GIG CYMRU NHS WALES

Iechyd a Gofal Digidol Cymru

Digital Health and Care Wales

INTEGRATED ORGANISATIONAL PERFORMANCE REPORT (IOPR)

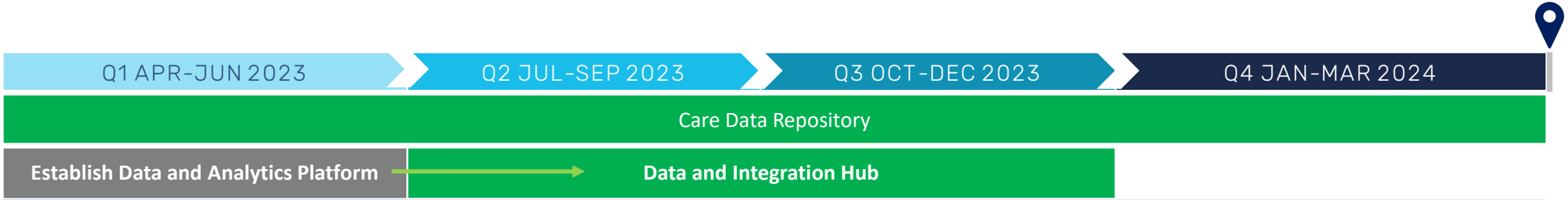
Quarter 4 Portfolio Reports

IGDC • DHCW

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.1: DATA PLATFORM AND REFERENCES SERVICES:

We will store structured data in a Care Data Repository, acquire care data into a National Data and Analytics Platform and provide modern tools and technologies to support data driven insights and build a data and integration hub to allow data to move around securely and safely.



CURRENT PORTFOLIO STATUS

All milestones delivered as planned.

DELIVERY:

The technical capability is now in place which enables the sharing of data between national and local data platforms through the National Data Resource programme; each of the NHS Organisations have access to their respective storage partitions.

The next stage is for Stakeholder organisations to complete their discovery and determine the use case/or how they will interact with National Data & Analytics Platform/Care Data Repository. Each Organisation is at a different stage of maturity. The NHS Executive (former Delivery Unit) has completed data migration to National Data & Analytics Platform.

Social Care Wales has completed a maturity assessment – the early findings were shared with Programme Board on 19th March '24. Individual reports will be shared with Local Authorities and Association of Directors & Social Services (ADSS).

IMPACT:

Data collected from various organisation and care systems can be stored to enable a single view of an individual's health and care record. This can prevent repetition of questions directed to patients, regarding their medication, symptoms etc. Data is readily available to access, as appropriate, across organisational and geographical boundaries, to enable better care.

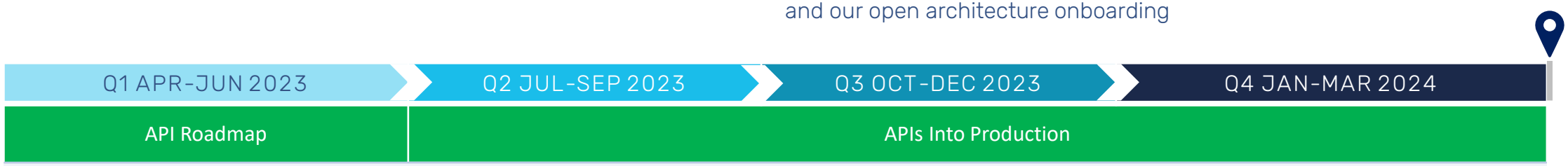
SITUATIONS OF NOTE:

The local plans for Health Boards and Social Care will need to be reviewed considering the indicative reduced DPIF Grant allocation which removes infrastructure funding for federated partners.

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.2: OPEN ARCHITECTURE AND INTEROPERABILITY

We will continue to enhance our platform architecture including developing and enhancing our Application Programming Interfaces (APIs) and our open architecture onboarding



CURRENT PORTFOLIO STATUS:

The first tranche of Application Programme Interfaces (APIs) were delivered into production with Beta testing progressing. Excellent feedback has been received from the first Electronic Prescribing and Medicines Administration Programme (ePMA) supplier, who has been able to utilise the "high quality" medicines/allergies API without changing their software. The API platform team – who will manage the 'API Gateway' and demand for new APIs is fully formed including a new Project Manager.

DELIVERY:

The Welsh Care Record Service (WCRS) PDF API has been improved to present watermarks, ready for use by Welsh Clinical Portal (WCP) Mobile and Aneurin Bevan UHB's Clinical Workstation.
Engagement products have been delivered including an API catalogue and specifications, key provisioning and an API consumer onboarding process review is underway by DHCW and a third-party supplier. Design workshops have been held during February '24 and an API platform template has been issued to commercial services for legal review. Engagement workshops with Health Boards are being arranged to review the onboarding process. An Open Architecture Platform Board is being set up to allow Health Boards to input into roadmap priorities. The majority of the additional product roadmaps have been delivered this year with the outline business case for the Clinical Data Engine (CDE) presented to Execs in Jan '24 and additional engagement work complete. However, the milestones for the Genomics and Diagnostics Roadmaps have been reforecast to 24/25 due to resource availability.

