PROGRAMMES DELIVERY COMMITTEE- PUBLIC

MINUTES, DECISIONS & ACTIONS TO BE TAKEN

09:30-12:30 | 01 May 2025 | MS Teams

Present (Members)	Initials	Title	Organisation
David Selway	DS	Committee Chair	DHCW
Ruth Glazzard	RG	Vice Chair of the Board	DHCW
Marian Wyn Jones	MJ	Independent Member	DHCW
Simon Jones	SJ	Chair of the Board	DHCW
Rowan Gardner	RoG	Independent Member	DHCW

In Attendance	Initials	Title	Organisation
Chris Darling	CD	Director of Corporate Affairs | Board Secretary	DHCW
Ifan Evans	IE	Executive Director of Strategy	DHCW
Sam Hall	SH	Sam Hall, Director of Primary Care, Community & Mental Health	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
Belinda Mills	BM	Corporate Governance Co-Ordinator (Secretariat)	DHCW
Rhidian Hurle	RH	Executive Medical Director	DHCW
Alison Maguire	AM	Diagnostics Programme Director	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** No apologies was received	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 • Private abridged **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	**Internal Audit Reports** **i. National Data Resource** **ii. Programme Management** **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 were no new actions on the action log. **The Programmes Delivery Committees resolved to:** **NOTE** the Action Log.	Discussed	None to note
3.2	**Escalation Status Update (Verbal)** Chris Darling (CD), Director of Corporate Affairs | Board Secretary presented the update and highlighted that: • Since being placed into Level 3 escalation, DHCW met with the Welsh Government's Performance and Escalation team on 14 April to understand the framework and criteria behind their escalated status, focusing on major programmes. • An escalation plan is being developed with key milestones, to be discussed with Welsh Government on the afternoon of the 01 May 2025, aiming for agreement on next steps over the coming 6 to12 months to demonstrate sufficient improvement for de-escalation. • CD noted Welsh Government plans to implement updated governance arrangements under the previously reviewed Digital, Data and Technology (DDaT) framework to help oversee DHCW's escalation status, with the first DDaT Leadership Board meeting set for 8 May 2025. • CD outlined the key areas within the scope of DHCW's escalation status, which all formed part of the escalation plan. • CD explained that the de-escalation criteria was being developed, with a focus on establishing clear agreed delivery milestones, and this would also include key dependencies. • It was mentioned that a Committee development session was scheduled for two weeks, where a the escalation plan will be presented along with the escalation criteria agreed upon with Welsh Government. The development session will also focus on how the committee ensures oversight of the escalated areas, with specific attention to the milestones and objectives for the next 6 to 12 months.	Discussed	None to Note

	The Programmes Delivery Committees resolved to: **NOTE** the Escalation Status Update.		
3.3	**Major Programmes Scoring** Ifan Evans, Executive Director of Strategy (IE), presented the report: • It was noted that as part of the Terms of Reference for the Programmes Delivery Committee, Major Programmes are reviewed and scored at least annually, though this had occurred more frequently in practice and the paper recommends continuing this approach, especially as new programmes emerge. • IE clarified that “Major Programmes” are those routinely reported at every Programmes Delivery Committee meeting. Non-major programmes referred to as "Standard Programmes “are only reported if they are rated red or require escalation for another reason. • It was noted that all programmes had been rescored by the team as part of an annual review with an outcome of two new programme designated as Major Programme namely Connecting Care and the Cloud Transition programme. They have now been classified as major due to their scale and importance. Additionally, the Digital Medicines programme has been split into two separate Major Programmes: The Electronic Prescription Service (EPS) and Electronic Prescribing Medicines Administration (EPMA), along with the Shared Medicines Record. • Two programmes Cancer and the WPAS Bridgend transition programmes have fallen below the scoring for major programme status due to their closure phase, but it was recommended they continue to be reported to ensure proper oversight. • IE explained that a set of future programmes are in the pipeline but not yet fully defined, such as the National Target Architecture which is currently being managed as a project while a Strategic Case and Programme Plan are developed. Once these initiatives mature into full programmes, they will be rescored and classified accordingly, without waiting for the annual review cycle. **The Programmes Delivery Committees resolved to:** **NOTE** the Major Programmes Scoring.	Noted	None to Note
PART4 -FOR ASSURANCE			
4.1	**Annual Assurance Reports** Ifan Evans, Executive Director of Strategy (IE), introduced the report:	Assured	None to Note

