DHCW Major Programmes Assurance Reports December 2025

Contents

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.

AUDIT+ REPLACEMENT (AR)

Manager	Submitter	Reporting End Date	Report State
Claire Chalmers	Steed	31/12/2025	☑ Final

RAG Type	RAG	Narrative
Overall	NA	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: • 3*rd* party Workstream (IM1.2 Delivery & Cloud Platform integration) • Information Governance • GMS Data Platform • Analytics and Reporting • Project (including comms and stakeholder engagement)
Timelines	NA	
Quality	NA	
Resources	NA	

Narrative Type	Narrative
Progress Since Last Reporting Period	First Governance & Assurance meeting held 4th December 2025. RAG status of project is currently at grey whilst planning is undertaken following a further 12-month extension to Audit+. Revised proposed project end date is April 2027.
Planned Work for Next Reporting Period	Authority to initiate the project will be revisited at the upcoming January 2026 Governance & Assurance meeting. Continue re-planning inc. 26/27 Integrated Medium-Term Plan (IMTP) milestone creation.

Escalated	ID	Category	Destination	Escalation

BRIDGEND TRANSITION PROGRAMME (BTP)

Manager	Submitter	Reporting End Date	Report State
Kimberly Chapman	Lucy Evans	31/12/2025	☑ Final

RAG Type	RAG	Narrative
Overall	NA	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.
Timelines	NA	
Quality	NA	
Resources	NA	

Narrative Type	Narrative
Progress Since Last Reporting Period	The formal Lessons Learnt Report has been finalised and shared with DHCW Senior Responsible Officer for approval. This will be shared alongside the formal Project Closure Report with the Portfolio Oversight Management Board. Ownership for cyber security and information governance assurance and risk management for the ongoing use of the Pre-Production Test Environment has been transferred from the project to the WelshPAS Senior Product Specialist.
Planned Work for Next Reporting Period	Submit the approved Project Closure Report and Lessons Learnt Report to the DHCW Portfolio Oversight Management Board for agreement to formally close the programme of work.

Escalations

Escalated	ID	Category	Destination	Escalation

Finance

Bridgend Transition (including WelshPAS System Disaggregation)	**Capital £K**	**Revenue £K**	**Total**
Annual Budget	0	1,385	1,385
Annual Forecast	0	1,314	1,314
Spend to Date	0	992	992

CLOUD TRANSITION PROGRAMME (CTP)

Manager	Submitter	Reporting End Date	Report State
Sarah Murphy	Sarah Murphy	12/31/2025	✅ Final

The Cloud Transition Programme is being initiated under the remit of the Digital Delivery Team's portfolio.

The Programme's primary objective is to plan and coordinate the migration of DHCW services to Cloud.

RAG Type	RAG	Narrative
Overall	AG	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.
Timelines	AG	Infrastructure Delivery Network as a Service (NaaS): before anything can migrate, a new infrastructure circuit (provisioned by BT) will need to be commissioned. This is on track to complete at the end of Dec-25. Infrastructure Designs: the Azure High Level-Design (HLD) for the platform, is in the final stages of approval, Google Cloud Platform (GCP) elements are in planning and will follow. Work on the Low-Level Design (LLD) and subsequent implementation of the underpinning infrastructure started on 15-Dec-25, expected to complete by end of Feb-26. Security work package commenced to develop security HLD and LLD, this is running in parallel with the infrastructure LLD work.

		Migration and Optimisation An expert supplier is required to support migration waves; procurement is underway with Welsh Government approving the procurement briefing paper this month. Invitation to Tender (ITT) issued 15-Dec-25, closing on 15-Jan-26 with period of evaluation and approvals to follow. We are targeting SHA Board in Mar-26 to approve contract award in Apr-26. The first wave of applications is scheduled for Mar-26 and will proceed without the support of the Migration Support supplier. However, we will leverage Microsoft's Cloud Migration Factory to assist with migration activities The list of applications is being refined based on application readiness, currently c.15 in scope focusing on lower complexity migrations. Organisational Change A supplier has been onboarded and is working on multiple workstreams through to Sep-26, this is on track with first deliverables due by 19-Dec-25 focussing on operating model, training strategy and programme governance.
Quality	G	All workstreams are being supported by expert suppliers to validate plans and ensure benefits are realised. - Infrastructure Delivery is supported by TPX Impact (HLD & LLD), KPMG (Security) - Migration and Optimisation is supported by Trustmarque (Test Strategy) and [Not yet awarded] (Migration Support). - Organisational Change is supported by Channel 3 and Capacitas. All work is being assured by the relevant internal Digital Health and Care Wales (DHCW) functions i.e. Welsh Informatics Assurance Group (WIAG) and Technical Design Authority Group (TDAG). Both Microsoft and Google have reviewed HLD drafts. Milestones for FY 25/26 have been created and submitted via the DHCW planning process.
Resources	AG	Phase 2 recruitment progressing, roles in the infrastructure teams is highest priority so we can increase technical capacity and provide strong support to the Migration Support supplier once appointed. - Infrastructure Architects x 5 in recruitment process with 2 x offers made - Infrastructure Engineer x 1 in recruitment Senior Business Analyst to support benefits realisation interview scheduled 18-Dec-25 Principal Project Manager (Agency support) appointed for 6 months to increase capacity