IMPACT:

Providing a clear and proportionate process, allowing organisations to access the open architecture in a safe, secure and compliant way.
Our architecture will become available to partners and our suppliers in a controlled, secure, and rules-based approach.

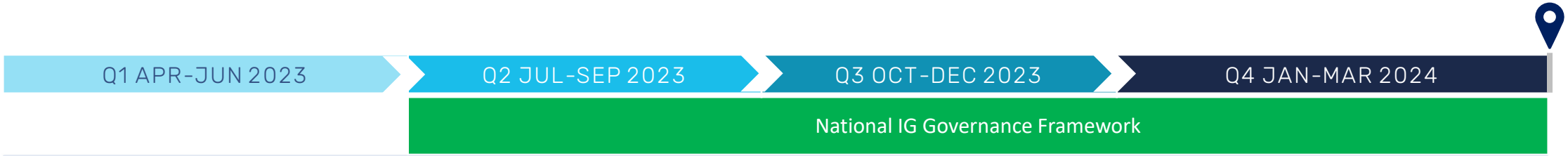
SITUATIONS OF NOTE:

The Technical Design Authority (TDA) pilot continues to lead on establishing architecture principles and steering the enterprise architecture.
As part of the beta process, the beta support team are working to support Health Boards through the governance process for accessing diagnostic and document APIs.

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.3: PROTECTING PATIENT DATA

DHCW plays a role in providing the Wales Accord for Sharing Personal Information (WASPI), the National Intelligent Integrated Audit Solution (NIIAS), providing Data Protection Officer advice to GPs and the Information Governance (IG) Toolkit, and advising on data publication to ensure compliance with IG standards. We will develop and promote a National IG framework for Wales to enable safe and secure sharing of patient information - through assurance, advice, the Data Promise, public engagement, and codes of conduct.



CURRENT PORTFOLIO STATUS:

The majority of the milestones have been delivered by end of Q4.

DELIVERY:

The executive summary of Wales Accord for Sharing Personal Information (WASPI) Code of Conduct consultation responses were published. Additionally, the delivery of the latest version of the IG Toolkit was completed and the plan has been further developed for the adoption of the DCB0129 and 0160 standards for DHCW and NHS Wales.

IMPACT:

Patients have assurance that their private data is protected.

SITUATIONS OF NOTE:

There are no situations of note in this reporting period.

MISSION 1: PROVIDE A PLATFORM for enabling digital transformation

PORTFOLIO 1.4: SUSTAINABLE AND SECURE INFRASTRUCTURE

DHCW provides an extensive national infrastructure across NHS Wales, including data centres, network infrastructure, cyber security services, end-user devices support and collaboration services.

- We will transition services to the cloud, subject to business case approval.
- We will replace and upgrade aging infrastructure.
- We will move into a new data centre.
- We will continue to monitor cyber security threats and implement the DHCW 3-Year Cyber Plan, subject to business case approval.

CURRENT PORTFOLIO STATUS:

Data Centre 2 Transition (DC2T) project has completed the migration of server and storage infrastructure as planned in Mid-March. The Network Implementation activity has also restarted.
Cyber Plan: A national instance of the Security Information & Event Management (SIEM) has been built and onboarding of domain authentication servers has been delivered. SIEM implementation is progressing well and with initial focus on onboarding authentication server logs.
Cloud Plan and Business Case: Preparation work for the migration is progressing and Programme Mobilisation activity has started.

DELIVERY:

Data Centre 2 Transition (DC2T) transition activity has completed as planned in Mid-March, Network Implementation activity has restarted following completion of transition with two changes completed successfully to-date. The remaining changes are planned for the coming weeks.
Cyber: SIEM implementation is well underway. Domain Authentication Servers have all been onboarded and staff training plans for SIEM have been agreed with Health Boards and arranged for April/May.
Cloud Plan and Business Case: Programme Mobilisation activity has started, and the first report had been received. The work to validate the Cloud Total Cost of Ownership (TCO) has concluded and further evidences that the transition to cloud is the best economic option for DHCW. The Landing Zone for the migration of the Azure VMware Solution has been designed and built, currently awaiting assurance.
GP Practice IT Refresh: Over 4,200 computers have been replaced as part of an all-Wales GP computer replacement programme.
Improving Digital Experience for End Users: A digital experience management platform has been implemented in DHCW.

IMPACT:

This provides confidence that systems are protected and available when needed.

SITUATIONS OF NOTE:

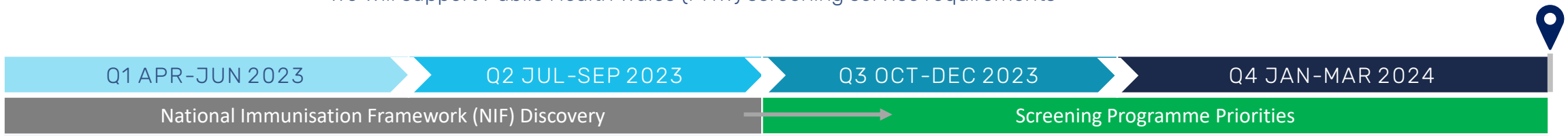
Data Centre Move (DC2T): The project has completed the migration of server and storage infrastructure as planned in Mid-March. Work on the network is now underway.
Cloud Plan and Business Case: The work to validate the Cloud Total Cost of Ownership (TCO) has concluded and further evidences that the transition to cloud is the best economic option for DHCW.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.1: PUBLIC HEALTH

The Public Health strategy in Wales aims to improve health and well-being and reduce health inequalities, particularly in light of challenges such as aging populations, long-term conditions, wealth disparities, and emerging threats such as antimicrobial resistance and infectious diseases.