	Laboratory Information Management System Alison Maguire, Diagnostics Programme Director, (AM) presented the report and highlighted the following: • The LIMS programme previously hosted by the NHS Collaborative, transferred to DHCW in January 2023 • Procurement delays with the initially selected supplier led to the activation of a contingency plan extending the existing supplier contract. • Due to procurement delays, the LIMS2.0 programme condensed four years of work into two years. Which has resulted in this programme running concurrently with the RISP programme. • It was explained that due to the complexities of the system, several defects were identified during the User Acceptance Testing (UAT) which delayed the completion of UAT that was originally expected in November 2024. • As a result, a mitigation plan was developed, which involved extending the UAT phase. This extension had delayed the planned deployments, and the team is now considering changing their approach to the deployment process to accommodate these delays. • It was noted that recent deep dives were conducted across all disciplines within the LIMS2.0 program to determine when each discipline will complete User Acceptance testing. Following this, the system can be validated and Go Live. • The team is working with Health Boards on a mitigation plan and timelines, with the intention to start Go-lives in the summer and complete them by the end of the year, in line with the contract expiration. • Additionally, challenges with using old hardware mean that upgrading would be necessary if the program extended into the next year, therefore, the focus is on transitioning to the new LIMS system by year end. • New programme benefits have been identified through close collaboration with the Health Boards, and efforts are being made to capture and deliver these. While some original benefits are no longer feasible, both planned and emerging benefits will contribute to the programme's overall value. • A key programme milestone will be the National Deployment of the Blood Transfusion discipline for the first time previously, each Health Board operated its own legacy system. Consolidating these into a single national system introduces additional complexity but marks a major advancement. • In addition to this, a Blood Tracking product will		

	also be deployed for the first time, jointly integrated into the LIMS2.0 system. Currently, only Swansea Bay is live with Blood Transfusion on LIMS1, while other Health Boards still rely on legacy systems. • This makes the upcoming national rollout significantly more intricate. Although a deployment schedule has been developed, concerns have been raised by Health Boards regarding the proposed mitigation plan due to issues identified in User Acceptance Testing. • Deep dives have been conducted to gather detailed data, and a refined plan is being prepared for presentation to Health boards to agree on a final deployment timeline. • It was noted that due to delays in User Acceptance Testing (UAT), the most recent LIMS2.0 highlight report was rated Amber-Red. Despite these challenges, progress is ongoing: testing and refinement of system configurations continue, super user training has commenced, and data migration activities are underway. **Radiology Informatics System Procurement** Alison Maguire, Diagnostics Programme Director, (AM) presented the report: • It was noted that the RISP project commenced within the NHS Collaborative in 2019 and was transferred to DHCW in January 2023. The preferred supplier for this project was Philips. This procurement was a first for Wales, as the service is requesting an integrated Radiology Information Management system (RIS) and a Picture Archiving Communicating system (PACS). These are two separate products that, while they have some integration, do not meet the level of integration that the service initially wanted, which was for a single product to handle both functions. Philips, the supplier, is partnering with Soliton to deliver the Radiology Information Management System, as Philips does not have this product. • However, there have been a number of challenges with the supplier, including delays in resources and onboarding. • The delay in onboarding suppliers is a lesson learned for future projects, emphasising the importance of strategic partnerships with suppliers, as seen in the pathology programme where the supplier is more familiar with the process. • It was noted that despite some delays, progress had been made, with the supplier working closely with each Health Board. Public Health Wales went live in February with the system, but their use is limited to the Picture Archiving Communication system, without utilising the Radiology Information System. The largest implementation, however, will		