		- Principal Project Manager x 2 and Project Manager x 1, Project Support Manager x1 (internal DHCW) appointed to support critical workstreams - Head of Cloud Platform appointed, commencing Jan-25 - Business Change Manager appointed

Narrative Type	Narrative
Progress Since Last Reporting Period	Infrastructure Delivery - Delivery date for NaaS confirmed - Azure Infrastructure designs (HLD) in final stages of approval and worked commenced on LLD with several supplier workshops held. - Security supplier secured (KPMG) providing cloud security design and assurance, including architecture reviews, threat management, and compliance alignment. Migration and Optimisation - Continued engagement with application teams for Wave 1 migration candidates. Technical checklists and server details progressing to support costing and planning. - Welsh Government approval of the procurement briefing paper which has enabled us to issue the ITT for the procurement of the Migration Support supplier. - Existing Azure workloads have been migrated onto the new Microsoft Cloud Agreement (MACC) delivering savings of up to 24% from list price. Organisational Change - Supplier on boarded and working on first deliverables due by 19-Dec-25 focussing on operating model, training strategy and programme governance. Recruitment - Principal Project Manager (Agency support) appointed for 6 months to increase capacity - Principal Project Manager x 2 and Project Manager x 1, Project Support Manager x1 (internal DHCW) appointed to support critical workstreams - Head of Cloud Platform appointed, commencing Jan ‘25 - Business Change Manager appointed Finance - Forecasts refined with agreed position on capital/revenue classification. Other - Supplier “Away Day” event held with all onboarded suppliers to ensure collaboration and alignment on strategic outcomes.

Planned Work for Next Reporting Period	Infrastructure Delivery Complete the Low-Level Design (LLD) and implementation work, including the security components. This will confirm readiness for Wave 1 migration and provide detailed clarification on critical infrastructure, security measures, and key checkpoints. Migration and Optimisation - Close ITT for Migration Support Supplier, conduct supplier evaluations and proceed to approval to SHA Board Mar-26. - Continue sprints for Wave 1 migration candidates, refining approach based on application readiness. - Review Dr Migrate (migration planning tool) data including system dependencies to support Wave 1 migration. - Finalise the Test Strategy with partners against specification. Organisational Change Continue work with supplier to complete the agreed deliverables across workstreams through to end of Sep-26. Recruitment Progress roles in Phase 2 recruitment process through to appointment. Finance Finalise year end position with finance colleagues.
Route to Green	Complete high priority recruitment and appoint Migration Support supplier to provide capacity and capability to deliver at pace.

Escalations

Escalated	ID	Category	Destination	Escalation

Finance

Cloud Adoption Programme	Capital £K	Revenue £K	Total
Annual Budget	1400	1,600	3,000
Annual Forecast	929	1,283	2,212
Spend to Date	386	523	909

CONNECTING CARE (CC)

Manager	Submitter	Reporting End Date	Report State
Phil Ransome	Sarah Weston	31/12/2025	☑ Final

RAG Type	RAG	Narrative
Overall	AR	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
Timelines	AR	Milestones remain challenging and have been moved due to the delays in funding confirmation.
Quality	G	Programme outcomes remain clear and consistent. Operational service stable
Resources	AR	The challenge of standing up resources and accelerating again given where we are in the year remains despite the funding availability.

