data repositories, Analysis and Reporting; • ED-module System Development.	The Digital Medicines Programmes include: • National Electronic Prescription Service (EPS) in primary care, led by DHCW; • Several Local Electronic Prescribing and Medicines Administration (ePMA) implementation programmes, led by local health boards; and the subject of this review: • National Secondary Care ePMA Programme to support the local ePMA implementation programmes and to deliver national Shared Medicines Record, led by DHCW

[2] Systematized Nomenclature of Medicine (SNOMED CT), clinical terms, is a comprehensive, multilingual clinical healthcare terminology that provides standardised codes and definitions for medical concepts such as diseases, procedures, findings and body structures. It enables consistent recording, sharing, and analysis of clinical information across healthcare systems and electronic health records. The Welsh Health Circular 053 (2015) – Introduction of SNOMED CT as an Information Standard in NHS Wales

[3] ePrescribing refers to the digitalisation of the whole process of the need for prescriptions by patients, the prescribing of medication by clinicians, the assurance and dispensing of prescriptions by dispensers (community pharmacists, dispensing doctors and appliance contractors) and the auditing and pricing by monitoring authorities.

Allocated budget	Total budget allocation is £953k, comprising £436k for the 2024-25 financial year and £517K for 2025-26 financial year.	For the 2024-25 financial year, the National EPS and National ePMA Programme budget allocated to DHCW was £4.11m, which was not broken down into individual projects. Of this amount £760K was returned to WG. A specific budget of £1.2 million has been allocated for the National ePMA Programme for the 2025-26 financial year. The total budget allocation directly to health boards for Local ePMA implementation programmes for 2025-26 is around £20 million.
Funding model	Direct funding to DHCW with unfunded engagements from the HBs, although the 6 Goals for UEC pays Health Boards circa £1m per annum to manage 6 Goals related projects.	DPIF funding to DHCW for the National ePMA Programme. Separate DPIF funding to health boards for Local ePMA Programmes.

Findings & Agreed Action Plan

Objective 1: Digital programmes / projects are delivered in accordance with agreed timelines, milestones and deliver schedules **Reasonable**

Both initiatives sampled had formal Project Initiation Documents (PIDs) in place, outlining the project objectives and desired outcomes. According to the PID, the ePMA programme will follow the principles of Managing Successful Programmes (MSP). At the project-level, delivery approaches will be tailored to each project, and may include PRINCE2, Agile, or a blended waterfall–Agile methodology. For the WECDS project specifically, compliance with PRINCE2 is expected to be followed. Our review of the PIDs identified certain documentation gaps.

While both PIDs include indicative timelines, formal, trackable milestones suitable for Portfolio Management Office (PMO) oversight was only recorded for the ePMA project. Discussions with project leads indicate that neither project is expected to meet the originally planned delivery timescales.

- WECDS project: Same-day emergency care services have been deprioritised and remain unstable, requiring further analysis for safe implementation. Several changes were introduced through change requests, some retrospectively. Training materials (face-to-face and online) were currently being developed by the Business Change Officer and were expected to be available within current timelines.
- ePMA: Delays occurred in the national support programme due to extended time taken by health boards to sign contracts with their preferred framework suppliers, which exceeded initial expectations. However, the Minister has set a broad delivery timeframe of three to five years. Within this context, the programme remains on track.

Additionally, the Digital Portfolio Management Office (DPMO) document repository was used to store project related documentation for audit purposes. The Programme Document Library was formally launched to store approved project documents in September 2025. For the WECDS project, 32 documents were filed, including one misfiled document from the 2022 WEDS project. Two workstreams lacked work packages, and 94% of the documents were uploaded on 28 October 2025. For the ePMA project, 63 project documents were filed. 49.21% of the documents were uploaded in October 2025.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Documentation** The WECDS PID was last approved in October 2024 and has not since been updated to reflect significant changes, including revisions to the MVP and adjusted timescales. Although PIDs should be reviewed periodically there is no formal PMO guidance in place. Additionally, the content under PRINCE2-aligned headings is incomplete, with key gaps including: • Roles and team members not been fully defined; • Costs, risks are not clearly documented; • Agreed milestones with the health boards not set; • Limited evidence of planned sign offs for project stages; • Out of date policy references; • Interdependencies not considered.	• Unclear roles and responsibilities • Insufficient data for decision making • Missed opportunities to capture significant changes	**Agreed Action:** The PMO will enhance the initiation guidance to include the need to review and update PIDs at dedicated intervals following the PID initial baseline. The WECDS PID will be updated and taken to Project Board for approval, with more rigour around planned sign offs for project stages. Promote use of MMP to record interdependencies and documented in the PID. **Expected Evidence of Implementation:** Updated PMO guidance documents (Playbook) Updated and approved WECDS PID

	We recognise that the ePMA PID was recently updated; however, it would benefit from a further review in light of the points outlined above.	**Medium Priority**	**Officer: Director of Programmes and Engagement**
	Theme: Planning, Delivery & Deadline Management	Control Operation	**Target Implementation Date**: 31st March 2026

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Objective 2: Effective arrangements are in place to identify, escalate and resolve key delivery challenges (including technical, financial, staffing, supplier-related issues)	**Reasonable**

Both programmes / projects operate within a well-defined formal governance structure, supported by established internal and external Programme and Project Boards that meet regularly. Representatives from the health boards are invited to participate in the Programme Board meetings. The Project Manager and team is responsible to identify and escalate any issues to the Project Board, and, where appropriate, to the relevant Programme Board. Each reviewed initiative has its own Project and Programme Board where risks, issues and challenges are assessed as part of standard project management practices.

The Portfolio Management Office uses various tracking tools, including highlight reports and change control log to monitor budgets, timelines, goals, financial details. We reviewed the monthly highlight reports for the period from July to September 2025 and note that overall status of the WECDS project improved from amber-red (AR) to amber-green (AG) rating, while the ePMA project remained consistent at an AG rating. The internal rating reflects confidence in securing funding to continue the work; however, there are currently no formal guarantees of future funding, which represents a risk going forward. In addition, no requests for formal project extensions or additional funding were recorded within the reports.

Risks for both initiatives are maintained within Datix, meaning they fall under the organisation's internal risk management process which was audited separately this year and received a reasonable assurance rating.

A RAID log[4] is in place for both programmes / projects. For the WECDS project, this is currently maintained in Excel, including a risk log that differs from the Datix risk record. For the ePMA project, the RAID log is managed through the 'Manage My Project' (MMP) application. In the RAID log, both project maintains records of issues: the ePMA project has reported 10 issues (including four closed) and the WECDS project has reported a total of five issues (including two closed). In terms of lessons learned, none have been recorded for the WECDS, while 41 lessons learned have been documented for the ePMA project since 18 July 2022. As we understand it, several projects and programmes are still in the process of transitioning fully to MMP.

Key Findings		Risk & Impact	Agreed Management Action
2	**Funding** Both initiatives are currently experiencing delays due to limited engagement from some health boards as noted under Objective 1. It is anticipated that a one-year extension will be required for each programme / project to achieve completion. Funding for the extension of WECDS has not yet been secured with the Welsh Government (previously, direct funding to DHCW with health boards contributing on an unfunded basis.). Existing resources, including a business analyst and developers at DHCW, can continue to support the project, subject to availability of funding. Regarding ePMA, we were advised that	• Funding uncertainty • Stakeholder dissatisfaction • Incomplete project, unmet strategic objectives	**Agreed Action:** Continue to work with Welsh Government to seek clarity on longer term funding roadmaps to better manage and mitigate risk due to funding uncertainty. **Expected Evidence of Implementation:** IQPD notes and discussions DHCW Remit letter from Welsh Government

[4] RAID log is a project management tool used to record and track Risks, Assumptions, Issues and Dependencies throughout the lifecycle of the project.

	DPIF funding is expected to continue next year, however, no specific allocation for ePMA has been confirmed. DPIF budget allocations are agreed annually, typically at the end of Q4. Management should consider the proposed risk management arrangements in the event that no or only partial funding for project extensions is secured, and the impact on project completion and the achievement of planned objectives.		
		Medium Priority	**Officer:** Executive Director of Strategy
	Theme: Finance Management & Control	Control Operation	**Target Implementation Date:** 31st March 2026

Objective 3: Delivery of programmes / projects are supported by appropriate governance, oversight and reporting mechanisms	**Reasonable**

Our review of meeting minutes confirms that the Project and Programme Boards receive regular updates on delivery achievements, upcoming milestones, and any issues encountered. Performance updates on key project elements are also provided through monthly highlight reports for internal use, with a quarterly report in similar, but condensed format for public distribution. Each programme and project are individually assessed utilising a scoring matrix. A review of the minutes from two Programmes Delivery Committee (PDC) meetings indicates that reporting on the two initiatives was provided; however, discussions primarily focused on issues related to other initiatives. The reports to PDC do not explicitly identify a need for project timeline extensions, additional resources, or increased funding for the sampled programme / project.

RAID logs are in place for both initiatives to monitor and manage key project components. These logs capture the standard elements, including risks, assumptions, issues and dependencies. As previously noted in our Risk Management audit, there is no formal policy / procedure in place within DHCW for defining risk versus issues, although both terms are widely used across the organisation and also reported to the health boards. For the WECDS project, the RAID log is currently maintained in Excel, while for the ePMA project it is managed through the 'Manage My Project' (MMP) application alongside other large programmes / projects.

In accordance with the updated process introduced this year, all project, programme and organisational risks must be recorded and managed within a single system: Datix. For the ePMA project, there is an automated system feed between the MMP app and Datix, which updates the application daily. In contrast, for WECDS, risk data is manually entered into the Excel-based RAID log. We confirm that risks have been recorded for both of the initiatives in Datix, and none of these risks are classified as a key risk for inclusion on the Corporate Risk Register. However, we also note that the risks recorded in the RAID log and in Datix for the WECDS project differ.

Furthermore, a "Portfolio Playbook" supports project and programme managers in planning and delivery, and the milestones and targets are tracked via a Sharepoint list.

Key Findings		Risk & Impact	Agreed Management Action
3	**Engagement** Both initiatives are currently experiencing delays due to delayed engagement / implementation by some health boards. The delays arose because priorities within the health boards often differ from planned timelines, and DHCW has no authority over programme implementation. While health boards recognise the importance of holding to planned timelines, local implementations are constrained by competing priorities. These can impact local and national aspects. Directors of Digital (or a person with equivalent responsibilities) within health boards are not currently required to formally commit to planned timelines and the local resource required to meet timelines. It may be prudent to provide multiple delivery profile scenarios based on experiences from prior programmes / projects.	• Stakeholder dissatisfaction • Project delays	**Agreed Action:** Review PMO Playbook to ensure risk descriptions included in PIDs and reports as well as Datix. Review PMO playbook to ensure commitment mechanisms are more strongly embedded in programme design, assurance, and governance arrangements. **Expected Evidence of Implementation:** Updated PMO Playbook. Checklist confirming all programmes have risk descriptions in Programme documents as well as Datix.

		Medium Priority	**Officer:** Director of Programmes and Engagement
	Theme: Approvals	Control Design	**Target Implementation Date**: 30th June 2026

Objective 4: Benefits for digital programmes / projects are clearly defined (SMART), and appropriate arrangements are in place to monitor, measure, and report on their achievement.	**Reasonable**

DHCW has been tasked[5] by the Welsh Government (WG) to lead the development of an all-Wales approach to digital programmes / projects benefits reporting. In line with this DHCW established the National Benefits Realisation Network Group (the 'Group') and, in collaboration with Cardiff and Vale University Health Board, developed an All-Wales reporting tool using Microsoft Dataverse to capture and report benefits.

The Group, formed in 2022, includes representatives from all health boards and aims to standardise benefits management across Wales, promote best practice, and maximise benefits realisation, particularly in digital investment and transformation. The terms of reference for the Group are currently in draft. While formal meeting minutes are not recorded, agreed actions are captured in the action log.

A new Digital Benefits Realisation Management (BRM) Framework and Process Guide (DHCW-USG-9) was launched in August 2025. This guide defines national benefits, in line with WG guidance, categorises them into six types, and provides a structured framework to support consistency in benefits realisation. Although it references certain 'all-Wales' elements, it does not constitute a formal all-Wales guide. The benefit categories have been agreed by the Group, however, the Group has not yet agreed the process guide, and elements such as the formal reporting referenced in the document have not yet been implemented.

The guide was approved by the Management Board in July 2024, and subsequently by the Head of Financial Services and Reporting on 20 August 2025, after which it was rolled out on iPassport.

For our sample, we identified the following benefit references within the relevant PIDs.

Categories	**WECDS**	**ePMA**
Benefits references	Section 3.2. outlines the approach to benefits and make a reference to a benefits realisation document. It also provides a list of five key high-level benefits. In addition, Section 4 sets out the relevant health board accountabilities related to benefits.	Section 9 states that the delivery of benefits will be supported by a Benefits Realisation Plan. The document outlines eight national programme benefits and provides brief details on the data that will be collected.
Programme controls	Benefits and quality documents are identified as key.	Benefits and quality documents are identified as key.
Milestones	A total of five milestones has been identified; however, some of their target dates have not yet been formally agreed with health boards. We also note that none of the identified milestones related to benefits.	A total of 33 milestones has been identified, including one benefits related (#5190 - initial benefits realisation review, which is scheduled for completion by 31st March 2026).

Furthermore, detailed benefits plans have not yet been established for WECDS, whereas plans were available for ePMA. Although, Cardiff and Vale University Health Board has already gone live with its ePMA, the delivered benefits have not been measured or reported by them. In fact, neither of the selected initiatives have any benefits measured or reported to date. Additionally, we identified gaps within the Project Initiation Documents (PID) for the sample programme/ projects. However, we reviewed the Financial Dashboard (which also tracks non-financial benefits) and supporting spreadsheets, to assess the level of benefits monitoring elsewhere within the organisation and found this to be comprehensive.

[5] The task was delegated by the Welsh Government Value Based Healthcare & Environmental Sustainability Workstream. The group is led by the Director of Finance for DHCW. Baseline Plan for the workstream has been established.

Key Findings		Risk & Impact	Agreed Management Action
4	**Benefits Identification** At the outset of programmes / projects, Welsh Government has outlined the need to document benefits, risks, constraints and dependencies. Although the WECDS PID identifies high-level benefits, there have been challenges in developing detailed benefit plans, SMART benefits and baseline measures. None of the PIDs reviewed identified any disbenefits[6], but for ePMA, we were advised that high-level consideration occurred at the programme level within DMTP. No supplementary documentation was provided for WECDS. It is also important that interdependencies are clearly identified. For example, the National ePMA Programme has aligned with the new BRM Framework and has identified national-level benefits, but it does not reference or have assurance of the local benefits identified by health boards / trusts within their respective bids. As outlined at finding 3, there is also opportunity to reflect on potential constraints and limitations based on prior experiences with other programmes/ projects. **Ongoing Monitoring** Benefits oversight varies across DHCW initiatives, with some maintained via separate benefits registers. Consistent milestones and monitoring should be embedded across all projects / programmes.	• Lack of accountability • Inability to measure success • Difficulty demonstrating value for money	**Agreed Action:** Review PMO Playbook to update guidance on benefits management throughout the programme lifecycle, with consideration of how to address dependencies and benefits which are realised by other organisations outside the programme accountability. **Expected Evidence of Implementation:** Updated PMO Playbook
		Medium Priority	**Officer:** Director of Programmes and Engagement **Target Implementation Date:** 30th June 2026
	Theme: Performance Monitoring	Control Design	

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[6] A disbenefit is a measurable, negative consequence that will result directly from a project. In PRINCE2, disbenefits are identified, assessed, and managed alongside with benefits to support informed decision-making. They are not risks or issues, but known and unavoidable downsides of delivering the project's output.

5	**Effective date** The current benefits policy / framework template does not require the specification of an effective date upon adoption. This may lead to confusion regarding whether the policy should be applied retrospectively, prospectively, or whether an interim period is permitted to support implementation. Additionally, the implementation date is not recorded within iPassport. Furthermore, we identified an earlier version of the BRM document (approved in September 2022) stored on Sharepoint that had not been logged in the Integrated Management System (IMS). Consequently, it was neither formally migrated to iPassport nor linked to the newly launched framework.	• Inconsistent application • Confusion during transition • Retrospective misapplication	**Agreed Action:** Review Benefits Management Framework to confirm an effective date and organisational scope. **Expected Evidence of Implementation:** Updated Benefits Management Framework recorded on DHCW iPassport.
		Medium Priority	**Officer:** Deputy Director of Finance and Business Assurance
	Theme: Policies & Procedures	Control Design	**Target Implementation Date:** 31st March 2026

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

Disclaimer

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

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

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

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

Public Sector Internal Audit Standards

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

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Digital Health and Care Wales

Programmes Delivery Committee

5th February 2026

Annual Assurance Reports

- Welsh PAS Administration (WPAS)
- GP Systems Framework
- Cloud Migration Programme

Programmes Delivery Committee: Programme Closure Report

Bridgend Transition Programme

January 2026

What was the Bridgend Transition Programme?

The Programme was established to support the transition of the Bridgend region from what was the Abertawe Bro Morgannwg Health Board (ABMU) into Cwm Taf Morgannwg (CTM).

To support this, changes to IT systems were required, with data needing to be migrated from Swansea Bay's WelshPAS System into Cwm Taf's. In addition, impacts for other national systems needed to be understood to minimise disruption associated with the boundary change.

The original Programme was due to be completed in 2020, but COVID-19 pandemic priorities, then other Welsh Government priorities, such as the merging of Betsi Cadwaladr Health Board system, meant that the Programme was postponed. In 2023, Welsh Government confirmed that the WelshPAS disaggregation needed to be completed in May 2025.

Reasons for closing the Programme

- Successful delivery of the WelshPAS disaggregation over the Go-Live Weekend (16/05/2025 – 19/05/2025)
- Completion of agreed “Warranty Period” on 30/05/2025
- Successful closure of all open issues associated with the Go-Live prior to reduced support ending on 30/09/2025
- Final Programme Board held on 08/12/2025 to agree to close the Programme.

Programme Performance – Against Aim & Objectives

Aim	Status
Enabling the migration of Bridgend patient data in PAS from SB's WelshPAS instance into CTM's WelshPAS instance.	**Complete**

Objective	Status
Define the scope of the data to be migrated	**Complete**
Establish a process for ensuring the correct data is extracted and migrated	**Complete**
Migrate relevant Bridgend patient data from SB WelshPAS instance to CTM WelshPAS as per the agreed scope, ensuring data / patient care is not compromised for either Health Board during or after transition.	**Complete**
Identify any systems within DHCW and the Health Boards dependent on WelshPAS and assess and manage the impact of this work. Support delivery through planning and performing testing in readiness for Data Migration.	**Complete**

Programme Performance – Against Costs

- The Programme achieved a break even position over its three year funding cycle. An overview of the costs is included in the table below.

Organisation	Revenue Funding			
	FY 2023/24	FY 2024/25	FY 2025/26	Total
Cwm Taf Morgannwg University Health Board	£604,000	£643,074	£630,574	**£1,877,648**
Swansea Bay University Health Board	£0	£0	£98,735	**£98,735**
Digital Health and Care Wales	£0	£1,012,610	£353,943	**£1,366,553**
TOTAL	**£604,000**	**£1,655,684**	**£1,083,252**	**£3,342,936**

Programme Performance – Against Deliverables

- All deliverables were completed, however, some were either delayed or only partially completed prior to go live. This was to primarily due to delays in establishing the appropriate test environment, which delayed testing commencing and truncated timescales.

Deliverable	Planned Completion	Actual Completion
WelshPAS Data Migration Events 1 – 7	22 November 2024	22 November 2024
WelshPAS Data Migration Event 8 and Final Checks	21 March 2025	16 May 2025
WelshPAS Regression Testing and UAT	18 April 2025	16 May 2025
WelshPAS Integration Testing	21 March 2025	16 May 2025
National Systems Integration Testing	18 April 2025	16 May 2025
WelshPAS Workflow Processes	22 November 2024	16 May 2025
Go-Live	19 May 2025	19 May 2025
Go-Live Warranty Period	30 May 2025	30 May 2025
Post Go-Live Support	30 September 2025	30 September 2025

Lessons Learned

- An extensive Lessons Learned process was undertaken as part of Programme Closure with stakeholders from all organisations participating. The tables below provide a summary of the key lessons and recommendations.

What Went Well
Governance & Leadership
When programme leadership was in place, it brought clarity, structure, and momentum that helped navigate complexity and align delivery efforts.
Scope & Planning
The programme successfully identified key risks and dependencies, and delivery teams showed adaptability under pressure, maintaining progress despite resource and planning challenges.
Risks & Reporting
Within the programme governance structure that had been established, and existing organisational arrangements, the projects submitted regular and informative reports, highlighting the RAG status and areas of concern.
Testing & Quality Assurance
The testing teams demonstrated resilience and adaptability, managing complex scenarios under pressure and maintaining strong collaboration with delivery teams, which helped sustain momentum during critical phases.
Stakeholder Engagement & Collaboration
The programme was strengthened by strong cross-organisational collaboration, open communication which fostered trust, shared ownership, and a positive foundation for future joint working.
Delivery Execution & Team Wellbeing
Key teams demonstrated exceptional resilience and adaptability, delivering a successful Go-Live under pressure through a strong coordinated execution.

What We Need to Do Differently
Governance & Leadership
At project initiation, establish a robust programme governance structure with Senior Leadership oversight to reflect complexity and scale. Early scoping to identify key roles and dependencies which must be planned and resourced from the outset. Avoid assumptions based on past projects and ensure tailored assessments guide delivery confidently and cohesively.
Scope & Planning
Clarify scope boundaries, strengthen resource planning, and engage stakeholders earlier, while identifying interdependencies upfront to prevent delays, inefficiencies, and delivery strain across impacted teams.
Risks & Reporting
Ensure programme reporting reflects the true delivery health by aligning RAG status with critical risks and enabling open confidence sharing from delivery teams.
Testing & Quality Assurance
Future programmes must appoint a dedicated Testing Lead early, ensure timely access to test environments, and allow sufficient time for comprehensive testing. Decisions to proceed must be based on validated readiness, not urgency, to safeguard quality and patient safety.
Stakeholder Engagement & Collaboration
To improve future delivery, stakeholder engagement should be treated as a continuous, structured activity with clearly defined roles, early involvement of all impacted parties, and proactive communication strategies to ensure alignment, ownership, and readiness across organisations.
Delivery Execution & Team Wellbeing
DHCW to embed flexible resourcing, supportive recovery mechanisms, and early wellbeing safeguards to reduce delivery strain and uphold a culture of trust throughout demanding delivery cycles.

Closure Activities

- All outstanding support items relating to closure were complete on 26 September 2025
- Final Programme Board delayed, held on 8 December 2025
- All Issues relating to the Programme closed
- All remaining/residual risks transferred to business as usual risk owners
- Final Programme Closure and Lessons Learned Report approved and submitted to January POMB following final Programme Board

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Digital Health and Care Wales

GP Systems Framework

Annual Assurance Report

January 2026

GMS Systems Framework

The GMS Systems Framework is a Framework Agreement for provision of GP systems and services; InPractice Systems (INPS) and EMIS Health (subsequently known as Optum) were awarded onto the Framework in 2021.

The Agreement is managed by Digital Health Care and Wales (DHCW) on behalf of Welsh Health Boards and is funded by the Welsh Government.

369 GP practices benefit from provision of IT clinical systems under individual Health Board Contracts (Deployment Orders).

Supporting 'A Healthier Wales'

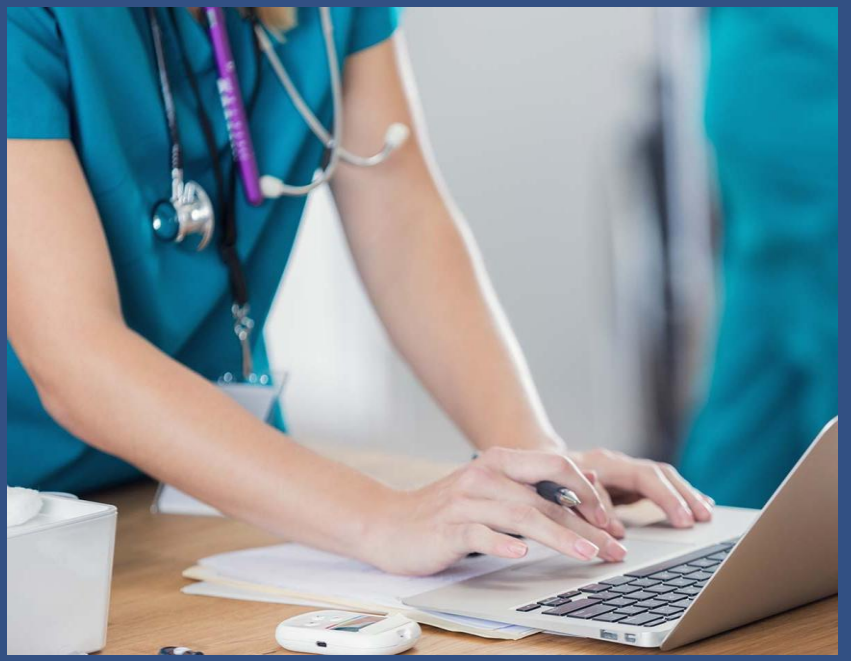
DHCW: Mission 2 Deliver high quality digital products and Services

The GP clinical system enables electronic…..

The GP record is a key data source for the Welsh Clinical Portal, which is utilised widely by other NHS Services

GP Systems Choice and Mini Competition

The Framework Agreement was established to provide a choice of clinical systems for GP Practices, via a mini-competition process.



Within the Framework Agreement suppliers are requested to state the number of practices they need to secure to ensure that it is financially viable for them to provide services. The Framework Agreement also sets out that if this number is not met following the mini-competition, the supplier has the option to not participate in any new contracts.

The number of practices choosing INPS, as part of the process undertaken at the end of 2023, did not meet this threshold and DHCW were notified of INPS's business decision to withdraw from Wales (26th January 2024).

A project was established to migrate all INPS practices (198*) to EMIS Health.

*This has reduced to 193 due to practice closures/mergers

GP Systems Migration Project

Objective: ***To complete the migrations safely and minimise disruption to GP practices and their patients.***

Key Benefit: ***Continuity of service provision***

Planning Assumptions:

- Equitable implementation across Health Boards to de-risk disruption
- Avoiding peak periods for practices, such as public holidays, providing minimal contingency
- No migrations during supplier change freezes
- An average of 2 practices migrating per week

Phase One: Migrate those practices choosing to migrate to EMIS (110 practices)
Phase Two: Migrate those practices who chose INPS (88 practices) – forced migration.

NOTE: At project initiation in early 2024, the plan was to complete all migrations by January 2027. The subsequent challenges, detailed in this report, required a change to scheduling.
*

A GP Practice Migration: Timeline – Activities - Resources

Resources

Minus 20 weeks - Migration Planning

EMIS Implementation
DHCW Primary Care Ops
GP Practice

Minus 16 to 18 weeks - Engagement Activities

EMIS Implementation
DHCW Primary Care Ops/PCMT
DHCW Primary Care Ops
Cegedim
GP Practice

Minus 16 to 18 weeks - Technical pre-requisites Start

DHCW Client Services
DHCW Client Services (on-site)
DHCW Primary Care Ops
GP Practice
Cegedim
EMIS Technical
EMIS Implementation

Minus 12 weeks - Data Checking Start inc. Training

GP Practice
EMIS Implementation (on-site)
EMIS Technical
DHCW Primary Care Ops (on-site)
Downstream Services Team

Minus 4 to 6 weeks - Data Checking Complete inc. Training

EMIS Implementation
EMIS Technical
GP Practice
DHCW Primary Care Ops
DHCW Primary Care Ops/PCMT
Downstream Services Team

Go or No Go

GP Practice/EMIS/DHCW/Cegedim

Minus 1 - 2 weeks - Prepare for Read Only

Downstream Services Teams
GP Practice
DHCW Primary Care Ops

Practice Read Only - No data entry for 3 days

Cegedim
EMIS Technical
DHCW Client Services
DHCW Primary Care Ops
GP Practice

Minus 1 day - Technical Go Live Day

EMIS Implementation (on-site)
GP Practice
DHCW Primary Care Ops (on-site)
DHCW Client Services (on-site)
Downstream Services Teams

Go Live - Business Go Live Day

EMIS Implementation (on-site)
GP Practice (inc. Health Board reps on-site if applicable)
DHCW Primary Care Ops (on-site)
DHCW Client Services (on-site)
Downstream Services Teams

Post Go Live Plus 1 month - Post Go Live Support inc. Training

GP Practice
DHCW ServiceDesk
DHCW Client Services
DHCW Primary Care Ops (on-site)
DHCW Primary Care Ops
EMIS Implementation (on-site)
EMIS Technical
Downstream Services Teams
PCMT

Post Go Live Plus 2 months - Post Migration Business as Usual

GMS Clinical System Migration: Activity per GP Practice

Go Live Minus 20 weeks - Migration Planning Business as Usual	
EMIS Implementation DHCW Primary Care Ops Practice	• Prepare Engagement and data migration artefacts • Prepare Trainers' schedules • Prepare Engagement artefacts • Plan migration & prepare to book in Facilitators • Confirm go-live date to Practice • Confirm acceptance of proposed go-live date • Migration Preparation Starts

Go Live Minus 16-18 weeks - Engagement Activities	
EMIS Implementation DHCW Primary Care Ops DHCW Primary Care Ops/PCMT Cegedim Practice	• EMIS Data Release Forms Sent • EMIS Migration packs sent • DHCW Migration packs sent • Weekly meetings with Practices scheduled • Trial data extra ordered • Trial data extract order processed • Sign data release forms and return to EMIS • Accept weekly meetings with DHCW Primary Care Ops • Act on Migration Pack information

Go Live Minus 16-18 weeks - Technical pre-requisites Start	
DHCW Client Services DHCW Client Services (on-site) DHCW Primary Care Ops Practice Cegedim EMIS Technical EMIS Implementation	• Install EMIS Software inc. Spoke/WDS • Configure to FAM • 3rd party product information gathering & rationalisation • Install additional monitor to support data checking (TBC) • 3rd party product rationalisation • Prepare for Planning/Engagement Day • Act on activities outlined in migration packs • Prepare for Planning/Engagement Day • Trial data extract provided to EMIS (via central repository) • Provide CDB info for Spoke/WDS & FAM to DHCW Client • Collect trial date from central repository • Convert trial data • Present data in FAM and confirm with DHCW Client • Book in Planning/Engagement Day • Prepare to share 3rd party products compatibility details

Go Live Minus 12 weeks - Data Checking Start inc. Some Training	
Practice EMIS Implementation (on-site) EMIS Technical DHCW Primary Care Ops (on-site) Downstream services team	• Attend weekly preparation meetings with DHCW • Act on activities outlined in migration packs • Attend onsite Planning/Engagement Day • Receive EMIS System Overview • Confirm future training dates • 3rd party product considerations following rationalisation • Familiarisation / Training using FAM and online resources • Data Checking Starts (8 weeks) • Raise Data Checking queries with EMIS • Facilitate and attend onsite Planning/Engagement Day • Provide EMIS System Overview • Propose future training dates • 3rd party product compatibility • Act on data queries raised during data checking period • Facilitate and attend Weekly Practice Meetings • Attend onsite Planning/Engagement Day • Audit+(Informatica): Act on request for PDES data stream to be activated on go live • EMIS: Act on request for PDES data stream to be activated on go live

Go Live Minus 4 to 6 weeks - Data Checking Complete inc. Further Training	
EMIS Implementation EMIS Technical Practice DHCW Primary Care Ops DHCW Primary Care Ops/PCMT Cegedim Downstream services teams	• Deliver Role Based training • Act on Final data queries raised during data checking period • Attend weekly preparation meetings with DHCW • Receive Role Based training • Raise Final Data Checking queries with EMIS • Data Checking complete • Act on activities outlined in migration packs, eg • comms to patients • List reconciliation • Facilitate and attend Weekly Preparation Meetings with Practice • Live data extract ordered • Request Cegedim to place Docman DDE order • Live data extract order processed • Cegedim order Docman DDE extract • WRTS/Data Reference: Act on request for Data Reference Table update • NHS Wales App: Act on request for online services practice switchover • WIS Support: Act on servicepoint call re covid write back • Corporate Apps: Act on servicepoint call to update Practice's new clinical system details in servicepoint • NWSSP: Work with Practice on list reconciliation activities prior to receiving a confirmed pre-migration list. • WGPR: Test IHR links pre-migration

Go/ No Go	
Practice/EMIS/DHCW/Cegedim	• Minus 4 week Go / No Go call • Confirm readiness against checklist eg • Confirm DHCW resources • Confirm Live Data on track for Read only period

Go Live Minus 1-2 weeks - Prepare for Read Only	
Downstream services teams Practice DHCW Primary Care Ops	• NWSSP: Act on practice request for registration links to be paused evening before live data extract is processed. • Labs: for ICE users - Act on practice clinical system change information provided by Practice • Health Board: for ICE users - Act on practice clinical system change information provided by Practice • Nat GP Links: Act on DHCW/practice request to stop pathology links • OOH: Act on practice request for a pause commencing evening before live data extract is processed. • NHS Wales App: Act on request for online services practice switchover • SAIL Databank - Act on practice clinical system change information • Attend weekly preparation meetings with DHCW • Act on activities outlined in migration packs • Prepare for Read Only eg • Online services switch off • Request path links switch off • OOH switch off • Registration Link switch off • Prepare Practice for Read Only • Prepare for Go Live Days 1 & 2 • Facilitate and attend Weekly Preparation Meetings with Practice

PRACTICE READ ONLY - No data entry for 4 days	
Cegedim EMIS Technical DHCW Client Services DHCW Primary Care Ops Practice	• Live data extract provided to EMIS inc. Docman DDE • Convert Live data inc. Docman DDE • Present Live data inc. Docman (TBC re Docman timings) • Central Repository Capacity Check/Archiving • Prepare to reconfigure Practice System from FAM to LIVE. • Prepare for Go Live • Prepare for Go Live • COP Weds Opt 1 or COP Tues Opt 2 – Switch to Manual • Refer to Cegedim system, no data entered will be presented in the EMIS system from this point.

GO LIVE Minus 1 Day - Technical Go Live Day	
EMIS Implementation (on-site) Practice DHCW Primary Care Ops (on-site) DHCW Client Services (on-site) Downstream services teams	• System & User Config activities • System Troubleshooting • Configuration, training • Switch-on activities and checks • Online Services • Path Links • Floor walking • escalation point • co-ordinating activities • Desktop reconfiguration & troubleshooting • Printers • Scanners • 3rd party app installations • WGPR: Test IHR Links post-migration • Nat GP Links: Act on DHCW/practice request to recommence pathology links. • OOH: Act on practice request to recommence. • NHS Wales App: Progress necessary actions and confirm resumption of online servicesNHS Wales App: Progress necessary actions and confirm resumption of online services

GO LIVE - Business Go Live Day	
EMIS Implementation (on-site) Practice (inc. Health Board reps on-site if applicable) DHCW Primary Care Ops (on-site) DHCW Client Services (on-site) Downstream services teams	• System & User checks • System Troubleshooting • Switch to Live activities, eg • Map medication requests • Map pathology results • Enter read-only period activities into EMIS System • Floor walking • escalation point • co-ordinating activities • Desktop reconfiguration & troubleshooting • Printers • Scanners • 3rd party app installations • WGPR: Test IHR Links post-migration • Nat GP Links: Act on DHCW/practice request to recommence pathology links. • OOH: Act on practice request to recommence. • NHS Wales App: Progress necessary actions and confirm resumption of online services

Post Go Live (duration 1 month) - Post Go Live Support inc. Remaining Training	
Practice DHCW ServiceDesk DHCW Client Services DHCW Primary Care Ops (on-site) DHCW Primary Care Ops EMIS Implementation EMIS Technical Downstream services teams PCMT	• Continue entering read-only period activities into EMIS System • Receive additional training • Attend post-migration Weekly Practice Check-ins • Close monitoring of servicedesk calls (enhanced 2 week SLA) • Handover from on-site engineer • Continue resolving 2nd/3rd line servicedesk calls (enhanced 2 week SLA - TBC) • Post Go Live Days 1 & 2: continue on-site support • Facilitate & attend post-migration Weekly practice check-ins • Downstream service check-ins • Steady Ops activities • Prepare for BAU • Provide additional training • Steady Ops activities • Prepare for BAU • Docman conversion & presentation to EMIS Scan activities • Close monitoring of calls (enhanced 2 week SLA in preparation for Steady Ops milestone – TBC with EMIS) • Gateway Services: Post Go Live Day 3 – check all processes complete • iPlato/My Health Text: Post Go Live Day 1 – Practice and EMIS to Organise Account and Training activities with 3rd party • Steady Ops activities

Post Go Live +2 months - Post Migration Business as Usual	
BUSINESS AS USUAL	• BUSINESS AS USUAL

Challenges

On 10th December 2024, DHCW was made aware that INPS, as a subsidiary of Cegedim SA, had voluntarily placed itself into administration in view of financial difficulties. The business of the company continued to trade and maintain a full service while a new buyer was sought.

At that time 154 practices* (providing clinical services to approximately 1.37 million patients) had yet to migrate. In recognition of the significant risk posed to the services to GP practices, their patients, and wider down-stream NHS Services, DHCW formed a task force to manage the response as a Major Incident.

Through strategic engagement with the administrator and other home nations over several months, DHCW successfully navigated the administration, achieving the preferred outcome of the service transitioning to a new supplier and ensuring continuity of service. The sale of INPS to One Advanced was completed in August 2025.

DHCW teams undertook a retrospective on the management of the incident in September.

* Correct as of 10th January 2025

Retrospective: Key Takeaways

What Went Well:

- Collaboration across teams, effective communications and stakeholder briefings.
- The early decision to invoke major incident management structure proved pivotal to effective response.
- Engagement of a specialist commercial advisor.

Challenges & Improvements:

- Exit Plans need to be finalised at an early stage of the Contract and reviewed on a regular basis.
- Proactive contract health checks would enable flags to be raised earlier.
- The unpredictability of funding provision surrounding a critical incident and routes to decisions was unclear.

Technical/Operational Insights:

- Business continuity planning requires review and improvement
- There is a need for better documentation and periodic data backups to mitigate against supplier failure or data loss.

Recognition:

- The teams' collaborative work was recognised at the DHCW Staff Awards.
- The teams' approach was noted as an exemplar and gathered positive comparisons to other nations' responses.

Retrospective: Summary of Agreed Actions

Develop a standard framework for undertaking financial checks on our suppliers; ensuring the activities are undertaken at appropriate stages in the contract term.

Review the SOP on Procurement in Exceptional circumstances to ensure it includes financial controls and governance requirements.

Strengthen and maintain up-to-date exit plans for key contracts, ensuring timely decision-making and regular review throughout the contract lifecycle.

Develop a set of guiding principles or a checklist for managing critical incidents, incorporating lessons learned on governance, financial, and commercial aspects, to be referenced in future similar scenarios.