	be at Betsi Cadwaladr Health Board. • It was mentioned that the System Integration Testing had been completed. This testing involved integrating the systems between DHCW, the supplier, and the Health boards. The supplier is now working closely with the Health Boards on their own integration efforts. • In terms of deployment, it was noted that Public Health Wales went live in February, and Powys is scheduled to go live in May. However, there are challenges related to the "global worklist," which allows Health Boards across Wales to view each other's images. This feature is particularly important for patients who move across Health Board boundaries. • Currently, Powys is revising its go-live timeline, as they are aligning with other Health Boards due to these issues. • The team is actively working through some challenges, but there is a risk that some go-live dates may need to be adjusted to address the global worklist issue. • Currently, the final go-live is scheduled for March 2026, specifically for Cwm Taf Morganwwg Health Board. • AM advised that the program is currently Amber-Red due to changes needed and delays from the supplier, which have also seen concerns escalated by several Health Boards. • The difference in contract management for both LIMS2.0 and RISP programmes was highlighted. LIMS2.0 operates under a national contract managed centrally by DHCW, allowing for stronger oversight and control of both Contract management and Project Management. In contrast, the RISP programme is based on local contracts managed by individual Health Boards, giving them the ability to make local changes. However, these changes have had an impact across Wales particularly evident with issues like the global worklist. This experience has highlighted a key lesson: local contract flexibility can disrupt wider system coordination, underlining the value of a national approach. The team is now actively applying these lessons to shape future programmes. **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), presented the report highlighting a change in the colour scheme used for the RAG (Red, Amber, Green) framework. The colours have been modified to align with those used by NWSSP Internal Audit for their assessments, though the wording in the framework remains unchanged. IE mentioned the Internal Audit Report for the Portfolio Management Office, noting that it had received an overall assurance rating of 'Reasonable Assurance'. **National Data Resource** Ifan Evans, Executive Director of Strategy (IE), highlighted • Overall RAG status was **Amber-Green** • The National Data Resource (NDR) is a 10-year programme supported by a full business case, with updated two-year business plans submitted to the government periodically. Phase three had just concluded, and phase four is now beginning as the programme enters its seventh year. • Welsh Government has reviewed the Phase 4 business plan for the National Data Resource but has not formally approved it yet. However, a £6 million allocation has been confirmed in DHCWs remit letter, noting this was less than the amount originally requested in the plan. • The Care Data record has gone into a live clinical critical service with 24/7 support from February • Data cataloguing is ongoing with Federated partners to increase visibility and access • Engagement activities, including big data events, continue with stakeholders. • The Growth Chart FHIR messaging standard was implemented just after the reporting period. • The NDR team chose to strictly adhere to the FHIR standard with no interim workarounds. • Despite initial compliance issues, the team resolved all problems within 2–3 weeks. • As a result, growth charts are now live in WCP (Welsh Clinical Portal) using the FHIR API. • This marks the first live use of the Clinical Data Repository (CDR) for direct care, a major milestone. **Cloud Transition** Sam Lloyd, Executive Director of Operations (SL) highlighted: • Overall RAG status was **Green** • The Cloud Business Case was approved by Welsh Government in January, and this is the first report	Assured	None to note

	submitted to the committee with a RAG (Red, Amber, Green) status applied. • The project is currently rated as green, but it is still in the early stages. • The migration program is planned over three years, with costs projected over 10 years to smooth out the transition. • The team is currently in mobilisation, bringing in resources, including the appointment of a Program Lead who started week commencing 28 April 2025 and recruitment for Architecture resources to shape up procurement activity was underway. • The current plan is to approach the market with three distinct lots. The first lot will focus on enabling works, such as setting up landing zones, network connectivity, and basic configuration. The second lot will cover migration activities, including moving services from data centers to the cloud and any necessary transformation. The third lot will focus on a strategic transition, helping the organisation move from on-premise to cloud-based operations. This includes bringing in a partner to guide the transition, training teams, and ensuring that financial governance and benefits realisation frameworks are in place for the program. • Currently, the work is being formulated, and the project depends on bringing in external resources, particularly in Cloud Architecture, to define the detailed requirements needed for the market approach. • Procurement activity is expected to conclude by the end of the calendar year (Q3 of the financial year). • A formal Program Governance Board will meet in May, with Welsh Government representation. • As part of the business case approval, there is an 18-month governance review process to assess progress and ensure further funding release. • The program board will oversee this governance, reviewing the progress against the agreed plan. This process will be essential to unlock additional funding, provided the targets and milestones are met. • While the project is in its early stages and making progress, the main concern at this point is the procurement timelines. **Welsh Community Care Information System & Connecting Care** Sam Hall, Director of Primary Care, Community & Mental Health (SH), highlighted: • Overall RAG status was **Red**		

- There is no funding for the programme
- The Outline Business Case (OBC) submitted to Welsh Government for review by the Digital Investment Fund has been completed and is now with Welsh Government scheduled for discussion at the May board meeting.
- Two main areas of focus: the new "Connecting Care" project and the older "WCCIS" system. WCCIS, which is nearing the end of its operational life, requires two key actions: maintaining its functionality and planning for a smooth transition out of the system.
- There is ongoing work between Local Authorities and Health Boards to develop an exit plan, which includes moving data.
- The challenges around the exit planning for the WCCIS system, particularly regarding how and where the exit data will be stored, was noted.SH highlighted the complexity of the work involved and the critical need for proper systems in place.
- There is currently no funding for ongoing support of WCCIS, and a funding request has been submitted in the OBC, with a decision expected in May. There's a possibility the investment fund may not consider it as an innovative project, which could require alternative funding approaches.