Narrative Type	Narrative
Progress Since Last Reporting Period	Integrated Care Record: Recruitment into key roles to support project. Planning for 'health' workshops as part of assuring our discovery findings so far is underway. Digital and Data Design : This project has been superseded by new deliverables arising from the MH Strategy. Once the National Mental Health Digital and Data Delivery Plan has been approved by the Strategic Programme, detailed implementation plans will be developed by the organisations leading on key deliverables. Resources will be identified, and funding arrangements will need to be agreed. Community and Mental Health implementation: Funding (capital and revenue) has been agreed and distributed to Health Boards for remainder of 25/26. Procurement approach agreed, with ITTs issued by ABUHB, BCUHB, CTMUB and PTHB. Announcements awaited for all. SBUHB has awarded a contract to Access Group (Rio) for an interim solution. Collaborative work with Primary Care to support cluster requirements which have been validated by national cluster lead. Revised programme governance created and presented. Exit : Continued support for Health Boards in negotiations with

	OneAdvanced around draft Exit plans, proposed Exist costs and extended support. Data migration in progress.
Planned Work for Next Reporting Period	Integrated Care Record: Recruit to the remaining roles in the team. Finalise architecture, infrastructure and NDR internal support. Finalise planning for the 'assurance' workshops. Develop draft OBC. Digital and Data Design: Analysis of responses from Health Boards for their Mental Health Digital and Data Maturity assessment. Community and Mental Health implementation: Assess inclusion for additional requirements for Primary Care Clusters and Lymphoedema network and take recommendation to Programme Boar. Initiate procurement activities with Hywel Dda UHB. Exit : Agree exit plan with existing supplier and Health Boards and confirm associated costs.
Route to Green	Identified team to be created to initiate the work.Confirmation of funding beyond March 26. Clarity on Exit plans achieved with agreements in place

Escalations

Escalated	ID	Category	Destination	Escalation

Finance

WCCIS	Capital £K	Revenue £K	Total		Connecting Care	Capital £K	Revenue £K	Total
Annual Budget	0	563	563		Annual Budget	0	4539	4,539
Annual Forecast	0	563	563		Annual Forecast	0	4539	4,539
Spend to Date	0	350	350		Spend to Date	0	2363	2,363

ELECTRONIC PRESCRIBING AND MEDICINES ADMINISTRATION (SECONDARY CARE) (EPMA)

Manager	Submitter	Reporting End Date	Report State
Louise Gregory	Laurence James	31/12/2025	☑ Final

The overall purpose of the ePMA programme is to: “Enable implementation of electronic-prescribing and medicines administration solutions in every ward in every NHS hospital across Wales”.

The main objective is to support local procurement and implementation of hospital e-prescribing and medicines administration (ePMA) systems across all secondary care settings in NHS Wales that build on a set of common open standards and principles that provide end-to-end e-prescribing secondary care capabilities together with interoperability with other care settings in Wales and the Shared Medicines Record. The capability to transfer outpatient prescriptions electronically to community pharmacists is included.

RAG Type	RAG	Narrative
Overall	AG	• 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. • 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.
Timelines	AG	• This is "amber-green". Three health boards have delayed their ePMA go live dates which were planned for quarter 3. Migration of patient allergies and intolerances from legacy data repository into the SMR is scheduled for quarter 4 2025.
Quality	AG	An ePMA supplier (Nervecentre) on the national framework is currently unable to integrate with the SMR. Timelines for enabling this full integration by the supplier are to be confirmed. Until SMR integration is enabled, medicines, allergies and intolerances recorded in this ePMA system will not be written to the SMR.
Resources	AG	Programme budget for financial year 2025-26 confirmed. Recruitment commenced to replace recently vacated Programme Manager position.

Narrative Type	Narrative
Progress Since Last Reporting Period	• 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 (using Better ePMA) 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.
Planned Work for Next Reporting Period	• Health boards and Velindre Cancer Centre to progress onboarding to the Shared Medicines Record (SMR) Application Programming Interface (API) to test reading and writing of medicines, allergies and intolerances data with the SMR as the consolidated record. • Delivering national integrations to enable health boards and Velindre Cancer Centre and their ePMAs to integrate with the national architecture, to commence their go lives, and to share medicines, allergies and intolerances information with the SMR. • Migrate patient allergies and intolerances data from legacy data repository into the SMR. • CAV UHB to extend their ePMA implementation to the University Hospital Llandough • CTM UHB to commence their ePMA early adopter • Powys THB to commence their ePMA early adopter

Escalations

Escalated	ID	Category	Destination	Escalation

Finance

EPMA	Capital £K	Revenue £K	Total
Annual Budget	0	1,199	1,199
Annual Forecast	0	1,459	1,459
Spend to Date	0	1,104	1,104

ELECTRONIC PRESCRIPTION SERVICE (PRIMARY CARE) (EPS)

Manager	Submitter	Reporting End Date	Report State
Lucy Evans	Laurence James	31/12/2025	☑ Final

Seamless primary care e-prescribing capabilities - Establishing a seamless digital communication and sharing of prescription information between prescribing and dispensing systems from GPs and non-medical prescribers to a community pharmacy of choice, including the necessary business change to adopt new ways of working. This capability will be delivered via the Primary Care Electronic Prescription Service (EPS) Programme.