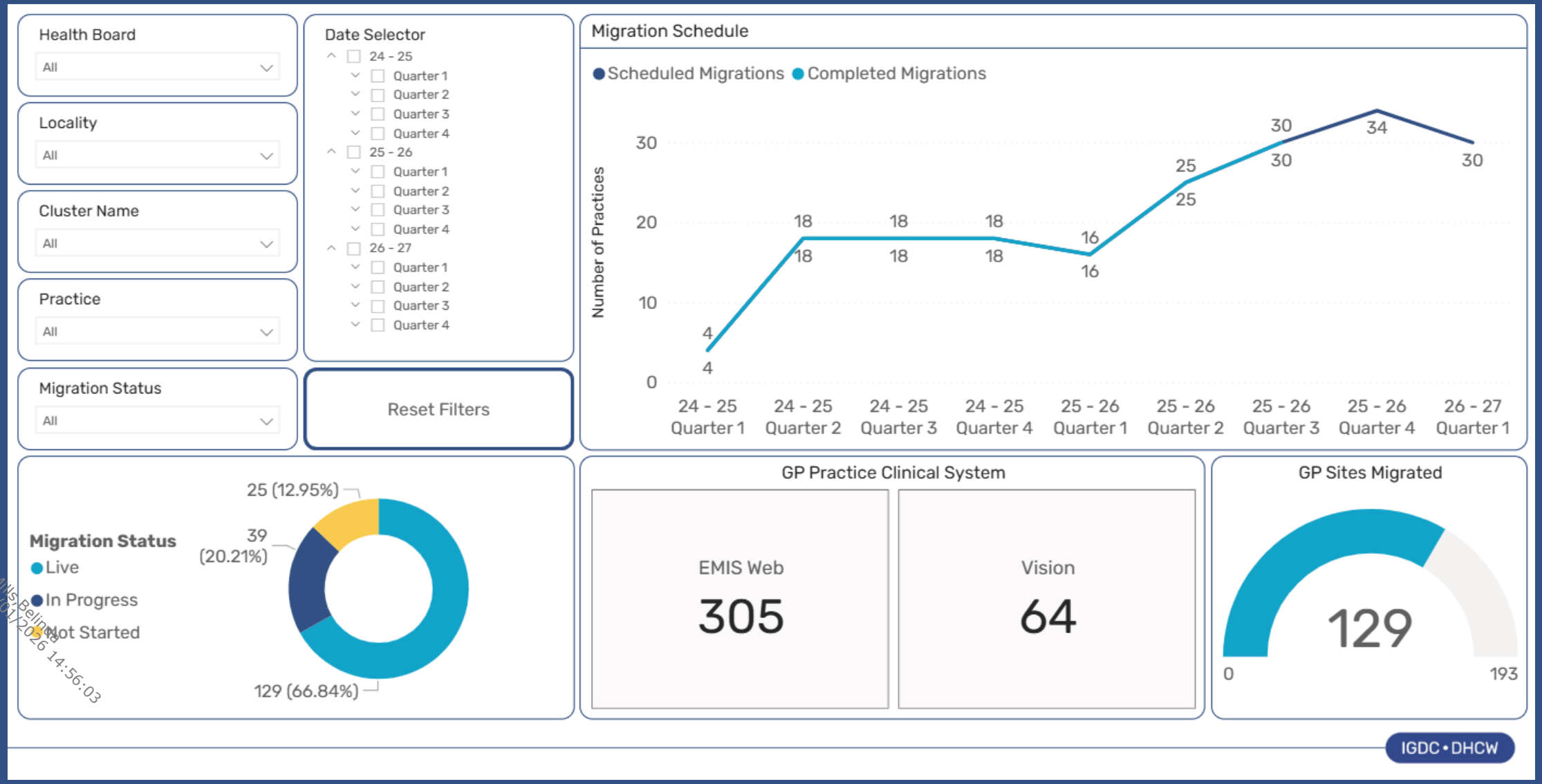
Data access, recovery and resilience: Explore and implement options to ensure access to critical data in the event of supplier failure, including periodic data backups or alternative data access arrangements.

Impact of the Administration process on the Plan

One of the mitigations identified during the response to the administration, was to expedite the migration cadence. Agreement was reached with both OneAdvanced and Optum (formally EMIS) to increase the cadence from an average of 2 practices per week to 4.

Following significant planning, to ensure there was no compromise to the integrity of the migration process, and therefore no additional clinical risk was introduced, the migration cadence increased from October 2025; this means the **transition to a single supplier will be complete in May 2026.**

GP Migration Dashboard: 31st December 2025



Successes

- Successfully navigated through the INPS Administration, agreeing a deal with the new buyer
- 129/193 practices migrated to Optum (formally EMIS)
- 3841 Practice staff supported
- Minimal disruption for 1,173,089 patients
- 95% Positive feedback
- Project on target as of 31st December 2025
- Continually learning lessons and implementing improvements

GP Practice Feedback

Thank you, team, for a job really well done on our migration - a few tweaks which would make it perfect but overall thank you for
Cardiff and Vale – 06/2024

Feedback from the Team shows that the whole process was seamless from beginning to end. The DHCW team(s) should feel proud of managing such a successful migration for our practice and it was reassuring to have them on-site and being able to solve and rectify any issues that were presented on go-live and keep a watchful eye over EMIS .
Cardiff and Vale – 08/2024

Paula was brilliant from the very start of the process, very informative and we felt prepared based on the support and advice given. The weekly meetings were very useful and made us feel as prepared as we could.
Aneurin Bevan – 10/2025

DHCW's support was invaluable
Cardiff and Vale – 11/2025

The migration process from start to finish was fantastic. Big thanks to Kyle and Carina for all their help and support, we could not have done this without them - from the bottom of our hearts a huge thank you!
Aneurin Bevan – 11/2025

Without your fabulous team, I would not be sat at my computer with a smile on my face. A massive thank you to Carl and Carina they were incredible. They supported all the staff. So professional, so knowledgeable, so patient, so kind and thoughtful. Please pass on our thanks to them as they deserve to know how grateful we are. Gareth and his team were great too. THANK YOU EVERYONE.
Cardiff and Vale – 10/2024

Next Steps

- Complete all GP system migrations by the end of May 2026.
- Complete all decommissioning activity associated with OneAdvanced during Q2 2026/27.
- Project closure.
- Forward action to realise the potential benefits of a single supplier.

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Programmes Delivery Committee: Annual Assurance Report

Cloud Transition Programme (CTP)

January 2026

Brief Overview

We are migrating DHCW's applications to modern, secure cloud platforms. This will make services faster, more secure, and easier to manage. It will increase efficiency, lower our carbon footprint, and prepare us for the future.

The Cloud Transition Programme (CTP) will:

- Make product delivery more efficient through automation and self-service.
- Strengthen security and reliability to maximise uptime and ensure services remain resilient and accessible.
- Train staff so everyone has the skills to work in the new environment.
- Ensure more predictable, pay-as-you-go costs.

We are working on three main areas:

- **Infrastructure Delivery** - building the cloud infrastructure.
- **Migration and Optimisation-** moving and improving existing systems.
- **Organisational Change** - supporting staff in new ways of working and ensuring benefits are realised.

This is a large and complex programme, so we are partnering with expert suppliers to make sure we deliver our objectives efficiently, securely, and build long-term capability.

We will share what we learn with all NHS Wales bodies through regular communication and engagement.

PSBA: Wales secure network for NHS and public services

NaaS: Network as a Service connection

Current | **Cloud**

2 Data Centres — **PBSA** — **NaaS** — **DHCW Secured and Public Cloud**

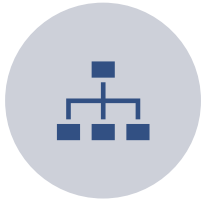
Mills Belinda
28/01/2026 14:56:03

Cloud migration scope

~100	~135,000	~1,600
Services	Users	Servers

Scope of the Programme

Migration of ~100 national digital services hosted on ~1,600 on-premises servers to DHCW's secure, compliant cloud environments.



Implementation of governance, security, and operational frameworks to ensure continuity and compliance.

Phased migration approach prioritising critical services, with clear milestones and risk management.

Adoption of a "migrate, optimise & re-platform" strategy: where feasible, services will be rehosted or re-platformed, leveraging open-source tools to maximise efficiencies.

Engagement with stakeholders to enable seamless integration and user adoption.

Delivering the required processes, training and business change to maximise the benefit of adopting cloud services.

Strategic and Policy Drivers

- **Delivers digital tools that underpin better informed-care**: A secure, modern foundation for sharing and analysing health data so services can make better-informed decisions that enhance care and well-being.

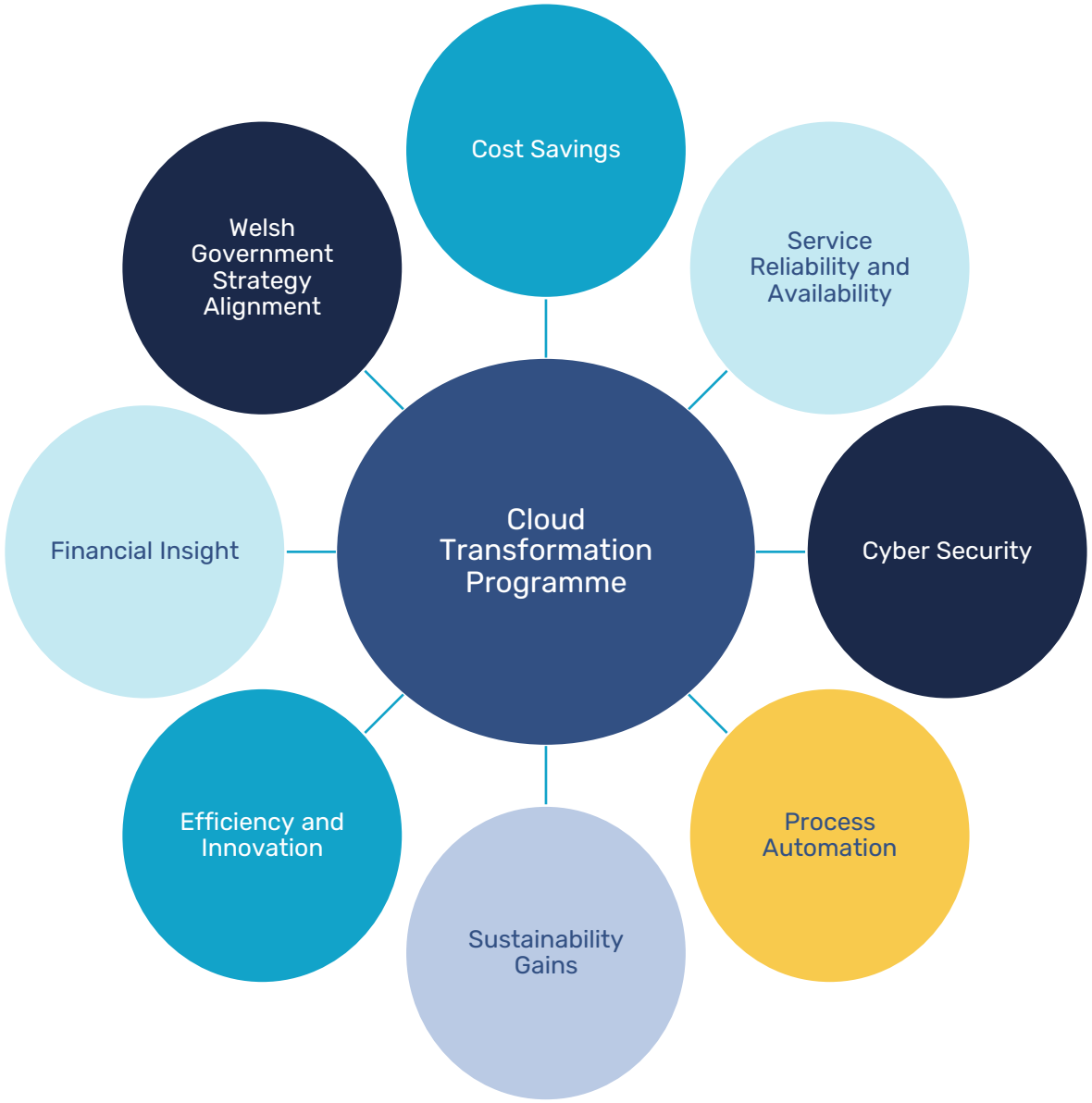
- **Innovation that benefits patients and clinicians**: Enabling future technologies, such as AI, to support clinical decision-making and more efficient care delivery.

- **Timely access to information needed to manage health and care:** Working with National Data Resource to provide improved data and digital infrastructure and services so patients and professionals can access accurate health information, empowering shared decision-making and self-care.

- **Connected health and care system for Wales:** Interoperable, cloud-enabled systems strengthen integration across services, supporting the “once-for-Wales” approach and seamless care pathways.

Benefits Overview

The Cloud Transition Programme will deliver major benefits for DHCW and the wider NHS in Wales. A detailed business case shows this approach is the most efficient and cost-effective over the next 10 years. It will make our services more reliable and provide better tools to strengthen security and protect patient data. By using automation and self-service, we can deliver new and improved services more quickly. This transition also supports more agile ways of working, helping drive efficiency and innovation. Better financial data will give us accurate service costs and help reduce expenditure. In addition, the energy efficiency of cloud data centres will cut DHCW's carbon emissions by at least 10% by 2027/28.



Benefits Tracking

Approach to tracking benefits

- The main benefits of the programme are set out in the business case.
- We have brought in an expert supplier to help deliver the programme and support the changes needed as we move services to the cloud. They are creating a tracker that will show the value and outcomes of this work.
- The tracker will monitor a range of industry-standard measures, including how quickly changes are made, how often new updates are released, and key financial information.

Benefits Already Delivered

- We have agreed a new contract with Microsoft, increasing our Azure cloud discounts from 15% to 24%.
- Our high-level cloud infrastructure designs are now available for all NHS bodies to use.
- We have procured a new cloud-first backup system that will strengthen ransomware detection and recovery.
- We have upgraded and installed new firewalls based on an improved and more cost-effective design.
- New systems are being developed more quickly using cloud-native technologies, including a new “Urgent and Emergency Care App” which is designed to support the efficient and effective management of patient care in emergency departments.

What it means for people

Patient

- Experiences more reliable digital services, with fewer outages and faster access to health information.
- Benefits from new digital tools that support self-care and communication with clinicians.
- Gains confidence that personal health data is secure and up-to-date, supporting better care and outcomes.

Clinician

- Experiences less disruption and downtime due to more reliable digital services.
- Benefits from faster delivery of new features and digital tools that support patient care.
- Gains access to integrated, up-to-date information, enabling better decision-making and patient outcomes.

Software Developer

- Accelerated development and deployment using cloud-native and open-source technologies
- On-demand scalability and self-service access to secure, pre-approved infrastructure
- Fewer delays and deployment issues when moving from test to production environments

Infrastructure Engineer

- Enables self-service access to pre-secured, ready-to-use platforms
- Facilitates use of tested patterns and templates to accelerate delivery
- Allows infrastructure to be managed efficiently through code (IaC)

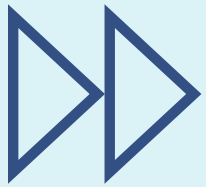
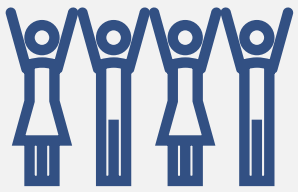
Service Manager

- Improved service reliability and clearer SLAs through cloud monitoring and automation.
- Real-time operational insight (availability, incidents, costs) enables proactive management.
- Standardised change/release processes reduce risk and speed time-to-value.

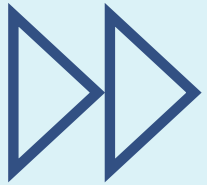
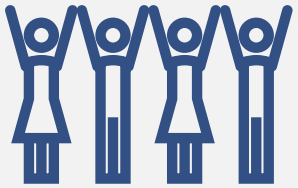
Data Analyst

- Easier, governed access to high-quality data via cloud platforms.
- Scalable analytics and tooling (e.g., notebooks, dashboards) speed insight generation.
- Better data integration enables advanced reporting and supports population-health analysis.

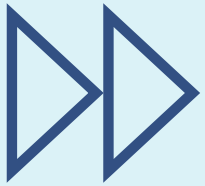
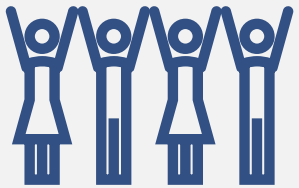
Workstreams

Workstream	What's involved?
Infrastructure Delivery 	Setting up everything needed for the cloud to work safely and reliably. It includes ensuring strong internet connections, security measures, and backup systems. Secure starting points in the cloud (landing zones) will be created, along with firewalls and tools to keep systems running smoothly. Before anything moves, an essential, new high bandwidth circuit will be installed to ensure fast and reliable connectivity.
Migration and Optimisation 	Planning and carrying out the move to the cloud including checking what needs to move, organising the migration in steps, testing everything with cloud tools, and ensuring systems run properly. For each system, the best approach is chosen - retire if no longer needed, keep as is, move without changes, make small improvements, redesign, replace with a new solution, or move to a different environment. This ensures a smooth and efficient transition and minimise down-time for our critical systems.
Organisational Change 	Moving to the cloud is a major shift in how work is done, so this supports staff to adapt and feel confident with the change. It provides training and support to build new skills and ensures clear communication throughout the process. It also ensures the programme is well governed, benefits are tracked and delivered, and productivity improvements are achieved.

Progress

Workstream	Progress
Infrastructure Delivery 	The main infrastructure plan for the programme, known as the High-Level Design, is in final stages of approval. Work has now started on the detailed technical plans, called the Low-Level Design. This involves running workshops and reviewing plans with suppliers to make sure every detail is covered. These steps mean the programme has a clear design strategy and is actively working out the technical requirements needed to move systems to the cloud safely and efficiently.
Migration and Optimisation 	We have made good progress in securing a Migration Support supplier by issuing an Invitation to Tender (ITT). Their expertise will be key to ensuring a smooth transition. In the meantime, we are preparing to move some applications to the cloud. The first group of applications is planned for March 2026, focusing on lower-complexity migrations. We are refining the list for this initial phase, and the overall programme will run in stages until 2028.
Organisational Change 	We are working with an appointed supplier to gather insights that will shape how the programme is managed, how training is delivered, and the support provided to staff during the transition. This approach ensures people are well-prepared and supported, leading to better outcomes for staff, services, and patient care. As the programme progresses, these benefits will begin to be realised-driving greater efficiency, resilience, and overall service quality.

Supplier Overview

Workstream	Supplier
Infrastructure Delivery 	**TPX Impact:** designing and implementing technical infrastructure and landing zones.
	KMPG: delivering cyber security design, assurance, and compliance expertise for secure cloud configuration.
Migration and Optimisation 	**Google and Microsoft:** providing migration planning resources, technical support, and staff training for cloud adoption.
	Trustmarque: managing test strategy and assurance to ensure safe and effective cloud migrations.
	Cloud Migration Support Supplier (TBC): providing expertise to accelerate migration and unlock cloud value.
Organisational Change 	**Capacitas & Channel 3 (joint venture):** leading work on governance, strategy, change management, skills development, and benefits realisation to ensure programme delivers measurable value.

TRUSTMARQUE TPXimpact capacitas Channel 3 CONSULTING KPMG Microsoft Google

Challenges

1. **Technical Complexity:** Maintaining operational stability of critical services during transition.
2. **Skills & Training:** Closing the skills gap, providing training, and building cloud experience.
3. **Stakeholder Engagement:** Stakeholder capacity, overcoming resistance to change, managing the transition, and keeping communication clear.
4. **Supplier Dependencies:** Coordinating with suppliers, getting timely input, and accessing the right expertise and documentation.
5. **Procurement & Timelines:** Compressed schedules, possible procurement delays, design sign-off dependencies.
6. **Cost & Financial Management:** Controlling costs and mitigating financial and operational risks during migration.

Next Steps

Implement NaaS & Multi-Cloud Integration: Finalise network connectivity and build the underpinning infrastructure (e.g. landing zones) on Azure and Google platforms.

Finalise Design & Planning: Complete technical and migration plans for all waves.

Begin Migrations: Appoint Migration Support supplier and start migrating first wave of services and conduct readiness checks.

Strengthen Governance & Assurance: Update governance models and embed benefits tracking.

Engage & Train Stakeholders: Deliver targeted training and communications for cloud readiness.

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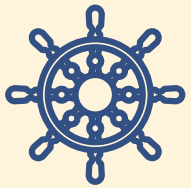
Monitor Progress & Benefits: Track milestones and measure outcomes for efficiency, security, and patient care.

CTP: 2 Year High Level Plan on a Page

2025 H2	2026 H1	2026 H2	2027 H1	2027 H2

PROGRAMME MANAGEMENT



- Planning & Design
- Implementation
- Management of Finance, Suppliers, Scope, Benefits, Quality
- Consolidated Plan, Risks, Assumptions, Issues, Dependencies

INFRASTRUCTURE DELIVERY

- Design
- Platform Implementation
- Migration Support
- Acceptance into Service / BAU
- De-Commissioning On Premise Equipment

MIGRATION AND OPTIMISATION

- Planning & Design
- Implementation
- Wave 1: Design & Build → Test → Go Live
- Wave 2: Design & Build → Test → Go Live
- Wave 3: Train → Design & Build → Test → Go Live
- Wave 4-9: Train → Design & Build → Test → Go Live → Go Live → Go Live → Go Live → Go Live

ORGANISATIONAL CHANGE

- Planning & Design
- Implementation
- Operating Model
- Communication Strategy, Stakeholder & Staff Engagement
- Training
- Benefits Tracking

Dashboard Summary

RAG Framework

The overall RAG is assessed by each programme based on delivery confidence across three areas: timeline, quality and resources. A 'Not Assessed' RAG status has been added to the framework to reflect programmes that cannot assess confidence of delivery because activity has been suspended (e.g. a formal review and reset) or is complete (e.g. closure).

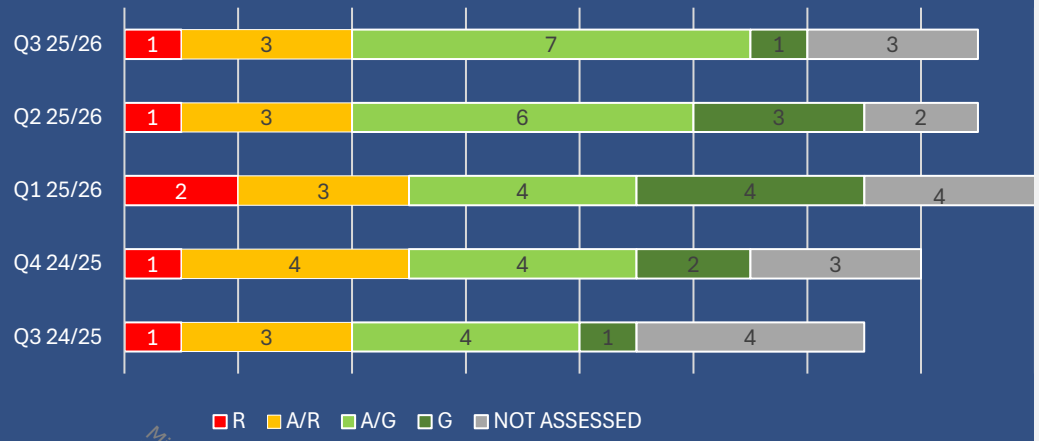
Major Programme Scoring

Only those major programmes reported to the Management Board Oversight Session are detailed in this summary.

Other Programmes

A dashboard has been included to demonstrate the health of other programmes, but these are only reported to the Committee if there are matters which have been escalated by the DHCW Portfolio Management Board.

Overall Portfolio Health Summary



Since Q2, the following RAG status changes occurred:

Integration Hub and Microsoft 365 Enterprise Agreement Renewal:
GREEN → AMBER/GREEN

Q3 25/26 Status Update:

The portfolio health has remained the same, with 8 programmes reporting a RAG status of reasonable or high confidence in delivery, 3 programmes are currently not subject to assessment. Audit+ Replacement has recently been scored as a major programme and reporting commenced. The Cancer programme has now formally closed, and reporting ceased, the closure report is included for noting.

RAG status summary of Programmes/Projects:

One programme is **GREEN**
High confidence of successful delivery:

- **GP Systems Framework**: Budget for 2025/26 now confirmed by Welsh Government, 129 practices successfully migrated to date.

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

- **EPMA:** Implementation progressing, all HBs and Velindre have contracts in place and vendors on the national framework have access to the Shared Medicines Record API, although not all HBs have integrated for initial go-live.
- **EPS:** Temporary reduction in the number of practices that go live in Q3 in order to support the GP System Migration work. To date 12.4 million prescription items claimed via EPS and 135 GP practices onboarded.
- **National Target Architecture:** Good progress of the National Target Architecture milestones however previous work package overrun may impact the Q4 Strategic Investment Plan (SIP) deliverable.
- **Cloud Transition:** On track, 3 workstreams established and supported by expert delivery partners. However, complex infrastructure landscape requires prioritisation to get to robust, secure MVP for first migration (Mar 26)
- **Microsoft Enterprise Agreement Renewal:** Progressing all workstreams with a key dependency on successful negotiation and understanding of license profile allocation.
- **Integration Hub:** Reasonable confidence in delivery, with development on track but some dependencies around assurance, testing, resourcing, and contractual/funding matters requiring continued attention.
- **NDR:** Good progress continues to be made across the breadth of the programme. However, recurring deferral of planned work persists as resources are redirected to emerging priorities, alongside ongoing resource constraints.

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

- **RISP:** PHW, PTHB, BCUHB and HDUHB now live. Some go live dates moved, health boards to agree to change controls and new timelines issued by the supplier.
- **Connecting Care:** Funding secured late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners. Timelines remain challenging.
- **DSPP:** Budget allocation and capital/revenue exchange confirmed, risk on forward funding allocation based on roadmap proposal. Implementation plans to be developed and/or approved for a number of new features.

One Programmes / projects are **RED**
No confidence of successful delivery requiring critical decisive action:

- **LIMS 2.0:** Reduced Tranche 1 scope, UAT delays and high number of defects in Tranche 4 continue to impact delivery. Programme is working with all stakeholders to define 26/27 delivery plan, identify risks, and communicate implications.

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

- **Bridgend Transition/WelshPAS Disaggregation:** Go live took place during May 25. Programme closure report included for noting.
- **Welsh Intensive Care Information System:** Programme remains not assessed as milestones for implementation have not yet been agreed, awaiting decision from Welsh Government following submission of the strategic assessment.
- **Audit+ Replacement:** Awaiting next Governance & Assurance meeting to baseline plan.

Programme / Project Scoring

Since quarter 2 , the Information Technology Service Management Replacement (ITSM), Cardiac PACS, NHS Wales Referral Integration and Device Optimisation Discovery projects have been scored as Standard projects/programmes.

RAG colours will not be allocated until a Board has approved a baseline plan.

Scoring Thresholds:

Major Projects = Score of 30-42

Standard Projects = Score of 14-28

Project	Finance	Timescale	Risk	Stake holders	Contract Complexity	Technical Complexity	Dependencies	Total
ITSM Replacement	4	4	4	2	4	4	4	**26**
Cardiac PACS	4	4	4	4	4	4	4	**28**
NHS Wales Referral Integration	4	4	4	4	2	4	4	**26**
Device Optimisation Discovery Project	2	4	2	4	2	4	2	**20**

Lifecycle Checkpoints - Closure of Programmes

The following closure reports have been included in the pack and summarised as a one-page overview on the following slide(s).

Lifecycle Position	Pipeline	Discovery	Feasibility / Alpha	Definition / Private beta	Delivery / Public beta	Operations (live)	Closure
Bridgend Transition Programme							Summary Closure Report
Cancer Informatics Programme							Summary Closure Report
Powys Cross Border							Summary Closure Report

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

POMB Submission Date: 15/01/2026
Approval Meeting Date: 05/01/2026
SRO / Chair : Sam Lloyd

Bridgend Transition Programme

Project Closure Report – Summary Slide

Background

In 2019, Bridgend ICT health services moved from ABMU (now SBUHB) to CTMUHB. Due to resource and finance constraints—CTM operated with *read-only* access to Bridgend data in SBUHB's PAS for several years. COVID-19 further delayed boundary-change work. A dedicated Bridgend Transition Programme (WelshPAS Disaggregation + National Systems Impact) was mobilised to migrate **Bridgend patient data from SBUHB's WelshPAS to CTMUHB's WelshPAS**, ensuring continuity of care across complex upstream/downstream national systems.

Project Performance

Go-Live achieved over the weekend **16–19 May 2025**. Extended post Go-Live support in June rapidly reduced ~**380** open issues to **52**, with DHCW support tapering Jul–Sep 2025; National Systems returned to

Undelivered / Unnecessary items

Some **planned pre-Go-Live testing** (e.g., portions of testing and certain National activities) **slipped into post-Go-Live**; DM8 "final checks" **partially complete** at Go-Live with remediation

Against Objectives

- **Aim (Achieved):** Enable migration of Bridgend PAS data from SBUHB to CTMUHB.
- **Scope definition (Achieved):** Scope iterated through **Dec 2024 DM Option B (DMOB)** and to Go-Live to balance risk/complexity.
- **Identification of Bridgend patients (Achieved):** Logic agreed with SBUHB underpinned extraction scripts.
- **Deliver the migration without compromising care (Achieved):** Executed per DMOB and contemporaneous agreements.
- **Manage impacts across systems (Achieved):** ~**50** national systems id'ed and engaged; local HB system ownership remained with CTM/SB.

Against Timescales

- **IMTP milestones** for Go-Live (Q1 May-25) and preceding DM events **DM1–DM7** (Jul-23 → Nov-24) and
- **Integration/Full Test (Q4 Jan-Mar 25)** were **achieved**.
- However, compressed late testing meant some activities continued post Go-Live to assure stability.

Against Budget

WG **DPIF** funding over the last three years totalled **£3,342,936** CTM **£1,877,648**; SB **£98,735**; DHCW **£1,366,553**.

Significant Issues / Risks to Transition

Open Risks at closure (transferred):

1. **Use of live PII in Pre-Prod**—requires ongoing Cyber/IG assurance.
2. **Possibility of new issues emerging** from untested scenarios—accepted organisational risk.

Benefits to realise

- **Operational ownership by CTMUHB** for Bridgend patients within CTM PAS, improving **data visibility across full pathways**.
- **Strengthened interoperability assurance** and shared understanding across national systems.
- **Improved governance cadence** providing a replicable pattern for future high-risk implementations.

Lessons Learnt

- **Define and control project scope**—stick to clear criteria for each phase and document any changes or risks.
- **Allow enough time for testing**—late changes or compressed schedules increase risk and can leave issues undiscovered.
- **Set up strong governance and consistent resourcing early**, especially for complex, multi-organisation projects.
- **Make rehearsals as realistic as possible**—if not, clearly record what wasn't tested and the associated risks.
- **Use a single, transparent issue management system** with clear ownership and priorities.
- **Maintain secure, integrated test environments** for complex migrations, with ongoing information governance.
- **Consistent Approach to Product Management:** System transition was challenging due to variation in use of WPAS. DHCW should seek to work with the Health Boards to achieve a standardisation of the use of national digital systems. This will support any future data migration/transition projects by simplifying the way that systems are used and data is stored.

POMB Submission Date: 13/10/11
Approval Meeting Date: 23/10/2025
Programme Chair : Sian Richards

Cancer Informatics Programme

Project Closure Report – Summary Slide

POMB Submission Date: 13 NOV 2025

Background

Programme initiated to replace legacy CaNISC system due to cybersecurity risks and outdated software. Delivered new Cancer Informatics Solution (CIS) supporting national cancer data standards and clinical workflows

Project Performance

- All Health Boards and Trusts transitioned to CIS.
- Key functionalities (MDT, CDS, Palliative Care, Screening & Colposcopy) delivered and adopted.
- Programme closed with majority of objectives met; outstanding actions handed to BAU teams.

Undelivered / Unnecessary items

- Automation of chemotherapy treatment requests not delivered (not used in VCC).
- Some audit/reporting features require further development under BAU.

Against Objectives

- National rollout of e-forms and improved data capture/reporting achieved.
- Some reporting/integration items (e.g., SACT, Radiotherapy summaries) handed over for future delivery.

Against Timescales

- Major milestones completed broadly to plan.
- Delays in final Health Board adoption and interface builds; CaNISC decommissioning scheduled for Jan 2026.

Against Budget

- Total budget: £4,720,648; actual spend: £4,666,967.
- Underspend of £53,681.

Significant Issues / Risks to Transition

- Pending CaNISC decommissioning and legacy user access.
- Dependency on local IT and vendor engagement for full integration of SACT/RT treatment summaries.
- Outstanding reporting requirements and system enhancements transferred to BAU.

Benefits to Realise

- Improved patient outcomes and safety via better data availability.
- Enhanced user experience and reduced operational costs.
- National consistency in cancer data and reporting.

Lessons Learnt

- Early stakeholder engagement and communication critical for adoption.
- Integration reduces duplication and errors.
- Clear backlog management and financial planning essential.
- Training and cross-system testing improve satisfaction and reliability.

POMB Submission Date: 11/12/2025
Programme / Project Board : PCB Project Board
Approval Meeting Date: 27/11/2025
SRO / Chair : Vicki Cooper (PTHB)

Powys Cross Border Project

Project Closure Report – Summary Slide

POMB Submission Date: 11/12/2025

Background

Full Report

Aimed to enable equitable, bi-directional access to healthcare data for Powys patients and clinicians across NHS Wales and NHS England, supporting integrated care and patient safety.

Project Performance

Out of 6 workstreams:

2 fully delivered,

2 partially delivered, with items descoped following a gateway review, 2 incomplete/descoped.

Key solutions for pathology results and clinic/discharge letters from Wye Valley Trust (WVT) are live and operational.

Undelivered / Unnecessary items

Workstreams for SaTH, St Michael's, RJAH referrals, and images from England were de-scoped due to constraints.

Against Objectives

Main objective achieved for WVT data flows. Partial achievement for other English trusts due to engagement/resource challenges.

Against Timescales

Project extended twice (original end: June 2024; actual: November 2025). Delays due to recruitment, technical issues, and stakeholder engagement.

Against Budget

No additional costs anticipated for BAU transition. Underestimated resource needs led to funding gaps for some roles.

Workstream	Outputs	Completion	Outstanding Work
1. Pathology Results (England → Welsh Clinical Portal)	Wye Valley Trust (WVT), Shrewsbury & Telford Hospital (SaTH)	WVT: Complete, SaTH: Incomplete	WVT: Resilient connection pending
2. Clinic & Discharge Letters (England → WCRS/WCP)	WVT, SaTH, RJAH, St Michael's Clinic	WVT: Complete, Others: Incomplete	None, other trusts descoped due to lack of engagement
3. Electronic Discharge Summaries (EDS)	9 GP sites	Complete	Llandrindod Wells: Awaiting operational readiness
4. Referrals from England	-	Incomplete/ Descoped	None
5. Access to GP Record via WCP	Consultants in England	Complete	None
6. Images from England	-	Incomplete/ Descoped	None

Significant Issues / Risks to Transition

Outstanding:

- Complete resilient connection for WVT pathology; finalise SLA with Hoople.
- Manual processes remain for SaTH; need for SLA update and process automation.

Benefits to realise

- Enhanced patient safety and continuity of care.
- Improved access to clinical information for cross-border patients and clinicians.
- Ongoing benefits log to be updated for 6 months post-project.

Lessons Learnt

- **Stakeholder Engagement:** Only one of four NHS England trusts provided dedicated resources; formal commitment from all stakeholders is essential.
- **Recruitment Delays:** Critical roles (Design Architect, Business Analyst) were not filled promptly, causing delays.
- **Project Foundation:** The foundation phase took longer than planned, impacting solution development.
- **Design & Documentation:** Lack of technical documentation and delayed engagement with technical stakeholders led to uncertainty and delays.
- **Scope Management:** Several workstreams were de-scoped due to feasibility and resource constraints. **Governance:** Ambiguity in roles and responsibilities hindered decision-making.
- **Methodology:** Early use of Agile without an overarching plan led to siloed working; switching to Waterfall improved coordination.