- We will continue to deliver any planned Covid-19 requirements as they arise through the Welsh Immunisation System (WIS)
- We will undertake discovery work around digital options for the national Vaccine Transformation Programme.
- We will support Public Health Wales (PHW) screening service requirements



CURRENT PORTFOLIO STATUS:

Welsh Immunisation System & Children and Young Persons Integrated System (CYPrIS): Resourcing constraints meaning key technical resources are being shared between WIS and CYPrIS (including Newborn Screening) and impacting cadence of work. We have just awarded a new work package to mitigate delivery constraints.
National Immunisation Framework: Discovery has concluded, and the report has been finalised by the supplier.

DELIVERY:

National Immunisation Framework: Discovery has concluded on schedule at end of February. This includes extensive user engagement across all Health Boards, and primary care. The engagement has given us a clear understanding of the pain points in vaccination journeys across Wales which we will now work to address, to meet the needs of the National Immunisation Framework for Wales.
Welsh Immunisation System/CYPrIS: We have implemented improved access to vaccination data to help manage the Measles outbreak. This includes publishing a user guide on how to use WIS to display immunisation information from the GP record, and publishing an extract of two CYPrIS reports previously only available as monthly PDFs. The 10 millionth COVID jab was recorded on WIS during March.

IMPACT:

Digital will support consistent, standardised data collection for scheduling appointments, recording activity, etc which in turn means earlier, faster diagnosis to improve survival outcomes.

SITUATIONS OF NOTE:

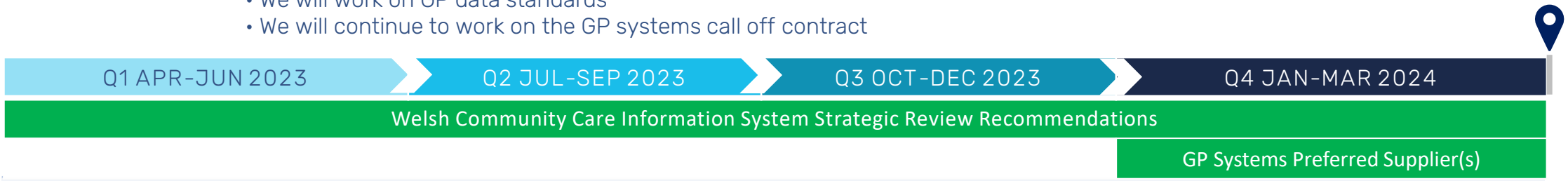
Newborn Hearing & Bloodspot Screening: Public Health Wales have agreed to a re-platform of Newborn with no changes to the application functionality. A new service request has been raised and work package drafted. DHCW continue to await a formal funding letter from PHW before undertaking the work.
CYPrIS: We have had confirmation that the Child Health Discovery will not go ahead, because of this, next year's IMTP for CYPrIS is likely to focus on maintaining the system as is, with limited support for review or new requirements.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.2: PRIMARY, COMMUNITY AND MENTAL HEALTH

The Strategic Programme for Primary Care, aims to provide people with access to seamless services delivered as close to home as possible, with a focus on community-based services and activities, building on local community clusters. DHCW manage the GP systems contract, and have built, procured or and/or programme managed systems for community pharmacists, dentists and community health, mental health and social care staff.

- We will integrate systems with the Welsh Community Care Information System (WCCIS)
- We will work on GP data standards
- We will continue to work on the GP systems call off contract



CURRENT PORTFOLIO STATUS:

Primary Care: Detailed planning is underway for the GP system migrations, with all dependent teams and suppliers. Additional funding required to deliver the migrations has been agreed for 2024/25.

Connecting Care (WCCIS): New governance arrangements at a programme level will be in place for March. Progress on replacement work continues at pace, however development of the existing platform is now minimal. Readiness for procurement is expected to be achieved for both Social Care and Health in Q1 FY24/25. Mental Health and Substance Use dataset work continues. Funding for FY24/25 remains the major risk.

DELIVERY:

Primary Care: The pilot of M365 for Optometrists has been concluded and an evaluation is underway in advance of national rollout.

Connecting Care (WCCIS): Initiation of Mental Health discovery phase 2 to validate findings in Cwm Taf Morgannwg University Health Board with all other Health Boards. Design work on a data transition approach to support 19 partners to extract, transform and load data from existing supplier in readiness for new solutions are underway. A Regional Technology Steering group has been established with representation of Health Boards and Local Authorities. A procurement approach for Social Care has been agreed and a regional working group of procurement specialists from Local Authorities has been created. Market engagement for Health is underway and exit discussions with supplier are ongoing. The project assurance review has concluded.

IMPACT:

Safe sharing of quality data between community health and social care nationally, and the opportunities for analysis and insight into primary care trends and bottlenecks.