National Digital Eyecare Programme

Sam Hall, Director of Primary Care, Community & Mental Health (SH), highlighted:

- Overall RAG status was grey "**Not Assessed"**
- It was noted that the Digital Eyecare program was not funded this year for a broader rollout across Health Boards.
- However, Welsh Government recently communicated that they would provide some funds to Health Boards for a tactical rollout, specifically for Cardiff and Vale's system. This system, which Cardiff and Vale had started rolling out, may be used by other Health Boards as a tactical solution for managing waiting lists, and the contract for this system runs for another 18 months
- Feedback from Welsh Government was awaited on how to proceed with this program.

GP Systems Framework

Sam Hall, Director of Primary Care, Community & Mental Health (SH), highlighted:

- Overall RAG status was **Green**
- Negotiations are ongoing with a preferred bidder, with involvement from other nations, specifically Northern Ireland and Scotland.
- The team remains positive for a new buyer through

	ongoing discussions with the administrators. However, various scenarios have been planned for. • Whilst negotiations are ongoing, the service is continuing running as usual, which was the main priority. **Digital Maternity Cymru** Ifan Evans, Executive Director of Strategy (IE), highlighted: • Overall RAG status was grey "**Not Assessed**" • The Digital Maternity solution across Wales is in a state of change due to a shift in Welsh Government's approach. • Health boards will now be directly funded and will contract with maternity systems providers, impacting the Digital Maternity Cymru programme. • The programme had been paused and conducted an independent external assessment of some lessons learned and options, which had been shared with Welsh Government. • The options include standing down the national programme and focusing on DHCW elements enabling Health Boards with a data record and reporting standards for maternity. • A new Project Management arrangement will be created to handle this work, separate from the national programme. • The formal confirmation of the new approach with Welsh Government is expected soon, after which the national programme will be closed. **Welsh Patient Administration System (Bridgend Transition – National system impact** Sam Lloyd, Executive Director of Operations (SL) highlighted: • Overall RAG status was Amber–Red • The WPAS Disaggregation Program focuses on transitioning Bridgend Health services from Swansea Bay University Health Board to Cwm Taf Morgannwg Health Board following a Health Hoard boundary change in April 2019. • The Go Live for the program is in 2 weeks, set to begin on May 16th and take place over the weekend • A dry run took place on the 27 April 2025 to test the operational plans and data migration activities across the affected health boards. • The overall feedback from all involved organisations was that the dry run was a success.		

- The WPAS team and Health Boards now have more confidence going into the Go Live weekend.
- A few issues were identified, and the teams are meeting this week to prioritise and review these issues, ensuring they understand which ones are dependencies for Go Live.
- Out of the 20 issues originally identified, only 5 remain to be resolved. These issues are complex data quality issues, not related to migration, but rather to pre-existing data in the system.

- The focus will be on resolving the specific issues identified during the dry run to proceed with
- The team agreed on the importance of considering staff resilience in the coming weeks, particularly during the Go Live weekend,
- Regular updates will be provided to SROs (Senior Responsible Officers), including the Director of Operations and Directors of Digital from the affected health boards, throughout the Go Live weekend.

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

- Overall RAG status was Amber – Red.
- The program's main objective was to replace a legacy system for cancer care. The objectives had been addressed nearing the closure of the program.
- The work has been successful, with stakeholder collaboration and in-house development leading to the creation of new functionality within existing products.
- The work is transitioning to Product Management under the Executive Director of Operations, and additional funding from Welsh Government has been secured to support ongoing development and refinement of these products.
- Screening and colposcopy functionality remained an area of focus, particularly in relation to the management of images with a third-party supplier. Testing has revealed some points that need refinement, including integration with WPAS (Patient Administration System).
- Further testing and collaboration with Health Boards will continue to ensure the safe rollout of the functionality, with a target for it to be live across all Health Boards by early June.
- Once this work is completed, the program will