RAG Framework

Version 5 (April 2025)

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

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

Guidance

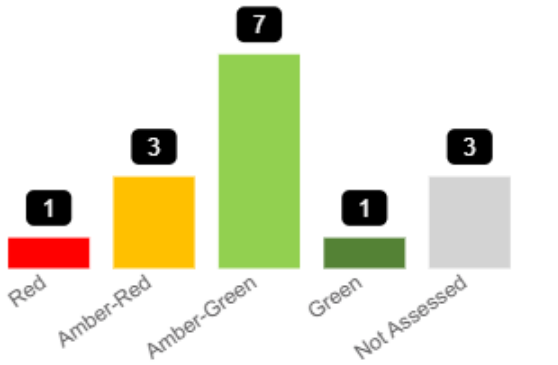
- **Overall Delivery Confidence** – should generally be Red if any of the Quality, Time, or Resources domains are Red, otherwise should reflect an average of the domains.
- **Formal Review** – A formal review and reset is external to and independent of the programme board. This excludes a gateway review.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

Overall Summary

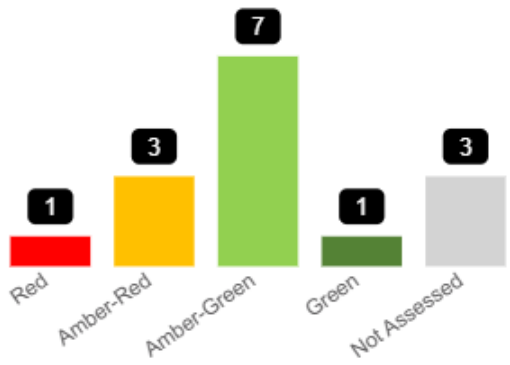
10
Nr of Programmes

5
Nr of Projects

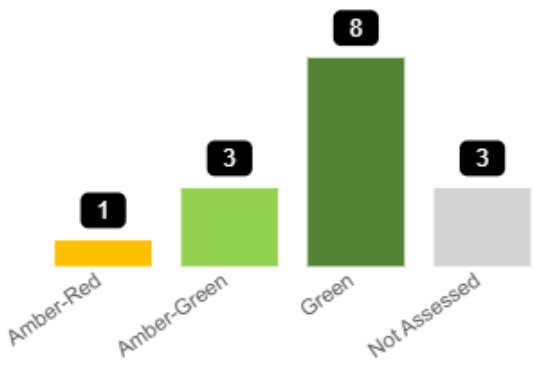
Overall RAG



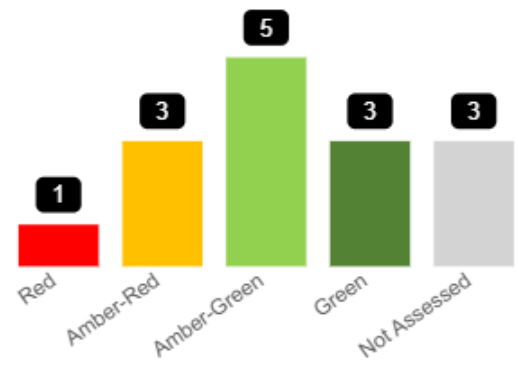
Timelines RAG



Quality RAG



Resources RAG



Projects and Programmes

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.5	Laboratory Information Management System 2.0 (LIMS 2.0)	Final	R →	R	AR	R	Alison Maguire	RAG status remains RED. This is due to reduction in Tranche 1 scope (Technical go-live/Data Migration); progress of User acceptance Testing, volume of defects Tranche 4 (Blood Sciences/Newborn Screening/POCT) - won't deploy until 2026 due to the number of defects to be resolved & critical instrument aliquot issue	Tranche 1 Complete (TCLE Technical go-live /Data migration) Tranche 2 Cellpath/Andrology/go live dates agreed across Wales	Tranche 2 (CellPath/Mortuary/Andrology) deployments complete and TCLE is stable/ready to deploy to the remaining disciplines. Agreement of Tranche 3 ,4 & 5 timelines

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.2	Connecting Care (CC)	Final	AR →	AR	G	AR	Sarah Weston	The programme secured funding late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners to produce a set of achievable outcomes in the shortened timespan. The challenge of standing up resources and accelerating again given where we are in the year remains despite the funding availability. Funding uncertainty remains at this time for future years, and WG are working on assurance. The challenging timescale, resourcing challenge and future funding uncertainty means the programme remains at Amber-Red	Programme : Completion of Health Board milestones and reporting on spend for revenue and capital disbursements. Community and Mental Health implementation: ITTs issued by four health boards. Exit : Data migration environment is now operational and some WCCIS/ CareDirector sites are actively migrating data. Agreement of data retention/ deletion paper following organisations' exit from CareDirector.	Identified team to be created to initiate the work.Confirmation of funding beyond March 26. Clarity on Exit plans achieved with agreements in place
2.5	Radiology Informatics Solution Procurement (RISP)	Final	AR →	AR	G	G	Rebecca McGrane	Overall Programme RAG status is Amber-Red: PHW, PTHB, BCUHB & HDUHB – live. Local Board RAG statuses range from Amber Green, Amber Red and Red reflecting some delays in milestone dates and concerns regarding likelihood of achieving others. PACS migration underway for all Boards, Concerns remain re: mitigation of three years PACS migration for ABUHB & CAVUHB ahead of VUNHST go live 19th Jan 2026 RAG Status remains the same: VUNHST, SBUHB & ABUHB remain at Amber Red. NIAW & CTMUHB remain at Amber Green. RAG Status deteriorated: CAVUHB – Amber Green to Red.	Hywel Dda (HDUHB) Go Live 01/12/25 UAT setup for Cardiff and Vale UHB (CAVUHB), Cwm Taf UHB (CTMUHB) and Swansea Bau UHB (SBUHB). Deployed encrypted GP Links / IUVO interface for HDUHB go live and BCUHB & PTHB. PACS Data Migrations underway for all HBs & Trusts.	ROUTE TO GREEN: Health Boards to agree to the Change Controls and new timelines issued by Supplier and assess their own RAG statuses against their local plans.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
3.2	Digital Services for Patients and the Public (DSPP)	Final	AR →	AR	AG	AR	Rachel Carvell-White	* Increased risk of milestone delivery. * 2025/26 budget allocation and exchange confirmed; capital / revenue requirements under review * Risk on forward funding allocation (capital / DPIF) based on annual roadmap proposal.	Plan agreed with DHCW and Health Boards for the All Wales deployment of Waiting list referrals and hospital appointments. Feature deployed across Wales on 31st October 2025 for chosen GP Practice outpatient referrals for 6 of 7 Health Boards. Usage data (22nd December 2025) - Registered Patients - 642, 847 - GP Practice Appointments Booked - 173,078 - GP Practice Repeat Prescriptions Ordered - 2,945,989 - Patients Registered using WIVS - 4,654	* Approved implementation plans for Nominate Pharmacy, View Digital Prescriptions and View Prescription status. * The CAV UHB implementation of waiting list referral Hospital Appointments. *Plans for patient captured data, SMR and secondary care test results
1.2	National Target Architecture (NTA)	Final	AG →	AG	G	G	Geoffrey Irvine	Amber Green rag due to receipt of Change Control Notice (CCN) to extend Q2 milestone deliverables which may impact final Q4 deliverable (SIP).	Channel 3 Deliverables received and shared to all participating organisations including Target Architecture diagrams and a working draft of the final report circulated for review and feedback. Refined Target state report and presentations delivered to DHCW Heads of Programmes and Programme Leads, DHCW Product Owners and DHCW Architects. Additional customised presentation sessions delivered to the 11 identified Product groups within the target Architecture approach. Seven fortnightly Architecture Community of Practice sessions have taken place in this quarter.	Ensure the vendor is supported fully from a project perspective to realise final deliverable by end of Q4.

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.4	Cloud Transition Programme (CTP)	Final	AG →	AG	G	AG	Sarah Murphy	Overall RAG (A-G) reasonable confidence in successful delivery with some areas requiring attention. Confidence is high on completing migration of applications by the programme end date of Mar-28. We have established 3 main workstreams: 1. Infrastructure Delivery - building the cloud infrastructure, on track to complete by end of Feb-26. 2. Migration and Optimisation- moving and improving existing applications, the first group of applications are planned for migration in Mar-26. 3. Organisational Change - supporting staff in new ways of working and ensuring benefits are realised. A supplier has been on boarded and working on multiple workstreams through to Sep-26. Due to the size and complexity of the programme, all workstreams are being supported by expert suppliers.	- Azure Infrastructure designs (HLD) in final stages of approval and worked commenced on LLD. - Security supplier secured (KPMG) - Welsh Government approval of the procurement briefing paper - Existing Azure workloads have been migrated onto the new Microsoft Cloud Agreement (MACC) - Organisational Change supplier on boarded - 5 x Project Resources, Head of Cloud Platform and Business Change Manager appointed - Forecasts refined with agreed position on capital/revenue classification - Supplier "Away Day" event held Narrative on what these achievements enable are in the "Progress Since Last Reporting Period" section.	Complete high priority recruitment and appoint Migration Support supplier to provide capacity and capability to deliver at pace.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.1	National Data Resource (NDR)	Final	AG →	AG	AG	AR	Marie Jones	The status of the programme has remained as Amber/Green to reflect the good progress which continues to be made across the breadth of the programme. However, there are recurring themes of planned work being deferred in order to respond to emerging priorities and continued resource constraints which have become more widespread across the product streams.	The Care Data Repository provides a standards based data store for storing, retrieving and updating care records, the team has supported the delivery of :- (1) The National rollout of Encounters (Hospital Waiting Lists, Referrals & appointments) in support of the NHS Wales App. The remaining user to go-live, CVUHB, is scheduled to go live in early Jan26. (2) The handover of the Shared Medicines Record and the go-live of the first user, BCUHB Electronic Prescribing Medicines Administration Programme. In support of these and other planned go-lives the FHIR Standards Team has delivered against Diagnostics FHIR Standard, WECDS Appointment FHIR Standard and Document Reference FHIR Standard which will enable data exchange. The National Data & Analytics Platform Team provides advanced, scalable data warehousing and advanced analytics capabilities. The team achievements include:- (1) Providing technical support and a test environment for the Audit+ replacement project. (2) Provided an urgent response and ongoing support for the Maternity Integration Taskforce. (3) Worked with Clinical Coding stakeholders to scope the requirements for a work package and commission the work. (4) Provide technical support to ABUHB, DHCW ISD and PHW for their migrations. (5) Completed the development of 4 use cases to support national clinical networks The Information Sharing Gateway tool (Information Governance) is now used as the regional register across all 5 WASPI regions, It was showcased at the WASPI 20th Anniversary Event in November 25.	Maintain business continuity arrangements to support delivery, accelerate recruitment for future stability and reforecast deferred delivery of planned work to manage expectations.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.2	Integration Hub (IH)	Final	AG	AG	G	AG	Jordan Walkley	Overall RAG remains amber-green- reasonable confidence in successful delivery with some areas requiring attention. End-to-end demonstration of Alpha given, basic set up and flow in Azure environment achieved in Q1 2025. Beta Delivery phase commenced with goal of first flow to production planned Q4 2025/2026 - development remains on track, with some assurance activities dependent for go-live. Development for Master Patient Index (MPI) inbound flows ongoing, along with other flows to be onboarded. End-to-end Integration and UAT testing with MPI and PHW (prioritised first flow) successful, with the aim of going live with this flow during January, with dependency on assurance and sign off from groups. Components for priority inbound flows are developed and ready for User Acceptance Testing (UAT) following go-live of first flow in January. Disaster recovery, business continuity and performance testing are now underway. Roadmap for future development and onboarding of flows created and shared, work ongoing to populate backlogs. Onboarding plans now created in order to ensure internal staff join Integration Hub team. Initial training of internal teams has taken place, this will remain ongoing activity whilst teams upskill. Funding secured for current and follow-on work package to support the hybrid team, which will end in February 2026. Further funding available to fund work until end of financial year. Requirements gathering continues to shape the product with internal teams, allowing continuous improvement. Current Fiorano contract ends in June 2026, with an option to extend. Discussions ongoing with the supplier, Commercial and Finance.	- Sign off of assurance documentation by assurance leads in readiness for go live - Solution Architecture Design for first flow, Disaster Recovery playbook, Service Management documentation. - Initial training delivered to internal teams, with significant upskilling and onboarding plans to commence in the new year with Integration Services teams. - Successful User Acceptance Testing (UAT) testing with Public Health Wales and Master Patient Index (MPI) teams for first flow. - Future flows for migration outlined and prioritised, backlogs developed for work to be undertaken. - Successful stakeholder engagement for flow migration and testing approaches continuing. - Development of subsequent MPI inbound / outbound components, ready for integration and UAT testing early next year. - Monitoring solution finalised for first flow.	- Increase confidence of onboarding of internal staff to Integration Hub - Increase confidence in health board ability to test within project timescales

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.2	Microsoft 365 Enterprise Agreement Renewal	Final	AG	AG	G	AG	Shruti Chauhan	Continuing to make good progress on the project, but with a key dependency on a successful negotiation.	-Completion of NHS Wales Discovery by Livingstone -Completion of optimisation of the Discovery numbers by Livingstone -Progress on the draft Business Case -Circulation of the Communication and Engagement Strategy -Option analysis and financial modelling around agreed options -Reception of initial proposal from Microsoft.	Response back from Microsoft to agree on the final numbers.
2.6	Electronic Prescribing and Medicines Administration (Secondary Care) (EPMA)	Final	AG	AG	AG	AG	Laurence James	• The overall status is "amber-green" because successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. • All health boards and Velindre Cancer Centre have signed a contract with their ePMA supplier from the national multi-vendor framework. • 2/3 (67%) ePMA suppliers on the national framework have access to the Shared Medicines Record (SMR) Application Programming Interface (API) test environment to complete integration development with the SMR.	• Cardiff and Vale University Health Board extended their ePMA implementation across medicines, surgical, specialist services and the emergency department at University Hospital of Wales (UHW) • BC UHB went live with their ePMA on 10th December across 5 wards in Wrexham Maelor Hospital. BC UHB are the first to integrate their ePMA with the SMR to share hospital discharge medicines • Velindre signed their ePMA contract in October meaning all health boards and Velindre Cancer Centre has signed a contract with their chosen ePMA supplier.	
2.6	Electronic Prescription Service (Primary Care) (EPS)	Final	AG	AG	G	AG	Laurence James	The overall status is "amber-green" because successful delivery is on track and appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. As of December 2025; • 12.4 million prescription items have been claimed via EPS since November 2023. • 135 (37%) GP practices, 545 (80%) pharmacies and 4 (100%) Dispensing Appliance Contractors (DACs) are using EPS to send and receive prescriptions from GP practices digitally • Approximately 543k patients have benefited from having their prescriptions sent electronically though EPS.	- Between October– December, 5.3 million prescription items were claimed through the EPS, with 21 GP practices and 38 community pharmacies starting to use EPS. - EPS-GP implementation schedule produced until November 2026. - EPS Cluster implementation approach tested in North Wales with positive feedback. - EPS-GP implementation schedule produced until November 2026. - Software developments to the GP-EPS enabled system to enable EPS to be used for patients who do not nominate a pharmacy, allowing one-off pharmacy nominations and geographical searching of EPS-enabled pharmacies commenced. - Software development advancing to enable EPS to be used in hospital's Urgent Primary Care settings	

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
2.2	GP Systems Migrations	Final	G	G	G	G	Jayne Steed	129 practice migrations have successfully completed their transfer to date.	A further 32 migrations have been completed this quarter, bringing the total number of Vision to EMIS Web migrations undertaken to 129. There are 64 remaining migrations to complete and we remain on track to complete all migrations by the end of May 2026.
2.3	Bridgend Transition Programme (BTP)	Final	NA	NA	NA	NA	Lucy Evans	Go-Live Implementation 16th – 19th May The Go-Live event was successfully delivered on schedule marking a key delivery milestone. Post Go-Live Issue Resolution Closed circa 384 post go-live issues following remediation and resolution, and the National WelshPAS Support Team have reverted to business as usual (BAU) operations as of Sep-25. National Systems Impact National Systems returned to BAU operations as of Jun-25. Pre-Prod Secure Testing Environment The environment will remain powered-on and continue to be utilised until the end of Mar-26.	The final Bridgend Transition Project Closure Report detailing the delivery status of objectives, key outcomes, lessons learnt, outstanding risks or actions has been reviewed by the Head of Programmes for Planned Care, and has been shared for approval by the DHCW SRO (Executive Director of Operations), and sign off by the Programme Board.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
2.2	Audit+ Replacement (AR)	Final	NA	NA	NA	NA	Jayne Steed	A Project Governance and Assurance Group has been established with representatives from GPC Wales. Work is progressing in all work streams supporting delivery of the Audit+ replacement: 3rd party Workstream (IM1.2 Delivery & Cloud Platform integration) Information Governance GMS Data Platform Analytics and Reporting Project (including comms and stakeholder engagement)	A 12-month extension to Audit+ has been agreed and work continues with Optum to agree an extension to the current data extract solution. This will enable parallel running and continuity of the service during 2026/27 whilst the DHCW in-house solution is introduced; a functional integrated prototype (GMS data platform) utilising Welsh test data is now available, enabling work to commence on report creation and visualisation of data. A Show and Tell has been completed with stakeholders.
2.4	Welsh Intensive Care Information System (WICIS)	Final	NA	NA	NA	NA	Helen Thomas	The Programme remains grey as milestones for implementation have not yet been agreed, awaiting a decision from Welsh Government following a submission of a strategic assessment to outline the requirements, including funding, to continue. However the project plan relating to the 'discovery' stage has met all milestones as agreed by end of October, agreement obtained from Programme Board and CAG on a way forward and all key resources are appointed.	- Discovery stage completed, hitting all planned milestones - Workshop outputs and requirements agreed and submitted to Ascom for assessment - All National and all but one local Clinical Leads in post - Agreement on option for progression from the WICIS CAG and Programme Board - Strategic Assessment and financial assessment submitted to Welsh Government for funding consideration

DHCW Commentary on Q3 25/26 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
1.1	National Data Resource (NDR)	The NDR Programme delivered key programme milestones including CPD accreditation for a third ALP module, launch of the Leaders Programme, Shared Medicines Record handover with first EPMA system integration (BCU) live. The NDR platform also delivered new integrations which were not in the delivery plan, for all-Wales hospital appointments in the App, and for local maternity systems – both delivered to live during Q3.
1.2	Integration Hub	The Integration Hub Programme achieved key milestones including successful UAT and integration testing with Public Health Wales and Master Patient Index, approvals for test strategy, DPIA, infrastructure and cyber security, and progressed disaster recovery planning, environment readiness and design sign-offs to enable service readiness.
1.2	National Target Architecture	The National Target Architecture programme completed supplier deliverables, published communications and launched its SharePoint site, delivered playback and review sessions, and advanced Stage 2 planning with engagement plans and scheduled Task & Finish groups to support the next phase.
1.4	Cloud Transition Programme (CTP)	The Cloud Transition Programme progressed Azure infrastructure designs to final approval, secured key suppliers for security and organisational change, migrated existing workloads to the new Microsoft Cloud Agreement, appointed critical resources including the Head of Cloud Platform, and advanced procurement for migration support partner to enable future cloud adoption.
1.4	Microsoft Enterprise Agreement Renewal	The Microsoft Enterprise Agreement project advanced its business case development to 70%, received an initial proposal from Microsoft, completed optimisation workshops with health boards, and agreed on investment objectives and success factors with the Project Board.
2.2	Connecting Care (CC)	The Connecting Care Programme finalised funding distribution and agreed new governance arrangements, progressed recruitment and planning for ICR workshops, issued the Mental Health Digital and Data Maturity Assessment to Health Boards, advanced community and mental health implementation with assurance activities and ITT evaluation, and agreed data retention and deletion plans following CareDirector exit.
2.2	GP Systems Framework	The GP Systems Framework completed Phase 1 migrations and progressed Phase 2, bringing the total Vision to EMIS Web migrations to 129, with 64 remaining and the programme on track to complete all migrations by May 2026.
2.2	Audit+ Replacement	The Audit+ Replacement Programme progressed key Q3 milestones with design and discovery complete and plan development on track, established a working prototype using Welsh test data from Optum's IM1, advanced technical design and data pipelines for the new GMS Data Platform, and moved DPIA and DPA drafts toward completion alongside prioritising reporting modules for future delivery.
2.3	Bridgend Transition National System Impact / WelshPAS Bridgend Disaggregation	Go live took place during May 25. Programme closure report included for noting.
2.4	Welsh Intensive Care Informatics System (WICIS)	The WICIS Programme completed all discovery milestones and submitted its strategic assessment to Welsh Government, achieved consensus from the WICIS CAG and Programme Board on the chosen option as part of the options appraisal for programme progression, advanced funding discussions with senior stakeholders, conducted usability testing and prototype demonstrations, and began preparations for an international site visit to inform future development.
2.5	Radiology Information System Procurement (RISP)	The RISP Programme achieved a major milestone with Hywel Dda going live on December 1, deployed encrypted GP Links/IUVO interfaces for Hywel Dda UHB, Betsi Cadwallader UHB, and Powys THB, commenced PACS data migrations across all health boards, and enabled cross-border image viewing functionality in Powys THB.

DHCW Commentary on Q3 25/26 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
2.5	Laboratory Information System 2.0 (LIMS2.0)	The LIMS Programme completed Tranche 1 with TCLE technical go-live and data migration, secured approval for Tranche 2 go-live, agreed Cellpath and Andrology deployment dates across Wales, and executed CCN 501 for discipline-based deployment.
2.6	Electronic Prescription Service (EPS)	The Primary Care EPS Programme: 5.3 million prescription items were claimed via EPS between October and December, with 21 GP practices and 38 community pharmacies going live. An EPS-GP implementation schedule through to November 2026 was produced. Software developments commenced to the GP-EPS enabled system to enable EPS to be used for patients who do not nominate a pharmacy, to enable one-off pharmacy nominations and geographic searching for EPS-enabled pharmacies. Work is advancing to support EPS use in hospital Urgent Primary Care settings, with First of Type testing planned with Swansea Bay UHB in Q4.
2.6	Electronic Prescribing and Medicines Administration (EPMA)	The ePMA Programme achieved a major milestone with Betsi Cadwaladr UHB going live across five wards at Wrexham Maelor Hospital and becoming the first to integrate their ePMA with the Shared Medicines Record for discharge medicines. Cardiff and Vale UHB extended its implementation across medicines, surgical, specialist services and the emergency department at University Hospital of Wales. Velindre Cancer Centre also signed their ePMA contract in October meaning all health boards and Velindre Cancer Centre has signed a contract with their chosen ePMA supplier.
3.2	Digital Services for Patients and the Public (DSPP)	The DSPP Programme deployed waiting list referrals and hospital appointments functionality to 6 health boards, while registrations grew to over 642,000 patients with nearly 3 million repeat prescriptions and 173,000 GP appointments booked through the NHS Wales App.

Escalations to Programmes Delivery Committee

Closed / De-escalated

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-96	LIMS2.0	Oct 25	Alert	PPMG POMB & PDC Assure	The timetable to transition from the current LIMS (TCL2016) to LIMS 2.0 (TCLE) by December 2025 will not be met, due to the extension of User acceptance testing (UAT), a large number of defects identified, limited availability of required specialist resource and delays in delivery of some of the functionality. Delays in adoption would incur significant costs for NHS Wales to prolong the use of obsolete and sunset LIMS systems, that will have limited support and increase the risk of failure.	UPDATE Jan 26: A report has been produced which details reason for delays, costs and proposed mitigation actions. This has been shared with the Programme Board and HB/Trust Directors of Digital. The supplier has provided dates for all outstanding defect fixes and functionality drops. Escalation meeting arranged 22 January 2026 with HB/Trust Chief Executives, Directors of Finance, Directors of Digital and Programme Leads to confirm the Plan. UPDATE Dec 25: Comms sent to WG with revised plan/proposed change controls. WG have asked for additional assurances which the Programme are addressing. PPMG Action: Programme to assess impact of delays and PPMG to support the prioritisation of resource as required. Finance: Any additional capital investments required to refresh end of life infrastructure to be assessed. Clarification of all cost implications to be assessed should the service still be required in 2026/27. Closure Criteria: Agreement of additional costs, change in approach and revised dates
ESC-103	RISP	Oct 25	Alert	PPMG POMB & PDC Assure	As a result of ABUHB request to move their go live date to May 2026 the programme will not complete at the end of March 2026 as planned, there is also a possibility of further requests to move beyond March as a result of the transitional global worklist requirement.	UPDATE Jan 26: VCC have requested to move their Go Live to 24th April due to global worklist and concerns regarding their ability to access images from HBs during the transition period. A financial meeting will be arranged to ensure the funding implications are managed appropriately and arrangements confirmed for continued support for the legacy RIS System. UPDATE Dec 25: Comms sent to WG confirming AB have signed CCN with supplier. Change control to be processed. Updated funding proposal for 26/27 to be shared with AB. Financial implications for 2025/26 assessment of implementation activity by local organisations to be carried out to inform end of year underspends and cost pressures carried forward into 2026/27. AB have confirmed at DoDs they will not fund RADIS support team costs beyond March. Awaiting clarity on finance position for 26/27 – updated proposal to be shared with AB. Closure Criteria: Approval at board and confirmation from the HBs that they will manage any financial implications

Escalations to Programmes Delivery Committee

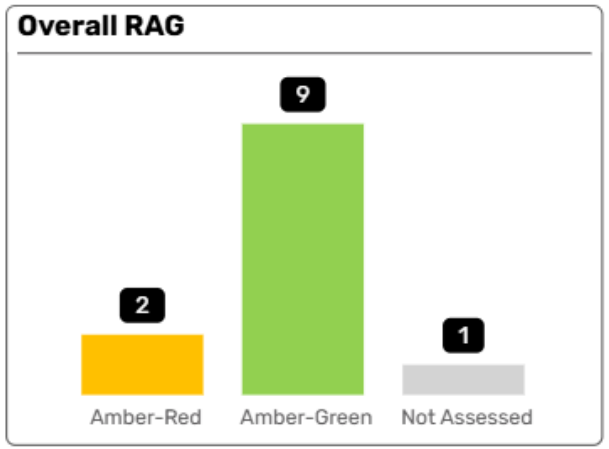
Closed / De-escalated

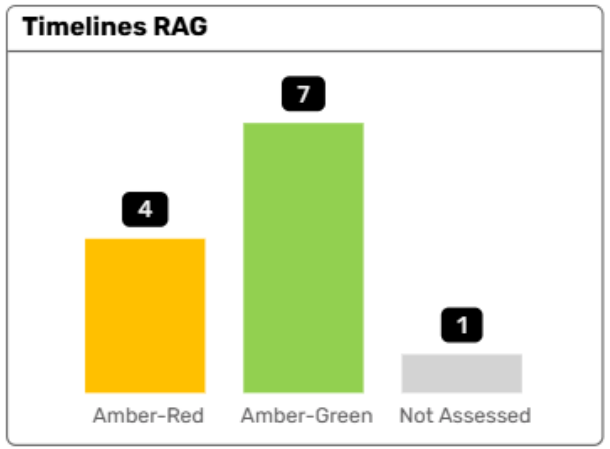
Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-111	WICIS	Dec 25	Assure	PPMG POMB & PDC Assure	WICIS has finalised the discovery stage and is awaiting an update from Welsh Government to inform whether the programme continues, including with funding to support, with an updated commitment of December 25 for a response. Ascom, the system supplier were made aware of this commitment. If a decision is not made, this risks damaging momentum or rendering the Programme unable to proceed by default, given local pressures within Health Boards and commercial pressure for the supplier.	UPDATE Jan 26: Awaiting WG decision. Programme planning and preparation for site visit and system refinements on-going. Closure Criteria: For a decision to be made that the programme would continue and funding be made available to do this.

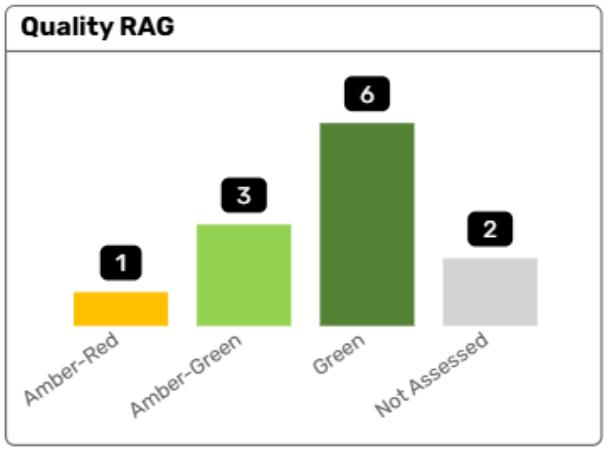
Overall Summary

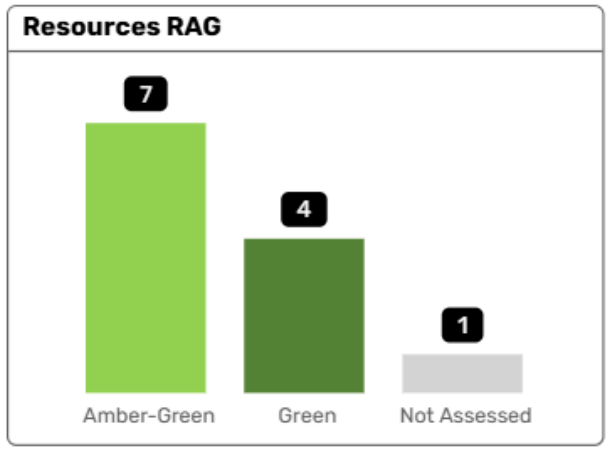
1 Nr of Programmes

11 Nr of Projects









2.3	Maternity Data Standards	⇩	Maternity Data Standards (MDS) Project unable to achieve its planned delivery milestone of publishing a national Maternity Data Reporting Standard for Wales by 31st December 2025. This is due to delayed and incomplete responses to the Impact Assessment for the proposed data standard that was issued by the DHCW Data Standards Team on 27 October 2025.
3.1	Welsh Nursing Care Record (Hospital) - WNCR – Paeds	⇔	Q4 milestone at risk due to outstanding user stories and expanding scope (notably the Paediatric Assessment Document), with UAT for most documents now targeting March 2026 and future delivery dependent on design progress and 2026–27 funding approval.
1.2	API Management	⇔	
1.2	Fiorano 13 Migration	⇔	

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PROGRAMME HIGHLIGHT REPORTS | RAG STATUS
OTHER PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END DECEMBER 2025

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on AMBER/RED and RED RAG ratings
1.2	NHS Wales Referral Integration	NEW				
2.2	Eyecare ERS	⇔				
2.3	Ssecondary Care Lung Function Testing	NEW				
2.4	Welsh Emergency Care Data Set	⇔				
3.1	Electronic Test Requesting and Results Notification	⇔				
3.1	Welsh Information System for Diabetes Management	⇧				
5.6	TSM Replacement Toolset	NEW				
1.4	Device Optimisation Discovery Project	NOT ASSESSED				

GIG CYMRU NHS WALES
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Digital Health and Care Wales

Programmes Delivery Committee

5th February 2026

Annual Assurance Reports

- Welsh PAS Administration (WPAS)
- GP Systems Framework
- Cloud Migration Programme

Programmes Delivery Committee: Programme Closure Report

Bridgend Transition Programme

January 2026

What was the Bridgend Transition Programme?

The Programme was established to support the transition of the Bridgend region from what was the Abertawe Bro Morgannwg Health Board (ABMU) into Cwm Taf Morgannwg (CTM).

To support this, changes to IT systems were required, with data needing to be migrated from Swansea Bay's WelshPAS System into Cwm Taf's. In addition, impacts for other national systems needed to be understood to minimise disruption associated with the boundary change.

The original Programme was due to be completed in 2020, but COVID-19 pandemic priorities, then other Welsh Government priorities, such as the merging of Betsi Cadwaladr Health Board system, meant that the Programme was postponed. In 2023, Welsh Government confirmed that the WelshPAS disaggregation needed to be completed in May 2025.

Reasons for closing the Programme

- Successful delivery of the WelshPAS disaggregation over the Go-Live Weekend (16/05/2025 – 19/05/2025)
- Completion of agreed “Warranty Period” on 30/05/2025
- Successful closure of all open issues associated with the Go-Live prior to reduced support ending on 30/09/2025
- Final Programme Board held on 08/12/2025 to agree to close the Programme.

Programme Performance – Against Aim & Objectives

Aim	Status
Enabling the migration of Bridgend patient data in PAS from SB's WelshPAS instance into CTM's WelshPAS instance.	**Complete**

Objective	Status
Define the scope of the data to be migrated	**Complete**
Establish a process for ensuring the correct data is extracted and migrated	**Complete**
Migrate relevant Bridgend patient data from SB WelshPAS instance to CTM WelshPAS as per the agreed scope, ensuring data / patient care is not compromised for either Health Board during or after transition.	**Complete**
Identify any systems within DHCW and the Health Boards dependent on WelshPAS and assess and manage the impact of this work. Support delivery through planning and performing testing in readiness for Data Migration.	**Complete**

Programme Performance – Against Costs

- The Programme achieved a break even position over its three year funding cycle. An overview of the costs is included in the table below.

Organisation	Revenue Funding			
	FY 2023/24	FY 2024/25	FY 2025/26	Total
Cwm Taf Morgannwg University Health Board	£604,000	£643,074	£630,574	**£1,877,648**
Swansea Bay University Health Board	£0	£0	£98,735	**£98,735**
Digital Health and Care Wales	£0	£1,012,610	£353,943	**£1,366,553**
TOTAL	**£604,000**	**£1,655,684**	**£1,083,252**	**£3,342,936**

Programme Performance – Against Deliverables

- All deliverables were completed, however, some were either delayed or only partially completed prior to go live. This was to primarily due to delays in establishing the appropriate test environment, which delayed testing commencing and truncated timescales.

Deliverable	Planned Completion	Actual Completion
WelshPAS Data Migration Events 1 – 7	22 November 2024	22 November 2024
WelshPAS Data Migration Event 8 and Final Checks	21 March 2025	16 May 2025
WelshPAS Regression Testing and UAT	18 April 2025	16 May 2025
WelshPAS Integration Testing	21 March 2025	16 May 2025
National Systems Integration Testing	18 April 2025	16 May 2025
WelshPAS Workflow Processes	22 November 2024	16 May 2025
Go-Live	19 May 2025	19 May 2025
Go-Live Warranty Period	30 May 2025	30 May 2025
Post Go-Live Support	30 September 2025	30 September 2025

Lessons Learned

- An extensive Lessons Learned process was undertaken as part of Programme Closure with stakeholders from all organisations participating. The tables below provide a summary of the key lessons and recommendations.

What Went Well
Governance & Leadership
When programme leadership was in place, it brought clarity, structure, and momentum that helped navigate complexity and align delivery efforts.
Scope & Planning
The programme successfully identified key risks and dependencies, and delivery teams showed adaptability under pressure, maintaining progress despite resource and planning challenges.
Risks & Reporting
Within the programme governance structure that had been established, and existing organisational arrangements, the projects submitted regular and informative reports, highlighting the RAG status and areas of concern.
Testing & Quality Assurance
The testing teams demonstrated resilience and adaptability, managing complex scenarios under pressure and maintaining strong collaboration with delivery teams, which helped sustain momentum during critical phases.
Stakeholder Engagement & Collaboration
The programme was strengthened by strong cross-organisational collaboration, open communication which fostered trust, shared ownership, and a positive foundation for future joint working.
Delivery Execution & Team Wellbeing
Key teams demonstrated exceptional resilience and adaptability, delivering a successful Go-Live under pressure through a strong coordinated execution.

What We Need to Do Differently
Governance & Leadership
At project initiation, establish a robust programme governance structure with Senior Leadership oversight to reflect complexity and scale. Early scoping to identify key roles and dependencies which must be planned and resourced from the outset. Avoid assumptions based on past projects and ensure tailored assessments guide delivery confidently and cohesively.
Scope & Planning
Clarify scope boundaries, strengthen resource planning, and engage stakeholders earlier, while identifying interdependencies upfront to prevent delays, inefficiencies, and delivery strain across impacted teams.
Risks & Reporting
Ensure programme reporting reflects the true delivery health by aligning RAG status with critical risks and enabling open confidence sharing from delivery teams.
Testing & Quality Assurance
Future programmes must appoint a dedicated Testing Lead early, ensure timely access to test environments, and allow sufficient time for comprehensive testing. Decisions to proceed must be based on validated readiness, not urgency, to safeguard quality and patient safety.
Stakeholder Engagement & Collaboration
To improve future delivery, stakeholder engagement should be treated as a continuous, structured activity with clearly defined roles, early involvement of all impacted parties, and proactive communication strategies to ensure alignment, ownership, and readiness across organisations.
Delivery Execution & Team Wellbeing
DHCW to embed flexible resourcing, supportive recovery mechanisms, and early wellbeing safeguards to reduce delivery strain and uphold a culture of trust throughout demanding delivery cycles.

Closure Activities

- All outstanding support items relating to closure were complete on 26 September 2025
- Final Programme Board delayed, held on 8 December 2025
- All Issues relating to the Programme closed
- All remaining/residual risks transferred to business as usual risk owners
- Final Programme Closure and Lessons Learned Report approved and submitted to January POMB following final Programme Board

GIG CYMRU NHS WALES

Iechyd a Gofal Digidol Cymru

Digital Health and Care Wales

GP Systems Framework

Annual Assurance Report

January 2026

GMS Systems Framework

The GMS Systems Framework is a Framework Agreement for provision of GP systems and services; InPractice Systems (INPS) and EMIS Health (subsequently known as Optum) were awarded onto the Framework in 2021.

The Agreement is managed by Digital Health Care and Wales (DHCW) on behalf of Welsh Health Boards and is funded by the Welsh Government.

369 GP practices benefit from provision of IT clinical systems under individual Health Board Contracts (Deployment Orders).

Supporting 'A Healthier Wales'

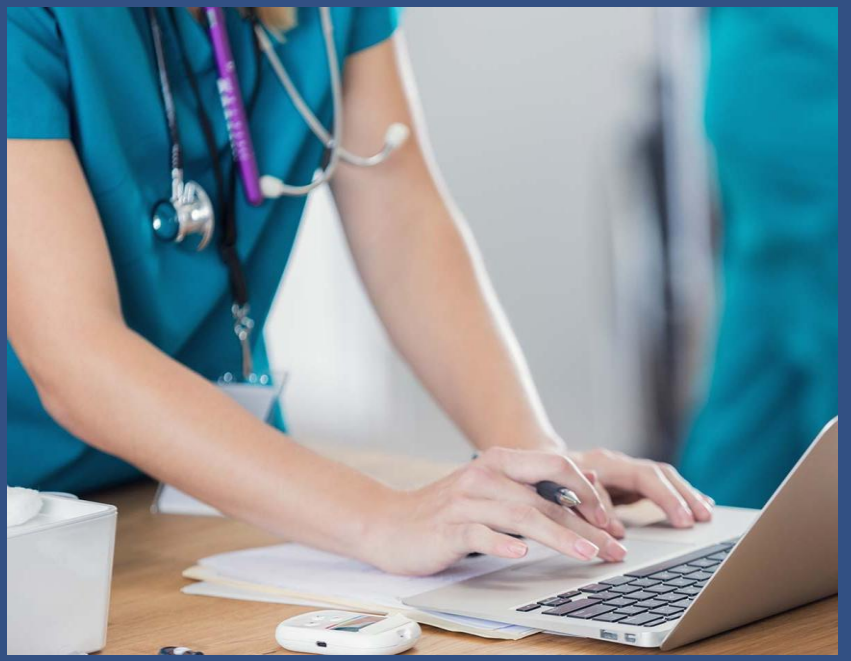
DHCW: Mission 2 Deliver high quality digital products and Services

The GP clinical system enables electronic…..

The GP record is a key data source for the Welsh Clinical Portal, which is utilised widely by other NHS Services

GP Systems Choice and Mini Competition

The Framework Agreement was established to provide a choice of clinical systems for GP Practices, via a mini-competition process.



Within the Framework Agreement suppliers are requested to state the number of practices they need to secure to ensure that it is financially viable for them to provide services. The Framework Agreement also sets out that if this number is not met following the mini-competition, the supplier has the option to not participate in any new contracts.

The number of practices choosing INPS, as part of the process undertaken at the end of 2023, did not meet this threshold and DHCW were notified of INPS's business decision to withdraw from Wales (26th January 2024).

A project was established to migrate all INPS practices (198*) to EMIS Health.

*This has reduced to 193 due to practice closures/mergers

GP Systems Migration Project

Objective: ***To complete the migrations safely and minimise disruption to GP practices and their patients.***

Key Benefit: ***Continuity of service provision***

Planning Assumptions:

- Equitable implementation across Health Boards to de-risk disruption
- Avoiding peak periods for practices, such as public holidays, providing minimal contingency
- No migrations during supplier change freezes
- An average of 2 practices migrating per week

Phase One: Migrate those practices choosing to migrate to EMIS (110 practices)
Phase Two: Migrate those practices who chose INPS (88 practices) – forced migration.

NOTE: At project initiation in early 2024, the plan was to complete all migrations by January 2027. The subsequent challenges, detailed in this report, required a change to scheduling.