RAG Type	RAG	Narrative
Overall	AG	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.
Timelines	AG	EPS GP-led implementation scheduled currently continues as planned with implementation schedule produced until November 2026.
Quality	G	Status is “green” because a Dispensing Doctor first of type has been identified.
Resources	AG	Recruitment completed to return to full complement. Status will return to "green" when new appointee commences role.

Narrative Type	Narrative
Progress Since Last Reporting Period	- Since November 2023, 12.4 million prescription items have been claimed through the Electronic Prescription Service (EPS). - In total, EPS is being used by 135 (37%) GP practices, 545 (80%) Community Pharmacies and 4 (100%) of Dispensing Appliance

	Contractors (DACs) to digitally send and receive prescriptions, benefitting 543k patients. - Between October – December 2025, 5.3 million prescription items were claimed through the EPS, with 21 GP practices and 38 community pharmacies starting to use EPS. - 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 (UPC) settings
Planned Work for Next Reporting Period	- Continue with GP EPS implementation schedule - Complete software development to the system used in secondary care Urgent Primary Care (UPC) settings to enable prescriptions to be sent digitally through EPS to a patients nominated community pharmacy and complete first of type testing. - Securing Business as Usual (BaU) funding to operationally support EPS as a national service. - Complete software development to the GP-EPS enabled system to enable EPS use for patients who do not nominate a pharmacy, to facilitate one-off pharmacy nomination and to enable geographical searching of EPS-enabled community pharmacies
Summary of Issues	Business Case for transitioning EPS to a Business as Usual (BaU) service submitted to Welsh Government. BaU funding to be secured.

Escalated	ID	Category	Destination	Escalation

Finance

EPS	Capital £K	Revenue £K	Total
Annual Budget	0	2,286	2,286
Annual Forecast	0	2,373	2,373
Spend to Date	0	1,646	1,646

DIGITAL SERVICES FOR PATIENTS AND THE PUBLIC (DSPP)

Manager	Submitter	Reporting End Date	Report State
Karla Scott	Rachel Carvell-White	31/12/2025	☑ Final

Digital Services for Patients and Public has been set up to revolutionise how people in Wales access care and manage their own health and well-being. Initially, the programme will develop a gateway application (App). There are several phases including private beta testing, soft launch then a live release to the public when delivery and support is assured.

RAG Type	RAG	Narrative
Overall	AR	* 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.
Timelines	AR	* 2025/26 plan agreed. Detailed planning in progress for each feature /deliverable. Dependencies identified and being managed. * Communications campaign paused by Welsh Government. * Digital Documents delivery plan in progress but deployment approach to be confirmed. * Waiting list referrals and hospital appointments live for 6 Health Boards in October, with CAV live in January. * Nominate Pharmacy, View Digital Prescription and View Prescription status delayed by dependencies on NHS England for Service Search onboarding. Implementation plans to be confirmed. * Shared Medicines Record integration technically complete. User interface design scheduled for Q4 2025/26. * Patient Captured Data additional discovery required.
Quality	AG	* Digital Documents assurance activity pending approval. * Clinical review in progress for Shared Medicines Record.
Resources	AR	* 2025/26 budget allocation confirmed. * Revenue for capital exchange confirmed with Welsh Government. * Verbal confirmation of continued recurrent revenue core / BAU funding for 2026/27 * Risk on forward funding allocation (capital / DPIF) based on annual roadmap proposal. * Full internal development team appointed. * Review of team structure in progress. * Additional recruitment delayed.

Narrative Type	Narrative
Progress Since Last Reporting Period	*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.