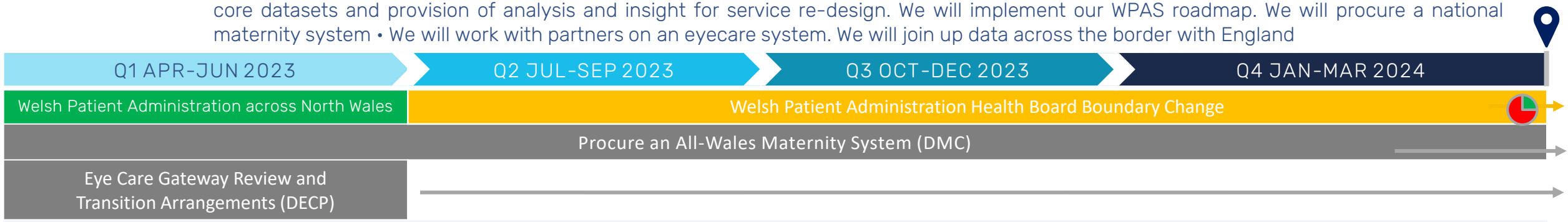
SITUATIONS OF NOTE:

Primary Care: Planning for 112 migrations has now increased to 198.
Connecting Care (WCCIS): No situations of note in this reporting period.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.3: PLANNED CARE

The vision for planned care in Wales aims to better meet the clinical need of the patient from effective referral through to accessing appropriate treatment at the right time and place. DHCW plays a role in this by supporting the administration of patients along their journey of care, through systems such as our Welsh Patient Administration System (WPAS) and electronic prioritisation of referrals, plus standardisation of core datasets and provision of analysis and insight for service re-design. We will implement our WPAS roadmap. We will procure a national maternity system • We will work with partners on an eyecare system. We will join up data across the border with England



CURRENT PORTFOLIO STATUS:

Digital Maternity Care (DMC): Financial constraints are reducing the ability to plan which is impacting delivery timescales. The scope of the programme as 'All-Wales' is impacted due to Health Board buy-in variation. Work has been change controlled into next year.
WelshPAS Health Board (HB) Boundary Change: There is a high degree of complexity with associated projects and a degree of risk around remaining activities. Additionally, there are concerns around timelines to align with the disaggregation and there are no funded resources. System Leads have identified a requirement to build a sealed test environment which was not noted in the original scope of the project therefore additional funding and resource will be required.
Digital Eye Care Programme (DECP): The Programme will explore potential for some deployment under the remaining term of the contract, however funding has been withdrawn for 23/24 and for 24/25 funds have not yet been identified by Welsh Government for the Programme creating uncertainty and an inability for the participating organisations to retain experienced resources.

DELIVERY:

DMC: Quality impact assessments for 24/25 revenue budget reductions have been undertaken, including communication to the programme team and board members . There is ongoing work to finalise commercial documents with specialist contract resource. Engagement with existing working groups which are likely to undertake roles in procurement working groups is being undertaken. The final output report for User Research and Service Design work with Centre for Digital Public Services has been delivered. A gateway review will take place between the 24-26th April '24.
WPAS HB Boundary Change: WelshPAS Disaggregation - DM4 data load has been completed successfully and testing is in progress. Data flows for the Master Patient Index deployed to User Acceptance Testing.
DECP: A new Transition Board launched Jan '24 with senior membership and a revised Terms of Reference. Internal Audit conducted a review of Transition management and discovery activities since transfer of the programme from Cardiff & Vale University Health Board. Options appraisal completed and Digital Investment Proposal submitted to WG for a new procurement

IMPACT:

An improved, integrated view of care activity, including maternity and eye care. WPAS, now a single instance across North Wales, allows the common and consistent recording of patient administration data in secondary care. This is positive for patient safety and communication, across the region.

SITUATIONS OF NOTE:

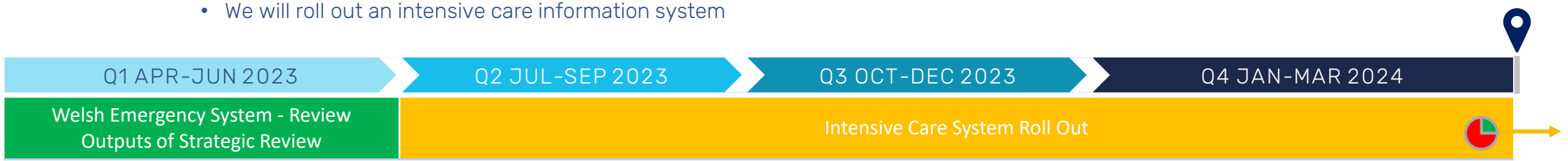
DMC: Funding uncertainty is affecting Health Board confidence in the programme to deliver.
WPAS HB Boundary Change: The Programme remains red due to delay in availability of a sealed test environment and concerns around timelines, resources and funding.
DECP: The Programme has significant issues to overcome if it is to deliver, with commercial considerations, timeframes, and funding by WG being the greatest concerns.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.4 URGENT AND EMERGENCY CARE

The Six Goals for Urgent and Emergency Care Programme has been prioritised by Welsh Government to gain an understanding of 'what good looks like' for patients accessing an Emergency Department. This requires the creation of a Welsh Emergency Care Data Set (WECDS) to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for emergency departments to enable optimisation of clinical outcomes and patient and staff experience.