*

A GP Practice Migration: Timeline – Activities - Resources

Resources

Minus 20 weeks - Migration Planning

EMIS Implementation
DHCW Primary Care Ops
GP Practice

Minus 16 to 18 weeks - Engagement Activities

EMIS Implementation
DHCW Primary Care Ops/PCMT
DHCW Primary Care Ops
Cegedim
GP Practice

Minus 16 to 18 weeks - Technical pre-requisites Start

DHCW Client Services
DHCW Client Services (on-site)
DHCW Primary Care Ops
GP Practice
Cegedim
EMIS Technical
EMIS Implementation

Minus 12 weeks - Data Checking Start inc. Training

GP Practice
EMIS Implementation (on-site)
EMIS Technical
DHCW Primary Care Ops (on-site)
Downstream Services Team

Minus 4 to 6 weeks - Data Checking Complete inc. Training

EMIS Implementation
EMIS Technical
GP Practice
DHCW Primary Care Ops
DHCW Primary Care Ops/PCMT
Downstream Services Team

Go or No Go

GP Practice/EMIS/DHCW/Cegedim

Minus 1 - 2 weeks - Prepare for Read Only

Downstream Services Teams
GP Practice
DHCW Primary Care Ops

Practice Read Only - No data entry for 3 days

Cegedim
EMIS Technical
DHCW Client Services
DHCW Primary Care Ops
GP Practice

Minus 1 day - Technical Go Live Day

EMIS Implementation (on-site)
GP Practice
DHCW Primary Care Ops (on-site)
DHCW Client Services (on-site)
Downstream Services Teams

Go Live - Business Go Live Day

EMIS Implementation (on-site)
GP Practice (inc. Health Board reps on-site if applicable)
DHCW Primary Care Ops (on-site)
DHCW Client Services (on-site)
Downstream Services Teams

Post Go Live Plus 1 month - Post Go Live Support inc. Training

GP Practice
DHCW ServiceDesk
DHCW Client Services
DHCW Primary Care Ops (on-site)
DHCW Primary Care Ops
EMIS Implementation (on-site)
EMIS Technical
Downstream Services Teams
PCMT

Post Go Live Plus 2 months - Post Migration Business as Usual

GMS Clinical System Migration: Activity per GP Practice

Go Live Minus 20 weeks - Migration Planning Business as Usual	
EMIS Implementation DHCW Primary Care Ops Practice	• Prepare Engagement and data migration artefacts • Prepare Trainers' schedules • Prepare Engagement artefacts • Plan migration & prepare to book in Facilitators • Confirm go-live date to Practice • Confirm acceptance of proposed go-live date • Migration Preparation Starts

Go Live Minus 16-18 weeks - Engagement Activities	
EMIS Implementation DHCW Primary Care Ops DHCW Primary Care Ops/PCMT Cegedim Practice	• EMIS Data Release Forms Sent • EMIS Migration packs sent • DHCW Migration packs sent • Weekly meetings with Practices scheduled • Trial data extra ordered • Trial data extract order processed • Sign data release forms and return to EMIS • Accept weekly meetings with DHCW Primary Care Ops • Act on Migration Pack information

Go Live Minus 16-18 weeks - Technical pre-requisites Start	
DHCW Client Services DHCW Client Services (on-site) DHCW Primary Care Ops Practice Cegedim EMIS Technical EMIS Implementation	• Install EMIS Software inc. Spoke/WDS • Configure to FAM • 3rd party product information gathering & rationalisation • Install additional monitor to support data checking (TBC) • 3rd party product rationalisation • Prepare for Planning/Engagement Day • Act on activities outlined in migration packs • Prepare for Planning/Engagement Day • Trial data extract provided to EMIS (via central repository) • Provide CDB info for Spoke/WDS & FAM to DHCW Client • Collect trial date from central repository • Convert trial data • Present data in FAM and confirm with DHCW Client • Book in Planning/Engagement Day • Prepare to share 3rd party products compatibility details

Go Live Minus 12 weeks - Data Checking Start inc. Some Training	
Practice EMIS Implementation (on-site) EMIS Technical DHCW Primary Care Ops (on-site) Downstream services team	• Attend weekly preparation meetings with DHCW • Act on activities outlined in migration packs • Attend onsite Planning/Engagement Day • Receive EMIS System Overview • Confirm future training dates • 3rd party product considerations following rationalisation • Familiarisation / Training using FAM and online resources • Data Checking Starts (8 weeks) • Raise Data Checking queries with EMIS • Facilitate and attend onsite Planning/Engagement Day • Provide EMIS System Overview • Propose future training dates • 3rd party product compatibility • Act on data queries raised during data checking period • Facilitate and attend Weekly Practice Meetings • Attend onsite Planning/Engagement Day • Audit+(Informatica): Act on request for PDES data stream to be activated on go live • EMIS: Act on request for PDES data stream to be activated on go live

Go Live Minus 4 to 6 weeks - Data Checking Complete inc. Further Training	
EMIS Implementation EMIS Technical Practice DHCW Primary Care Ops DHCW Primary Care Ops/PCMT Cegedim Downstream services teams	• Deliver Role Based training • Act on Final data queries raised during data checking period • Attend weekly preparation meetings with DHCW • Receive Role Based training • Raise Final Data Checking queries with EMIS • Data Checking complete • Act on activities outlined in migration packs, eg • comms to patients • List reconciliation • Facilitate and attend Weekly Preparation Meetings with Practice • Live data extract ordered • Request Cegedim to place Docman DDE order • Live data extract order processed • Cegedim order Docman DDE extract • WRTS/Data Reference: Act on request for Data Reference Table update • NHS Wales App: Act on request for online services practice switchover • WIS Support: Act on servicepoint call re covid write back • Corporate Apps: Act on servicepoint call to update Practice's new clinical system details in servicepoint • NWSSP: Work with Practice on list reconciliation activities prior to receiving a confirmed pre-migration list. • WGPR: Test IHR links pre-migration

Go/ No Go	
Practice/EMIS/DHCW/Cegedim	• Minus 4 week Go / No Go call • Confirm readiness against checklist eg • Confirm DHCW resources • Confirm Live Data on track for Read only period

Go Live Minus 1-2 weeks - Prepare for Read Only	
Downstream services teams Practice DHCW Primary Care Ops	• NWSSP: Act on practice request for registration links to be paused evening before live data extract is processed. • Labs: for ICE users - Act on practice clinical system change information provided by Practice • Health Board: for ICE users - Act on practice clinical system change information provided by Practice • Nat GP Links: Act on DHCW/practice request to stop pathology links • OOH: Act on practice request for a pause commencing evening before live data extract is processed. • NHS Wales App: Act on request for online services practice switchover • SAIL Databank - Act on practice clinical system change information • Attend weekly preparation meetings with DHCW • Act on activities outlined in migration packs • Prepare for Read Only eg • Online services switch off • Request path links switch off • OOH switch off • Registration Link switch off • Prepare Practice for Read Only • Prepare for Go Live Days 1 & 2 • Facilitate and attend Weekly Preparation Meetings with Practice

PRACTICE READ ONLY - No data entry for 4 days	
Cegedim EMIS Technical DHCW Client Services DHCW Primary Care Ops Practice	• Live data extract provided to EMIS inc. Docman DDE • Convert Live data inc. Docman DDE • Present Live data inc. Docman (TBC re Docman timings) • Central Repository Capacity Check/Archiving • Prepare to reconfigure Practice System from FAM to LIVE. • Prepare for Go Live • Prepare for Go Live • COP Weds Opt 1 or COP Tues Opt 2 – Switch to Manual • Refer to Cegedim system, no data entered will be presented in the EMIS system from this point.

GO LIVE Minus 1 Day - Technical Go Live Day	
EMIS Implementation (on-site) Practice DHCW Primary Care Ops (on-site) DHCW Client Services (on-site) Downstream services teams	• System & User Config activities • System Troubleshooting • Configuration, training • Switch-on activities and checks • Online Services • Path Links • Floor walking • escalation point • co-ordinating activities • Desktop reconfiguration & troubleshooting • Printers • Scanners • 3rd party app installations • WGPR: Test IHR Links post-migration • Nat GP Links: Act on DHCW/practice request to recommence pathology links. • OOH: Act on practice request to recommence. • NHS Wales App: Progress necessary actions and confirm resumption of online servicesNHS Wales App: Progress necessary actions and confirm resumption of online services

GO LIVE - Business Go Live Day	
EMIS Implementation (on-site) Practice (inc. Health Board reps on-site if applicable) DHCW Primary Care Ops (on-site) DHCW Client Services (on-site) Downstream services teams	• System & User checks • System Troubleshooting • Switch to Live activities, eg • Map medication requests • Map pathology results • Enter read-only period activities into EMIS System • Floor walking • escalation point • co-ordinating activities • Desktop reconfiguration & troubleshooting • Printers • Scanners • 3rd party app installations • WGPR: Test IHR Links post-migration • Nat GP Links: Act on DHCW/practice request to recommence pathology links. • OOH: Act on practice request to recommence. • NHS Wales App: Progress necessary actions and confirm resumption of online services

Post Go Live (duration 1 month) - Post Go Live Support inc. Remaining Training	
Practice DHCW ServiceDesk DHCW Client Services DHCW Primary Care Ops (on-site) DHCW Primary Care Ops EMIS Implementation EMIS Technical Downstream services teams PCMT	• Continue entering read-only period activities into EMIS System • Receive additional training • Attend post-migration Weekly Practice Check-ins • Close monitoring of servicedesk calls (enhanced 2 week SLA) • Handover from on-site engineer • Continue resolving 2nd/3rd line servicedesk calls (enhanced 2 week SLA - TBC) • Post Go Live Days 1 & 2: continue on-site support • Facilitate & attend post-migration Weekly practice check-ins • Downstream service check-ins • Steady Ops activities • Prepare for BAU • Provide additional training • Steady Ops activities • Prepare for BAU • Docman conversion & presentation to EMIS Scan activities • Close monitoring of calls (enhanced 2 week SLA in preparation for Steady Ops milestone – TBC with EMIS) • Gateway Services: Post Go Live Day 3 – check all processes complete • iPlato/My Health Text: Post Go Live Day 1 – Practice and EMIS to Organise Account and Training activities with 3rd party • Steady Ops activities

Post Go Live +2 months - Post Migration Business as Usual	
BUSINESS AS USUAL	• BUSINESS AS USUAL

IGDC • DHCW

Challenges

On 10th December 2024, DHCW was made aware that INPS, as a subsidiary of Cegedim SA, had voluntarily placed itself into administration in view of financial difficulties. The business of the company continued to trade and maintain a full service while a new buyer was sought.

At that time 154 practices* (providing clinical services to approximately 1.37 million patients) had yet to migrate. In recognition of the significant risk posed to the services to GP practices, their patients, and wider down-stream NHS Services, DHCW formed a task force to manage the response as a Major Incident.

Through strategic engagement with the administrator and other home nations over several months, DHCW successfully navigated the administration, achieving the preferred outcome of the service transitioning to a new supplier and ensuring continuity of service. The sale of INPS to One Advanced was completed in August 2025.

DHCW teams undertook a retrospective on the management of the incident in September.

* Correct as of 10th January 2025

Retrospective: Key Takeaways

What Went Well:

- Collaboration across teams, effective communications and stakeholder briefings.
- The early decision to invoke major incident management structure proved pivotal to effective response.
- Engagement of a specialist commercial advisor.

Challenges & Improvements:

- Exit Plans need to be finalised at an early stage of the Contract and reviewed on a regular basis.
- Proactive contract health checks would enable flags to be raised earlier.
- The unpredictability of funding provision surrounding a critical incident and routes to decisions was unclear.

Technical/Operational Insights:

- Business continuity planning requires review and improvement
- There is a need for better documentation and periodic data backups to mitigate against supplier failure or data loss.

Recognition:

- The teams' collaborative work was recognised at the DHCW Staff Awards.
- The teams' approach was noted as an exemplar and gathered positive comparisons to other nations' responses.

Retrospective: Summary of Agreed Actions

Develop a standard framework for undertaking financial checks on our suppliers; ensuring the activities are undertaken at appropriate stages in the contract term.

Review the SOP on Procurement in Exceptional circumstances to ensure it includes financial controls and governance requirements.

Strengthen and maintain up-to-date exit plans for key contracts, ensuring timely decision-making and regular review throughout the contract lifecycle.

Develop a set of guiding principles or a checklist for managing critical incidents, incorporating lessons learned on governance, financial, and commercial aspects, to be referenced in future similar scenarios.

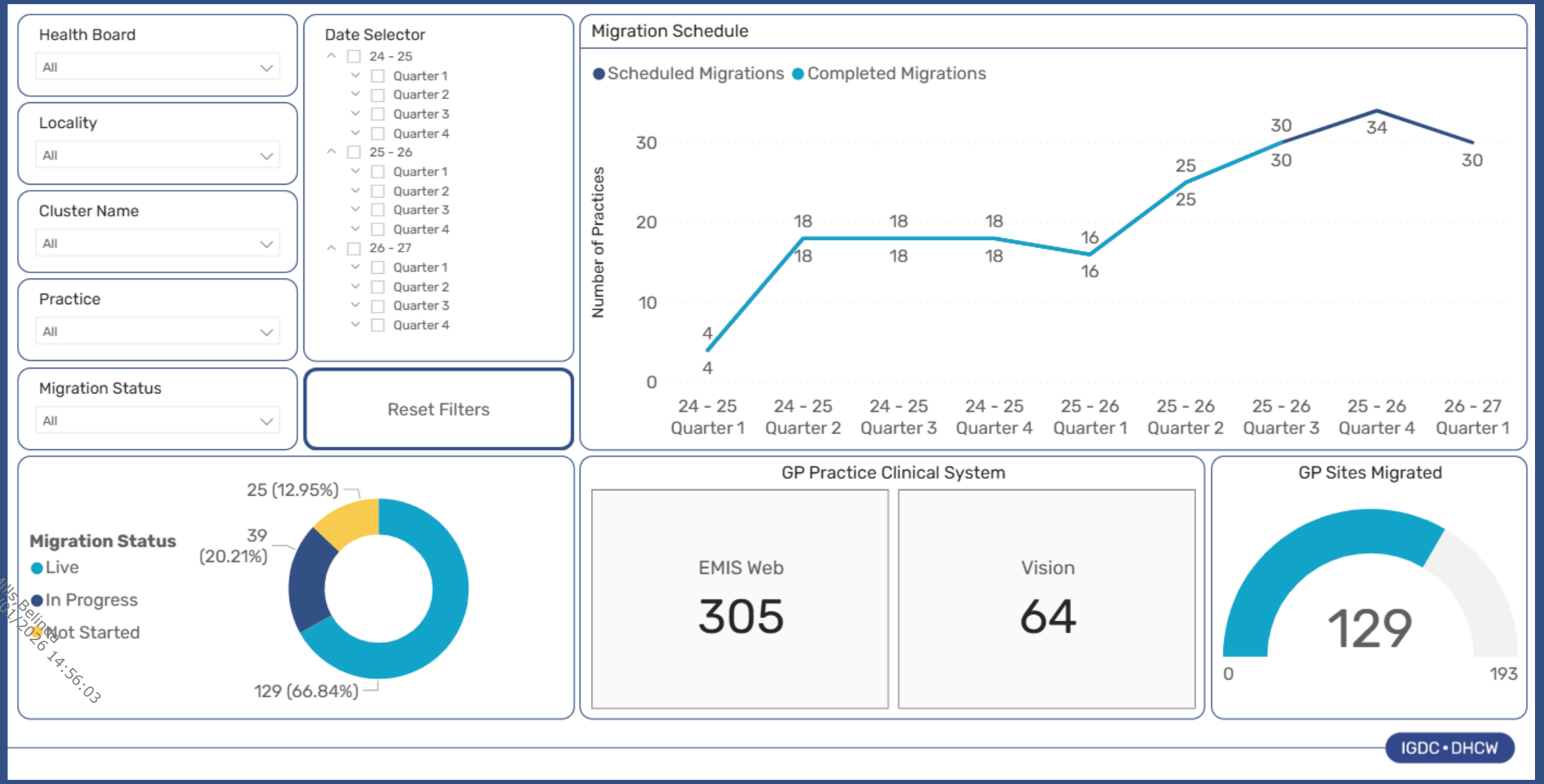
Data access, recovery and resilience: Explore and implement options to ensure access to critical data in the event of supplier failure, including periodic data backups or alternative data access arrangements.

Impact of the Administration process on the Plan

One of the mitigations identified during the response to the administration, was to expedite the migration cadence. Agreement was reached with both OneAdvanced and Optum (formally EMIS) to increase the cadence from an average of 2 practices per week to 4.

Following significant planning, to ensure there was no compromise to the integrity of the migration process, and therefore no additional clinical risk was introduced, the migration cadence increased from October 2025; this means the **transition to a single supplier will be complete in May 2026.**

GP Migration Dashboard: 31st December 2025



Successes

- Successfully navigated through the INPS Administration, agreeing a deal with the new buyer
- 129/193 practices migrated to Optum (formally EMIS)
- 3841 Practice staff supported
- Minimal disruption for 1,173,089 patients
- 95% Positive feedback
- Project on target as of 31st December 2025
- Continually learning lessons and implementing improvements

GP Practice Feedback

Thank you, team, for a job really well done on our migration - a few tweaks which would make it perfect but overall thank you for
Cardiff and Vale – 06/2024

Feedback from the Team shows that the whole process was seamless from beginning to end. The DHCW team(s) should feel proud of managing such a successful migration for our practice and it was reassuring to have them on-site and being able to solve and rectify any issues that were presented on go-live and keep a watchful eye over EMIS .
Cardiff and Vale – 08/2024

Paula was brilliant from the very start of the process, very informative and we felt prepared based on the support and advice given. The weekly meetings were very useful and made us feel as prepared as we could.
Aneurin Bevan – 10/2025

DHCW's support was invaluable
Cardiff and Vale – 11/2025

The migration process from start to finish was fantastic. Big thanks to Kyle and Carina for all their help and support, we could not have done this without them - from the bottom of our hearts a huge thank you!
Aneurin Bevan – 11/2025

Without your fabulous team, I would not be sat at my computer with a smile on my face. A massive thank you to Carl and Carina they were incredible. They supported all the staff. So professional, so knowledgeable, so patient, so kind and thoughtful. Please pass on our thanks to them as they deserve to know how grateful we are. Gareth and his team were great too. THANK YOU EVERYONE.
Cardiff and Vale – 10/2024

Next Steps

- Complete all GP system migrations by the end of May 2026.
- Complete all decommissioning activity associated with OneAdvanced during Q2 2026/27.
- Project closure.
- Forward action to realise the potential benefits of a single supplier.

Programmes Delivery Committee: Annual Assurance Report

Cloud Transition Programme (CTP)

January 2026

Brief Overview

We are migrating DHCW's applications to modern, secure cloud platforms. This will make services faster, more secure, and easier to manage. It will increase efficiency, lower our carbon footprint, and prepare us for the future.

The Cloud Transition Programme (CTP) will:

- Make product delivery more efficient through automation and self-service.
- Strengthen security and reliability to maximise uptime and ensure services remain resilient and accessible.
- Train staff so everyone has the skills to work in the new environment.
- Ensure more predictable, pay-as-you-go costs.

We are working on three main areas:

- **Infrastructure Delivery** - building the cloud infrastructure.
- **Migration and Optimisation-** moving and improving existing systems.
- **Organisational Change** - supporting staff in new ways of working and ensuring benefits are realised.

This is a large and complex programme, so we are partnering with expert suppliers to make sure we deliver our objectives efficiently, securely, and build long-term capability.

We will share what we learn with all NHS Wales bodies through regular communication and engagement.

PSBA: Wales secure network for NHS and public services

NaaS: Network as a Service connection

Current | **Cloud**

2 Data Centres — **PBSA** — **NaaS** — **DHCW** Secured and Public **Cloud**

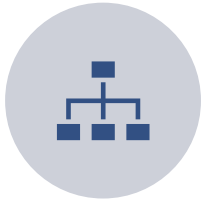
Mills Belinda
28/01/2026 14:56:03

Cloud migration scope

~100	~135,000	~1,600
Services	Users	Servers

Scope of the Programme

Migration of ~100 national digital services hosted on ~1,600 on-premises servers to DHCW's secure, compliant cloud environments.



Implementation of governance, security, and operational frameworks to ensure continuity and compliance.

Phased migration approach prioritising critical services, with clear milestones and risk management.

Adoption of a "migrate, optimise & re-platform" strategy: where feasible, services will be rehosted or re-platformed, leveraging open-source tools to maximise efficiencies.

Engagement with stakeholders to enable seamless integration and user adoption.

Delivering the required processes, training and business change to maximise the benefit of adopting cloud services.

Strategic and Policy Drivers

- **Delivers digital tools that underpin better informed-care**: A secure, modern foundation for sharing and analysing health data so services can make better-informed decisions that enhance care and well-being.

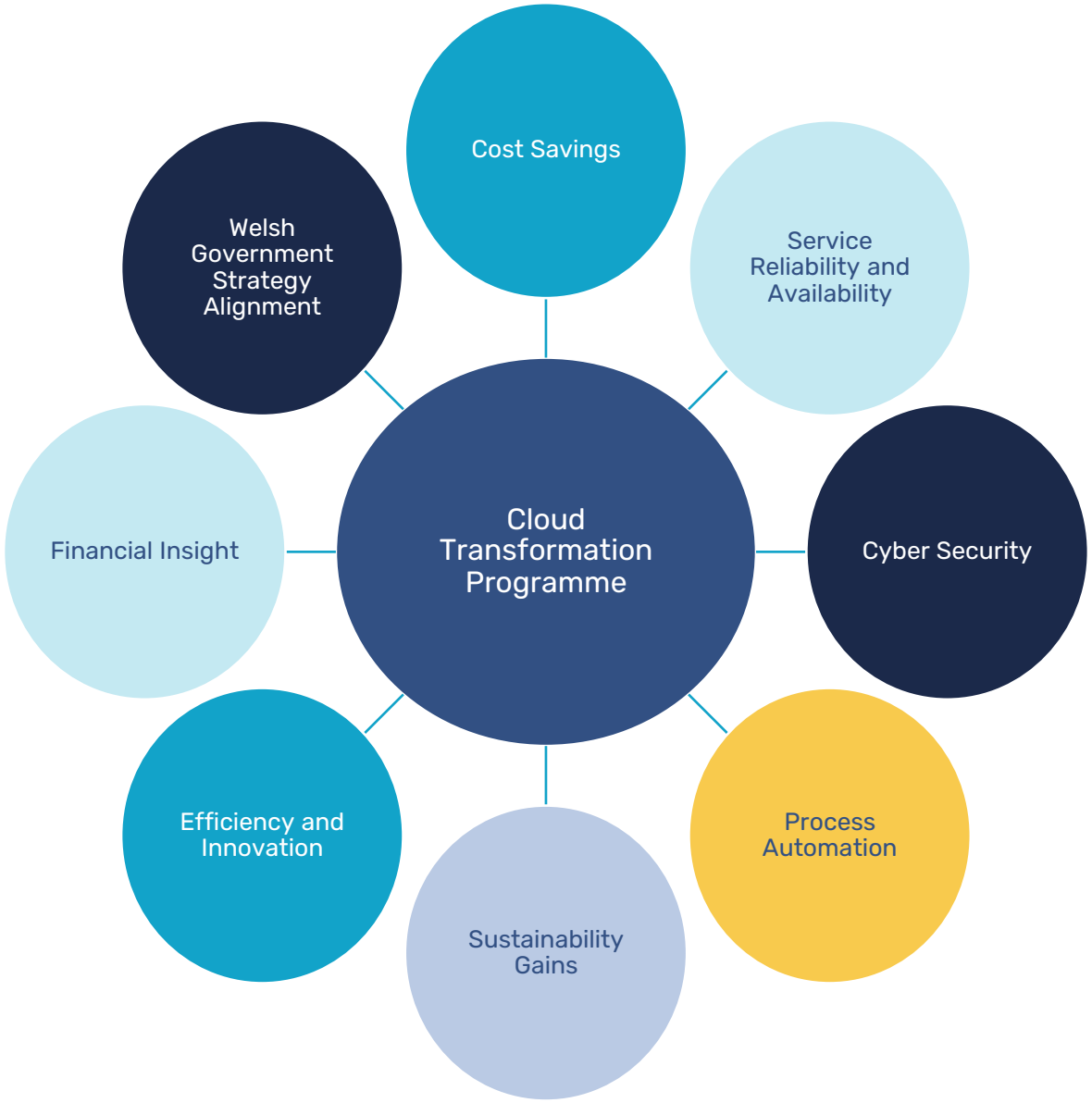
- **Innovation that benefits patients and clinicians**: Enabling future technologies, such as AI, to support clinical decision-making and more efficient care delivery.

- **Timely access to information needed to manage health and care:** Working with National Data Resource to provide improved data and digital infrastructure and services so patients and professionals can access accurate health information, empowering shared decision-making and self-care.

- **Connected health and care system for Wales:** Interoperable, cloud-enabled systems strengthen integration across services, supporting the “once-for-Wales” approach and seamless care pathways.

Benefits Overview

The Cloud Transition Programme will deliver major benefits for DHCW and the wider NHS in Wales. A detailed business case shows this approach is the most efficient and cost-effective over the next 10 years. It will make our services more reliable and provide better tools to strengthen security and protect patient data. By using automation and self-service, we can deliver new and improved services more quickly. This transition also supports more agile ways of working, helping drive efficiency and innovation. Better financial data will give us accurate service costs and help reduce expenditure. In addition, the energy efficiency of cloud data centres will cut DHCW's carbon emissions by at least 10% by 2027/28.



Benefits Tracking

Approach to tracking benefits

- The main benefits of the programme are set out in the business case.
- We have brought in an expert supplier to help deliver the programme and support the changes needed as we move services to the cloud. They are creating a tracker that will show the value and outcomes of this work.
- The tracker will monitor a range of industry-standard measures, including how quickly changes are made, how often new updates are released, and key financial information.

Benefits Already Delivered

- We have agreed a new contract with Microsoft, increasing our Azure cloud discounts from 15% to 24%.
- Our high-level cloud infrastructure designs are now available for all NHS bodies to use.
- We have procured a new cloud-first backup system that will strengthen ransomware detection and recovery.
- We have upgraded and installed new firewalls based on an improved and more cost-effective design.
- New systems are being developed more quickly using cloud-native technologies, including a new “Urgent and Emergency Care App” which is designed to support the efficient and effective management of patient care in emergency departments.

What it means for people

- Experiences more reliable digital services, with fewer outages and faster access to health information.
- Benefits from new digital tools that support self-care and communication with clinicians.
- Gains confidence that personal health data is secure and up-to-date, supporting better care and outcomes.

Patient

- Experiences less disruption and downtime due to more reliable digital services.
- Benefits from faster delivery of new features and digital tools that support patient care.
- Gains access to integrated, up-to-date information, enabling better decision-making and patient outcomes.

Clinician

- Accelerated development and deployment using cloud-native and open-source technologies
- On-demand scalability and self-service access to secure, pre-approved infrastructure
- Fewer delays and deployment issues when moving from test to production environments

Software Developer

- Enables self-service access to pre-secured, ready-to-use platforms
- Facilitates use of tested patterns and templates to accelerate delivery
- Allows infrastructure to be managed efficiently through code (IaC)

Infrastructure Engineer

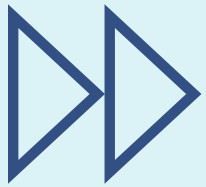
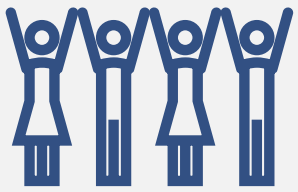
- Improved service reliability and clearer SLAs through cloud monitoring and automation.
- Real-time operational insight (availability, incidents, costs) enables proactive management.
- Standardised change/release processes reduce risk and speed time-to-value.

Service Manager

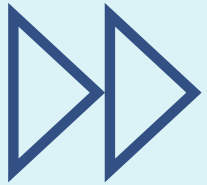
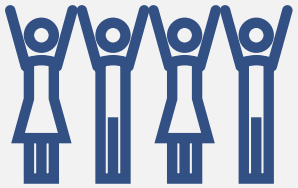
- Easier, governed access to high-quality data via cloud platforms.
- Scalable analytics and tooling (e.g., notebooks, dashboards) speed insight generation.
- Better data integration enables advanced reporting and supports population-health analysis.

Data Analyst

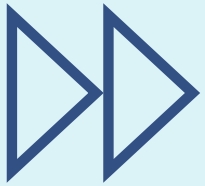
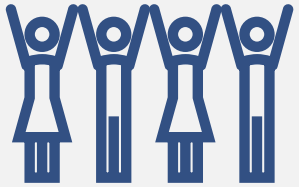
Workstreams

Workstream	What's involved?
Infrastructure Delivery 	Setting up everything needed for the cloud to work safely and reliably. It includes ensuring strong internet connections, security measures, and backup systems. Secure starting points in the cloud (landing zones) will be created, along with firewalls and tools to keep systems running smoothly. Before anything moves, an essential, new high bandwidth circuit will be installed to ensure fast and reliable connectivity.
Migration and Optimisation 	Planning and carrying out the move to the cloud including checking what needs to move, organising the migration in steps, testing everything with cloud tools, and ensuring systems run properly. For each system, the best approach is chosen - retire if no longer needed, keep as is, move without changes, make small improvements, redesign, replace with a new solution, or move to a different environment. This ensures a smooth and efficient transition and minimise down-time for our critical systems.
Organisational Change 	Moving to the cloud is a major shift in how work is done, so this supports staff to adapt and feel confident with the change. It provides training and support to build new skills and ensures clear communication throughout the process. It also ensures the programme is well governed, benefits are tracked and delivered, and productivity improvements are achieved.

Progress

Workstream	Progress
Infrastructure Delivery 	The main infrastructure plan for the programme, known as the High-Level Design, is in final stages of approval. Work has now started on the detailed technical plans, called the Low-Level Design. This involves running workshops and reviewing plans with suppliers to make sure every detail is covered. These steps mean the programme has a clear design strategy and is actively working out the technical requirements needed to move systems to the cloud safely and efficiently.
Migration and Optimisation 	We have made good progress in securing a Migration Support supplier by issuing an Invitation to Tender (ITT). Their expertise will be key to ensuring a smooth transition. In the meantime, we are preparing to move some applications to the cloud. The first group of applications is planned for March 2026, focusing on lower-complexity migrations. We are refining the list for this initial phase, and the overall programme will run in stages until 2028.
Organisational Change 	We are working with an appointed supplier to gather insights that will shape how the programme is managed, how training is delivered, and the support provided to staff during the transition. This approach ensures people are well-prepared and supported, leading to better outcomes for staff, services, and patient care. As the programme progresses, these benefits will begin to be realised-driving greater efficiency, resilience, and overall service quality.

Supplier Overview

Workstream	Supplier
Infrastructure Delivery 	**TPX Impact:** designing and implementing technical infrastructure and landing zones.
	KMPG: delivering cyber security design, assurance, and compliance expertise for secure cloud configuration.
Migration and Optimisation 	**Google and Microsoft:** providing migration planning resources, technical support, and staff training for cloud adoption.
	Trustmarque: managing test strategy and assurance to ensure safe and effective cloud migrations.
	Cloud Migration Support Supplier (TBC): providing expertise to accelerate migration and unlock cloud value.
Organisational Change 	**Capacitas & Channel 3 (joint venture):** leading work on governance, strategy, change management, skills development, and benefits realisation to ensure programme delivers measurable value.

TRUSTMARQUE TPXimpact capacitas Channel 3 CONSULTING KPMG Microsoft Google

Challenges

1. **Technical Complexity:** Maintaining operational stability of critical services during transition.
2. **Skills & Training:** Closing the skills gap, providing training, and building cloud experience.
3. **Stakeholder Engagement:** Stakeholder capacity, overcoming resistance to change, managing the transition, and keeping communication clear.
4. **Supplier Dependencies:** Coordinating with suppliers, getting timely input, and accessing the right expertise and documentation.
5. **Procurement & Timelines:** Compressed schedules, possible procurement delays, design sign-off dependencies.
6. **Cost & Financial Management:** Controlling costs and mitigating financial and operational risks during migration.

Next Steps

Implement NaaS & Multi-Cloud Integration: Finalise network connectivity and build the underpinning infrastructure (e.g. landing zones) on Azure and Google platforms.

Finalise Design & Planning: Complete technical and migration plans for all waves.

Begin Migrations: Appoint Migration Support supplier and start migrating first wave of services and conduct readiness checks.

Strengthen Governance & Assurance: Update governance models and embed benefits tracking.

Engage & Train Stakeholders: Deliver targeted training and communications for cloud readiness.

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Monitor Progress & Benefits: Track milestones and measure outcomes for efficiency, security, and patient care.

CTP: 2 Year High Level Plan on a Page

	2025 H2	2026 H1	2026 H2	2027 H1	2027 H2
PROGRAMME MANAGEMENT	Planning & Design	Implementation			
	Management of Finance, Suppliers, Scope, Benefits, Quality				
	Consolidated Plan, Risks, Assumptions, Issues, Dependencies				
INFRASTRUCTURE DELIVERY	Design	Platform Implementation			
		Migration Support			
		Acceptance into Service / BAU			
			De-Commissioning On Premise Equipment		
MIGRATION AND OPTIMISATION	Planning & Design	Implementation			
	Wave 1: Design & Build, Test, Go Live				
	Wave 2: Design & Build, Test, Go Live				
	Wave 3: Train, Design & Build, Test, Go Live				
	Wave 4-9: Train, Design & Build, Test, Go Live		Go Live	Go Live	Go Live	Go Live	Go Live
ORGANISATIONAL CHANGE	Planning & Design	Implementation			
	Operating Model				
	Communication Strategy, Stakeholder & Staff Engagement				
	Training				
	Benefits Tracking				

Dashboard Summary

RAG Framework

The overall RAG is assessed by each programme based on delivery confidence across three areas: timeline, quality and resources. A 'Not Assessed' RAG status has been added to the framework to reflect programmes that cannot assess confidence of delivery because activity has been suspended (e.g. a formal review and reset) or is complete (e.g. closure).

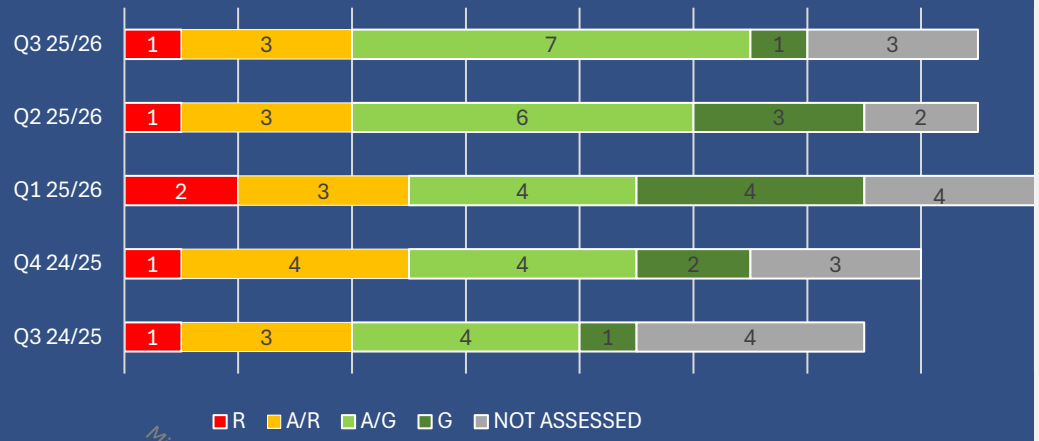
Major Programme Scoring

Only those major programmes reported to the Management Board Oversight Session are detailed in this summary.

Other Programmes

A dashboard has been included to demonstrate the health of other programmes, but these are only reported to the Committee if there are matters which have been escalated by the DHCW Portfolio Management Board.

Overall Portfolio Health Summary



Since Q2, the following RAG status changes occurred:

Integration Hub and Microsoft 365 Enterprise Agreement Renewal:
GREEN → AMBER/GREEN

Q3 25/26 Status Update:

The portfolio health has remained the same, with 8 programmes reporting a RAG status of reasonable or high confidence in delivery, 3 programmes are currently not subject to assessment. Audit+ Replacement has recently been scored as a major programme and reporting commenced. The Cancer programme has now formally closed, and reporting ceased, the closure report is included for noting.

RAG status summary of Programmes/Projects:

One programme is **GREEN**
High confidence of successful delivery:

- **GP Systems Framework**: Budget for 2025/26 now confirmed by Welsh Government, 129 practices successfully migrated to date.

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

- **EPMA:** Implementation progressing, all HBs and Velindre have contracts in place and vendors on the national framework have access to the Shared Medicines Record API, although not all HBs have integrated for initial go-live.
- **EPS:** Temporary reduction in the number of practices that go live in Q3 in order to support the GP System Migration work. To date 12.4 million prescription items claimed via EPS and 135 GP practices onboarded.
- **National Target Architecture:** Good progress of the National Target Architecture milestones however previous work package overrun may impact the Q4 Strategic Investment Plan (SIP) deliverable.
- **Cloud Transition:** On track, 3 workstreams established and supported by expert delivery partners. However, complex infrastructure landscape requires prioritisation to get to robust, secure MVP for first migration (Mar 26)
- **Microsoft Enterprise Agreement Renewal:** Progressing all workstreams with a key dependency on successful negotiation and understanding of license profile allocation.
- **Integration Hub:** Reasonable confidence in delivery, with development on track but some dependencies around assurance, testing, resourcing, and contractual/funding matters requiring continued attention.
- **NDR:** Good progress continues to be made across the breadth of the programme. However, recurring deferral of planned work persists as resources are redirected to emerging priorities, alongside ongoing resource constraints.

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

- **RISP:** PHW, PTHB, BCUHB and HDUHB now live. Some go live dates moved, health boards to agree to change controls and new timelines issued by the supplier.
- **Connecting Care:** Funding secured late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners. Timelines remain challenging.
- **DSPP:** Budget allocation and capital/revenue exchange confirmed, risk on forward funding allocation based on roadmap proposal. Implementation plans to be developed and/or approved for a number of new features.

One Programmes / projects are **RED**
No confidence of successful delivery requiring critical decisive action:

- **LIMS 2.0:** Reduced Tranche 1 scope, UAT delays and high number of defects in Tranche 4 continue to impact delivery. Programme is working with all stakeholders to define 26/27 delivery plan, identify risks, and communicate implications.

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

- **Bridgend Transition/WelshPAS Disaggregation:** Go live took place during May 25. Programme closure report included for noting.
- **Welsh Intensive Care Information System:** Programme remains not assessed as milestones for implementation have not yet been agreed, awaiting decision from Welsh Government following submission of the strategic assessment.
- **Audit+ Replacement:** Awaiting next Governance & Assurance meeting to baseline plan.

Programme / Project Scoring

Since quarter 2 , the Information Technology Service Management Replacement (ITSM), Cardiac PACS, NHS Wales Referral Integration and Device Optimisation Discovery projects have been scored as Standard projects/programmes.

RAG colours will not be allocated until a Board has approved a baseline plan.

Scoring Thresholds:

Major Projects = Score of 30-42

Standard Projects = Score of 14-28

Project	Finance	Timescale	Risk	Stake holders	Contract Complexity	Technical Complexity	Dependencies	Total
ITSM Replacement	4	4	4	2	4	4	4	**26**
Cardiac PACS	4	4	4	4	4	4	4	**28**
NHS Wales Referral Integration	4	4	4	4	2	4	4	**26**
Device Optimisation Discovery Project	2	4	2	4	2	4	2	**20**

Lifecycle Checkpoints - Closure of Programmes

The following closure reports have been included in the pack and summarised as a one-page overview on the following slide(s).

Lifecycle Position	Pipeline	Discovery	Feasibility / Alpha	Definition / Private beta	Delivery / Public beta	Operations (live)	Closure
Bridgend Transition Programme							Summary Closure Report
Cancer Informatics Programme							Summary Closure Report
Powys Cross Border							Summary Closure Report

POMB Submission Date: 15/01/2026
Approval Meeting Date: 05/01/2026
SRO / Chair : Sam Lloyd

Bridgend Transition Programme

Project Closure Report – Summary Slide

Background

In 2019, Bridgend ICT health services moved from ABMU (now SBUHB) to CTMUHB. Due to resource and finance constraints—CTM operated with *read-only* access to Bridgend data in SBUHB's PAS for several years. COVID-19 further delayed boundary-change work. A dedicated Bridgend Transition Programme (WelshPAS Disaggregation + National Systems Impact) was mobilised to migrate **Bridgend patient data from SBUHB's WelshPAS to CTMUHB's WelshPAS**, ensuring continuity of care across complex upstream/downstream national systems.

Project Performance

Go-Live achieved over the weekend **16–19 May 2025**. Extended post Go-Live support in June rapidly reduced ~**380** open issues to **52**, with DHCW support tapering Jul–Sep 2025; National Systems returned to

Undelivered / Unnecessary items

Some **planned pre-Go-Live testing** (e.g., portions of testing and certain National activities) **slipped into post-Go-Live**; DM8 "final checks" **partially complete** at Go-Live with remediation

completed after.