	* A Show and Tell was run with key pharmacy stakeholders to provide overview of current NHS Wales App live Digital Medicines features and provide a progress update on new feature development for 2025/26. * The development has been completed for Nominate Pharmacy, View Digital Prescriptions and View Prescription Status, however revised implementation to be prepared for January 2026 board meetings. * Integration with the Shared Medicines Record has been developed (pending clinical assessment of data presentation for patients) *Agreement reached for the Digital Documents feature to enable clinical notes from Welsh Clinical Portal to be shared via NHS Wales App. *Patient Captured Data discovery completed 18th November 2025. Further discovery work has been recommended. *Phase 2 of the Accreditation Process successfully deployed to allow Organisations with agreements with DHCW and Products or Services commissioned by one or multiple Health Boards to request that services they have built can be added to the Discover Other Health and Care Services Portal. * NHS Wales App team investigations have identified a software resolution for Authorised access feature; pending testing. * Agile Delivery Partner Delivery Increment 9 parts 1 -3 and Delivery Increment 10 were commissioned and completed. *Recommendation made to Programme Board to close Programme and instigate early transition to business as usual, under new Product Management arrangements. Product Governance arrangements prepared for consultation with DHCW Executive Directors and DSPP Programme Board. * Commenced submission of weekly milestone reports to DHCW Corporate Governance for consultation with Welsh Government.
Planned Work for Next Reporting Period	* NHS England dependencies to be finalised and implementation plans agreed for Nominate Pharmacy, View Digital Prescriptions and View Prescription Status. * User interface redesign complete for viewing information from Shared Medicines Record. * Agree the scope of further expansion for waiting list referrals and hospital appointments with Health Boards. Complete the development, testing and validation of the new Cardiff and Vale UHB message flow and deploy functionality for chosen GP Practice outpatient referrals. * Extend the use of Digital Documents (WCP Clinic Notes) *Draft a clear scope for Patient Captured Data future discovery activity to inform a new IMTP milestone date. Seek Board approval of new date. * Discover Other Health and Care Services Accreditation process to be updated to allow 3rd party well-being services to be added to web portal. * Undertake Agile Delivery Partner Delivery Increments 11 and 12. * Finalise 2026/2027 delivery plan proposals for approval by Welsh Government. * Programme closure and transition to product management arrangements.

Route to Green	* 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
Summary of Issues	* ISS-1178 Digital Documents requirements to pilot the feature with an Health Board IF the DSPP programme cannot reach a consensus with an Health Board to pilot the feature for the alpha phase THEN The programme may not be able to deploy the feature live for use in the app aside deployment in UAT RESULTING IN missed Welsh Government milestone and Availability of the feature in the App * ISS-1121 Digital Documents Delivery Plan Discovery activity has been delayed / extended. The discovery outcomes indicate a tactical solution would bring limited value, so re-planning with CDR / WCRS is required to confirm delivery timescales for the strategic solution ISS-1133 NHS Wales App - Nominate a Pharmacy: Service Search API v3 Production Environment Availability * IF the production (live) environment of the NHS England 'Service Search API V3' is not made available THEN The NHS Wales App will be unable to onboard to the 'Service Search API v3', RESULTING IN a delayed go live for the Nominate a Pharmacy feature once development is complete, meaning patients are unable to nominate a pharmacy in the NHS Wales App to receive their Electronic Prescription Service prescriptions. This could also potentially cause a breach of IMTP Milestone 4828.

Escalations

Escalated	ID	Category	Destination	Escalation

Finance

DSPP DPIF	Capital £K	Revenue £K	Total		DSPP Core	Capital £K	Revenue £K	Total
Annual Budget	0	3486	3,486		Annual Budget	0	2690	2,690
Annual Forecast	0	3,832	3,832		Annual Forecast	0	3,130	3,130
Spend to Date	0	2,751	2,751		Spend to Date	0	2,727	2,727

GP SYSTEMS MIGRATIONS

Manager	Submitter	Reporting End Date	Report State
Claire Chalmers	Jayne Steed	31/12/2025	☑ Final

Following mini-competition outcomes, and INPS's business decision to withdraw from Wales, there is a need for a significant number of GP Clinical System migrations from OneAdvanced/Vision to Optum/EMIS Web.
A 2-Phase Migration Plan has been produced and endorsed by the GMS Board and health board deployment orders align to this schedule.
The main objective when implementing the Migration Plan will be to migrate existing OneAdvanced/Vision practices and their data to Optum/EMIS Web in line with core requirements and with minimal impact to practices (sustainability concerns) and their patients.

RAG Type	RAG	Narrative
Overall	G	129 practice migrations have successfully completed their transfer to date.
Timelines	G	25/26 milestones are agreed. 26/27 Implementation Complete milestone is on track for end of May 2026.
Quality	G	Scope of transfers has been defined.
Resources	G	No resource constraints to report for the period.