- We will develop the WECDS
- We will work on the next steps for the Welsh Emergency Department System (WEDS)
- We will join up data with the Welsh Ambulance Service
- We will roll out an intensive care information system



CURRENT PORTFOLIO STATUS:

WICIS: The project is delayed. Defects and hazards raised during User Acceptance Testing (UAT) at the Grange have been assessed by the supplier and DHCW. Work to simplify the solution has been estimated but will cost time and money to resolve. Escalated to Health Board Chief Executives.

WEDS: The Master Services Agreement has been terminated and commercial discussions continue with supplier and Swansea Bay University Health Board regarding ongoing use of WEDS at Neath Port Talbot Major Injury Unit (MIU). The future of Emergency Department solutions across Wales are being discussed within the project but it is not within the scope of the WEDS project to determine the next steps.

DELIVERY:

WICIS: A workshop session was held to look at simplifying the user interface but the work required from the supplier will be expensive and extend the duration of the project beyond the funding window.

IMPACT:

Emergency care clinicians have access to the right information to help triage and direct patients to the right services. Intensive care clinicians will use less paper and have a better view of capacity and variation across Wales.

SITUATIONS OF NOTE:

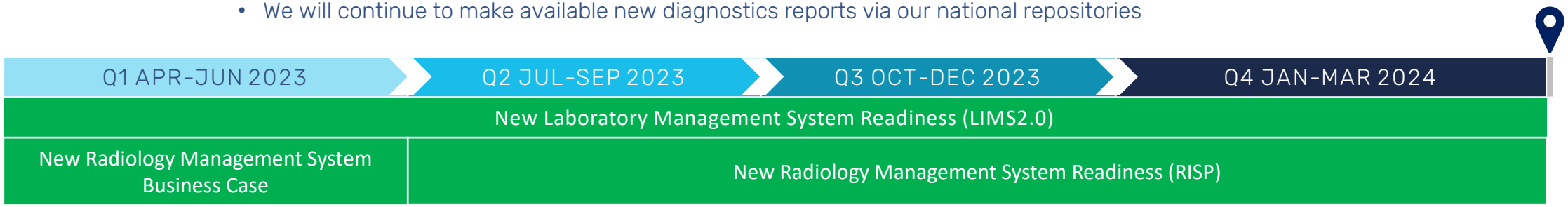
WICIS: Aneurin Bevan University Health Board have raised a number of defects and patient safety hazards which require development work. Several Health Boards have not committed to implementing WICIS before the end of 24/25. Ongoing discussions with Chief executives, Directors of Digital and Clinical Leads.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.5: DIAGNOSTICS

The diagnostic services in Wales are facing challenges due to increasing demand, changes in clinical care, lack of standardisation and scarce expertise. NHS Wales aims to improve service efficiency and effectiveness by reconfiguring services and providing diagnosis closer to the patient. Digital technology is being used to realise improvements in service delivery, patient safety, communication, error rates, costs and use of data which in turn supports artificial intelligence.

- We will roll out the new laboratory information system, while dual running and planning to decommission the current services.
- We will support the configuration and roll out of the new radiology system (RISP).
- We will support the development of the business case for Digital Cellular Pathology.
- We will continue to make available new diagnostics reports via our national repositories



CURRENT PORTFOLIO STATUS:

LIMS2.0: On track for delivery, however there are a number of emerging issues mainly regarding Health Board resource which may impact timelines.
RISP: A revised plan has been received on the 8th March however all Health Boards & Trusts apart from Cwm Taf Morgannwg and Cardiff & Vale University Health Boards have had their Go live dates pushed back, face to face planning meetings have taken place with all Health Boards and Trusts awaiting final plans from supplier to enable go live dates to be agreed..

DELIVERY:

LIMS2.0: The 'Set-up/build' phase is continuing (LIMS config; interface build; DM build), Phase 1 interfaces' system integration testing has commenced, Configuration training is complete (face to face training/exercises/assessments). The Data Migration Task & Finish Group has met and agreed a strategy for migrating data to a Sandpit environment provided to 100+ HBs/Trust staff)
RISP: The eMPI Interface has been deployed to the Sandpit environment, National development of integrations has commenced.

IMPACT:

Better access to test results improving patient care and clinical safety. Improved information sharing across boundaries and solutions for storage and distribution of imaging.

SITUATIONS OF NOTE:

Diagnostics : Health Boards will need to allocate sufficient resources to carry out readiness activities whilst not compromising service delivery.
LIMS2.0: The build schedule extremely ambitious and additional resources are required.
RISP: The revised supplier plan has pushed out all Health Board & Trust go live dates except two Health Boards.

MISSION 2: DELIVER high quality digital products and services

PORTFOLIO 2.6: MEDICINES

Pharmacy Delivering a Healthier Wales 2019, describes 'A transformation which is required to maximise the health gain the citizens of Wales derive from their interactions with the pharmacy profession.' This is coupled with a drive for greater value and finding cost-saving efficiencies.