Against Objectives

- **Aim (Achieved):** Enable migration of Bridgend PAS data from SBUHB to CTMUHB.
- **Scope definition (Achieved):** Scope iterated through **Dec 2024 DM Option B (DMOB)** and to Go-Live to balance risk/ complexity.
- **Identification of Bridgend patients (Achieved):** Logic agreed with SBUHB underpinned extraction scripts.
- **Deliver the migration without compromising care (Achieved):** Executed per DMOB and contemporaneous agreements.
- **Manage impacts across systems (Achieved):** ~**50** national systems id'ed and engaged; local HB system ownership remained with CTM/SB.

Against Timescales

- **IMTP milestones** for Go-Live (Q1 May-25) and preceding DM events **DM1–DM7** (Jul-23 → Nov-24) and
- **Integration/Full Test (Q4 Jan-Mar 25)** were **achieved**.
- However, compressed late testing meant some activities continued post Go-Live to assure stability.

Against Budget

WG **DPIF** funding over the last three years totalled **£3,342,936** CTM **£1,877,648**; SB **£98,735**; DHCW **£1,366,553**.

Significant Issues / Risks to Transition

Open Risks at closure (transferred):

1. **Use of live PII in Pre-Prod**—requires ongoing Cyber/IG assurance.
2. **Possibility of new issues emerging** from untested scenarios—accepted organisational risk.

Benefits to realise

- **Operational ownership by CTMUHB** for Bridgend patients within CTM PAS, improving **data visibility across full pathways**.
- **Strengthened interoperability assurance** and shared understanding across national systems.
- **Improved governance cadence** providing a replicable pattern for future high-risk implementations.

Lessons Learnt

- **Define and control project scope**—stick to clear criteria for each phase and document any changes or risks.
- **Allow enough time for testing**—late changes or compressed schedules increase risk and can leave issues undiscovered.
- **Set up strong governance and consistent resourcing early**, especially for complex, multi-organisation projects.
- **Make rehearsals as realistic as possible**—if not, clearly record what wasn't tested and the associated risks.
- **Use a single, transparent issue management system** with clear ownership and priorities.
- **Maintain secure, integrated test environments** for complex migrations, with ongoing information governance.
- **Consistent Approach to Product Management:** System transition was challenging due to variation in use of WPAS. DHCW should seek to work with the Health Boards to achieve a standardisation of the use of national digital systems. This will support any future data migration/transition projects by simplifying the way that systems are used and data is stored.

POMB Submission Date: 13/10/11
Approval Meeting Date: 23/10/2025
Programme Chair : Sian Richards

Cancer Informatics Programme

Project Closure Report – Summary Slide

POMB Submission Date: 13 NOV 2025

Background

Programme initiated to replace legacy CaNISC system due to cybersecurity risks and outdated software. Delivered new Cancer Informatics Solution (CIS) supporting national cancer data standards and clinical workflows

Project Performance

- All Health Boards and Trusts transitioned to CIS.
- Key functionalities (MDT, CDS, Palliative Care, Screening & Colposcopy) delivered and adopted.
- Programme closed with majority of objectives met; outstanding actions handed to BAU teams.

Undelivered / Unnecessary items

- Automation of chemotherapy treatment requests not delivered (not used in VCC).
- Some audit/reporting features require further development under BAU.

Against Objectives

- National rollout of e-forms and improved data capture/reporting achieved.
- Some reporting/integration items (e.g., SACT, Radiotherapy summaries) handed over for future delivery.

Against Timescales

- Major milestones completed broadly to plan.
- Delays in final Health Board adoption and interface builds; CaNISC decommissioning scheduled for Jan 2026.

Against Budget

- Total budget: £4,720,648; actual spend: £4,666,967.
- Underspend of £53,681.

Significant Issues / Risks to Transition

- Pending CaNISC decommissioning and legacy user access.
- Dependency on local IT and vendor engagement for full integration of SACT/RT treatment summaries.
- Outstanding reporting requirements and system enhancements transferred to BAU.

Benefits to Realise

- Improved patient outcomes and safety via better data availability.
- Enhanced user experience and reduced operational costs.
- National consistency in cancer data and reporting.

Lessons Learnt

- Early stakeholder engagement and communication critical for adoption.
- Integration reduces duplication and errors.
- Clear backlog management and financial planning essential.
- Training and cross-system testing improve satisfaction and reliability.

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

POMB Submission Date: 11/12/2025
Programme / Project Board : PCB Project Board
Approval Meeting Date: 27/11/2025
SRO / Chair : Vicki Cooper (PTHB)

Powys Cross Border Project

Project Closure Report – Summary Slide

POMB Submission Date: 11/12/2025

Background

Full Report

Aimed to enable equitable, bi-directional access to healthcare data for Powys patients and clinicians across NHS Wales and NHS England, supporting integrated care and patient safety.

Project Performance

Out of 6 workstreams:

2 fully delivered,

2 partially delivered, with items descoped following a gateway review, 2 incomplete/descoped.

Key solutions for pathology results and clinic/discharge letters from Wye Valley Trust (WVT) are live and operational.

Undelivered / Unnecessary items

Workstreams for SaTH, St Michael's, RJAH referrals, and images from England were de-scoped due to constraints.

Against Objectives

Main objective achieved for WVT data flows. Partial achievement for other English trusts due to engagement/resource challenges.

Against Timescales

Project extended twice (original end: June 2024; actual: November 2025). Delays due to recruitment, technical issues, and stakeholder engagement.

Against Budget

No additional costs anticipated for BAU transition. Underestimated resource needs led to funding gaps for some roles.

Workstream	Outputs	Completion	Outstanding Work
1. Pathology Results (England → Welsh Clinical Portal)	Wye Valley Trust (WVT), Shrewsbury & Telford Hospital (SaTH)	WVT: Complete, SaTH: Incomplete	WVT: Resilient connection pending
2. Clinic & Discharge Letters (England → WCRS/WCP)	WVT, SaTH, RJAH, St Michael's Clinic	WVT: Complete, Others: Incomplete	None, other trusts descoped due to lack of engagement
3. Electronic Discharge Summaries (EDS)	9 GP sites	Complete	Llandrindod Wells: Awaiting operational readiness
4. Referrals from England	-	Incomplete/ Descoped	None
5. Access to GP Record via WCP	Consultants in England	Complete	None
6. Images from England	-	Incomplete/ Descoped	None

Significant Issues / Risks to Transition

Outstanding:

- Complete resilient connection for WVT pathology; finalise SLA with Hoople.
- Manual processes remain for SaTH; need for SLA update and process automation.

Benefits to realise

- Enhanced patient safety and continuity of care.
- Improved access to clinical information for cross-border patients and clinicians.
- Ongoing benefits log to be updated for 6 months post-project.

Lessons Learnt

- **Stakeholder Engagement:** Only one of four NHS England trusts provided dedicated resources; formal commitment from all stakeholders is essential.
- **Recruitment Delays:** Critical roles (Design Architect, Business Analyst) were not filled promptly, causing delays.
- **Project Foundation:** The foundation phase took longer than planned, impacting solution development.
- **Design & Documentation:** Lack of technical documentation and delayed engagement with technical stakeholders led to uncertainty and delays.
- **Scope Management:** Several workstreams were de-scoped due to feasibility and resource constraints. **Governance:** Ambiguity in roles and responsibilities hindered decision-making.
- **Methodology:** Early use of Agile without an overarching plan led to siloed working; switching to Waterfall improved coordination.

RAG Framework

Version 5 (April 2025)

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

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

Guidance

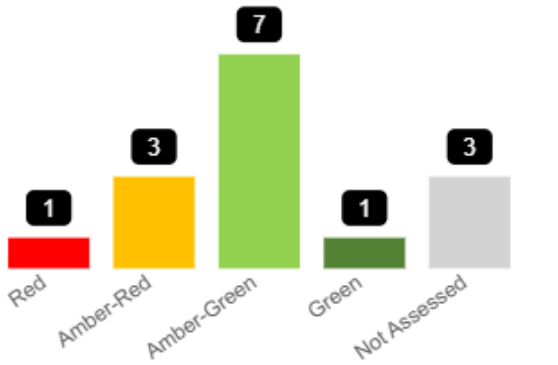
- **Overall Delivery Confidence** – should generally be Red if any of the Quality, Time, or Resources domains are Red, otherwise should reflect an average of the domains.
- **Formal Review** – A formal review and reset is external to and independent of the programme board. This excludes a gateway review.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

Overall Summary

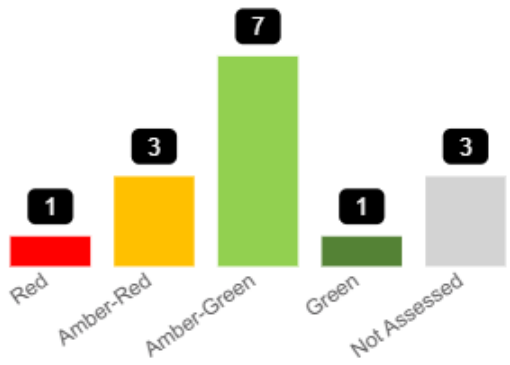
10
Nr of Programmes

5
Nr of Projects

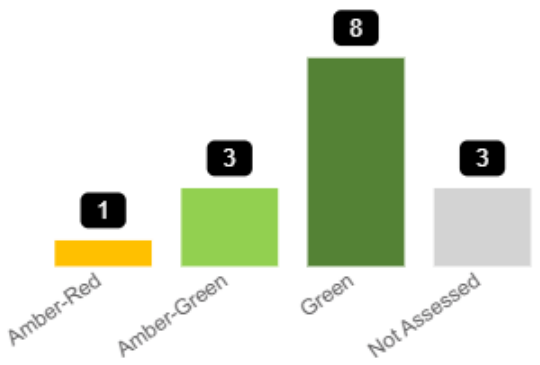
Overall RAG



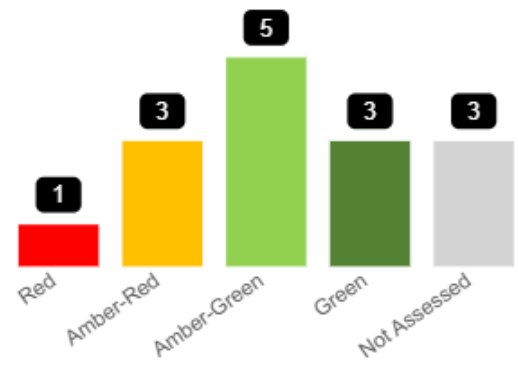
Timelines RAG



Quality RAG



Resources RAG



Projects and Programmes

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.5	Laboratory Information Management System 2.0 (LIMS 2.0)	Final	R →	R	AR	R	Alison Maguire	RAG status remains RED. This is due to reduction in Tranche 1 scope (Technical go-live/Data Migration); progress of User acceptance Testing, volume of defects Tranche 4 (Blood Sciences/Newborn Screening/POCT) - won't deploy until 2026 due to the number of defects to be resolved & critical instrument aliquot issue	Tranche 1 Complete (TCLE Technical go-live /Data migration) Tranche 2 Cellpath/Andrology/go live dates agreed across Wales	Tranche 2 (CellPath/Mortuary/Andrology) deployments complete and TCLE is stable/ready to deploy to the remaining disciplines. Agreement of Tranche 3 ,4 & 5 timelines

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.2	Connecting Care (CC)	Final	AR →	AR	G	AR	Sarah Weston	The programme secured funding late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners to produce a set of achievable outcomes in the shortened timespan. The challenge of standing up resources and accelerating again given where we are in the year remains despite the funding availability. Funding uncertainty remains at this time for future years, and WG are working on assurance. The challenging timescale, resourcing challenge and future funding uncertainty means the programme remains at Amber-Red	Programme : Completion of Health Board milestones and reporting on spend for revenue and capital disbursements. Community and Mental Health implementation: ITTs issued by four health boards. Exit : Data migration environment is now operational and some WCCIS/ CareDirector sites are actively migrating data. Agreement of data retention/ deletion paper following organisations' exit from CareDirector.	Identified team to be created to initiate the work.Confirmation of funding beyond March 26. Clarity on Exit plans achieved with agreements in place
2.5	Radiology Informatics Solution Procurement (RISP)	Final	AR →	AR	G	G	Rebecca McGrane	Overall Programme RAG status is Amber-Red: PHW, PTHB, BCUHB & HDUHB – live. Local Board RAG statuses range from Amber Green, Amber Red and Red reflecting some delays in milestone dates and concerns regarding likelihood of achieving others. PACS migration underway for all Boards, Concerns remain re: mitigation of three years PACS migration for ABUHB & CAVUHB ahead of VUNHST go live 19th Jan 2026 RAG Status remains the same: VUNHST, SBUHB & ABUHB remain at Amber Red. NIAW & CTMUHB remain at Amber Green. RAG Status deteriorated: CAVUHB – Amber Green to Red.	Hywel Dda (HDUHB) Go Live 01/12/25 UAT setup for Cardiff and Vale UHB (CAVUHB), Cwm Taf UHB (CTMUHB) and Swansea Bau UHB (SBUHB). Deployed encrypted GP Links / IUVO interface for HDUHB go live and BCUHB & PTHB. PACS Data Migrations underway for all HBs & Trusts.	ROUTE TO GREEN: Health Boards to agree to the Change Controls and new timelines issued by Supplier and assess their own RAG statuses against their local plans.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
3.2	Digital Services for Patients and the Public (DSPP)	Final	AR →	AR	AG	AR	Rachel Carvell-White	* Increased risk of milestone delivery. * 2025/26 budget allocation and exchange confirmed; capital / revenue requirements under review * Risk on forward funding allocation (capital / DPIF) based on annual roadmap proposal.	Plan agreed with DHCW and Health Boards for the All Wales deployment of Waiting list referrals and hospital appointments. Feature deployed across Wales on 31st October 2025 for chosen GP Practice outpatient referrals for 6 of 7 Health Boards. Usage data (22nd December 2025) - Registered Patients - 642, 847 - GP Practice Appointments Booked - 173,078 - GP Practice Repeat Prescriptions Ordered - 2,945,989 - Patients Registered using WIVS - 4,654	* Approved implementation plans for Nominate Pharmacy, View Digital Prescriptions and View Prescription status. * The CAV UHB implementation of waiting list referral Hospital Appointments. *Plans for patient captured data, SMR and secondary care test results
1.2	National Target Architecture (NTA)	Final	AG →	AG	G	G	Geoffrey Irvine	Amber Green rag due to receipt of Change Control Notice (CCN) to extend Q2 milestone deliverables which may impact final Q4 deliverable (SIP).	Channel 3 Deliverables received and shared to all participating organisations including Target Architecture diagrams and a working draft of the final report circulated for review and feedback. Refined Target state report and presentations delivered to DHCW Heads of Programmes and Programme Leads, DHCW Product Owners and DHCW Architects. Additional customised presentation sessions delivered to the 11 identified Product groups within the target Architecture approach. Seven fortnightly Architecture Community of Practice sessions have taken place in this quarter.	Ensure the vendor is supported fully from a project perspective to realise final deliverable by end of Q4.

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.4	Cloud Transition Programme (CTP)	Final	AG →	AG	G	AG	Sarah Murphy	Overall RAG (A-G) reasonable confidence in successful delivery with some areas requiring attention. Confidence is high on completing migration of applications by the programme end date of Mar-28. We have established 3 main workstreams: 1. Infrastructure Delivery - building the cloud infrastructure, on track to complete by end of Feb-26. 2. Migration and Optimisation- moving and improving existing applications, the first group of applications are planned for migration in Mar-26. 3. Organisational Change - supporting staff in new ways of working and ensuring benefits are realised. A supplier has been on boarded and working on multiple workstreams through to Sep-26. Due to the size and complexity of the programme, all workstreams are being supported by expert suppliers.	- Azure Infrastructure designs (HLD) in final stages of approval and worked commenced on LLD. - Security supplier secured (KPMG) - Welsh Government approval of the procurement briefing paper - Existing Azure workloads have been migrated onto the new Microsoft Cloud Agreement (MACC) - Organisational Change supplier on boarded - 5 x Project Resources, Head of Cloud Platform and Business Change Manager appointed - Forecasts refined with agreed position on capital/revenue classification - Supplier "Away Day" event held Narrative on what these achievements enable are in the "Progress Since Last Reporting Period" section.	Complete high priority recruitment and appoint Migration Support supplier to provide capacity and capability to deliver at pace.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.1	National Data Resource (NDR)	Final	AG →	AG	AG	AR	Marie Jones	The status of the programme has remained as Amber/Green to reflect the good progress which continues to be made across the breadth of the programme. However, there are recurring themes of planned work being deferred in order to respond to emerging priorities and continued resource constraints which have become more widespread across the product streams.	The Care Data Repository provides a standards based data store for storing, retrieving and updating care records, the team has supported the delivery of :- (1) The National rollout of Encounters (Hospital Waiting Lists, Referrals & appointments) in support of the NHS Wales App. The remaining user to go-live, CVUHB, is scheduled to go live in early Jan26. (2) The handover of the Shared Medicines Record and the go-live of the first user, BCUHB Electronic Prescribing Medicines Administration Programme. In support of these and other planned go-lives the FHIR Standards Team has delivered against Diagnostics FHIR Standard, WECDS Appointment FHIR Standard and Document Reference FHIR Standard which will enable data exchange. The National Data & Analytics Platform Team provides advanced, scalable data warehousing and advanced analytics capabilities. The team achievements include:- (1) Providing technical support and a test environment for the Audit+ replacement project. (2) Provided an urgent response and ongoing support for the Maternity Integration Taskforce. (3) Worked with Clinical Coding stakeholders to scope the requirements for a work package and commission the work. (4) Provide technical support to ABUHB, DHCW ISD and PHW for their migrations. (5) Completed the development of 4 use cases to support national clinical networks The Information Sharing Gateway tool (Information Governance) is now used as the regional register across all 5 WASPI regions, It was showcased at the WASPI 20th Anniversary Event in November 25.	Maintain business continuity arrangements to support delivery, accelerate recruitment for future stability and reforecast deferred delivery of planned work to manage expectations.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.2	Integration Hub (IH)	Final	AG	AG	G	AG	Jordan Walkley	Overall RAG remains amber-green- reasonable confidence in successful delivery with some areas requiring attention. End-to-end demonstration of Alpha given, basic set up and flow in Azure environment achieved in Q1 2025. Beta Delivery phase commenced with goal of first flow to production planned Q4 2025/2026 - development remains on track, with some assurance activities dependent for go-live. Development for Master Patient Index (MPI) inbound flows ongoing, along with other flows to be onboarded. End-to-end Integration and UAT testing with MPI and PHW (prioritised first flow) successful, with the aim of going live with this flow during January, with dependency on assurance and sign off from groups. Components for priority inbound flows are developed and ready for User Acceptance Testing (UAT) following go-live of first flow in January. Disaster recovery, business continuity and performance testing are now underway. Roadmap for future development and onboarding of flows created and shared, work ongoing to populate backlogs. Onboarding plans now created in order to ensure internal staff join Integration Hub team. Initial training of internal teams has taken place, this will remain ongoing activity whilst teams upskill. Funding secured for current and follow-on work package to support the hybrid team, which will end in February 2026. Further funding available to fund work until end of financial year. Requirements gathering continues to shape the product with internal teams, allowing continuous improvement. Current Fiorano contract ends in June 2026, with an option to extend. Discussions ongoing with the supplier, Commercial and Finance.	- Sign off of assurance documentation by assurance leads in readiness for go live - Solution Architecture Design for first flow, Disaster Recovery playbook, Service Management documentation. - Initial training delivered to internal teams, with significant upskilling and onboarding plans to commence in the new year with Integration Services teams. - Successful User Acceptance Testing (UAT) testing with Public Health Wales and Master Patient Index (MPI) teams for first flow. - Future flows for migration outlined and prioritised, backlogs developed for work to be undertaken. - Successful stakeholder engagement for flow migration and testing approaches continuing. - Development of subsequent MPI inbound / outbound components, ready for integration and UAT testing early next year. - Monitoring solution finalised for first flow.	- Increase confidence of onboarding of internal staff to Integration Hub - Increase confidence in health board ability to test within project timescales

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.2	Microsoft 365 Enterprise Agreement Renewal	Final	AG	AG	G	AG	Shruti Chauhan	Continuing to make good progress on the project, but with a key dependency on a successful negotiation.	-Completion of NHS Wales Discovery by Livingstone -Completion of optimisation of the Discovery numbers by Livingstone -Progress on the draft Business Case -Circulation of the Communication and Engagement Strategy -Option analysis and financial modelling around agreed options -Reception of initial proposal from Microsoft.	Response back from Microsoft to agree on the final numbers.
2.6	Electronic Prescribing and Medicines Administration (Secondary Care) (EPMA)	Final	AG	AG	AG	AG	Laurence James	• The overall status is "amber-green" because successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. • All health boards and Velindre Cancer Centre have signed a contract with their ePMA supplier from the national multi-vendor framework. • 2/3 (67%) ePMA suppliers on the national framework have access to the Shared Medicines Record (SMR) Application Programming Interface (API) test environment to complete integration development with the SMR.	• Cardiff and Vale University Health Board extended their ePMA implementation across medicines, surgical, specialist services and the emergency department at University Hospital of Wales (UHW) • BC UHB went live with their ePMA on 10th December across 5 wards in Wrexham Maelor Hospital. BC UHB are the first to integrate their ePMA with the SMR to share hospital discharge medicines • Velindre signed their ePMA contract in October meaning all health boards and Velindre Cancer Centre has signed a contract with their chosen ePMA supplier.	
2.6	Electronic Prescription Service (Primary Care) (EPS)	Final	AG	AG	G	AG	Laurence James	The overall status is "amber-green" because successful delivery is on track and appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. As of December 2025; • 12.4 million prescription items have been claimed via EPS since November 2023. • 135 (37%) GP practices, 545 (80%) pharmacies and 4 (100%) Dispensing Appliance Contractors (DACs) are using EPS to send and receive prescriptions from GP practices digitally • Approximately 543k patients have benefited from having their prescriptions sent electronically though EPS.	- Between October– December, 5.3 million prescription items were claimed through the EPS, with 21 GP practices and 38 community pharmacies starting to use EPS. - EPS-GP implementation schedule produced until November 2026. - EPS Cluster implementation approach tested in North Wales with positive feedback. - EPS-GP implementation schedule produced until November 2026. - Software developments to the GP-EPS enabled system to enable EPS to be used for patients who do not nominate a pharmacy, allowing one-off pharmacy nominations and geographical searching of EPS-enabled pharmacies commenced. - Software development advancing to enable EPS to be used in hospital's Urgent Primary Care settings	

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
2.2	GP Systems Migrations	Final	G →	G	G	G	Jayne Steed	129 practice migrations have successfully completed their transfer to date.	A further 32 migrations have been completed this quarter, bringing the total number of Vision to EMIS Web migrations undertaken to 129. There are 64 remaining migrations to complete and we remain on track to complete all migrations by the end of May 2026.
2.3	Bridgend Transition Programme (BTP)	Final	NA	NA	NA	NA	Lucy Evans	Go-Live Implementation 16th – 19th May The Go-Live event was successfully delivered on schedule marking a key delivery milestone. Post Go-Live Issue Resolution Closed circa 384 post go-live issues following remediation and resolution, and the National WelshPAS Support Team have reverted to business as usual (BAU) operations as of Sep-25. National Systems Impact National Systems returned to BAU operations as of Jun-25. Pre-Prod Secure Testing Environment The environment will remain powered-on and continue to be utilised until the end of Mar-26.	The final Bridgend Transition Project Closure Report detailing the delivery status of objectives, key outcomes, lessons learnt, outstanding risks or actions has been reviewed by the Head of Programmes for Planned Care, and has been shared for approval by the DHCW SRO (Executive Director of Operations), and sign off by the Programme Board.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
2.2	Audit+ Replacement (AR)	Final	NA	NA	NA	NA	Jayne Steed	A Project Governance and Assurance Group has been established with representatives from GPC Wales. Work is progressing in all work streams supporting delivery of the Audit+ replacement: 3rd party Workstream (IM1.2 Delivery & Cloud Platform integration) Information Governance GMS Data Platform Analytics and Reporting Project (including comms and stakeholder engagement)	A 12-month extension to Audit+ has been agreed and work continues with Optum to agree an extension to the current data extract solution. This will enable parallel running and continuity of the service during 2026/27 whilst the DHCW in-house solution is introduced; a functional integrated prototype (GMS data platform) utilising Welsh test data is now available, enabling work to commence on report creation and visualisation of data. A Show and Tell has been completed with stakeholders.
2.4	Welsh Intensive Care Information System (WICIS)	Final	NA	NA	NA	NA	Helen Thomas	The Programme remains grey as milestones for implementation have not yet been agreed, awaiting a decision from Welsh Government following a submission of a strategic assessment to outline the requirements, including funding, to continue. However the project plan relating to the 'discovery' stage has met all milestones as agreed by end of October, agreement obtained from Programme Board and CAG on a way forward and all key resources are appointed.	- Discovery stage completed, hitting all planned milestones - Workshop outputs and requirements agreed and submitted to Ascom for assessment - All National and all but one local Clinical Leads in post - Agreement on option for progression from the WICIS CAG and Programme Board - Strategic Assessment and financial assessment submitted to Welsh Government for funding consideration

DHCW Commentary on Q3 25/26 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
1.1	National Data Resource (NDR)	The NDR Programme delivered key programme milestones including CPD accreditation for a third ALP module, launch of the Leaders Programme, Shared Medicines Record handover with first EPMA system integration (BCU) live. The NDR platform also delivered new integrations which were not in the delivery plan, for all-Wales hospital appointments in the App, and for local maternity systems – both delivered to live during Q3.
1.2	Integration Hub	The Integration Hub Programme achieved key milestones including successful UAT and integration testing with Public Health Wales and Master Patient Index, approvals for test strategy, DPIA, infrastructure and cyber security, and progressed disaster recovery planning, environment readiness and design sign-offs to enable service readiness.
1.2	National Target Architecture	The National Target Architecture programme completed supplier deliverables, published communications and launched its SharePoint site, delivered playback and review sessions, and advanced Stage 2 planning with engagement plans and scheduled Task & Finish groups to support the next phase.
1.4	Cloud Transition Programme (CTP)	The Cloud Transition Programme progressed Azure infrastructure designs to final approval, secured key suppliers for security and organisational change, migrated existing workloads to the new Microsoft Cloud Agreement, appointed critical resources including the Head of Cloud Platform, and advanced procurement for migration support partner to enable future cloud adoption.
1.4	Microsoft Enterprise Agreement Renewal	The Microsoft Enterprise Agreement project advanced its business case development to 70%, received an initial proposal from Microsoft, completed optimisation workshops with health boards, and agreed on investment objectives and success factors with the Project Board.
2.2	Connecting Care (CC)	The Connecting Care Programme finalised funding distribution and agreed new governance arrangements, progressed recruitment and planning for ICR workshops, issued the Mental Health Digital and Data Maturity Assessment to Health Boards, advanced community and mental health implementation with assurance activities and ITT evaluation, and agreed data retention and deletion plans following CareDirector exit.
2.2	GP Systems Framework	The GP Systems Framework completed Phase 1 migrations and progressed Phase 2, bringing the total Vision to EMIS Web migrations to 129, with 64 remaining and the programme on track to complete all migrations by May 2026.
2.2	Audit+ Replacement	The Audit+ Replacement Programme progressed key Q3 milestones with design and discovery complete and plan development on track, established a working prototype using Welsh test data from Optum's IM1, advanced technical design and data pipelines for the new GMS Data Platform, and moved DPIA and DPA drafts toward completion alongside prioritising reporting modules for future delivery.
2.3	Bridgend Transition National System Impact / WelshPAS Bridgend Disaggregation	Go live took place during May 25. Programme closure report included for noting.
2.4	Welsh Intensive Care Informatics System (WICIS)	The WICIS Programme completed all discovery milestones and submitted its strategic assessment to Welsh Government, achieved consensus from the WICIS CAG and Programme Board on the chosen option as part of the options appraisal for programme progression, advanced funding discussions with senior stakeholders, conducted usability testing and prototype demonstrations, and began preparations for an international site visit to inform future development.
2.5	Radiology Information System Procurement (RISP)	The RISP Programme achieved a major milestone with Hywel Dda going live on December 1, deployed encrypted GP Links/IUVO interfaces for Hywel Dda UHB, Betsi Cadwallader UHB, and Powys THB, commenced PACS data migrations across all health boards, and enabled cross-border image viewing functionality in Powys THB.

DHCW Commentary on Q3 25/26 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
2.5	Laboratory Information System 2.0 (LIMS2.0)	The LIMS Programme completed Tranche 1 with TCLE technical go-live and data migration, secured approval for Tranche 2 go-live, agreed Cellpath and Andrology deployment dates across Wales, and executed CCN 501 for discipline-based deployment.
2.6	Electronic Prescription Service (EPS)	The Primary Care EPS Programme: 5.3 million prescription items were claimed via EPS between October and December, with 21 GP practices and 38 community pharmacies going live. An EPS-GP implementation schedule through to November 2026 was produced. Software developments commenced to the GP-EPS enabled system to enable EPS to be used for patients who do not nominate a pharmacy, to enable one-off pharmacy nominations and geographic searching for EPS-enabled pharmacies. Work is advancing to support EPS use in hospital Urgent Primary Care settings, with First of Type testing planned with Swansea Bay UHB in Q4.
2.6	Electronic Prescribing and Medicines Administration (EPMA)	The ePMA Programme achieved a major milestone with Betsi Cadwaladr UHB going live across five wards at Wrexham Maelor Hospital and becoming the first to integrate their ePMA with the Shared Medicines Record for discharge medicines. Cardiff and Vale UHB extended its implementation across medicines, surgical, specialist services and the emergency department at University Hospital of Wales. Velindre Cancer Centre also signed their ePMA contract in October meaning all health boards and Velindre Cancer Centre has signed a contract with their chosen ePMA supplier.
3.2	Digital Services for Patients and the Public (DSPP)	The DSPP Programme deployed waiting list referrals and hospital appointments functionality to 6 health boards, while registrations grew to over 642,000 patients with nearly 3 million repeat prescriptions and 173,000 GP appointments booked through the NHS Wales App.

Escalations to Programmes Delivery Committee

Closed / De-escalated

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-96	LIMS2.0	Oct 25	Alert	PPMG POMB & PDC Assure	The timetable to transition from the current LIMS (TCL2016) to LIMS 2.0 (TCLE) by December 2025 will not be met, due to the extension of User acceptance testing (UAT), a large number of defects identified, limited availability of required specialist resource and delays in delivery of some of the functionality. Delays in adoption would incur significant costs for NHS Wales to prolong the use of obsolete and sunset LIMS systems, that will have limited support and increase the risk of failure.	UPDATE Jan 26: A report has been produced which details reason for delays, costs and proposed mitigation actions. This has been shared with the Programme Board and HB/Trust Directors of Digital. The supplier has provided dates for all outstanding defect fixes and functionality drops. Escalation meeting arranged 22 January 2026 with HB/Trust Chief Executives, Directors of Finance, Directors of Digital and Programme Leads to confirm the Plan. UPDATE Dec 25: Comms sent to WG with revised plan/proposed change controls. WG have asked for additional assurances which the Programme are addressing. PPMG Action: Programme to assess impact of delays and PPMG to support the prioritisation of resource as required. Finance: Any additional capital investments required to refresh end of life infrastructure to be assessed. Clarification of all cost implications to be assessed should the service still be required in 2026/27. Closure Criteria: Agreement of additional costs, change in approach and revised dates
ESC-103	RISP	Oct 25	Alert	PPMG POMB & PDC Assure	As a result of ABUHB request to move their go live date to May 2026 the programme will not complete at the end of March 2026 as planned, there is also a possibility of further requests to move beyond March as a result of the transitional global worklist requirement.	UPDATE Jan 26: VCC have requested to move their Go Live to 24th April due to global worklist and concerns regarding their ability to access images from HBs during the transition period. A financial meeting will be arranged to ensure the funding implications are managed appropriately and arrangements confirmed for continued support for the legacy RIS System. UPDATE Dec 25: Comms sent to WG confirming AB have signed CCN with supplier. Change control to be processed. Updated funding proposal for 26/27 to be shared with AB. Financial implications for 2025/26 assessment of implementation activity by local organisations to be carried out to inform end of year underspends and cost pressures carried forward into 2026/27. AB have confirmed at DoDs they will not fund RADIS support team costs beyond March. Awaiting clarity on finance position for 26/27 – updated proposal to be shared with AB. Closure Criteria: Approval at board and confirmation from the HBs that they will manage any financial implications

Escalations to Programmes Delivery Committee

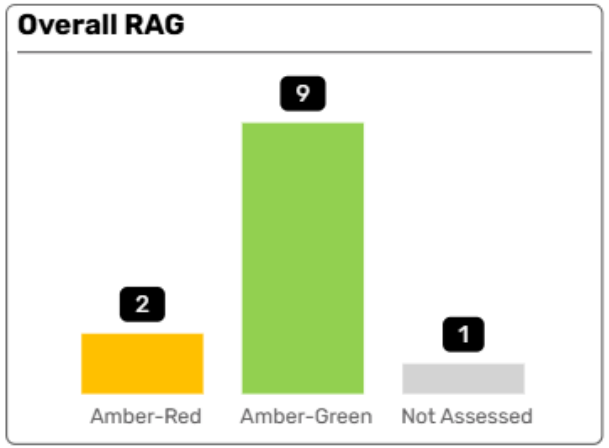
Closed / De-escalated

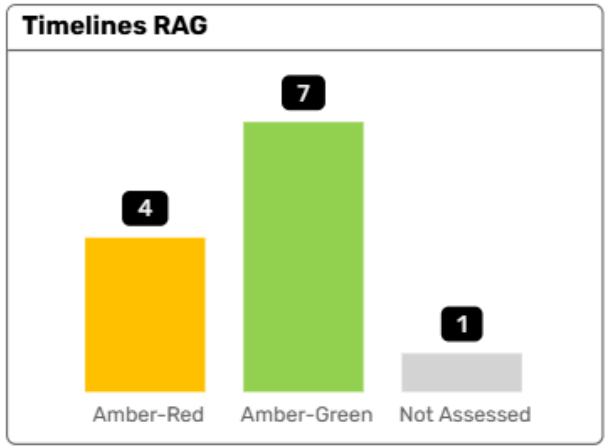
Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-111	WICIS	Dec 25	Assure	PPMG POMB & PDC Assure	WICIS has finalised the discovery stage and is awaiting an update from Welsh Government to inform whether the programme continues, including with funding to support, with an updated commitment of December 25 for a response. Ascom, the system supplier were made aware of this commitment. If a decision is not made, this risks damaging momentum or rendering the Programme unable to proceed by default, given local pressures within Health Boards and commercial pressure for the supplier.	UPDATE Jan 26: Awaiting WG decision. Programme planning and preparation for site visit and system refinements on-going. Closure Criteria: For a decision to be made that the programme would continue and funding be made available to do this.

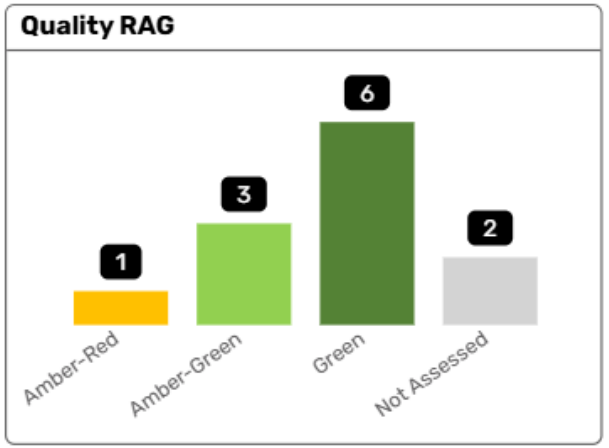
Overall Summary

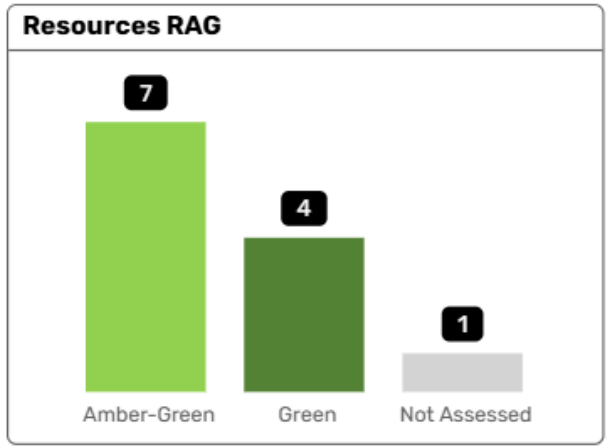
1 Nr of Programmes

11 Nr of Projects









2.3	Maternity Data Standards	⇩	Maternity Data Standards (MDS) Project unable to achieve its planned delivery milestone of publishing a national Maternity Data Reporting Standard for Wales by 31st December 2025. This is due to delayed and incomplete responses to the Impact Assessment for the proposed data standard that was issued by the DHCW Data Standards Team on 27 October 2025.
3.1	Welsh Nursing Care Record (Hospital) - WNCR – Paeds	⇔	Q4 milestone at risk due to outstanding user stories and expanding scope (notably the Paediatric Assessment Document), with UAT for most documents now targeting March 2026 and future delivery dependent on design progress and 2026–27 funding approval.
1.2	API Management	⇔	
1.2	Fiorano 13 Migration	⇔	

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PROGRAMME HIGHLIGHT REPORTS | RAG STATUS
OTHER PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END DECEMBER 2025

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on AMBER/RED and RED RAG ratings
1.2	NHS Wales Referral Integration	NEW				
2.2	Eyecare ERS	⇔				
2.3	Ssecondary Care Lung Function Testing	NEW				
2.4	Welsh Emergency Care Data Set	⇔				
3.1	Electronic Test Requesting and Results Notification	⇔				
3.1	Welsh Information System for Diabetes Management	⇧				
5.6	TSM Replacement Toolset	NEW				
1.4	Device Optimisation Discovery Project	NOT ASSESSED				

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

Programmes Delivery Committee

5th February 2026

Annual Assurance Reports

- Welsh PAS Administration (WPAS)
- GP Systems Framework
- Cloud Migration Programme

Programmes Delivery Committee: Programme Closure Report

Bridgend Transition Programme

January 2026

What was the Bridgend Transition Programme?

The Programme was established to support the transition of the Bridgend region from what was the Abertawe Bro Morgannwg Health Board (ABMU) into Cwm Taf Morgannwg (CTM).

To support this, changes to IT systems were required, with data needing to be migrated from Swansea Bay's WelshPAS System into Cwm Taf's. In addition, impacts for other national systems needed to be understood to minimise disruption associated with the boundary change.

The original Programme was due to be completed in 2020, but COVID-19 pandemic priorities, then other Welsh Government priorities, such as the merging of Betsi Cadwaladr Health Board system, meant that the Programme was postponed. In 2023, Welsh Government confirmed that the WelshPAS disaggregation needed to be completed in May 2025.

Reasons for closing the Programme

- Successful delivery of the WelshPAS disaggregation over the Go-Live Weekend (16/05/2025 – 19/05/2025)
- Completion of agreed “Warranty Period” on 30/05/2025
- Successful closure of all open issues associated with the Go-Live prior to reduced support ending on 30/09/2025
- Final Programme Board held on 08/12/2025 to agree to close the Programme.