Narrative Type	Narrative
Progress Since Last Reporting Period	Clinical system migrations are progressing with a total of 129 practice migrations successfully completed to date (26th December 2025). A total of 123 Practices have achieved stable operations (as of 26th December 2025).

Planned Work for Next Reporting Period	Continue migrations in line with the current 2-Phased Migration Plan. Third party supplier has confirmed that existing infrastructure capacity is sufficient to allow migrations to continue without any impact. We continue to monitor their infrastructure capacity increase delivery plan.

Escalations

Escalated	ID	Category	Destination	Escalation

INTEGRATION HUB (IH)

Manager	Submitter	Reporting End Date	Report State
Jordan Walkley	Jordan Walkley	31/12/2025	☑ Final

Building in-house integration solution to replace third-party integration tool- Fiorano.

RAG Type	RAG	Narrative
Overall	AG	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.

Timelines	AG	RAG is amber-green due to delays in onboarding internal staff to the product due to upskilling required. This has potential implications to the forecast roll off date for our delivery partner, being reviewed. Currently in Private Beta phase, mapping for future phases has started, upskilling of internal teams and health board testing will be main impact on timelines – this will be mapped appropriately as we move through project phases. Introductory training for internal teams completed in Q2 2025/2026, with plan to onboard to Integration Hub product following this, but has not been possible and onboarding dates re-forecast. Product team continue to create backlogs for future phases - giving clearer idea of scope and timelines for migration of flows, although health board testing could become a blocker - currently trying to mitigate this through early engagement. Stakeholder engagement has commenced for prioritised workflows for migration. Plans to work closely with Swansea Bay and Cardiff and Vale to ease pressure of health board testing early next year. Meetings on this have taken place, but due to conflicting priorities across NHS Wales, have been unable to move this forward. Ongoing discussions around funding as project moves into Public Beta, and understand best approach given the current hybrid team set up to and ensure sufficient pace of development and upskilling of internal staff. This will be discussed in further detail early 2026.
Quality	G	Planning work ongoing with product team to map migration of flows which will define scope and quality for next phase, also engaging with health boards to mitigate any testing blockers, currently, there are many interdependencies to consider, current approach is to continue with development of flows, onboarding health boards when they are ready to test. In person workshops with health boards to discuss easing pressures of testing as we progress, to take place early 2026 - this is due to winter pressures across NHS Wales. Rationalisation of workflows being built into the solution, so that footprint can be reduced, there are also discussions around use of APIs for certain flows, these are yet to be defined, discussions with teams are ongoing.
Resources	AG	RAG is amber green due to delays in onboarding internal staff, and challenges in the recruitment for key roles required to backfill delivery partner colleagues. Internal development roles required in the team – recruitment underway to fill resource gaps within the project.

Narrative Type	Narrative
Progress Since Last Reporting Period	- Private Beta is progressing and work to deliver flow running in production environment in during early Q4 2025/2026 continues. - Assurance activities and subsequent development of documentation continuing in readiness for go-live approvals. - Current work package with delivery partner running until 5th January 2026, with plans to renew work package until 20th February 2026, continuing work with delivery partner as part of a hybrid team. - Internal resource plan mapped with area leads, to ensure product ownership shifts to internal teams. - Population of backlogs for future flow rationalisation and migration ongoing, with priorities constantly being assessed and being approached in agile development methods.
Planned Work for Next Reporting Period	- Continued assurance activities for Welsh Informatics Assurance Group (WIAG), Operational Service Board (OSB) and Change Advisory Board (CAB) sign offs. - Disaster recovery testing and failing over between regions. - Go live of first flow to production (Public Health Wales to Master Patient Index (MPI) inbound) - Upskilling and onboarding of internal Integration Services and Testing teams to product. - Continued development of next set of flows, message storage and monitoring solution rework post go-live of first flow.
Route to Green	- Increase confidence of onboarding of internal staff to Integration Hub - Increase confidence in health board ability to test within project timescales

Escalations

Escalated	ID	Category	Destination	Escalation

LABORATORY INFORMATION MANAGEMENT SYSTEM 2.0 (LIMS 2.0)

Manager	Submitter	Reporting End Date	Report State
Jon Savill	Alison Maguire	31/12/2025	☑ Final

LIMS 2.0 Programme invoked contingency plan in April 2023 and signed contract with legacy supplier (InterSystems) in August 2023.

LIMS 2.0 (Contingency plan) will upgrade legacy national LIMS (TrakCare Lab 2016), which is end of life in June 2025, to their new/supported LIMS product, TrakCare Lab Enterprise (TCLE). The existing NHS hosted infrastructure will be replaced by an ISC hosted infrastructure.