Q1 APR-JUN 2023 | Q2 JUL-SEP 2023 | Q3 OCT-DEC 2023 | Q4 JAN-MAR 2024

Digital Medicines Transformation Programme (DMTP) Initial Stages of: Single Medicines Record (SMR), Electronic Transfer of Prescriptions (EPS), Hospital e-Prescribing, Patient Access to Meds

CURRENT PORTFOLIO STATUS:

Excellent progress continues to be made across all elements of the portfolio. Planning is underway for DMTP to move to DHCW Management on 1st April 2024. Transition report received by the DMTP Sponsoring Group on 28th March. Programme Senior Responsible owners (SROs) will transition to Programme Oversight Chairs from 1st April.

DELIVERY:

Primary Care Electronic Prescription Service (EPS) Programme: 1,457 prescriptions (3,196 prescription items) prescribed and sent via EPS since November 7th. Assurance to use EPS the GP system and Pharmacy system completed allowing them to be rolled out for EPS in Wales. EPS went live in Plais Menai Surgery with two pharmacy chains on 5th March. Pre-assurance activities underway with community pharmacy suppliers. On going engagement and discovery with GP Out of Hours service and Prison Medical Services.

Secondary Care electronic Prescribing and Medicines Administration (ePMA) Programme: Cardiff and Vale University Health Board (UHB) have signed a contract and Cwm Taf Morgannwg UHB received implementation funding letter and business case approval from Welsh Government. Aneurin Bevan and Hywel Dda UHBs completed standstill periods and have selected preferred supplier. Betsi Cadwaladr UHB concluded their evaluation activities. Powys THB and Velindre NHS Trust evaluation activities completed. Discovery work completed on introducing Closed Loop Medicines Administration (CLMA) alongside ePMA implementations.

Patient Access Project: All EMIS GP Practices onboarded to NHS Wales App. EMIS My Health Online (MHOL) has been stood down. Patients advised to manage their prescriptions via the NHS Wales App. Software development completed on "push ready" notification feature with one supplier completing testing. "Nominate Community Pharmacy" feature is in development and is expected to be available in the App in June subject to NHS England development on API v 3 Service Search feature (expected early April).

Shared Medicines Record (SMR) Project: Testing GP Medicines Application Programming Interface (API) with 2 ePMA suppliers on the national framework. Demonstration of this API working with one supplier well received. Work to migrate patient allergies into the SMR due to be completed by September before first ePMA go live. Decision for SMR APIs to be operationally hosted by the Clinical Data Repository (CDR) received subject to caveats. These caveats being worked through with the National Data Resources (NDR) team.

IMPACT:

Making the prescribing, dispensing and administration of medicines everywhere in Wales, easier, safer, more efficient and effective through digital. Enabling modernisation of medicines management, reducing dispensing errors and improving outcomes.

SITUATIONS OF NOTE:

DMTP SRO's secondment concluded on 29th March with the DMTP Sponsoring Group and DMTP Board disbanded on 1st April. The work of DMTP will be managed by DHCW's Portfolio Management Office (PMO) with accountability transferring to DHCW's Director of Strategy from 1st April. Milestone for persisted SMR for delivery by March 2024 delayed due to dependency on patients demographics feed into Care Data Repository. Delivery re-profiled to June 2024. Any further delays will impact SMR testing timelines.

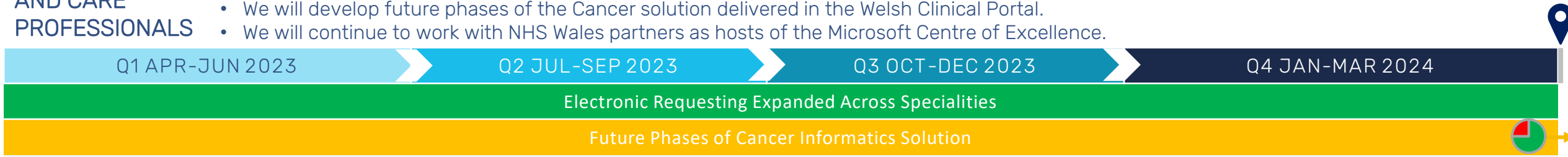
Work commenced to quantify the environmental benefits of EPS in terms of greenhouse gas and emission. Report expected in early April. Work commenced to design and deliver a programme of work to better understand service user and "hard to reach groups" views on engagement for digital health care and how these can be improved.

MISSION 3: EXPAND the digital and care record and the use of digital to improve health and care

PORTFOLIO 3.1: ENGAGING WITH USERS: HEALTH AND CARE PROFESSIONALS

The Welsh Clinical Portal (WCP) shares, delivers and displays patient information from a number of sources with a single log-on, across health boards boundaries, together with key electronic tasks. It is the view through to millions of test results and clinical documents on an all-Wales basis.

- We will expand electronic test requesting.
- We will add new forms to our Nursing Care Record.
- We will develop future phases of the Cancer solution delivered in the Welsh Clinical Portal.
- We will continue to work with NHS Wales partners as hosts of the Microsoft Centre of Excellence.



CURRENT PORTFOLIO STATUS:

Cancer Programme a new solution with mix of screening/colposcopy supplier (MediScan) and eForm for clinic outcome capture. Image acquisition (to new national architecture repository) out of scope for 2024 launch.
Canisc oncology outside Velindre now working on a plan to move off Canisc through 2024, starting June, with October target for single figure read-only user numbers.
Canisc palliative care to launch June through July across Wales, using WPAS and WCP combination with WCWM for caseload management.
Anticoagulation remains with Health Boards for training, ready to launch including send to GP.
Electronic requesting cardiology moved to WCWM for order receipting, endoscopy next with request response capability.