Programme Performance – Against Aim & Objectives

Aim	Status
Enabling the migration of Bridgend patient data in PAS from SB's WelshPAS instance into CTM's WelshPAS instance.	**Complete**

Objective	Status
Define the scope of the data to be migrated	**Complete**
Establish a process for ensuring the correct data is extracted and migrated	**Complete**
Migrate relevant Bridgend patient data from SB WelshPAS instance to CTM WelshPAS as per the agreed scope, ensuring data / patient care is not compromised for either Health Board during or after transition.	**Complete**
Identify any systems within DHCW and the Health Boards dependent on WelshPAS and assess and manage the impact of this work. Support delivery through planning and performing testing in readiness for Data Migration.	**Complete**

Programme Performance – Against Costs

- The Programme achieved a break even position over its three year funding cycle. An overview of the costs is included in the table below.

Organisation	Revenue Funding			
	FY 2023/24	FY 2024/25	FY 2025/26	Total
Cwm Taf Morgannwg University Health Board	£604,000	£643,074	£630,574	**£1,877,648**
Swansea Bay University Health Board	£0	£0	£98,735	**£98,735**
Digital Health and Care Wales	£0	£1,012,610	£353,943	**£1,366,553**
TOTAL	**£604,000**	**£1,655,684**	**£1,083,252**	**£3,342,936**

Programme Performance – Against Deliverables

- All deliverables were completed, however, some were either delayed or only partially completed prior to go live. This was to primarily due to delays in establishing the appropriate test environment, which delayed testing commencing and truncated timescales.

Deliverable	Planned Completion	Actual Completion
WelshPAS Data Migration Events 1 – 7	22 November 2024	22 November 2024
WelshPAS Data Migration Event 8 and Final Checks	21 March 2025	16 May 2025
WelshPAS Regression Testing and UAT	18 April 2025	16 May 2025
WelshPAS Integration Testing	21 March 2025	16 May 2025
National Systems Integration Testing	18 April 2025	16 May 2025
WelshPAS Workflow Processes	22 November 2024	16 May 2025
Go-Live	19 May 2025	19 May 2025
Go-Live Warranty Period	30 May 2025	30 May 2025
Post Go-Live Support	30 September 2025	30 September 2025

Lessons Learned

- An extensive Lessons Learned process was undertaken as part of Programme Closure with stakeholders from all organisations participating. The tables below provide a summary of the key lessons and recommendations.

What Went Well
Governance & Leadership
When programme leadership was in place, it brought clarity, structure, and momentum that helped navigate complexity and align delivery efforts.
Scope & Planning
The programme successfully identified key risks and dependencies, and delivery teams showed adaptability under pressure, maintaining progress despite resource and planning challenges.
Risks & Reporting
Within the programme governance structure that had been established, and existing organisational arrangements, the projects submitted regular and informative reports, highlighting the RAG status and areas of concern.
Testing & Quality Assurance
The testing teams demonstrated resilience and adaptability, managing complex scenarios under pressure and maintaining strong collaboration with delivery teams, which helped sustain momentum during critical phases.
Stakeholder Engagement & Collaboration
The programme was strengthened by strong cross-organisational collaboration, open communication which fostered trust, shared ownership, and a positive foundation for future joint working.
Delivery Execution & Team Wellbeing
Key teams demonstrated exceptional resilience and adaptability, delivering a successful Go-Live under pressure through a strong coordinated execution.

What We Need to Do Differently
Governance & Leadership
At project initiation, establish a robust programme governance structure with Senior Leadership oversight to reflect complexity and scale. Early scoping to identify key roles and dependencies which must be planned and resourced from the outset. Avoid assumptions based on past projects and ensure tailored assessments guide delivery confidently and cohesively.
Scope & Planning
Clarify scope boundaries, strengthen resource planning, and engage stakeholders earlier, while identifying interdependencies upfront to prevent delays, inefficiencies, and delivery strain across impacted teams.
Risks & Reporting
Ensure programme reporting reflects the true delivery health by aligning RAG status with critical risks and enabling open confidence sharing from delivery teams.
Testing & Quality Assurance
Future programmes must appoint a dedicated Testing Lead early, ensure timely access to test environments, and allow sufficient time for comprehensive testing. Decisions to proceed must be based on validated readiness, not urgency, to safeguard quality and patient safety.
Stakeholder Engagement & Collaboration
To improve future delivery, stakeholder engagement should be treated as a continuous, structured activity with clearly defined roles, early involvement of all impacted parties, and proactive communication strategies to ensure alignment, ownership, and readiness across organisations.
Delivery Execution & Team Wellbeing
DHCW to embed flexible resourcing, supportive recovery mechanisms, and early wellbeing safeguards to reduce delivery strain and uphold a culture of trust throughout demanding delivery cycles.

Closure Activities

- All outstanding support items relating to closure were complete on 26 September 2025
- Final Programme Board delayed, held on 8 December 2025
- All Issues relating to the Programme closed
- All remaining/residual risks transferred to business as usual risk owners
- Final Programme Closure and Lessons Learned Report approved and submitted to January POMB following final Programme Board

GIG CYMRU NHS WALES

Iechyd a Gofal Digidol Cymru

Digital Health and Care Wales

GP Systems Framework

Annual Assurance Report

January 2026

GMS Systems Framework

The GMS Systems Framework is a Framework Agreement for provision of GP systems and services; InPractice Systems (INPS) and EMIS Health (subsequently known as Optum) were awarded onto the Framework in 2021.

The Agreement is managed by Digital Health Care and Wales (DHCW) on behalf of Welsh Health Boards and is funded by the Welsh Government.

369 GP practices benefit from provision of IT clinical systems under individual Health Board Contracts (Deployment Orders).

Supporting 'A Healthier Wales'

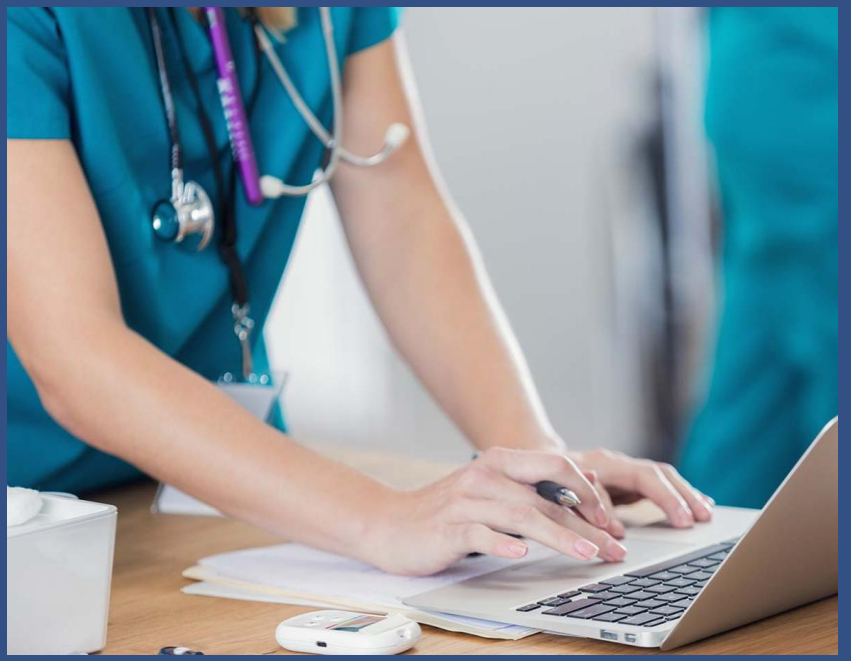
DHCW: Mission 2 Deliver high quality digital products and Services

The GP clinical system enables electronic…..

The GP record is a key data source for the Welsh Clinical Portal, which is utilised widely by other NHS Services

GP Systems Choice and Mini Competition

The Framework Agreement was established to provide a choice of clinical systems for GP Practices, via a mini-competition process.



Within the Framework Agreement suppliers are requested to state the number of practices they need to secure to ensure that it is financially viable for them to provide services. The Framework Agreement also sets out that if this number is not met following the mini-competition, the supplier has the option to not participate in any new contracts.

The number of practices choosing INPS, as part of the process undertaken at the end of 2023, did not meet this threshold and DHCW were notified of INPS's business decision to withdraw from Wales (26th January 2024).

A project was established to migrate all INPS practices (198*) to EMIS Health.

*This has reduced to 193 due to practice closures/mergers

GP Systems Migration Project

Objective: ***To complete the migrations safely and minimise disruption to GP practices and their patients.***

Key Benefit: ***Continuity of service provision***

Planning Assumptions:

- Equitable implementation across Health Boards to de-risk disruption
- Avoiding peak periods for practices, such as public holidays, providing minimal contingency
- No migrations during supplier change freezes
- An average of 2 practices migrating per week

Phase One: Migrate those practices choosing to migrate to EMIS (110 practices)
Phase Two: Migrate those practices who chose INPS (88 practices) – forced migration.

NOTE: At project initiation in early 2024, the plan was to complete all migrations by January 2027. The subsequent challenges, detailed in this report, required a change to scheduling.
*

A GP Practice Migration: Timeline – Activities - Resources

Resources

Minus 20 weeks - Migration Planning

EMIS Implementation
DHCW Primary Care Ops
GP Practice

Minus 16 to 18 weeks - Engagement Activities

EMIS Implementation
DHCW Primary Care Ops/PCMT
DHCW Primary Care Ops
Cegedim
GP Practice

Minus 16 to 18 weeks - Technical pre-requisites Start

DHCW Client Services
DHCW Client Services (on-site)
DHCW Primary Care Ops
GP Practice
Cegedim
EMIS Technical
EMIS Implementation

Minus 12 weeks - Data Checking Start inc. Training

GP Practice
EMIS Implementation (on-site)
EMIS Technical
DHCW Primary Care Ops (on-site)
Downstream Services Team

Minus 4 to 6 weeks - Data Checking Complete inc. Training

EMIS Implementation
EMIS Technical
GP Practice
DHCW Primary Care Ops
DHCW Primary Care Ops/PCMT
Downstream Services Team

Go or No Go

GP Practice/EMIS/DHCW/Cegedim

Minus 1 - 2 weeks - Prepare for Read Only

Downstream Services Teams
GP Practice
DHCW Primary Care Ops

Practice Read Only - No data entry for 3 days

Cegedim
EMIS Technical
DHCW Client Services
DHCW Primary Care Ops
GP Practice

Minus 1 day - Technical Go Live Day

EMIS Implementation (on-site)
GP Practice
DHCW Primary Care Ops (on-site)
DHCW Client Services (on-site)
Downstream Services Teams

Go Live - Business Go Live Day

EMIS Implementation (on-site)
GP Practice (inc. Health Board reps on-site if applicable)
DHCW Primary Care Ops (on-site)
DHCW Client Services (on-site)
Downstream Services Teams

Post Go Live Plus 1 month - Post Go Live Support inc. Training

GP Practice
DHCW ServiceDesk
DHCW Client Services
DHCW Primary Care Ops (on-site)
DHCW Primary Care Ops
EMIS Implementation (on-site)
EMIS Technical
Downstream Services Teams
PCMT

Post Go Live Plus 2 months - Post Migration Business as Usual

Go Live Minus 20 weeks - Migration Planning Business as Usual	
EMIS Implementation DHCW Primary Care Ops Practice	• Prepare Engagement and data migration artefacts • Prepare Trainers' schedules • Prepare Engagement artefacts • Plan migration & prepare to book in Facilitators • Confirm go-live date to Practice • Confirm acceptance of proposed go-live date • Migration Preparation Starts

Go Live Minus 16-18 weeks - Engagement Activities	
EMIS Implementation DHCW Primary Care Ops DHCW Primary Care Ops/PCMT Cegedim Practice	• EMIS Data Release Forms Sent • EMIS Migration packs sent • DHCW Migration packs sent • Weekly meetings with Practices scheduled • Trial data extra ordered • Trial data extract order processed • Sign data release forms and return to EMIS • Accept weekly meetings with DHCW Primary Care Ops • Act on Migration Pack information

Go Live Minus 16-18 weeks - Technical pre-requisites Start	
DHCW Client Services DHCW Client Services (on-site) DHCW Primary Care Ops Practice Cegedim EMIS Technical EMIS Implementation	• Install EMIS Software inc. Spoke/WDS • Configure to FAM • 3rd party product information gathering & rationalisation • Install additional monitor to support data checking (TBC) • 3rd party product rationalisation • Prepare for Planning/Engagement Day • Act on activities outlined in migration packs • Prepare for Planning/Engagement Day • Trial data extract provided to EMIS (via central repository) • Provide CDB info for Spoke/WDS & FAM to DHCW Client • Collect trial date from central repository • Convert trial data • Present data in FAM and confirm with DHCW Client • Book in Planning/Engagement Day • Prepare to share 3rd party products compatibility details

Go Live Minus 12 weeks - Data Checking Start inc. Some Training	
Practice EMIS Implementation (on-site) EMIS Technical DHCW Primary Care Ops (on-site) Downstream services team	• Attend weekly preparation meetings with DHCW • Act on activities outlined in migration packs • Attend onsite Planning/Engagement Day • Receive EMIS System Overview • Confirm future training dates • 3rd party product considerations following rationalisation • Familiarisation / Training using FAM and online resources • Data Checking Starts (8 weeks) • Raise Data Checking queries with EMIS • Facilitate and attend onsite Planning/Engagement Day • Provide EMIS System Overview • Propose future training dates • 3rd party product compatibility • Act on data queries raised during data checking period • Facilitate and attend Weekly Practice Meetings • Attend onsite Planning/Engagement Day • Audit+(Informatica): Act on request for PDES data stream to be activated on go live • EMIS: Act on request for PDES data stream to be activated on go live

GMS Clinical System Migration: Activity per GP Practice

Go Live Minus 4 to 6 weeks - Data Checking Complete inc. Further Training	
EMIS Implementation EMIS Technical Practice DHCW Primary Care Ops DHCW Primary Care Ops/PCMT Cegedim Downstream services teams	• Deliver Role Based training • Act on Final data queries raised during data checking period • Attend weekly preparation meetings with DHCW • Receive Role Based training • Raise Final Data Checking queries with EMIS • Data Checking complete • Act on activities outlined in migration packs, eg • comms to patients • List reconciliation • Facilitate and attend Weekly Preparation Meetings with Practice • Live data extract ordered • Request Cegedim to place Docman DDE order • Live data extract order processed • Cegedim order Docman DDE extract • WRTS/Data Reference: Act on request for Data Reference Table update • NHS Wales App: Act on request for online services practice switchover • WIS Support: Act on servicepoint call re covid write back • Corporate Apps: Act on servicepoint call to update Practice's new clinical system details in servicepoint • NWSSP: Work with Practice on list reconciliation activities prior to receiving a confirmed pre-migration list. • WGPR: Test IHR links pre-migration

Go/ No Go	
Practice/EMIS/DHCW/Cegedim	• Minus 4 week Go / No Go call • Confirm readiness against checklist eg • Confirm DHCW resources • Confirm Live Data on track for Read only period

Go Live Minus 1-2 weeks - Prepare for Read Only	
Downstream services teams Practice DHCW Primary Care Ops	• NWSSP: Act on practice request for registration links to be paused evening before live data extract is processed. • Labs: for ICE users - Act on practice clinical system change information provided by Practice • Health Board: for ICE users - Act on practice clinical system change information provided by Practice • Nat GP Links: Act on DHCW/practice request to stop pathology links • OOH: Act on practice request for a pause commencing evening before live data extract is processed. • NHS Wales App: Act on request for online services practice switchover • SAIL Databank - Act on practice clinical system change information • Attend weekly preparation meetings with DHCW • Act on activities outlined in migration packs • Prepare for Read Only eg • Online services switch off • Request path links switch off • OOH switch off • Registration Link switch off • Prepare Practice for Read Only • Prepare for Go Live Days 1 & 2 • Facilitate and attend Weekly Preparation Meetings with Practice

PRACTICE READ ONLY - No data entry for 4 days	
Cegedim EMIS Technical DHCW Client Services DHCW Primary Care Ops Practice	• Live data extract provided to EMIS inc. Docman DDE • Convert Live data inc. Docman DDE • Present Live data inc. Docman (TBC re Docman timings) • Central Repository Capacity Check/Archiving • Prepare to reconfigure Practice System from FAM to LIVE. • Prepare for Go Live • Prepare for Go Live • COP Weds Opt 1 or COP Tues Opt 2 – Switch to Manual • Refer to Cegedim system, no data entered will be presented in the EMIS system from this point.

GO LIVE Minus 1 Day - Technical Go Live Day	
EMIS Implementation (on-site) Practice DHCW Primary Care Ops (on-site) DHCW Client Services (on-site) Downstream services teams	• System & User Config activities • System Troubleshooting • Configuration, training • Switch-on activities and checks • Online Services • Path Links • Floor walking • escalation point • co-ordinating activities • Desktop reconfiguration & troubleshooting • Printers • Scanners • 3rd party app installations • WGPR: Test IHR Links post-migration • Nat GP Links: Act on DHCW/practice request to recommence pathology links. • OOH: Act on practice request to recommence. • NHS Wales App: Progress necessary actions and confirm resumption of online servicesNHS Wales App: Progress necessary actions and confirm resumption of online services

GO LIVE - Business Go Live Day	
EMIS Implementation (on-site) Practice (inc. Health Board reps on-site if applicable) DHCW Primary Care Ops (on-site) DHCW Client Services (on-site) Downstream services teams	• System & User checks • System Troubleshooting • Switch to Live activities, eg • Map medication requests • Map pathology results • Enter read-only period activities into EMIS System • Floor walking • escalation point • co-ordinating activities • Desktop reconfiguration & troubleshooting • Printers • Scanners • 3rd party app installations • WGPR: Test IHR Links post-migration • Nat GP Links: Act on DHCW/practice request to recommence pathology links. • OOH: Act on practice request to recommence. • NHS Wales App: Progress necessary actions and confirm resumption of online services

Post Go Live (duration 1 month) - Post Go Live Support inc. Remaining Training	
Practice DHCW ServiceDesk DHCW Client Services DHCW Primary Care Ops (on-site) DHCW Primary Care Ops EMIS Implementation EMIS Technical Downstream services teams PCMT	• Continue entering read-only period activities into EMIS System • Receive additional training • Attend post-migration Weekly Practice Check-ins • Close monitoring of servicedesk calls (enhanced 2 week SLA) • Handover from on-site engineer • Continue resolving 2nd/3rd line servicedesk calls (enhanced 2 week SLA - TBC) • Post Go Live Days 1 & 2: continue on-site support • Facilitate & attend post-migration Weekly practice check-ins • Downstream service check-ins • Steady Ops activities • Prepare for BAU • Provide additional training • Steady Ops activities • Prepare for BAU • Docman conversion & presentation to EMIS Scan activities • Close monitoring of calls (enhanced 2 week SLA in preparation for Steady Ops milestone – TBC with EMIS) • Gateway Services: Post Go Live Day 3 – check all processes complete • iPlato/My Health Text: Post Go Live Day 1 – Practice and EMIS to Organise Account and Training activities with 3rd party • Steady Ops activities

Post Go Live +2 months - Post Migration Business as Usual	
BUSINESS AS USUAL	• BUSINESS AS USUAL

Challenges

On 10th December 2024, DHCW was made aware that INPS, as a subsidiary of Cegedim SA, had voluntarily placed itself into administration in view of financial difficulties. The business of the company continued to trade and maintain a full service while a new buyer was sought.

At that time 154 practices* (providing clinical services to approximately 1.37 million patients) had yet to migrate. In recognition of the significant risk posed to the services to GP practices, their patients, and wider down-stream NHS Services, DHCW formed a task force to manage the response as a Major Incident.

Through strategic engagement with the administrator and other home nations over several months, DHCW successfully navigated the administration, achieving the preferred outcome of the service transitioning to a new supplier and ensuring continuity of service. The sale of INPS to One Advanced was completed in August 2025.

DHCW teams undertook a retrospective on the management of the incident in September.

* Correct as of 10th January 2025

Retrospective: Key Takeaways

What Went Well:

- Collaboration across teams, effective communications and stakeholder briefings.
- The early decision to invoke major incident management structure proved pivotal to effective response.
- Engagement of a specialist commercial advisor.

Challenges & Improvements:

- Exit Plans need to be finalised at an early stage of the Contract and reviewed on a regular basis.
- Proactive contract health checks would enable flags to be raised earlier.
- The unpredictability of funding provision surrounding a critical incident and routes to decisions was unclear.

Technical/Operational Insights:

- Business continuity planning requires review and improvement
- There is a need for better documentation and periodic data backups to mitigate against supplier failure or data loss.

Recognition:

- The teams' collaborative work was recognised at the DHCW Staff Awards.
- The teams' approach was noted as an exemplar and gathered positive comparisons to other nations' responses.

Retrospective: Summary of Agreed Actions

Develop a standard framework for undertaking financial checks on our suppliers; ensuring the activities are undertaken at appropriate stages in the contract term.

Review the SOP on Procurement in Exceptional circumstances to ensure it includes financial controls and governance requirements.

Strengthen and maintain up-to-date exit plans for key contracts, ensuring timely decision-making and regular review throughout the contract lifecycle.

Develop a set of guiding principles or a checklist for managing critical incidents, incorporating lessons learned on governance, financial, and commercial aspects, to be referenced in future similar scenarios.

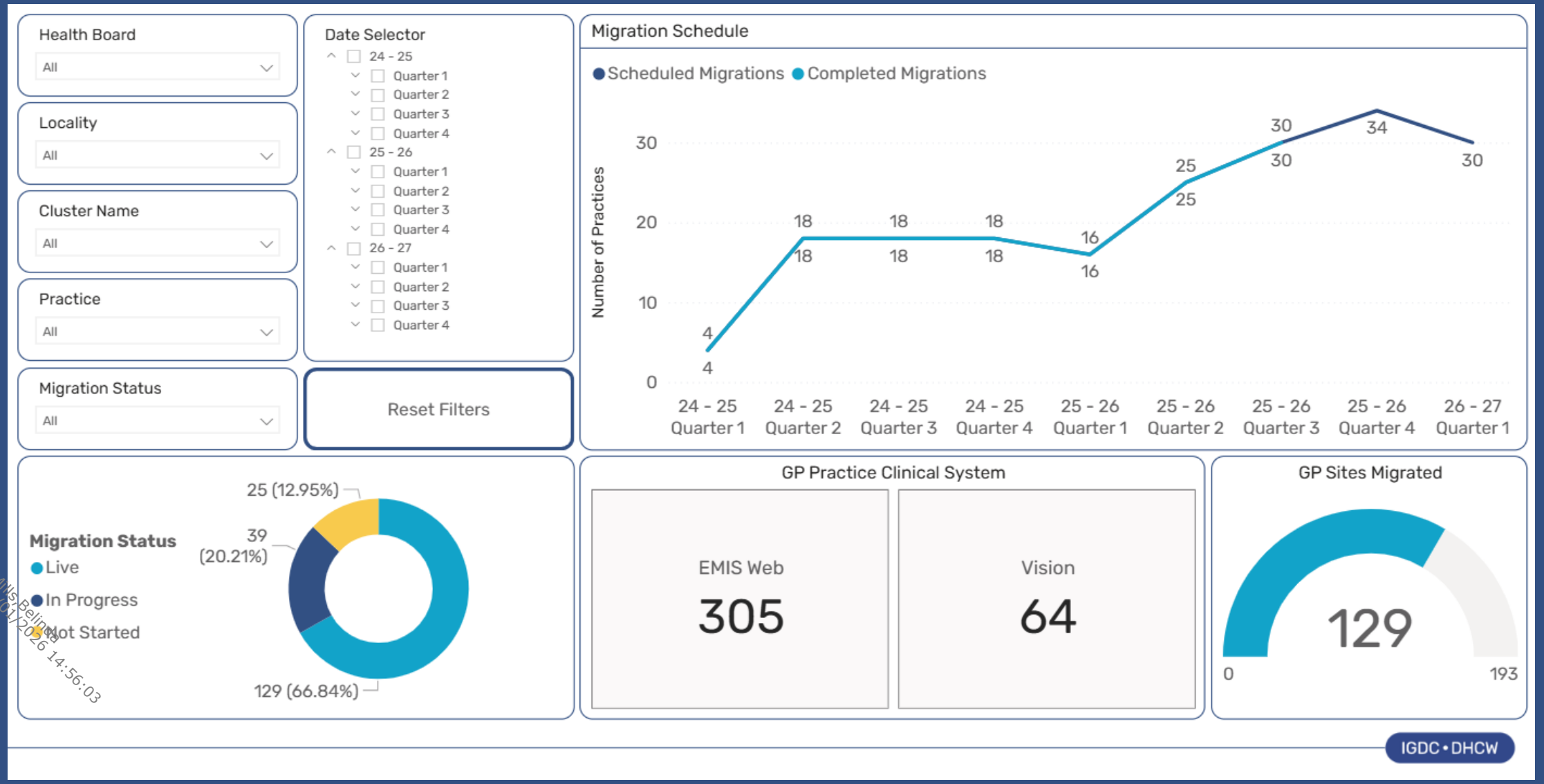
Data access, recovery and resilience: Explore and implement options to ensure access to critical data in the event of supplier failure, including periodic data backups or alternative data access arrangements.

Impact of the Administration process on the Plan

One of the mitigations identified during the response to the administration, was to expedite the migration cadence. Agreement was reached with both OneAdvanced and Optum (formally EMIS) to increase the cadence from an average of 2 practices per week to 4.

Following significant planning, to ensure there was no compromise to the integrity of the migration process, and therefore no additional clinical risk was introduced, the migration cadence increased from October 2025; this means the **transition to a single supplier will be complete in May 2026.**

GP Migration Dashboard: 31st December 2025



Successes

- Successfully navigated through the INPS Administration, agreeing a deal with the new buyer
- 129/193 practices migrated to Optum (formally EMIS)
- 3841 Practice staff supported
- Minimal disruption for 1,173,089 patients
- 95% Positive feedback
- Project on target as of 31st December 2025
- Continually learning lessons and implementing improvements

GP Practice Feedback

Thank you, team, for a job really well done on our migration - a few tweaks which would make it perfect but overall thank you for
Cardiff and Vale – 06/2024

Feedback from the Team shows that the whole process was seamless from beginning to end. The DHCW team(s) should feel proud of managing such a successful migration for our practice and it was reassuring to have them on-site and being able to solve and rectify any issues that were presented on go-live and keep a watchful eye over EMIS .
Cardiff and Vale – 08/2024

Paula was brilliant from the very start of the process, very informative and we felt prepared based on the support and advice given. The weekly meetings were very useful and made us feel as prepared as we could.
Aneurin Bevan – 10/2025

DHCW's support was invaluable
Cardiff and Vale – 11/2025

The migration process from start to finish was fantastic. Big thanks to Kyle and Carina for all their help and support, we could not have done this without them - from the bottom of our hearts a huge thank you!
Aneurin Bevan – 11/2025

Without your fabulous team, I would not be sat at my computer with a smile on my face. A massive thank you to Carl and Carina they were incredible. They supported all the staff. So professional, so knowledgeable, so patient, so kind and thoughtful. Please pass on our thanks to them as they deserve to know how grateful we are. Gareth and his team were great too. THANK YOU EVERYONE.
Cardiff and Vale – 10/2024

Next Steps

- Complete all GP system migrations by the end of May 2026.
- Complete all decommissioning activity associated with OneAdvanced during Q2 2026/27.
- Project closure.
- Forward action to realise the potential benefits of a single supplier.

Programmes Delivery Committee: Annual Assurance Report

Cloud Transition Programme (CTP)

January 2026

Brief Overview

We are migrating DHCW's applications to modern, secure cloud platforms. This will make services faster, more secure, and easier to manage. It will increase efficiency, lower our carbon footprint, and prepare us for the future.

The Cloud Transition Programme (CTP) will:

- Make product delivery more efficient through automation and self-service.
- Strengthen security and reliability to maximise uptime and ensure services remain resilient and accessible.
- Train staff so everyone has the skills to work in the new environment.
- Ensure more predictable, pay-as-you-go costs.

We are working on three main areas:

- **Infrastructure Delivery** - building the cloud infrastructure.
- **Migration and Optimisation-** moving and improving existing systems.
- **Organisational Change** - supporting staff in new ways of working and ensuring benefits are realised.

This is a large and complex programme, so we are partnering with expert suppliers to make sure we deliver our objectives efficiently, securely, and build long-term capability.

We will share what we learn with all NHS Wales bodies through regular communication and engagement.

PSBA: Wales secure network for NHS and public services

NaaS: Network as a Service connection

Current | **Cloud**

2 Data Centres — **PBSA** — **NaaS** — **DHCW Secured and Public Cloud**

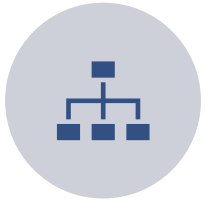
Mills Belinda
28/01/2026 14:56:03

Cloud migration scope

~100	~135,000	~1,600
Services	Users	Servers

Scope of the Programme

Migration of ~100 national digital services hosted on ~1,600 on-premises servers to DHCW's secure, compliant cloud environments.



Implementation of governance, security, and operational frameworks to ensure continuity and compliance.

Phased migration approach prioritising critical services, with clear milestones and risk management.

Adoption of a "migrate, optimise & re-platform" strategy: where feasible, services will be rehosted or re-platformed, leveraging open-source tools to maximise efficiencies.

Engagement with stakeholders to enable seamless integration and user adoption.

Delivering the required processes, training and business change to maximise the benefit of adopting cloud services.

Strategic and Policy Drivers

- **Delivers digital tools that underpin better informed-care**: A secure, modern foundation for sharing and analysing health data so services can make better-informed decisions that enhance care and well-being.

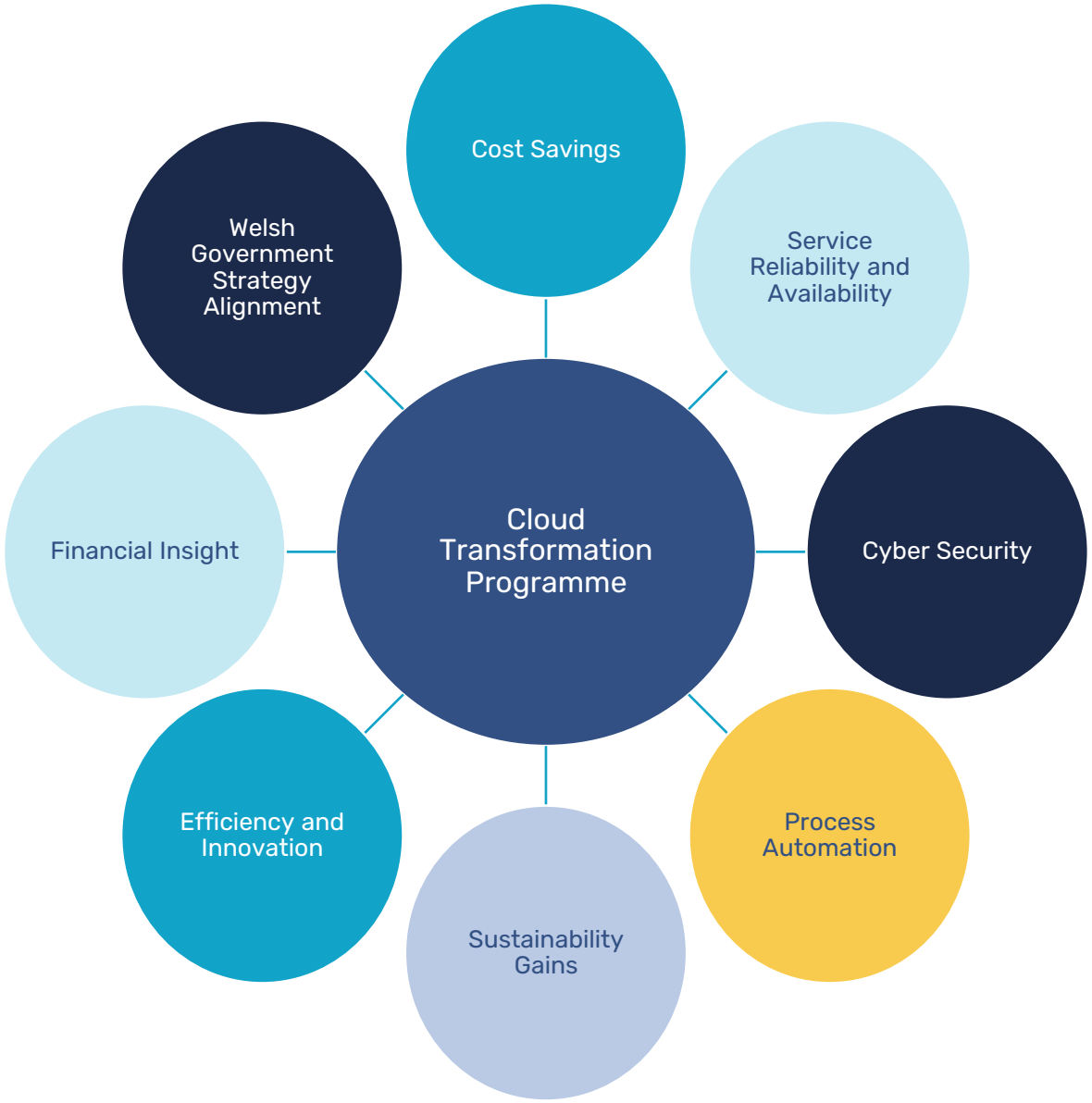
- **Innovation that benefits patients and clinicians**: Enabling future technologies, such as AI, to support clinical decision-making and more efficient care delivery.

- **Timely access to information needed to manage health and care:** Working with National Data Resource to provide improved data and digital infrastructure and services so patients and professionals can access accurate health information, empowering shared decision-making and self-care.

- **Connected health and care system for Wales:** Interoperable, cloud-enabled systems strengthen integration across services, supporting the “once-for-Wales” approach and seamless care pathways.

Benefits Overview

The Cloud Transition Programme will deliver major benefits for DHCW and the wider NHS in Wales. A detailed business case shows this approach is the most efficient and cost-effective over the next 10 years. It will make our services more reliable and provide better tools to strengthen security and protect patient data. By using automation and self-service, we can deliver new and improved services more quickly. This transition also supports more agile ways of working, helping drive efficiency and innovation. Better financial data will give us accurate service costs and help reduce expenditure. In addition, the energy efficiency of cloud data centres will cut DHCW's carbon emissions by at least 10% by 2027/28.



Benefits Tracking

Approach to tracking benefits

- The main benefits of the programme are set out in the business case.
- We have brought in an expert supplier to help deliver the programme and support the changes needed as we move services to the cloud. They are creating a tracker that will show the value and outcomes of this work.
- The tracker will monitor a range of industry-standard measures, including how quickly changes are made, how often new updates are released, and key financial information.

Benefits Already Delivered

- We have agreed a new contract with Microsoft, increasing our Azure cloud discounts from 15% to 24%.
- Our high-level cloud infrastructure designs are now available for all NHS bodies to use.
- We have procured a new cloud-first backup system that will strengthen ransomware detection and recovery.
- We have upgraded and installed new firewalls based on an improved and more cost-effective design.
- New systems are being developed more quickly using cloud-native technologies, including a new “Urgent and Emergency Care App” which is designed to support the efficient and effective management of patient care in emergency departments.

What it means for people

Patient

- Experiences more reliable digital services, with fewer outages and faster access to health information.
- Benefits from new digital tools that support self-care and communication with clinicians.
- Gains confidence that personal health data is secure and up-to-date, supporting better care and outcomes.

Clinician

- Experiences less disruption and downtime due to more reliable digital services.
- Benefits from faster delivery of new features and digital tools that support patient care.
- Gains access to integrated, up-to-date information, enabling better decision-making and patient outcomes.

Software Developer

- Accelerated development and deployment using cloud-native and open-source technologies
- On-demand scalability and self-service access to secure, pre-approved infrastructure
- Fewer delays and deployment issues when moving from test to production environments

Infrastructure Engineer

- Enables self-service access to pre-secured, ready-to-use platforms
- Facilitates use of tested patterns and templates to accelerate delivery
- Allows infrastructure to be managed efficiently through code (IaC)

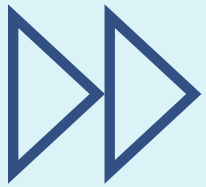
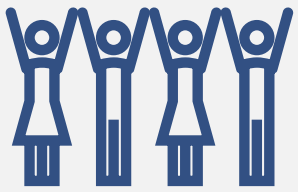
Service Manager

- Improved service reliability and clearer SLAs through cloud monitoring and automation.
- Real-time operational insight (availability, incidents, costs) enables proactive management.
- Standardised change/release processes reduce risk and speed time-to-value.

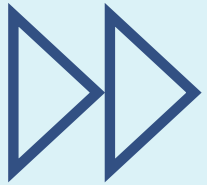
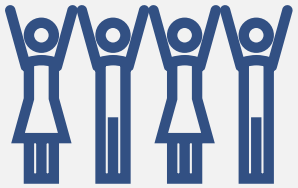
Data Analyst

- Easier, governed access to high-quality data via cloud platforms.
- Scalable analytics and tooling (e.g., notebooks, dashboards) speed insight generation.
- Better data integration enables advanced reporting and supports population-health analysis.

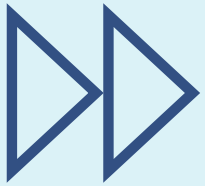
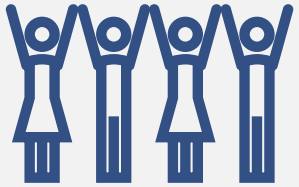
Workstreams

Workstream	What's involved?
Infrastructure Delivery 	Setting up everything needed for the cloud to work safely and reliably. It includes ensuring strong internet connections, security measures, and backup systems. Secure starting points in the cloud (landing zones) will be created, along with firewalls and tools to keep systems running smoothly. Before anything moves, an essential, new high bandwidth circuit will be installed to ensure fast and reliable connectivity.
Migration and Optimisation 	Planning and carrying out the move to the cloud including checking what needs to move, organising the migration in steps, testing everything with cloud tools, and ensuring systems run properly. For each system, the best approach is chosen - retire if no longer needed, keep as is, move without changes, make small improvements, redesign, replace with a new solution, or move to a different environment. This ensures a smooth and efficient transition and minimise down-time for our critical systems.
Organisational Change 	Moving to the cloud is a major shift in how work is done, so this supports staff to adapt and feel confident with the change. It provides training and support to build new skills and ensures clear communication throughout the process. It also ensures the programme is well governed, benefits are tracked and delivered, and productivity improvements are achieved.

Progress

Workstream	Progress
Infrastructure Delivery 	The main infrastructure plan for the programme, known as the High-Level Design, is in final stages of approval. Work has now started on the detailed technical plans, called the Low-Level Design. This involves running workshops and reviewing plans with suppliers to make sure every detail is covered. These steps mean the programme has a clear design strategy and is actively working out the technical requirements needed to move systems to the cloud safely and efficiently.
Migration and Optimisation 	We have made good progress in securing a Migration Support supplier by issuing an Invitation to Tender (ITT). Their expertise will be key to ensuring a smooth transition. In the meantime, we are preparing to move some applications to the cloud. The first group of applications is planned for March 2026, focusing on lower-complexity migrations. We are refining the list for this initial phase, and the overall programme will run in stages until 2028.
Organisational Change 	We are working with an appointed supplier to gather insights that will shape how the programme is managed, how training is delivered, and the support provided to staff during the transition. This approach ensures people are well-prepared and supported, leading to better outcomes for staff, services, and patient care. As the programme progresses, these benefits will begin to be realised-driving greater efficiency, resilience, and overall service quality.