	officially close, and a closure report will be produced, highlighting key lessons learned. **Welsh Intensive Care Information System** Michelle Sell, Director of Programmes & Engagement (MS) highlighted: • Overall RAG status was grey "Not Assessed" • DHCW is now working with Welsh Government and NHS Executive colleagues to determine the next steps, following Welsh Government instruction to pause the programme, pending an independent review, which was commissioned by Welsh Government and had been completed. • It was noted that Welsh Government had now appointed a new Programme Oversight Chair who brings a strong background as a former Executive Director of Nursing within a Welsh Health Board and has had responsibility for patient safety will be highly beneficial to the programme. • Revised governance is being explored, with a focus on strengthening Clinical and Digital leadership on the programme board. • The Programme Board is scheduled to meet on 23 May 2025 to agree on the new governance arrangements. • Work is ongoing with the system supplier and Health Board/trust stakeholders to assess what changes are needed to the product. • The aim is to determine whether these changes can be delivered safely and within a reasonable timeframe. • A decision is expected in early September, at which a collective decision across Wales may be made to proceed with rollout and implementation. **Radiology Information System Procurement** Discussed earlier in the Annual Assurance Report **Laboratory Information Management System** Discussed earlier in the Annual Assurance Report **Electronic Prescribing Service** Ifan Evans, Executive Director of Strategy (IE) highlighted: • Overall RAG status was Amber – Green. • The challenges include working out issues with a key supplier regarding geographical search for community pharmacy nominations and the exit of IPS from the system.		

- Despite these challenges, there is confidence in meeting the timeline and good progress is being made.
- As of March, over 1.4 million prescription items were claimed, with 44 GP practices, 281 pharmacies, and three dispensing contractors connected to the EPS system.
- Prescription ready notifications are flowing through the app, and the system is in the rollout and scale-up phase.
- The speed of rollout is currently 12-14 practices per month, with discussions underway with the government to potentially accelerate this process.
- Funding for EPS in 2025-26 has been reduced from the original plan, and the team is working with Welsh Government to explore options and understand the impacts of this reduction.

Electronic Prescribing Medicines Administration

Ifan Evans, Executive Director of Strategy (IE) highlighted:

- Overall RAG status was Amber – Green.
- Each local Health Board receives direct funding from Welsh Government, with their own business cases, contracts, and accountability for implementation.
- The National Program supports the local Health Boards through a learning network and manages the Shared Medicines Record (SMR).
- Cardiff and Vale was scheduled to go live at the end of January, then March, but is now targeting an early June go-live for their first ward.
- The program is in the testing phase, and the shared medicines record has not yet been stepped up to clinical-critical status, but this will happen in preparation for the Cardiff deployment.
- Like EPS, EPMA had experienced a significant funding reduction, reducing from over £2 million to £1.2 million.
- Despite this, efforts are being made to protect and deliver committed milestones.

Digital Services for Patients and Public

Ifan Evans, Executive Director of Strategy (IE) highlighted:

- Overall RAG status was Green
- IE highlighted engaging directly with the Minister for Health and Wellbeing (and responsibility for Digital and Data) about options for the 2025-2026 timetable, presenting three options (gold, silver, and bronze).
- Welsh Government has now provided the

	necessary funding to support the silver milestone program, which gives confidence in delivery. • The NHS Wales app had received significant ministerial attention and will be part of the digital summit week commencing 05 May 2025.A public communications campaign is being planned for later this year. • The progress on the Welsh Identity Verification Service (NHS login), originally planned for mid-May to June deployment was highlighted. The Minister asked for this to be accelerated, and the team completed it within two to three weeks, going live last week. • The project remains in the spotlight for ministers, and the importance of maintaining the delivery timetable and working closely with stakeholders to ensure success was emphasised. **The Programmes Delivery Committees resolved to:** **NOTE** the Major Programmes Report for **ASSURANCE.**		
5.2	**Corporate Risk Register** Chris Darling (CD), Director of Corporate Affairs | Board Secretary presented the report noting that there were sixteen risks on the corporate risk register, four of which were assigned to the Committee. The following risks were highlighted: • DHCW0333 WICIS Implementation Delay • DHCW0318 Welsh Language Scheme Compliance - IE noted that the NHS login, provided by NHS England, currently lacks a Welsh language interface, although the rest of the app is fully bilingual. While there are plans to begin work on this in summer 2025, uncertainties have arisen due to NHS England's absorption into DHSC, staff reductions, and funding reviews. As a result, NHS England cannot fully commit to the project at this time, even though funding and a tentative timetable are in place. The timeline remains uncertain due to frequent changes in their road map. • DHCW0344 Funding for Connecting Care in FY25/26 • DHCW0345 Funding for Operational delivery of Care Director in FY25/26 **The Programmes Delivery Committees resolved to:** **DISCUSS** the Corporate Risks assigned to the Programmes Delivery Committee. **NOTE** the status of the Corporate Risk Register.	Discussed	None to note
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 emphasised the need to flag concerns about the system's ability to handle the level of change required, highlighting risks such as the limits on resources and funding issues when deploying Major Programmes.	Noted	None to note
Date of next meeting: • 07 August 2025	Noted	None to note