DELIVERY:

Welsh Caseload Worklist Manager has launched for Cardiology request receipting. Caseload management to roll out widely coming months.
WNCR 2.4 upgrade completed, including ability for nurses to re-open assessment.
Radiology ETR v7 including changes agreed in SME User Group, live April 2024.
Cardiology worklist manager in live in CTM, CAV and BCU April 2024. All Cardiology ETR requests now can be viewed and printed in physiology department using Welsh Clinical Worklist Manager.
WRRS and **WCRS** content management being taken forward with virtual team. To a) improve quality of information in the National Operational Databases, and b) work with additional suppliers to acquire more content via existing APIs (e.g. ECGs, Spirometry). Team unfortunately not at the necessary strength, but able to progress the priority objectives.
Microsoft 365 CoE: Completed usability testing and report for the Traumatic Stress Wales app. On the Copilot for M365 trial project A/B testing and drop-in sessions have been held, and the mid-trial update was published to the project board. Migrations of users on the email security project have continued, with most of 'phase II' complete and 'phase III' beginning. The Pexip service will be decommissioned in May, with BCU taking on a temporary local service. Technical preparations for the Viva Engage geo migration are in progress, with a move planned for June.

IMPACT:

More electronic data from other health boards and clinical colleagues ensures more informed decisions. The use of reference data is expected to save significant time and effort for patients referred from Primary Care to hospitals for radiology appointments. The Phlebotomy module will speed up workflow for the diagnostic requestor, phlebotomy service and laboratory. The cardiology form acts as a precursor to other 'ologies and 'oscopies with and without their own informational management systems able to receipt electronic orders. The M365 CoE helps to maximise benefits from significant investment in the all-Wales Microsoft agreement.

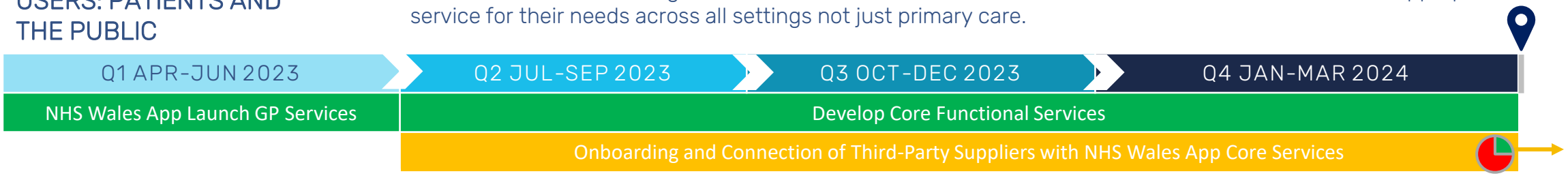
SITUATIONS OF NOTE:

Growth chart UI and functions completed quickly, including use of Royal College API. Interoperability with the new data persistence layer has proven problematic.

MISSION 3: EXPAND the digital and care record and the use of digital to improve health and care

PORTFOLIO 3.2: ENGAGING WITH USERS: PATIENTS AND THE PUBLIC

DHCW is establishing a core platform of digital services for patients in Wales, which will put digital at the heart of patient care. This will provide an online digital platform for citizens that allows them to take control of their own health and well-being, make informed choices about their own treatment and find the most appropriate service for their needs across all settings not just primary care.



CURRENT PORTFOLIO STATUS:

GP Practice onboarding has been completed and the Digital Services for Patients and the Public (DSPP) Programme Board have endorsed the Sustainable Funding business case for submission to Welsh Government. Public communications / operational service dependencies is in progress along with Work Package 10. Planned Care discovery activity has been completed and all GP practices are now onboarded. Progress has been made towards Public Communications Campaign launch (campaign approach and pre-requisite features).

DELIVERY:

We have completed a rapid deployment plan for all GP practices with both GP system suppliers. An Agile Product Delivery Partner Framework Procurement Contract was completed in February 2024 and approved by SHA Board on 28th March 2024. Discovery activity for Planned Care features (including See on Symptoms, Patient Initiated Follow Up and secondary care appointments) has been completed with the Strategic Planned Care Programme. Programme milestones for 2024/25 approved by DSPP Programme Board. Scope and plan for national public communications campaign approved by DSPP Communications Assurance Group and DSPP Programme Board. Work Package 10 initiated and change control confirmed to include additional scope for proxy access linkage key capability in line with Public Beta user feedback. We have commenced recruitment activity for the initial core transition team.

IMPACT:

Enabling enhanced communication and advice between patients and healthcare providers, increase efficiency and convenience, allow patients to give feedback on their care, and enable self-monitoring of health and sharing of data with clinicians. Empowering patients to better manage their health.

SITUATIONS OF NOTE:

Due to competing priorities and the procurement of the Agile Delivery Partner for the NHS Wales App, the procurement for the Third-Party Accreditation Service provider was delayed. The route to procurement for the accreditation service has also been explored and a route has been chosen which will open the opportunity to the market.