Supplier Overview

Workstream	Supplier
Infrastructure Delivery 	**TPX Impact:** designing and implementing technical infrastructure and landing zones.
	KMPG: delivering cyber security design, assurance, and compliance expertise for secure cloud configuration.
Migration and Optimisation 	**Google and Microsoft:** providing migration planning resources, technical support, and staff training for cloud adoption.
	Trustmarque: managing test strategy and assurance to ensure safe and effective cloud migrations.
	Cloud Migration Support Supplier (TBC): providing expertise to accelerate migration and unlock cloud value.
Organisational Change 	**Capacitas & Channel 3 (joint venture):** leading work on governance, strategy, change management, skills development, and benefits realisation to ensure programme delivers measurable value.

TRUSTMARQUE TPXimpact capacitas Channel 3 CONSULTING KPMG Microsoft Google

Challenges

1. **Technical Complexity:** Maintaining operational stability of critical services during transition.
2. **Skills & Training:** Closing the skills gap, providing training, and building cloud experience.
3. **Stakeholder Engagement:** Stakeholder capacity, overcoming resistance to change, managing the transition, and keeping communication clear.
4. **Supplier Dependencies:** Coordinating with suppliers, getting timely input, and accessing the right expertise and documentation.
5. **Procurement & Timelines:** Compressed schedules, possible procurement delays, design sign-off dependencies.
6. **Cost & Financial Management:** Controlling costs and mitigating financial and operational risks during migration.

Next Steps

Implement NaaS & Multi-Cloud Integration: Finalise network connectivity and build the underpinning infrastructure (e.g. landing zones) on Azure and Google platforms.

Finalise Design & Planning: Complete technical and migration plans for all waves.

Begin Migrations: Appoint Migration Support supplier and start migrating first wave of services and conduct readiness checks.

Strengthen Governance & Assurance: Update governance models and embed benefits tracking.

Engage & Train Stakeholders: Deliver targeted training and communications for cloud readiness.

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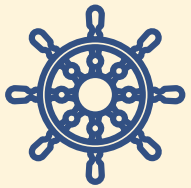
Monitor Progress & Benefits: Track milestones and measure outcomes for efficiency, security, and patient care.

CTP: 2 Year High Level Plan on a Page

2025 H2	2026 H1	2026 H2	2027 H1	2027 H2

PROGRAMME MANAGEMENT



- Planning & Design
- Implementation
- Management of Finance, Suppliers, Scope, Benefits, Quality
- Consolidated Plan, Risks, Assumptions, Issues, Dependencies

INFRASTRUCTURE DELIVERY

- Design
- Platform Implementation
- Migration Support
- Acceptance into Service / BAU
- De-Commissioning On Premise Equipment

MIGRATION AND OPTIMISATION

- Planning & Design
- Implementation
- Wave 1: Design & Build → Test → Go Live
- Wave 2: Design & Build → Test → Go Live
- Wave 3: Train → Design & Build → Test → Go Live
- Wave 4-9: Train → Design & Build → Test → Go Live → Go Live → Go Live → Go Live → Go Live

ORGANISATIONAL CHANGE

- Planning & Design
- Implementation
- Operating Model
- Communication Strategy, Stakeholder & Staff Engagement
- Training
- Benefits Tracking

Dashboard Summary

RAG Framework

The overall RAG is assessed by each programme based on delivery confidence across three areas: timeline, quality and resources. A 'Not Assessed' RAG status has been added to the framework to reflect programmes that cannot assess confidence of delivery because activity has been suspended (e.g. a formal review and reset) or is complete (e.g. closure).

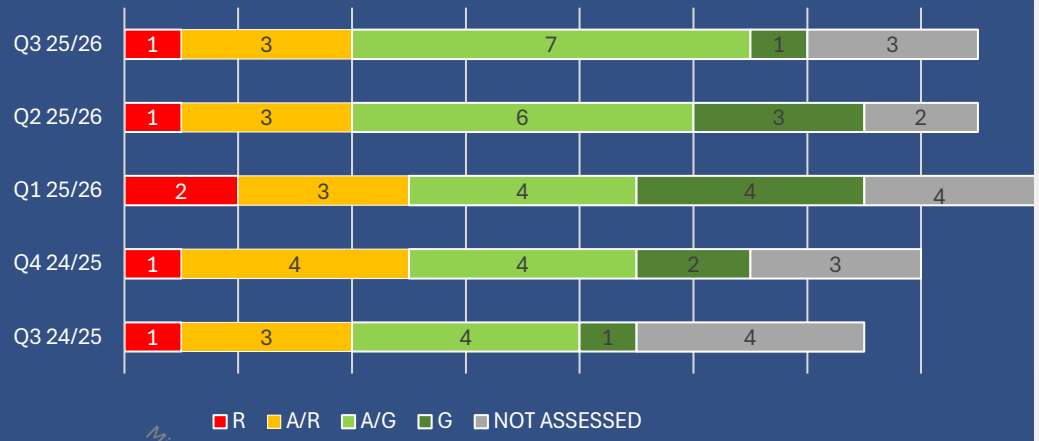
Major Programme Scoring

Only those major programmes reported to the Management Board Oversight Session are detailed in this summary.

Other Programmes

A dashboard has been included to demonstrate the health of other programmes, but these are only reported to the Committee if there are matters which have been escalated by the DHCW Portfolio Management Board.

Overall Portfolio Health Summary



Since Q2, the following RAG status changes occurred:

Integration Hub and Microsoft 365 Enterprise Agreement Renewal:
GREEN → AMBER/GREEN

Q3 25/26 Status Update:

The portfolio health has remained the same, with 8 programmes reporting a RAG status of reasonable or high confidence in delivery, 3 programmes are currently not subject to assessment. Audit+ Replacement has recently been scored as a major programme and reporting commenced. The Cancer programme has now formally closed, and reporting ceased, the closure report is included for noting.

RAG status summary of Programmes/Projects:

One programme is **GREEN**
High confidence of successful delivery:

- **GP Systems Framework**: Budget for 2025/26 now confirmed by Welsh Government, 129 practices successfully migrated to date.

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

- **EPMA:** Implementation progressing, all HBs and Velindre have contracts in place and vendors on the national framework have access to the Shared Medicines Record API, although not all HBs have integrated for initial go-live.
- **EPS:** Temporary reduction in the number of practices that go live in Q3 in order to support the GP System Migration work. To date 12.4 million prescription items claimed via EPS and 135 GP practices onboarded.
- **National Target Architecture:** Good progress of the National Target Architecture milestones however previous work package overrun may impact the Q4 Strategic Investment Plan (SIP) deliverable.
- **Cloud Transition:** On track, 3 workstreams established and supported by expert delivery partners. However, complex infrastructure landscape requires prioritisation to get to robust, secure MVP for first migration (Mar 26)
- **Microsoft Enterprise Agreement Renewal:** Progressing all workstreams with a key dependency on successful negotiation and understanding of license profile allocation.
- **Integration Hub:** Reasonable confidence in delivery, with development on track but some dependencies around assurance, testing, resourcing, and contractual/funding matters requiring continued attention.
- **NDR:** Good progress continues to be made across the breadth of the programme. However, recurring deferral of planned work persists as resources are redirected to emerging priorities, alongside ongoing resource constraints.

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

- **RISP:** PHW, PTHB, BCUHB and HDUHB now live. Some go live dates moved, health boards to agree to change controls and new timelines issued by the supplier.
- **Connecting Care:** Funding secured late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners. Timelines remain challenging.
- **DSPP:** Budget allocation and capital/revenue exchange confirmed, risk on forward funding allocation based on roadmap proposal. Implementation plans to be developed and/or approved for a number of new features.

One Programmes / projects are **RED**
No confidence of successful delivery requiring critical decisive action:

- **LIMS 2.0:** Reduced Tranche 1 scope, UAT delays and high number of defects in Tranche 4 continue to impact delivery. Programme is working with all stakeholders to define 26/27 delivery plan, identify risks, and communicate implications.

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

- **Bridgend Transition/WelshPAS Disaggregation:** Go live took place during May 25. Programme closure report included for noting.
- **Welsh Intensive Care Information System:** Programme remains not assessed as milestones for implementation have not yet been agreed, awaiting decision from Welsh Government following submission of the strategic assessment.
- **Audit+ Replacement:** Awaiting next Governance & Assurance meeting to baseline plan.

Programme / Project Scoring

Since quarter 2 , the Information Technology Service Management Replacement (ITSM), Cardiac PACS, NHS Wales Referral Integration and Device Optimisation Discovery projects have been scored as Standard projects/programmes.

RAG colours will not be allocated until a Board has approved a baseline plan.

Scoring Thresholds:

Major Projects = Score of 30-42

Standard Projects = Score of 14-28

Project	Finance	Timescale	Risk	Stake holders	Contract Complexity	Technical Complexity	Dependencies	Total
ITSM Replacement	4	4	4	2	4	4	4	**26**
Cardiac PACS	4	4	4	4	4	4	4	**28**
NHS Wales Referral Integration	4	4	4	4	2	4	4	**26**
Device Optimisation Discovery Project	2	4	2	4	2	4	2	**20**

Lifecycle Checkpoints - Closure of Programmes

The following closure reports have been included in the pack and summarised as a one-page overview on the following slide(s).

Lifecycle Position	Pipeline	Discovery	Feasibility / Alpha	Definition / Private beta	Delivery / Public beta	Operations (live)	Closure
Bridgend Transition Programme							Summary Closure Report
Cancer Informatics Programme							Summary Closure Report
Powys Cross Border							Summary Closure Report

POMB Submission Date: 15/01/2026
Approval Meeting Date: 05/01/2026
SRO / Chair : Sam Lloyd

Bridgend Transition Programme

Project Closure Report – Summary Slide

Background

In 2019, Bridgend ICT health services moved from ABMU (now SBUHB) to CTMUHB. Due to resource and finance constraints—CTM operated with *read-only* access to Bridgend data in SBUHB's PAS for several years. COVID-19 further delayed boundary-change work. A dedicated Bridgend Transition Programme (WelshPAS Disaggregation + National Systems Impact) was mobilised to migrate **Bridgend patient data from SBUHB's WelshPAS to CTMUHB's WelshPAS**, ensuring continuity of care across complex upstream/downstream national systems.

Project Performance

Go-Live achieved over the weekend **16–19 May 2025**. Extended post Go-Live support in June rapidly reduced ~**380** open issues to **52**, with DHCW support tapering Jul–Sep 2025; National Systems returned to

Undelivered / Unnecessary items

Some **planned pre-Go-Live testing** (e.g., portions of testing and certain National activities) **slipped into post-Go-Live**; DM8 "final checks" **partially complete** at Go-Live with remediation

completed after.

Against Objectives

- **Aim (Achieved):** Enable migration of Bridgend PAS data from SBUHB to CTMUHB.
- **Scope definition (Achieved):** Scope iterated through **Dec 2024 DM Option B (DMOB)** and to Go-Live to balance risk/ complexity.
- **Identification of Bridgend patients (Achieved):** Logic agreed with SBUHB underpinned extraction scripts.
- **Deliver the migration without compromising care (Achieved):** Executed per DMOB and contemporaneous agreements.
- **Manage impacts across systems (Achieved):** ~**50** national systems id'ed and engaged; local HB system ownership remained with CTM/SB.

Against Timescales

- **IMTP milestones** for Go-Live (Q1 May-25) and preceding DM events **DM1–DM7** (Jul-23 → Nov-24) and
- **Integration/Full Test (Q4 Jan-Mar 25)** were **achieved**.
- However, compressed late testing meant some activities continued post Go-Live to assure stability.

Against Budget

WG **DPIF** funding over the last three years totalled **£3,342,936** CTM **£1,877,648**; SB **£98,735**; DHCW **£1,366,553**.

Significant Issues / Risks to Transition

Open Risks at closure (transferred):

1. **Use of live PII in Pre-Prod**—requires ongoing Cyber/IG assurance.
2. **Possibility of new issues emerging** from untested scenarios—accepted organisational risk.

Benefits to realise

- **Operational ownership by CTMUHB** for Bridgend patients within CTM PAS, improving **data visibility across full pathways**.
- **Strengthened interoperability assurance** and shared understanding across national systems.
- **Improved governance cadence** providing a replicable pattern for future high-risk implementations.

Lessons Learnt

- **Define and control project scope**—stick to clear criteria for each phase and document any changes or risks.
- **Allow enough time for testing**—late changes or compressed schedules increase risk and can leave issues undiscovered.
- **Set up strong governance and consistent resourcing early**, especially for complex, multi-organisation projects.
- **Make rehearsals as realistic as possible**—if not, clearly record what wasn't tested and the associated risks.
- **Use a single, transparent issue management system** with clear ownership and priorities.
- **Maintain secure, integrated test environments** for complex migrations, with ongoing information governance.
- **Consistent Approach to Product Management:** System transition was challenging due to variation in use of WPAS. DHCW should seek to work with the Health Boards to achieve a standardisation of the use of national digital systems. This will support any future data migration/transition projects by simplifying the way that systems are used and data is stored.

POMB Submission Date: 13/10/11
Approval Meeting Date: 23/10/2025
Programme Chair : Sian Richards

Cancer Informatics Programme

Project Closure Report – Summary Slide

POMB Submission Date: 13 NOV 2025

Background

Programme initiated to replace legacy CaNISC system due to cybersecurity risks and outdated software. Delivered new Cancer Informatics Solution (CIS) supporting national cancer data standards and clinical workflows

Project Performance

- All Health Boards and Trusts transitioned to CIS.
- Key functionalities (MDT, CDS, Palliative Care, Screening & Colposcopy) delivered and adopted.
- Programme closed with majority of objectives met; outstanding actions handed to BAU teams.

Undelivered / Unnecessary items

- Automation of chemotherapy treatment requests not delivered (not used in VCC).
- Some audit/reporting features require further development under BAU.

Against Objectives

- National rollout of e-forms and improved data capture/reporting achieved.
- Some reporting/integration items (e.g., SACT, Radiotherapy summaries) handed over for future delivery.

Against Timescales

- Major milestones completed broadly to plan.
- Delays in final Health Board adoption and interface builds; CaNISC decommissioning scheduled for Jan 2026.

Against Budget

- Total budget: £4,720,648; actual spend: £4,666,967.
- Underspend of £53,681.

Significant Issues / Risks to Transition

- Pending CaNISC decommissioning and legacy user access.
- Dependency on local IT and vendor engagement for full integration of SACT/RT treatment summaries.
- Outstanding reporting requirements and system enhancements transferred to BAU.

Benefits to Realise

- Improved patient outcomes and safety via better data availability.
- Enhanced user experience and reduced operational costs.
- National consistency in cancer data and reporting.

Lessons Learnt

- Early stakeholder engagement and communication critical for adoption.
- Integration reduces duplication and errors.
- Clear backlog management and financial planning essential.
- Training and cross-system testing improve satisfaction and reliability.

POMB Submission Date: 11/12/2025
Programme / Project Board : PCB Project Board
Approval Meeting Date: 27/11/2025
SRO / Chair : Vicki Cooper (PTHB)

Powys Cross Border Project

Project Closure Report – Summary Slide

POMB Submission Date: 11/12/2025

Background

Full Report

Aimed to enable equitable, bi-directional access to healthcare data for Powys patients and clinicians across NHS Wales and NHS England, supporting integrated care and patient safety.

Project Performance

Out of 6 workstreams:

2 fully delivered,

2 partially delivered, with items descoped following a gateway review, 2 incomplete/descoped.

Key solutions for pathology results and clinic/discharge letters from Wye Valley Trust (WVT) are live and operational.

Undelivered / Unnecessary items

Workstreams for SaTH, St Michael's, RJAH referrals, and images from England were de-scoped due to constraints.

Against Objectives

Main objective achieved for WVT data flows. Partial achievement for other English trusts due to engagement/resource challenges.

Against Timescales

Project extended twice (original end: June 2024; actual: November 2025). Delays due to recruitment, technical issues, and stakeholder engagement.

Against Budget

No additional costs anticipated for BAU transition. Underestimated resource needs led to funding gaps for some roles.

Workstream	Outputs	Completion	Outstanding Work
1. Pathology Results (England → Welsh Clinical Portal)	Wye Valley Trust (WVT), Shrewsbury & Telford Hospital (SaTH)	WVT: Complete, SaTH: Incomplete	WVT: Resilient connection pending
2. Clinic & Discharge Letters (England → WCRS/WCP)	WVT, SaTH, RJAH, St Michael's Clinic	WVT: Complete, Others: Incomplete	None, other trusts descoped due to lack of engagement
3. Electronic Discharge Summaries (EDS)	9 GP sites	Complete	Llandrindod Wells: Awaiting operational readiness
4. Referrals from England	-	Incomplete/ Descoped	None
5. Access to GP Record via WCP	Consultants in England	Complete	None
6. Images from England	-	Incomplete/ Descoped	None

Significant Issues / Risks to Transition

Outstanding:

- Complete resilient connection for WVT pathology; finalise SLA with Hoople.
- Manual processes remain for SaTH; need for SLA update and process automation.

Benefits to realise

- Enhanced patient safety and continuity of care.
- Improved access to clinical information for cross-border patients and clinicians.
- Ongoing benefits log to be updated for 6 months post-project.

Lessons Learnt

- **Stakeholder Engagement:** Only one of four NHS England trusts provided dedicated resources; formal commitment from all stakeholders is essential.
- **Recruitment Delays:** Critical roles (Design Architect, Business Analyst) were not filled promptly, causing delays.
- **Project Foundation:** The foundation phase took longer than planned, impacting solution development.
- **Design & Documentation:** Lack of technical documentation and delayed engagement with technical stakeholders led to uncertainty and delays.
- **Scope Management:** Several workstreams were de-scoped due to feasibility and resource constraints. **Governance:** Ambiguity in roles and responsibilities hindered decision-making.
- **Methodology:** Early use of Agile without an overarching plan led to siloed working; switching to Waterfall improved coordination.

RAG Framework

Version 5 (April 2025)

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

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

Guidance

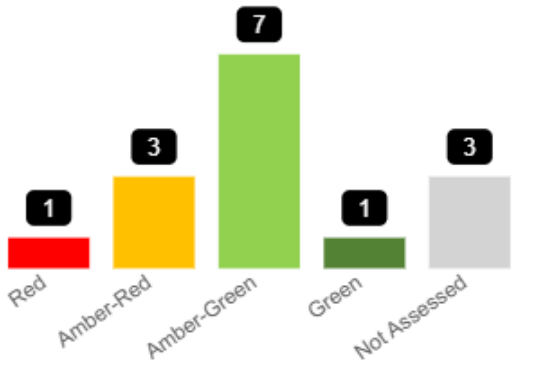
- **Overall Delivery Confidence** – should generally be Red if any of the Quality, Time, or Resources domains are Red, otherwise should reflect an average of the domains.
- **Formal Review** – A formal review and reset is external to and independent of the programme board. This excludes a gateway review.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

Overall Summary

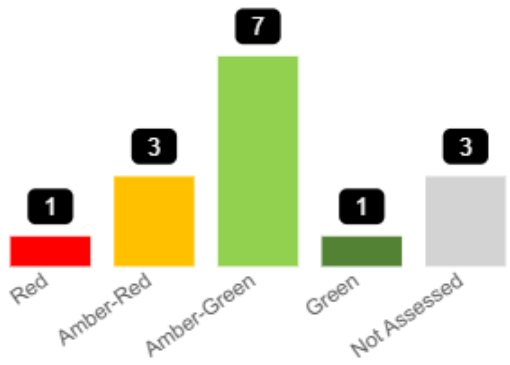
10
Nr of Programmes

5
Nr of Projects

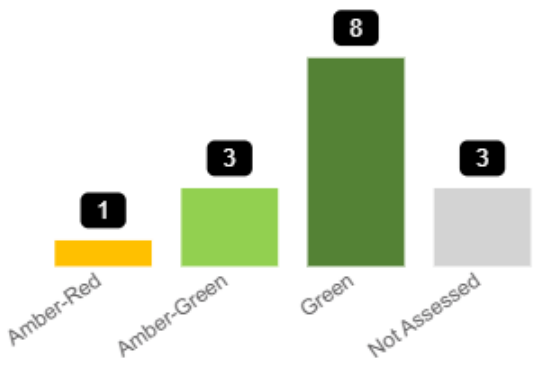
Overall RAG



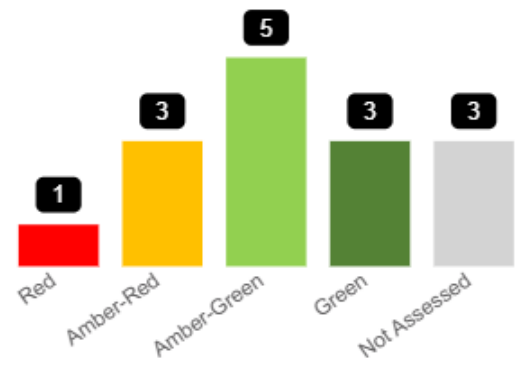
Timelines RAG



Quality RAG



Resources RAG



Projects and Programmes

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.5	Laboratory Information Management System 2.0 (LIMS 2.0)	Final	R →	R	AR	R	Alison Maguire	RAG status remains RED. This is due to reduction in Tranche 1 scope (Technical go-live/Data Migration); progress of User acceptance Testing, volume of defects Tranche 4 (Blood Sciences/Newborn Screening/POCT) - won't deploy until 2026 due to the number of defects to be resolved & critical instrument aliquot issue	Tranche 1 Complete (TCLE Technical go-live /Data migration) Tranche 2 Cellpath/Andrology/go live dates agreed across Wales	Tranche 2 (CellPath/Mortuary/Andrology) deployments complete and TCLE is stable/ready to deploy to the remaining disciplines. Agreement of Tranche 3 ,4 & 5 timelines

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
2.2	Connecting Care (CC)	Final	AR →	AR	G	AR	Sarah Weston	The programme secured funding late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners to produce a set of achievable outcomes in the shortened timespan. The challenge of standing up resources and accelerating again given where we are in the year remains despite the funding availability. Funding uncertainty remains at this time for future years, and WG are working on assurance. The challenging timescale, resourcing challenge and future funding uncertainty means the programme remains at Amber-Red	Programme : Completion of Health Board milestones and reporting on spend for revenue and capital disbursements. Community and Mental Health implementation: ITTs issued by four health boards. Exit : Data migration environment is now operational and some WCCIS/ CareDirector sites are actively migrating data. Agreement of data retention/ deletion paper following organisations' exit from CareDirector.	Identified team to be created to initiate the work.Confirmation of funding beyond March 26. Clarity on Exit plans achieved with agreements in place
2.5	Radiology Informatics Solution Procurement (RISP)	Final	AR →	AR	G	G	Rebecca McGrane	Overall Programme RAG status is Amber-Red: PHW, PTHB, BCUHB & HDUHB – live. Local Board RAG statuses range from Amber Green, Amber Red and Red reflecting some delays in milestone dates and concerns regarding likelihood of achieving others. PACS migration underway for all Boards, Concerns remain re: mitigation of three years PACS migration for ABUHB & CAVUHB ahead of VUNHST go live 19th Jan 2026 RAG Status remains the same: VUNHST, SBUHB & ABUHB remain at Amber Red. NIAW & CTMUHB remain at Amber Green. RAG Status deteriorated: CAVUHB – Amber Green to Red.	Hywel Dda (HDUHB) Go Live 01/12/25 UAT setup for Cardiff and Vale UHB (CAVUHB), Cwm Taf UHB (CTMUHB) and Swansea Bau UHB (SBUHB). Deployed encrypted GP Links / IUVO interface for HDUHB go live and BCUHB & PTHB. PACS Data Migrations underway for all HBs & Trusts.	ROUTE TO GREEN: Health Boards to agree to the Change Controls and new timelines issued by Supplier and assess their own RAG statuses against their local plans.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
3.2	Digital Services for Patients and the Public (DSPP)	Final	AR →	AR	AG	AR	Rachel Carvell-White	* Increased risk of milestone delivery. * 2025/26 budget allocation and exchange confirmed; capital / revenue requirements under review * Risk on forward funding allocation (capital / DPIF) based on annual roadmap proposal.	Plan agreed with DHCW and Health Boards for the All Wales deployment of Waiting list referrals and hospital appointments. Feature deployed across Wales on 31st October 2025 for chosen GP Practice outpatient referrals for 6 of 7 Health Boards. Usage data (22nd December 2025) - Registered Patients - 642, 847 - GP Practice Appointments Booked - 173,078 - GP Practice Repeat Prescriptions Ordered - 2,945,989 - Patients Registered using WIVS - 4,654	* Approved implementation plans for Nominate Pharmacy, View Digital Prescriptions and View Prescription status. * The CAV UHB implementation of waiting list referral Hospital Appointments. *Plans for patient captured data, SMR and secondary care test results
1.2	National Target Architecture (NTA)	Final	AG →	AG	G	G	Geoffrey Irvine	Amber Green rag due to receipt of Change Control Notice (CCN) to extend Q2 milestone deliverables which may impact final Q4 deliverable (SIP).	Channel 3 Deliverables received and shared to all participating organisations including Target Architecture diagrams and a working draft of the final report circulated for review and feedback. Refined Target state report and presentations delivered to DHCW Heads of Programmes and Programme Leads, DHCW Product Owners and DHCW Architects. Additional customised presentation sessions delivered to the 11 identified Product groups within the target Architecture approach. Seven fortnightly Architecture Community of Practice sessions have taken place in this quarter.	Ensure the vendor is supported fully from a project perspective to realise final deliverable by end of Q4.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.4	Cloud Transition Programme (CTP)	Final	AG →	AG	G	AG	Sarah Murphy	Overall RAG (A-G) reasonable confidence in successful delivery with some areas requiring attention. Confidence is high on completing migration of applications by the programme end date of Mar-28. We have established 3 main workstreams: 1. Infrastructure Delivery - building the cloud infrastructure, on track to complete by end of Feb-26. 2. Migration and Optimisation- moving and improving existing applications, the first group of applications are planned for migration in Mar-26. 3. Organisational Change - supporting staff in new ways of working and ensuring benefits are realised. A supplier has been on boarded and working on multiple workstreams through to Sep-26. Due to the size and complexity of the programme, all workstreams are being supported by expert suppliers.	- Azure Infrastructure designs (HLD) in final stages of approval and worked commenced on LLD. - Security supplier secured (KPMG) - Welsh Government approval of the procurement briefing paper - Existing Azure workloads have been migrated onto the new Microsoft Cloud Agreement (MACC) - Organisational Change supplier on boarded - 5 x Project Resources, Head of Cloud Platform and Business Change Manager appointed - Forecasts refined with agreed position on capital/revenue classification - Supplier "Away Day" event held Narrative on what these achievements enable are in the "Progress Since Last Reporting Period" section.	Complete high priority recruitment and appoint Migration Support supplier to provide capacity and capability to deliver at pace.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.1	National Data Resource (NDR)	Final	AG →	AG	AG	AR	Marie Jones	The status of the programme has remained as Amber/Green to reflect the good progress which continues to be made across the breadth of the programme. However, there are recurring themes of planned work being deferred in order to respond to emerging priorities and continued resource constraints which have become more widespread across the product streams.	The Care Data Repository provides a standards based data store for storing, retrieving and updating care records, the team has supported the delivery of :- (1) The National rollout of Encounters (Hospital Waiting Lists, Referrals & appointments) in support of the NHS Wales App. The remaining user to go-live, CVUHB, is scheduled to go live in early Jan26. (2) The handover of the Shared Medicines Record and the go-live of the first user, BCUHB Electronic Prescribing Medicines Administration Programme. In support of these and other planned go-lives the FHIR Standards Team has delivered against Diagnostics FHIR Standard, WECDS Appointment FHIR Standard and Document Reference FHIR Standard which will enable data exchange. The National Data & Analytics Platform Team provides advanced, scalable data warehousing and advanced analytics capabilities. The team achievements include:- (1) Providing technical support and a test environment for the Audit+ replacement project. (2) Provided an urgent response and ongoing support for the Maternity Integration Taskforce. (3) Worked with Clinical Coding stakeholders to scope the requirements for a work package and commission the work. (4) Provide technical support to ABUHB, DHCW ISD and PHW for their migrations. (5) Completed the development of 4 use cases to support national clinical networks The Information Sharing Gateway tool (Information Governance) is now used as the regional register across all 5 WASPI regions, It was showcased at the WASPI 20th Anniversary Event in November 25.	Maintain business continuity arrangements to support delivery, accelerate recruitment for future stability and reforecast deferred delivery of planned work to manage expectations.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.2	Integration Hub (IH)	Final	AG	AG	G	AG	Jordan Walkley	Overall RAG remains amber-green- reasonable confidence in successful delivery with some areas requiring attention. End-to-end demonstration of Alpha given, basic set up and flow in Azure environment achieved in Q1 2025. Beta Delivery phase commenced with goal of first flow to production planned Q4 2025/2026 - development remains on track, with some assurance activities dependent for go-live. Development for Master Patient Index (MPI) inbound flows ongoing, along with other flows to be onboarded. End-to-end Integration and UAT testing with MPI and PHW (prioritised first flow) successful, with the aim of going live with this flow during January, with dependency on assurance and sign off from groups. Components for priority inbound flows are developed and ready for User Acceptance Testing (UAT) following go-live of first flow in January. Disaster recovery, business continuity and performance testing are now underway. Roadmap for future development and onboarding of flows created and shared, work ongoing to populate backlogs. Onboarding plans now created in order to ensure internal staff join Integration Hub team. Initial training of internal teams has taken place, this will remain ongoing activity whilst teams upskill. Funding secured for current and follow-on work package to support the hybrid team, which will end in February 2026. Further funding available to fund work until end of financial year. Requirements gathering continues to shape the product with internal teams, allowing continuous improvement. Current Fiorano contract ends in June 2026, with an option to extend. Discussions ongoing with the supplier, Commercial and Finance.	- Sign off of assurance documentation by assurance leads in readiness for go live - Solution Architecture Design for first flow, Disaster Recovery playbook, Service Management documentation. - Initial training delivered to internal teams, with significant upskilling and onboarding plans to commence in the new year with Integration Services teams. - Successful User Acceptance Testing (UAT) testing with Public Health Wales and Master Patient Index (MPI) teams for first flow. - Future flows for migration outlined and prioritised, backlogs developed for work to be undertaken. - Successful stakeholder engagement for flow migration and testing approaches continuing. - Development of subsequent MPI inbound / outbound components, ready for integration and UAT testing early next year. - Monitoring solution finalised for first flow.	- Increase confidence of onboarding of internal staff to Integration Hub - Increase confidence in health board ability to test within project timescales

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Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period	Route to Green
1.2	Microsoft 365 Enterprise Agreement Renewal	Final	AG	AG	G	AG	Shruti Chauhan	Continuing to make good progress on the project, but with a key dependency on a successful negotiation.	-Completion of NHS Wales Discovery by Livingstone -Completion of optimisation of the Discovery numbers by Livingstone -Progress on the draft Business Case -Circulation of the Communication and Engagement Strategy -Option analysis and financial modelling around agreed options -Reception of initial proposal from Microsoft.	Response back from Microsoft to agree on the final numbers.
2.6	Electronic Prescribing and Medicines Administration (Secondary Care) (EPMA)	Final	AG	AG	AG	AG	Laurence James	• The overall status is "amber-green" because successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. • All health boards and Velindre Cancer Centre have signed a contract with their ePMA supplier from the national multi-vendor framework. • 2/3 (67%) ePMA suppliers on the national framework have access to the Shared Medicines Record (SMR) Application Programming Interface (API) test environment to complete integration development with the SMR.	• Cardiff and Vale University Health Board extended their ePMA implementation across medicines, surgical, specialist services and the emergency department at University Hospital of Wales (UHW) • BC UHB went live with their ePMA on 10th December across 5 wards in Wrexham Maelor Hospital. BC UHB are the first to integrate their ePMA with the SMR to share hospital discharge medicines • Velindre signed their ePMA contract in October meaning all health boards and Velindre Cancer Centre has signed a contract with their chosen ePMA supplier.	
2.6	Electronic Prescription Service (Primary Care) (EPS)	Final	AG	AG	G	AG	Laurence James	The overall status is "amber-green" because successful delivery is on track and appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery. As of December 2025; • 12.4 million prescription items have been claimed via EPS since November 2023. • 135 (37%) GP practices, 545 (80%) pharmacies and 4 (100%) Dispensing Appliance Contractors (DACs) are using EPS to send and receive prescriptions from GP practices digitally • Approximately 543k patients have benefited from having their prescriptions sent electronically though EPS.	- Between October– December, 5.3 million prescription items were claimed through the EPS, with 21 GP practices and 38 community pharmacies starting to use EPS. - EPS-GP implementation schedule produced until November 2026. - EPS Cluster implementation approach tested in North Wales with positive feedback. - EPS-GP implementation schedule produced until November 2026. - Software developments to the GP-EPS enabled system to enable EPS to be used for patients who do not nominate a pharmacy, allowing one-off pharmacy nominations and geographical searching of EPS-enabled pharmacies commenced. - Software development advancing to enable EPS to be used in hospital's Urgent Primary Care settings	

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
2.2	GP Systems Migrations	Final	G →	G	G	G	Jayne Steed	129 practice migrations have successfully completed their transfer to date.	A further 32 migrations have been completed this quarter, bringing the total number of Vision to EMIS Web migrations undertaken to 129. There are 64 remaining migrations to complete and we remain on track to complete all migrations by the end of May 2026.
2.3	Bridgend Transition Programme (BTP)	Final	NA	NA	NA	NA	Lucy Evans	Go-Live Implementation 16th – 19th May The Go-Live event was successfully delivered on schedule marking a key delivery milestone. Post Go-Live Issue Resolution Closed circa 384 post go-live issues following remediation and resolution, and the National WelshPAS Support Team have reverted to business as usual (BAU) operations as of Sep-25. National Systems Impact National Systems returned to BAU operations as of Jun-25. Pre-Prod Secure Testing Environment The environment will remain powered-on and continue to be utilised until the end of Mar-26.	The final Bridgend Transition Project Closure Report detailing the delivery status of objectives, key outcomes, lessons learnt, outstanding risks or actions has been reviewed by the Head of Programmes for Planned Care, and has been shared for approval by the DHCW SRO (Executive Director of Operations), and sign off by the Programme Board.

Portfolio Number	Name	Report State	Overall	Timelines	Quality	Resources	Submitter	Overall Narrative	Achievements this Period
2.2	Audit+ Replacement (AR)	Final	NA	NA	NA	NA	Jayne Steed	A Project Governance and Assurance Group has been established with representatives from GPC Wales. Work is progressing in all work streams supporting delivery of the Audit+ replacement: 3rd party Workstream (IM1.2 Delivery & Cloud Platform integration) Information Governance GMS Data Platform Analytics and Reporting Project (including comms and stakeholder engagement)	A 12-month extension to Audit+ has been agreed and work continues with Optum to agree an extension to the current data extract solution. This will enable parallel running and continuity of the service during 2026/27 whilst the DHCW in-house solution is introduced; a functional integrated prototype (GMS data platform) utilising Welsh test data is now available, enabling work to commence on report creation and visualisation of data. A Show and Tell has been completed with stakeholders.
2.4	Welsh Intensive Care Information System (WICIS)	Final	NA	NA	NA	NA	Helen Thomas	The Programme remains grey as milestones for implementation have not yet been agreed, awaiting a decision from Welsh Government following a submission of a strategic assessment to outline the requirements, including funding, to continue. However the project plan relating to the 'discovery' stage has met all milestones as agreed by end of October, agreement obtained from Programme Board and CAG on a way forward and all key resources are appointed.	- Discovery stage completed, hitting all planned milestones - Workshop outputs and requirements agreed and submitted to Ascom for assessment - All National and all but one local Clinical Leads in post - Agreement on option for progression from the WICIS CAG and Programme Board - Strategic Assessment and financial assessment submitted to Welsh Government for funding consideration

DHCW Commentary on Q3 25/26 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
1.1	National Data Resource (NDR)	The NDR Programme delivered key programme milestones including CPD accreditation for a third ALP module, launch of the Leaders Programme, Shared Medicines Record handover with first EPMA system integration (BCU) live. The NDR platform also delivered new integrations which were not in the delivery plan, for all-Wales hospital appointments in the App, and for local maternity systems – both delivered to live during Q3.
1.2	Integration Hub	The Integration Hub Programme achieved key milestones including successful UAT and integration testing with Public Health Wales and Master Patient Index, approvals for test strategy, DPIA, infrastructure and cyber security, and progressed disaster recovery planning, environment readiness and design sign-offs to enable service readiness.
1.2	National Target Architecture	The National Target Architecture programme completed supplier deliverables, published communications and launched its SharePoint site, delivered playback and review sessions, and advanced Stage 2 planning with engagement plans and scheduled Task & Finish groups to support the next phase.
1.4	Cloud Transition Programme (CTP)	The Cloud Transition Programme progressed Azure infrastructure designs to final approval, secured key suppliers for security and organisational change, migrated existing workloads to the new Microsoft Cloud Agreement, appointed critical resources including the Head of Cloud Platform, and advanced procurement for migration support partner to enable future cloud adoption.
1.4	Microsoft Enterprise Agreement Renewal	The Microsoft Enterprise Agreement project advanced its business case development to 70%, received an initial proposal from Microsoft, completed optimisation workshops with health boards, and agreed on investment objectives and success factors with the Project Board.
2.2	Connecting Care (CC)	The Connecting Care Programme finalised funding distribution and agreed new governance arrangements, progressed recruitment and planning for ICR workshops, issued the Mental Health Digital and Data Maturity Assessment to Health Boards, advanced community and mental health implementation with assurance activities and ITT evaluation, and agreed data retention and deletion plans following CareDirector exit.
2.2	GP Systems Framework	The GP Systems Framework completed Phase 1 migrations and progressed Phase 2, bringing the total Vision to EMIS Web migrations to 129, with 64 remaining and the programme on track to complete all migrations by May 2026.
2.2	Audit+ Replacement	The Audit+ Replacement Programme progressed key Q3 milestones with design and discovery complete and plan development on track, established a working prototype using Welsh test data from Optum's IM1, advanced technical design and data pipelines for the new GMS Data Platform, and moved DPIA and DPA drafts toward completion alongside prioritising reporting modules for future delivery.
2.3	Bridgend Transition National System Impact / WelshPAS Bridgend Disaggregation	Go live took place during May 25. Programme closure report included for noting.
2.4	Welsh Intensive Care Informatics System (WICIS)	The WICIS Programme completed all discovery milestones and submitted its strategic assessment to Welsh Government, achieved consensus from the WICIS CAG and Programme Board on the chosen option as part of the options appraisal for programme progression, advanced funding discussions with senior stakeholders, conducted usability testing and prototype demonstrations, and began preparations for an international site visit to inform future development.
2.5	Radiology Information System Procurement (RISP)	The RISP Programme achieved a major milestone with Hywel Dda going live on December 1, deployed encrypted GP Links/IUVO interfaces for Hywel Dda UHB, Betsi Cadwallader UHB, and Powys THB, commenced PACS data migrations across all health boards, and enabled cross-border image viewing functionality in Powys THB.