RAG Type	RAG	Narrative
Overall	R	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
Timelines	R	RAG status remains RED. This is due to: extension of User acceptance testing (from 2 to 14 months); mitigation plan delays extending programme to March 2026 (and increasing risk of extending beyond March 2026) 18 month delay in migrating legacy Blood Transfusion data from legacy systems; changes to deployment schedule (increasing the amount of parallel deployment activities, further compressed due to reduced Tranche 1 scope); all programme contingency eliminated.
Quality	AR	RAG status remains AMBER/RED. This is due to the number of open defects and the % of test scripts passed (83% - all disciplines). Unresolved issue with aliquot functionality that may impact Blood sciences go live due to condensed timelines (completing 4-year planned programme of work in 2-years).
Resources	R	RAG remains RED due to condensed timelines (4-year programme of work, reduced to 2-years). In addition, due to the parallel activities required before the 1st go-live (UAT/Data Migration/Training). Resource shortfalls continue to be escalated, programme will not complete by the end of March 26 as a result additional costs are significant.

Narrative Type	Narrative
Progress Since Last Reporting Period	- Tranche 1 data migration signed-off (bulk load/trickle feed - BioChem/CellPath/Cervical Screening data) - Tranche 2 UAT + Cutover Qualification/Validation complete (CellPath/Andrology disciplines) - and all documents approved - Tranche 2 deployment/roll-out schedule confirmed - Testing / defect resolution continued (focus on Tranche 2 & 3 defects) - Preparation for Tranche 2 deployment continued (with focus on 1st site deployment: SBU - CellPath/Andrology disciplines) - Paper detailing extending programme into FY26-27 (risks/issues/costs) presented to DHCW Exec, LIMS Programme Board & Directors of Digital

	- LIMs supplier have provided revised timelines for Tranches 3,4 & 5 (draft correction plan)
Planned Work for Next Reporting Period	Commence Go lives for Tranche 2: (SBU - CellPath/Andrology) - Continue fix of Tranche 3 (Severity 1 & 2) defects - Finalise Tranche 3, 4 & 5 plans - Directors of Digital to escalate the programme overrun within their own HBs and share programme extension paper with HB/Trust CEOs
Route to Green	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
Summary of Issues	Given the current timeline and the remaining scope of work, the LIMS Programme Board view is that implementation of all tranches/disciplines within 2025/26 is no longer considered feasible. The delivery timetable is forecast to extend to the end of Q1 2026/27, and the costs associated with the delay are significant

Escalations

Escalated	ID	Category	Destination	Escalation
Oct 25	ESC-96	Assure	POMB & PDC	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.

Finance

LIMS 2.0	Capital £K	Revenue £K	Total
Annual Budget	3,055	2,127	5,182
Annual Forecast	3,131	2,454	5,585
Spend to Date	1,614	1,617	3,231

MICROSOFT 365 ENTERPRISE AGREEMENT RENEWAL

Manager	Submitter	Reporting End Date	Report State
Thomas Lyne	Shruti Chauhan	12/31/2025	☑ Final

RAG Type	RAG	Narrative
Overall	AG	Continuing to make good progress on the project, but with a key dependency on a successful negotiation.
Timelines	AG	Key dependency on Microsoft to clarify the allocation of licence profiles.
Quality	G	n/a
Resources	AG	There could potentially be a need to procure additional resources depending on the specifics of the new deal.

Narrative Type	Narrative
Progress Since Last Reporting Period	Significant progress since the last quarter including completion of Discovery, signing of Work Package 2 with Livingstone to support the optimisation of Discovery numbers and to negotiate a new deal with Microsoft. Commencement of negotiations Microsoft. Have now come back with a proposed offer following NHS Wales requirement submission around license types. Microsoft have provided a commercial proposal which aligns with significant additional investment in innovation (M365 Copilot, growth in Power Platform and some Windows 365). Following feedback, Microsoft have provided, on 3rd January, a revised proposal, featuring a phased implementation. DHCW have received the proposed licence volumes and Trustmarque have received the proposed unit pricing. Livingstone are currently analysing the proposal with respect to meeting the operational demands (as per the Discovery) and the cost. The revised Microsoft proposal includes the agreed three profiles (Frontline Worker, Advanced Clinical and Information Worker), but the