MISSION 4: DRIVE better value and outcomes through innovation

PORTFOLIO 4.1: RESEARCH AND INNOVATION

This portfolio focuses on supporting, adding value to and putting on a more secure footing, established and new Research and Innovation (R&I) resources and programmes, whilst taking forward an ambitious, expansive and clinically rich digital strategy for R&I. The Research and Innovation team will work with colleagues across DHCW and with external R&I partners, to help develop the knowledge, innovation and insight required for service improvement, transformation and better health outcomes. Our four strategic aims are described in the DHCW Strategy 2022/23 following requirements gathering, stakeholder engagement and strategy review.

Q1 APR-JUN 2023	Q2 JUL-SEP 2023	Q3 OCT-DEC 2023	Q4 JAN-MAR 2024
Rules of Engagement with Industry Partners		Review of Academic Research Partnership and Develop a Catalogue of Commitments	

CURRENT PORTFOLIO STATUS:

Assets and resourcing: Engagement plans developed to reinforce our position in the ecosystem, with supporting resources developed and acquired (i.e. website, conference and events resources) Ongoing work in respect of supporting the development of bitesize Innovation training with WIDI & Velindre.

Culture: Conversations are underway with Cardiff and Vale UHB, University Wales Trinity Saint David (UWTSD) and Wales Institute for Digital Information (WIDI) to develop Innovation training modules for use across Wales.

Partnership: We continued to contribute and represent at national groups, including: Innovation Leads, Health and Care Research Wales and Life Sciences Hub Wales Partnership Group, Bevan Commission, etc. As part of our engagement, we also scoped potential partnerships with commercial organisations and the Association of British Pharmaceutical Industry partners.

Value and impact: We are providing continued support to Health and Care Research Wales (HCRW) to scope potential support for clinical trials. We developed and issued a proposal at the end of Q4 for how we would develop a service within DHCW to support Find Recruit and Follow up and are working with HCRW teams to progress this where possible. The next phase involves scoping a clinical trial recruitment service, in collaboration with SAIL and HCRW to expand the datasets made available under Find Recruit Follow up, to include primary care data which would be funded through the voluntary scheme for branded medicines pricing, access and growth (VPAG) programme.

DELIVERY:

The R&I Find, Recruit & Follow up paper was approved by SHA Board and sent to Welsh Government for review and approval. We have presented to the Association of British Pharmaceutical Industry and have explored opportunities to collaborate.

IMPACT:

Processing, analysis and application of data to solve real health problems and ultimately derive value from that data.

SITUATIONS OF NOTE:

Additional resourcing to support long term delivery would be beneficial. We are negotiating funding to secure additional resources and opportunities.
Additional support is required for legal review; potential support has been identified through shared services and HCRW Legal support.

MISSION 4: DRIVE better value and outcomes through innovation

PORTFOLIO 4.2: VALUE FROM DATA

This Portfolio focuses on the full life cycle of data from the acquisition of existing and future data, the analysis of data to provide intelligence for informed decision making, through to initiating actions that provide value through improvement in service delivery and population health. The initial focus will be on the development of the Information and Analytics Strategy which will inform both business as usual activities as well as ongoing and future development. Using safe, secure, sharing within current information governance requirements we will look to make available the wealth of data that is currently acquired to achieve this mission

CURRENT PORTFOLIO STATUS:

All milestones for 2023/24 were delivered, and new milestones have been created for 2024/25 to support the value from data portfolio.

DELIVERY:

There has been further development of the Primary Care Information Portal (PCIP) which has generated additional benefits to GP Practices, Health Boards (HBs) and Welsh Government (WG).
Additional tiles have been added to the Health Board (HB) dashboard section of PCIP providing a useful overview of their Practices for key indicators and prompt updates. Reports for the National Respiratory Audit Programme (NRAP) Module have been made available.
This audit module aims to improve the quality-of-care services and clinical outcomes for people with respiratory disease (including Asthma and COPD).
The Quality Improvement Framework (QIF) 2023-24 tile was added, enabling Practices to upload the 3 templates/posters required as evidence of completion of QIF by the year end. An additional module was released for Practices to make their year-end Access Standards submissions. This module enables HBs to review and sign off the submissions made by Practices.
We have constructed the Cancer Dataset Data Quality Dashboard to explain and illustrate data quality issues, which will be a valuable tool that HBs can use to validate and improve their data. We have completed the re-design of two Cancer Information Framework reports in association with several HBs. These are the Patients Treated report (redesigned Saff report) and Patient Diagnosed report (redesigned Cancer Standards report). These have been disseminated in Excel and SQL view formats, to be supplemented with Power BI paginated reports for non-technical users, providing new cancer eform data to wider audience.
Three members of the Health Intelligence team have become Safe Research accredited with the Office of National Statistics, which lasts for 5 years, allowing these individuals to analyse census data within Secure Anonymised Information Linkage Databank (SAIL).
The Getting It Right First Time (GIRFT) metrics have been published in the Hip Dashboard, which will improve analysis and understanding for clinicians.
The Spinal Dashboard has been approved and is ready for publication, with the stakeholders being DHCW, Value in Health programme, WG, HBs, & the Spinal team.
All requirements for the spring booster were completed on time, identifying the correct cohorts of people for vaccination.

IMPACT:

Data gets processed, analysed, communicated and applied to real health service problems, allowing informed decision making and actions to be taken which ultimately bring value.

SITUATIONS OF NOTE:

No situations of note for this reporting period.