DHCW Commentary on Q3 25/26 Programme Delivery

DHCW IMTP Portfolio	PROGRAMME	
2.5	Laboratory Information System 2.0 (LIMS2.0)	The LIMS Programme completed Tranche 1 with TCLE technical go-live and data migration, secured approval for Tranche 2 go-live, agreed Cellpath and Andrology deployment dates across Wales, and executed CCN 501 for discipline-based deployment.
2.6	Electronic Prescription Service (EPS)	The Primary Care EPS Programme: 5.3 million prescription items were claimed via EPS between October and December, with 21 GP practices and 38 community pharmacies going live. An EPS-GP implementation schedule through to November 2026 was produced. Software developments commenced to the GP-EPS enabled system to enable EPS to be used for patients who do not nominate a pharmacy, to enable one-off pharmacy nominations and geographic searching for EPS-enabled pharmacies. Work is advancing to support EPS use in hospital Urgent Primary Care settings, with First of Type testing planned with Swansea Bay UHB in Q4.
2.6	Electronic Prescribing and Medicines Administration (EPMA)	The ePMA Programme achieved a major milestone with Betsi Cadwaladr UHB going live across five wards at Wrexham Maelor Hospital and becoming the first to integrate their ePMA with the Shared Medicines Record for discharge medicines. Cardiff and Vale UHB extended its implementation across medicines, surgical, specialist services and the emergency department at University Hospital of Wales. Velindre Cancer Centre also signed their ePMA contract in October meaning all health boards and Velindre Cancer Centre has signed a contract with their chosen ePMA supplier.
3.2	Digital Services for Patients and the Public (DSPP)	The DSPP Programme deployed waiting list referrals and hospital appointments functionality to 6 health boards, while registrations grew to over 642,000 patients with nearly 3 million repeat prescriptions and 173,000 GP appointments booked through the NHS Wales App.

Escalations to Programmes Delivery Committee

Closed / De-escalated

Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-96	LIMS2.0	Oct 25	Alert	PPMG POMB & PDC Assure	The timetable to transition from the current LIMS (TCL2016) to LIMS 2.0 (TCLE) by December 2025 will not be met, due to the extension of User acceptance testing (UAT), a large number of defects identified, limited availability of required specialist resource and delays in delivery of some of the functionality. Delays in adoption would incur significant costs for NHS Wales to prolong the use of obsolete and sunset LIMS systems, that will have limited support and increase the risk of failure.	UPDATE Jan 26: A report has been produced which details reason for delays, costs and proposed mitigation actions. This has been shared with the Programme Board and HB/Trust Directors of Digital. The supplier has provided dates for all outstanding defect fixes and functionality drops. Escalation meeting arranged 22 January 2026 with HB/Trust Chief Executives, Directors of Finance, Directors of Digital and Programme Leads to confirm the Plan. UPDATE Dec 25: Comms sent to WG with revised plan/proposed change controls. WG have asked for additional assurances which the Programme are addressing. PPMG Action: Programme to assess impact of delays and PPMG to support the prioritisation of resource as required. Finance: Any additional capital investments required to refresh end of life infrastructure to be assessed. Clarification of all cost implications to be assessed should the service still be required in 2026/27. Closure Criteria: Agreement of additional costs, change in approach and revised dates
ESC-103	RISP	Oct 25	Alert	PPMG POMB & PDC Assure	As a result of ABUHB request to move their go live date to May 2026 the programme will not complete at the end of March 2026 as planned, there is also a possibility of further requests to move beyond March as a result of the transitional global worklist requirement.	UPDATE Jan 26: VCC have requested to move their Go Live to 24th April due to global worklist and concerns regarding their ability to access images from HBs during the transition period. A financial meeting will be arranged to ensure the funding implications are managed appropriately and arrangements confirmed for continued support for the legacy RIS System. UPDATE Dec 25: Comms sent to WG confirming AB have signed CCN with supplier. Change control to be processed. Updated funding proposal for 26/27 to be shared with AB. Financial implications for 2025/26 assessment of implementation activity by local organisations to be carried out to inform end of year underspends and cost pressures carried forward into 2026/27. AB have confirmed at DoDs they will not fund RADIS support team costs beyond March. Awaiting clarity on finance position for 26/27 – updated proposal to be shared with AB. Closure Criteria: Approval at board and confirmation from the HBs that they will manage any financial implications

Escalations to Programmes Delivery Committee

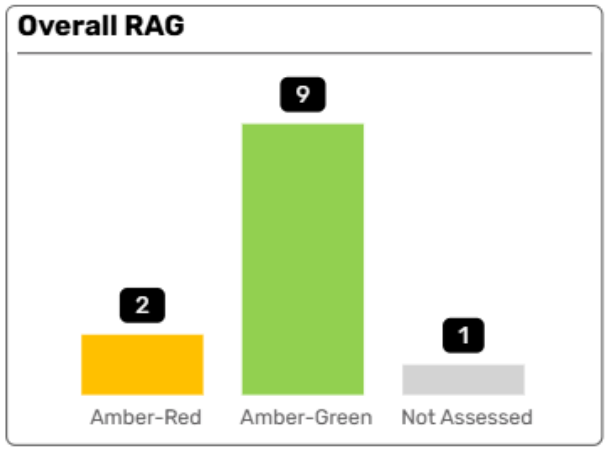
Closed / De-escalated

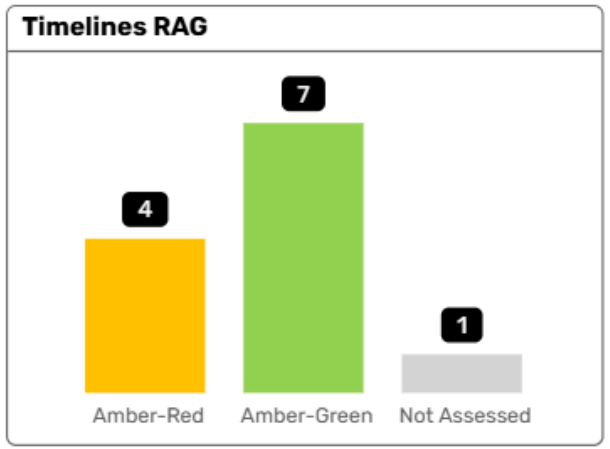
Ref	Project / Programme	Month Escalated	Type	Escalation Destination	Escalation	Next Steps/Outcome /Requirements from Programme Delivery Committee
ESC-111	WICIS	Dec 25	Assure	PPMG POMB & PDC Assure	WICIS has finalised the discovery stage and is awaiting an update from Welsh Government to inform whether the programme continues, including with funding to support, with an updated commitment of December 25 for a response. Ascom, the system supplier were made aware of this commitment. If a decision is not made, this risks damaging momentum or rendering the Programme unable to proceed by default, given local pressures within Health Boards and commercial pressure for the supplier.	UPDATE Jan 26: Awaiting WG decision. Programme planning and preparation for site visit and system refinements on-going. Closure Criteria: For a decision to be made that the programme would continue and funding be made available to do this.

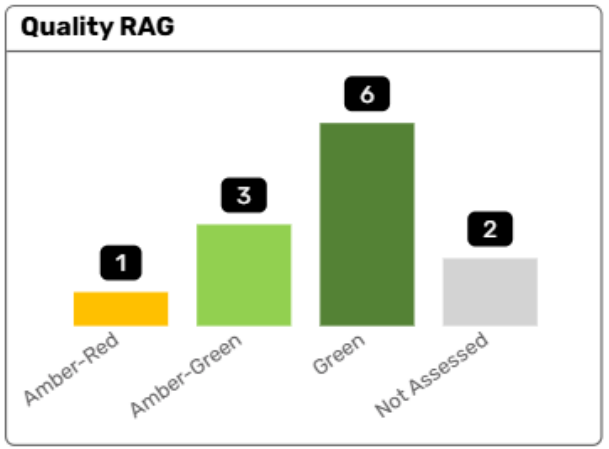
Overall Summary

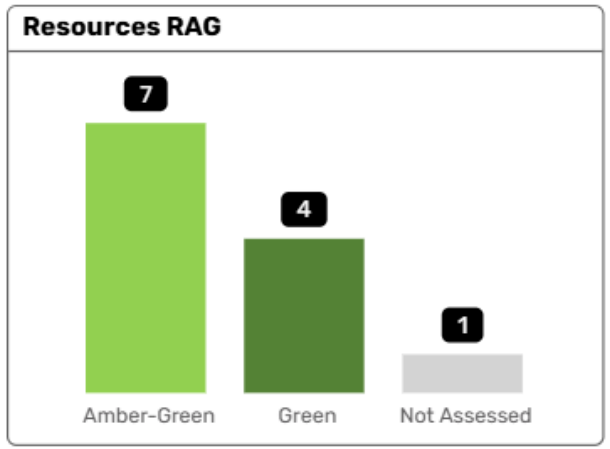
1 Nr of Programmes

11 Nr of Projects









2.3	Maternity Data Standards	⇩	Maternity Data Standards (MDS) Project unable to achieve its planned delivery milestone of publishing a national Maternity Data Reporting Standard for Wales by 31st December 2025. This is due to delayed and incomplete responses to the Impact Assessment for the proposed data standard that was issued by the DHCW Data Standards Team on 27 October 2025.
3.1	Welsh Nursing Care Record (Hospital) - WNCR – Paeds	⇔	Q4 milestone at risk due to outstanding user stories and expanding scope (notably the Paediatric Assessment Document), with UAT for most documents now targeting March 2026 and future delivery dependent on design progress and 2026–27 funding approval.
1.2	API Management	⇔	
1.2	Fiorano 13 Migration	⇔	

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PROGRAMME HIGHLIGHT REPORTS | RAG STATUS
OTHER PROGRAMMES SELF-ASSESSMENT OF DELIVERY CONFIDENCE AS AT END DECEMBER 2025

PORTFOLIO	PROJECT	OVERALL	TIME	QUALITY	RESOURCE	COMMENTARY on AMBER/RED and RED RAG ratings
1.2	NHS Wales Referral Integration	NEW				
2.2	Eyecare ERS	⇔				
2.3	Ssecondary Care Lung Function Testing	NEW				
2.4	Welsh Emergency Care Data Set	⇔				
3.1	Electronic Test Requesting and Results Notification	⇔				
3.1	Welsh Information System for Diabetes Management	⇧				
5.6	TSM Replacement Toolset	NEW				
1.4	Device Optimisation Discovery Project	NOT ASSESSED				

IECHYD A GOFAL DIGIDOL CYMRU
DIGITAL HEALTH AND CARE WALES
DIGITAL SERVICES FOR PATIENTS AND THE PUBLIC PROGRAMME GOVERNANCE CHANGES

Eitem ar yr Agenda: **Agenda Item:**	4.2

Enw'r Cyfarfod: **Name of Meeting:**	Programmes Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	05 February 2026

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

Noddwr Gweithredol: **Executive Sponsor:**	Sam Hall, Director of Primary, Community and Mental Health Digital Services
Paratowyd gan: **Prepared By:**	Marged Cother, Deputy Director for Primary Care
Cyflwynwyd gan: **Presented By:**	Sam Hall, Director of Primary, Community and Mental Health Digital Services

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL **STRATEGIC MISSION**	All missions apply

RISG GORFFORAETHOL (cyf, os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	

DEDDF LLESIANT CENEDLAETHAU'R DYFODOL **WELL-BEING OF FUTURE GENERATIONS ACT**	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

SAFONAU ANSAWDD IGDC **DHCW QUALITY STANDARDS**	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

GALLUOGWR Y DDYLETSWYDD ANSAWDD **DUTY OF QUALITY ENABLER**	Whole Systems Approach
PARTH ANSAWDD **DOMAIN OF QUALITY**	Person Centred
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB **EQUALITY IMPACT ASSESSMENT STATEMENT**	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	Yes, please see detail below
	Transition from Programme team to Product delivery team
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
Digital Services for the Patient and the Public Programme Board	16/12/2025	Shared for approval; decision pending further refinement

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DSPP	Digital Services for Patients and the Public		

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

The Digital Services for Patients and the Public Programme was established in 2020 to *'use transformational digital services to increase people's involvement in the management of their health and wellbeing to engender more positive health outcomes for the people of Wales.'* A Programme Board (with an independent SRO) was set up with seven independent assurance groups which brought together representatives from across Wales. Each group provided thematic assurance of programme activity, plans and advice to the Programme Board.

Since 2020, the Digital Services for Patients and the Public (DSPP) Programme has procured a delivery partner to enable an agile delivery approach to design, build and deploy the NHS Wales App. Following a successful Private Beta implementation, the NHS Wales App Public Beta service has been deployed, with updates to functionality aligned to delivery plans.

Over the past four years, programme accountability has moved solely to DHCW CEO, the programme board chair has changed twice, there have been three major changes of board membership (each time aligned to the changing focus of the programme), and the number and role of the assurance groups has changed.

An in-house support, user centred design and development team has also been established, to reduce reliance on the delivery partner.

A review of progress against the original objectives for the programme in October 2025 showed that all objectives will have been achieved by the end of March 2026. Aligned to the overall direction of core portfolio of products within DHCW, the DSPP Programme Board has approved early closure of the programme and transition to a product-based delivery model, within the Primary, Community and Mental Health Directorate of DHCW.

A revised governance model for future product delivery has been prepared and approved by DHCW Executives and the DSPP Programme Board.

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

The revised governance model has been designed to mitigate current programme challenges and enable a product-led delivery approach that supports:

- User-centricity
- Continuous improvement
- End-to-end ownership
- Outcomes over outputs
- Sustainable, multi-disciplinary teams
- Joined-up services
- Value and evidence-led decisions

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

5.1 There are no key risks / matters for escalation.

6 ARGYMHELLIAD / RECOMMENDATION

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

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

Transforming the NHS Wales App

From Programme to Product-Led Delivery

Sam Hall

Director of Director of Primary, Community & Mental Health Digital Services, DHCW

(Marged Cother
Deputy Director, Primary Care)

NHS Wales App – Governance from April 2026

Patient-facing digital services Oversight Group

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

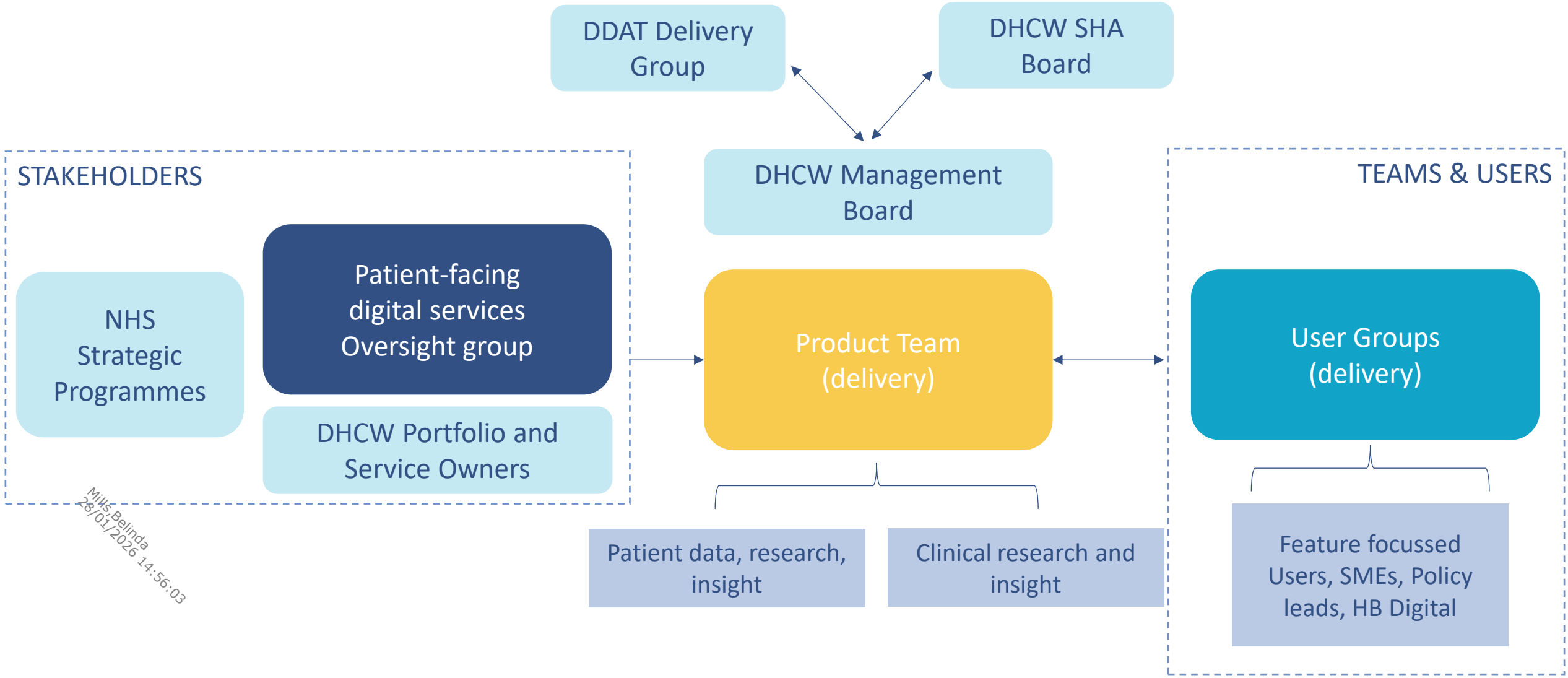
NHS Wales App Product Team (delivery)

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

User Groups (delivery)

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

Future Governance and Ways of Working from April 2026



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

Eitem ar yr Agenda: **Agenda Item:**	5.1

Enw'r Cyfarfod: **Name of Meeting:**	Programmes Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	05 February 2026

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

Noddwr Gweithredol: **Executive Sponsor:**	Ifan Evans, Executive Director of Strategy
Paratowyd gan: **Prepared By:**	Yasamin Henson, Principal Planning Manager
Cyflwynwyd gan: **Presented By:**	Ifan Evans, Executive Director of Strategy

Pwrpas yr Adroddiad: **Purpose of the Report:**	For Assurance
Argymhelliad: **Recommendation:**	The Committee is being asked to
NOTE the Major Programmes Overview Report update on status of key programmes managed by DHCW.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL **STRATEGIC MISSION**	All missions apply

RISG GORFFORAETHOL (cyf, os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	

DEDDF LLESIANT CENEDLAETHAU'R DYFODOL **WELL-BEING OF FUTURE GENERATIONS ACT**	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

SAFONAU ANSAWDD IGDC **DHCW QUALITY STANDARDS**	N/A
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

GALLUOGWR Y DDYLETSWYDD ANSAWDD **DUTY OF QUALITY ENABLER**	N/A
PARTH ANSAWDD **DOMAIN OF QUALITY**	N/A
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB **EQUALITY IMPACT ASSESSMENT STATEMENT**	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
DHCW Portfolio Oversight Management Board	15th January 2026	Approved

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

Mills, Belinda 28/01/2026 14:36:03

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

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

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

Project Management Tooling
A new project management tool has been rolled out across DHCW. This enables the automation of reports and portfolio level dashboards in Power BI. The Q3 assurance reports for the Programmes Delivery Committee have been prepared in this tooling. The full Assurance reports can be found here.

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

The portfolio health has remained largely the same, with 8 programmes still reporting a RAG status of reasonable or high confidence in delivery, 3 programmes are currently not subject to assessment.

Audit+ Replacement has recently been scored as a major programme and reporting commenced. The Cancer programme has now formally closed, and reporting ceased, the closure report summary is included for noting.

Since Q2, the following RAG status changes occurred:

Integration Hub and Microsoft 365 Enterprise Agreement: GREEN → AMBER/GREEN

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

- LIMS 2.0: Reduced Tranche 1 scope, UAT delays and high number of defects in Tranche 4 continue to impact delivery. Programme is working with all stakeholders to define 26/27 delivery plan, identify risks, and communicate implications, see escalation below.

Three programmes /projects are **AMBER/RED** with low confidence of successful delivery requiring urgent management attention:

- **RISP:** PHW, PTHB, BCUHB and HDUHB now live. Some go live dates moved, health boards to agree to change controls and new timelines issued by the supplier.
- **Connecting Care:** Funding secured late in August for the FY 25/26. Plans for delivery for the remainder of the year are being baselined and agreed with partners. Timelines remain challenging.
- **DSPP:** Budget allocation and capital/revenue exchange confirmed, risk on forward

funding allocation based on roadmap proposal. Implementation plans to be developed and/or approved for a number of new features.

Programmes with RED and AMBER/RED RAG statuses have outlined their respective 'route to green' within their individual reports and the overarching RAG Dashboard. The primary factors contributing to the current status include:

- Completion of outstanding testing activities including the resolution of a high volume of bugs and defects.
- Health Board resource availability and commitment to implementation plans.
- Future years funding to be agreed by Welsh Government

The remaining programmes/projects are reporting AMBER/GREEN or GREEN or have not been assessed as activity has been suspended due to a formal review/reset or have been completed.

Programme/Project Closures

Following the formal closure of the Bridgend Transition/WPAS Disaggregation Programme, Cancer Informatics Programme, and Powys Cross Border Project, one-page summaries of the respective Closure Reports are included.

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

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

Major Programmes – ASSURE for AWARENESS
There are currently three open ASSURE escalations for PDC, two relating to the LIMS 2.0 and RISP programmes concerning implementation timelines, and one relating to the Welsh Intensive Care Information System programme regarding Welsh Government's strategic direction for the programme.

6 ARGYMHELLIAD / RECOMMENDATION

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

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

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

Enw'r Cyfarfod: **Name of Meeting:**	Programmes Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	05 February 2026

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

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

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

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL STRATEGIC MISSION	Deliver high quality digital products and services

RISG GORFFORAETHOL (cyf, os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	All are relevant to the report
ASESIAD O'R EFFAITH AR ANSAWDD (cyf, os yw'n briodol) **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	

DEDDF LLESIANT CENEDLAETHAU'R DYFODOL WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

SAFONAU ANSAWDD IGDC DHCW QUALITY STANDARDS	ISO 9001 - Quality Management System
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below: ISO 14001 ISO20000 ISO 27001 BS 10008	

GALLUOGWR Y DDYLETSWYDD ANSAWDD DUTY OF QUALITY ENABLER	Leadership
PARTH ANSAWDD DOMAIN OF QUALITY	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below: Safe Care Governance, Leadership and Accountability	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB EQUALITY IMPACT ASSESSMENT STATEMENT	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: Risk Management and Assurance activities equally affect all. An EQIA is not applicable	

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	Yes, please see detail below Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be legal implications
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	Yes, please see detail below Should effective risk management not take place, there could be financial implications
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report. The risk owners will be clear on the expectations of managing risks assigned to them
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
Laura Tolley, Deputy Board Secretary	January 2025	Reviewed
Chris Darling, Board Secretary	January 2025	Reviewed
Management Board	15/01/2026	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
BAF	Board Assurance Framework	WG	Welsh Government
NI	National Insurance	DPIF	Digital Priorities Investment Fund
DSPP	Digital Services for Patients and the Public	WICIS	Welsh Intensive Care Information Service

WASPI	Wales Accord on the Sharing of Personal Information	NDR	National Data Resource
SLA	Service Level Agreement	IMTP	Integrated Medium Term Plan
IRAT	Integration and Reference Team	ICU	Intensive Care Unit
ISD	Information Services Directorate	HBs	Health Boards
WG	Welsh Government	FDU	Finance Delivery Unit
SAIL	Secure Anonymised Information Linkage	CAPEX	Capital Expenditures
OPEX	Operating Expenditures	DU	Delivery Unit

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 The DHCW Risk Management and Board Assurance Framework (BAF) outlines the approach the organisation will take to managing risk and Board assurance. As part of the Strategy, a committee assignment approach to corporate risk assurance is taken. Therefore, any corporate risks relating to DHCW's major Programmes, within the scope of the 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 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

4.1 In terms of DHCW's Corporate Risk Register, there are currently 17 risks on the Corporate Risk Register, of which 7 are for the consideration of this Committee.

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

- DHCW0237 New requirements impact on resources and plan
- DHCW0298 Delay in the Implementation of WLIMS 2.0
- DHCW0333 WICIS Implementation Delay
- DHCW0347 National Target Architecture Transition Roadmap

- DHCW0348 Transition to new data architecture
- DHCW0349 RADIS Team scaling back 25/26
- DHCW0352 Delivery of 2025-2026 Milestones

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

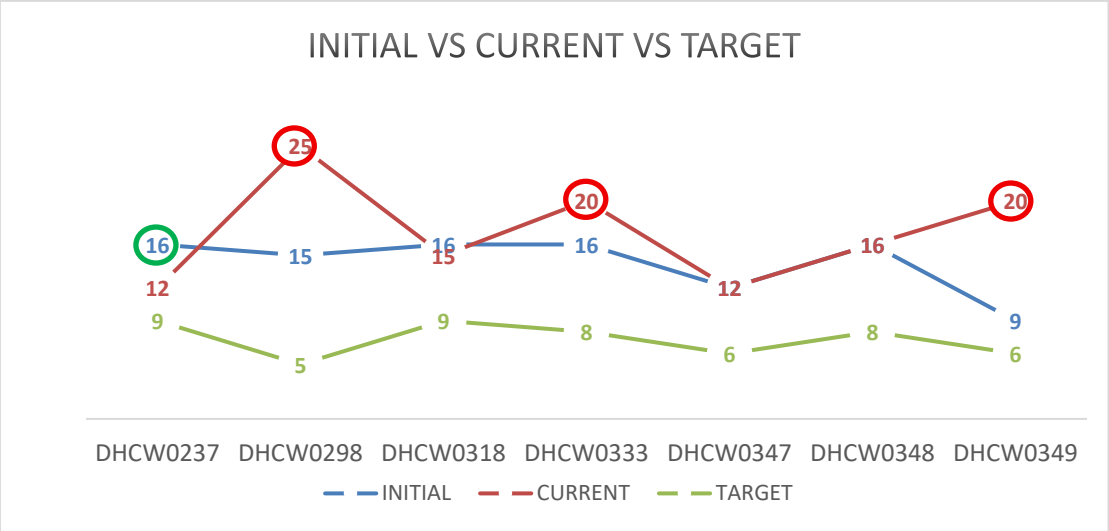
4.3 The Committee are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile which includes the 2 Significant and 5 Critical risks assigned to the Committee. The key indicates the current position of the risk.

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

CONSEQUENCES	LIKELIHOOD: RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CATASTROPHIC (5)					DHCW0298 – **Delay in WLIMS implementation 2.0** ⟷
MAJOR (4)			DHCW0349 – **RADIS Team Scaling Back 25/26** ⟷ DHCW0352 – **Delivery of 2025-2026 Milestones** ★	DHCW0336 **Audit + Withdrawal from Contracts** ⟷ DHCW0337 **Sustainable Digital Services and Development Funding Model** ⟷ **DHCW0341 ⟷ **DHCW0342 ⟷ DHCW0346 **DDaT Governance Review Implementation** ⟷ DHCW0348 **Transition to new data Architecture** ⟷	DHCW0331 – **Fixed term funding resource** ⟷ DHCW0333 – **WICIS Implementation Delay** ⟷ DHCW0263: **DHCW Functions** ⟷ DHCW0320 – **Citizen and stakeholder trust in use of HSC data** ⟷
MODERATE (3)		DHCW0300 – **Canisc (Screening and Palliative Care)** ⟷		DHCW0347 **National Target Architecture Roadmap** ⟷ DHCW0237 – **New Requirements impact on resources and plan** ⟷	DHCW0351 – **Changes in political landscape in Wales** ⟷
MINOR (2)					
NEGLIGIBLE (1)					

4.5 The Committee are asked to consider the overview of initial risk score versus current

versus target and risks that may be identified for further investigation and action.



NB:

- Please note that DHCW0347 and DHCW0348 current scores are tracking the same as the initial scores.
- DHCW0298 and DHCW0237 are both re-escalations.

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

NEW RISKS (1) – 1 public, 0 Private
There was one new risk was escalated during the period.

Reference	Name	Primary Risk Domain	Committee Assignment
DHCW0352	Delivery of 2025-2026 Milestones	Service Delivery	Programmes Delivery Committee

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

RISKS REMOVED (2) – 2 public, 0 private.
There were two risks removed during the period.

Reference	Name	Commentary	Committee Assignment
DHCW0318	Welsh Language Standards Compliance	Downgraded to directorate level for management	Programmes Delivery Committee
DHCW0281***	PRIVATE	PRIVATE – Downgraded for directorate level management	Digital Governance and Safety Committee

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

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

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
DISCUSS the Corporate Risks assigned to the Programmes Delivery Committee. **NOTE** the status of the Corporate Risk Register.	

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

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

Enw'r Cyfarfod: **Name of Meeting:**	Programmes Delivery Committee
Dyddiad y Cyfarfod: **Date of Meeting:**	05 February 2026

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

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

Pwrpas yr Adroddiad: **Purpose of the Report:**	For Assurance
Argymhelliad: **Recommendation:**	The Committee is being asked to
NOTE for **ASSURANCE** the Escalation Status Update; and **NOTE** the escalation feedback provided by Welsh Government in January 2026.	

1 ASESIAD O'R EFFAITH / IMPACT ASSESSMENT

CENHADAETH STRATEGOL **STRATEGIC MISSION**	All missions apply

RISG CORFFORAETHOL (cyf os yw'n briodol) **CORPORATE RISK** (ref if appropriate)	
DEDDF LLESIANT CENEDLAETHAU'R DYFODOL **WELL-being of Future Generations Act** (cyf, os yw'n briodol)	A Healthier Wales
ASESIAD O'R EFFAITH AR ANSAWDD **QUALITY IMPACT ASSESSMENT** (ref if appropriate)	Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:

SAFONAU ANSAWDD IGDC **DHCW QUALITY STANDARDS**	ISO 27001 - Information Security Management Systems
Os oes mwy nag un safon yn berthnasol, rhestrwch nhw isod: If more than one standard applies, please list below:	

GALLUOGWR Y DDYLETSWYDD ANSAWDD **DUTY OF QUALITY ENABLER**	Leadership
PARTH ANSAWDD **DOMAIN OF QUALITY**	Effective
Os oes mwy nag un galluogwr/parth yn berthnasol, rhestrwch nhw isod: If more than one enabler / domain applies, please list below:	

DATGANIAD ASESIAD O'R EFFAITH AR GYDRADDOLDEB **EQUALITY IMPACT ASSESSMENT STATEMENT**	Dyddiad cyflwyno: Ddim yn berthnasol Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Datganiad: Statement: N/A	

Mills, Belinda 28/01/2026 14:56:03

ASESIAD O'R EFFAITH / IMPACT ASSESSMENT	
ANSAWDD A DIOGELWCH GOBLYGIADAU/EFFAITH **QUALITY AND SAFETY** IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
CYFREITHIOL GOBLYGIADAU/EFFAITH **LEGAL** IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
ARIANNOL GOBLYGIADAU/EFFAITH **FINANCIAL** IMPLICATION/IMPACT	No, there are no specific financial implications related to the activity outlined in this report
AR Y GWEITHLU GOBLYGIADAU/EFFAITH **WORKFORCE** IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
ECONOMAIDD-GYMDEITHASOL GOBLYGIADAU/EFFAITH **SOCIO ECONOMIC** IMPLICATION/IMPACT	No, there are no specific socio-economic implications related to the activity outlined in this report.
YMCHWIL AC ARLOESI GOBLYGIADAU/EFFAITH **RESEARCH AND INNOVATION** IMPLICATION/IMPACT	No, there are no specific research and innovation implications relating to the activity outlined within this report.

2 LLWYBR CYMERADWYO & CRAFFU / APPROVAL & SCRUTINY ROUTE

Y Person / Pwyllgor / Grŵp sydd wedi derbyn y papur hwn cyn y cyfarfod hwn Person / Committee / Group who have received this paper prior to this meeting		
PERSON, PWYLLGOR NEU GRŴP PERSON, COMMITTEE OR GROUP	**DYDDIAD DATE**	**CANLYNIAD OUTCOME**
Helen Thomas, CEO	Oct 2025	Approved

Acronymau Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
DDaT	Digital, data, and technology	SRO	Senior Responsible Owner
LIMS	Laboratory Information Management System	RISP	Radiology Information System Procurement
DSPP	Digital Services for Patients and the Public	PDC	DHCW Programmes Delivery Committee
JDCA	Joint Data Controller Agreement	PMO	Programme Management Office

3 SEFYLLFA & CEFNDIR / SITUATION & BACKGROUND

3.1 On 11 March 2025, DHCW's escalation status changed from Level 1 – Routine Monitoring, to Level 3 – Enhanced Monitoring.

3.2 The increased escalation relates specifically to the delivery of major programmes, under the 'performance and outcomes' domain of the NHS Oversight, Assurance, Escalation and Intervention Framework.

3.3 DHCW have worked closely with Welsh Government to confirm the arrangements for escalation via an agreed Escalation Framework and associated Enhanced Monitoring Improvement Plan to be monitored to inform the future escalation status.

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

4.1 DHCW Escalation Activity

Since the last PDC meeting members of DHCW attended the Welsh Government Integrated Quality, Performance and Delivery (IQPD) meeting held on 3 December 2025. A revised approach to the IQPD meeting was undertaken by Welsh Government.

Discussion points of note from the 3 December 2025 IQPD:

- Comment on the status of JDCAs and how to ensure data flows into the NDR and the role WG could play.
- NHS Wales App – discussion on the status of Cardiff and Vale UHB publishing appointments and referrals from their PMS system in the NHS Wales App.
- Integrated Care Business Case – milestone delivery.
- LIMS and RISP – the current status of these programmes was discussed, the level of risk and concerns, particularly in relation to blood transfusion.

In addition to the IQPD meeting, the CEMT meeting held on the 2 December included a DHCW digital update, which included updates on major programmes – Intensive Care, Diagnostics – LIMS and RISP.

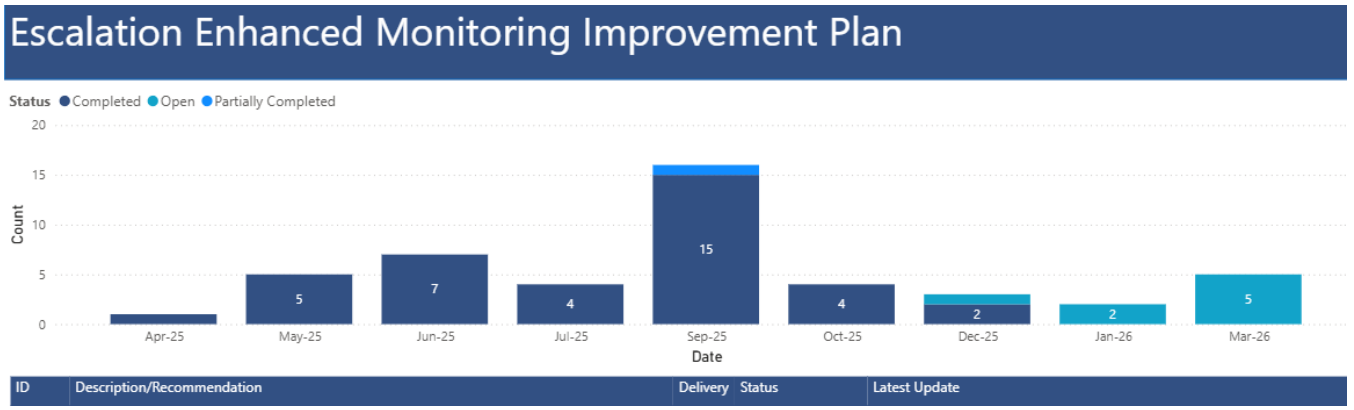
In addition, the first DDaT Delivery Boad is scheduled for the 10 December and again on 13 January. The DDaT Leadership Board in January2026 has been deferred to February.

The DHCW Audit and Assurance Committee considered the approach taken in response to escalation on the 20 January 2026.

4.2 Enhanced Monitoring Improvement Plan

The SHA Board has assigned the Programmes Delivery Committee to oversee delivery of the Enhanced Monitoring Improvement Plan, which sets out DHCW's response to the areas of concern/escalation and the proposed milestones and actions against the de-

escalation criteria to demonstrate the required improvement. A shared information repository has been developed between DHCW and Welsh Government, to allow a transparent approach to tracking milestone delivery, with each milestone broken down by month. The repository also allows evidence to be uploaded, to show the evidence/outputs/outcomes that demonstrate the milestone has been completed. The distribution of milestone delivery over time can be seen below:



At the time of writing, the plan sets out 40 milestones to be delivered between April and the end of December 2025, with 39 delivered and one not delivered (5.3 All organisations in the LIMS Programme migrated to LIMS). However, it should be noted five were delivered after their target dates, these were: 4.1 NHS bodies entering into the WASPI Joint Data Controller Agreement – due for delivery by the end of July but delivered at the end of September 2025, 9.1 Colposcopy go-live – due for delivery by the end of June but delivered on 9 July 2025, 1.5 National Target Architecture – current and future state mapped by end of September 2025, the current state was complete by end of September 2025 but the future state mapping was completed at the end of October 2025, approved by the Project Board, 2.2 Q1/Q2 features as per 'silver' road map - the NHS Wales App secondary care new appointments feature was not live in all Health Board areas until 8 January 2026.

4.3 Board Oversight and Next Steps

The DHCW Board Development Day on the 18 December focused on areas of work commissioned since going into Enhanced Monitoring for the delivery of major programmes. This will include learning from international practice and ways of work in other digital health economies across the world. As well as understanding the opportunities, challenges and system learning from DHCW escalation relating to delivery of major programmes and digital transformation in NHS Wales. The session also considered the progress made on stakeholder engagement (de-escalation criteria) and the approach and impact this is having.

4.4 Escalation Status – December 2025 and Feedback January 2026

On the 16 December 2025, the Cabinet Secretary confirmed that the escalation status for DHCW following the tri-partite discussions in November 2025 had not changed DHCW's escalation status and it remained at Level 3, Enhanced Monitoring for Major Programme delivery.

On the 6 January 2026, the Director General for Health and Social Care / NHS Wales CEO wrote to DHCW to provide feedback on the continuity of its escalations status for major programmes, feedback included:

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

4.5 **Updating the Enhanced Monitoring Improvement Plan**

As a result of the feedback received by Welsh Government, and following discussions with the Head of Performance, Intervention and Escalation in Welsh Government, an additional supplement to the Enhanced Monitoring Improvement Plan has been develop in draft, and it is proposed will be discussed at the PDC Development session in February, before taking to Welsh Government for approval at the IQPD meeting in late February / early March (date to be confirmed).

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

5.1 DHCW has been put into Level 3 - Enhanced Monitoring for escalation in relation to delivery of major programmes. For the majority of major programmes included within DHCW's Escalation Framework, working in partnership with other Health Bodies and wider partners is essential for successful delivery, and as such the Enhanced Monitoring Improvement Plan has a 'dependencies' column to ensure if action is required by a partner to achieve a milestone this is documented and tracked as part of the improvement plan.

5.2 The DHCW Board must ensure they continue to provide sufficient oversight and scrutiny of all areas of DHCW business. Major programmes account for circa 20% of DHCW's investment annually and therefore ensuring continued assurance of digital product and service delivery will be vital whilst also ensuring enhanced scrutiny on major programme delivery.

6 ARGYMHELLIAD / RECOMMENDATION

Argymhelliad: Recommendation:	The Committee is being asked to
NOTE for **ASSURANCE** the Escalation Status Update; and **NOTE** the escalation feedback provided by Welsh Government in January 2026	