	applicability of each profile remains unclear. An update has been sought as of 05/01/2026. An additional project board meeting has been scheduled for 15th January 2026 finalise the recommended option. There is a significant risk that a finalised commercial proposal would not be ready ahead of the 15th January, but the project is continuing to push towards this timeline. Milestone 7: Final proposed EA details shared by Microsoft to NHS Wales by 09/01 currently at risk Milestone 8: Project Board decision on recommended Enterprise Agreement decision by 15/01 currently at risk due to clarifications being sought from Microsoft.
Planned Work for Next Reporting Period	-Analysis of revised proposal. -Clarification of profile applicability. -Finalise volumes (each organisation, by profile). -Finalise forecast of cost per organisation for each option -Finalise Business Case with the updated numbers -Workshop scheduled with Microsoft w/c 12/01 to incorporate social value elements including exploring skills, digital inclusion, and sustainability into the Business Case.
Route to Green	Response back from Microsoft to agree on the final numbers.

Escalations

Escalated	ID	Category	Destination	Escalation

NATIONAL DATA RESOURCE (NDR)

Manager	Submitter	Reporting End Date	Report State
Surinder Grewal	Marie Jones	31/12/2025	☑ Final

The National Data Resource (NDR) is designed to bring together health and care data across Wales, ensuring that patient information is accessible, secure, and used ethically to improve patient care. By keeping patients at the heart of what we do, the NDR maintains transparency and accountability, and supports the values of NHS Wales.

RAG Type	RAG	Narrative
Overall	AG	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.
Timelines	AG	The NDR is both a programme and a live platform. Since September programme resources have been diverted to urgent priorities, namely NHS Wales App appointments and referrals, and Maternity system integrations. This urgent additional work has impacted planned delivery. Of the 13 Programme milestones due at the end of Q3/Dec 25, 6 have been achieved, 7 have been reforecast or change controlled.
Quality	AG	Operational Services are stable. Interim Programme Governance arrangements remain in place.
Resources	AR	During this period the programme has experienced unprecedented resource constraints such as changes to team structures, vacancies, sickness and other absences.

Narrative Type	Narrative
Progress Since Last Reporting Period	NDR Programme has live platforms which make up its core services; Care Data Repository, National Data & Analytics Platform and the Secure Data Environment. It also supports the delivery of other services such as Enterprise API Management, National Terminology Service and GitHub GIG Cymru which have been maintained alongside the delivery of planned programme activity. Care Data Repository has progressed work to support (1) The migration of Allergies Data into CDR which is required by the Electronic Prescribing Medicines Administration. (2) Diagnostics/Pathology work has progressed into User Acceptance Testing on the CDR side, refinement of the message handling continues whilst dependencies are delivered by the internal team of DHCW. In addition to programme delivery activity the Care Data Repository team has delivered live encounters / appointments data integrations to the NHS Wales App and Admit Discharge Transfer data integrations to

	local maternity implementations, both in response to urgent priority requests. The National Data & Analytics platform has:- (1) Worked with GCP Partner to support the implementation of GCP Dataplex as National Data Catalogue. (2) Completed the discovery work for the replacement solution of the in-house data dictionary. (3) Finalised the work package scope with a GCP partner for accelerating Looker offering and commenced commercials The NDR capability Service (Advanced Analytics) continues to develop and deliver across multiple products. (1) The Analytics Learning Programme for Leaders course is fully developed and delivery of the next cohort has initiated. (2) Accreditation routes for the Analytics Learning Programme are progressing well with 3 of 5 modules now CPD accredited and UWTSD accreditation is imminent. (3) Community building continues through Viva Engage, and Virtual Learning Environment (VLE) structure and content building continues. Programme Governance & Federated approach: The programme board in Nov was a hybrid session with many members attending in person. It was followed by a collaborative programme review of progress against the phase 4 plan and a development session which was focused on organisational migration plans and readiness.
Planned Work for Next Reporting Period	Care Data Repository has multi workstreams which include (1) The implementation of C&VUHB Encounters data flows into CDR and on to the NHS Wales App. (2) Finalise the approach and implementation for Allergies migration. (3) Progress Diagnostics work across streaming and backloading. The National Data & Analytics Platform complete the review of its work plan and resource allocation to managing the sequencing of requests. Key to this is recruitment to vacancies. There are multiple work streams which include (1) The Platform workstream will continue refining core reference data requirements, progress Clinical Coding, Looker and the development of the Primary care & Mental Health environment. (2) National Data Catalogue will complete delivery of the GCP Dataplex uses cases and develop a road map for the replacement of the inhouse data dictionary replacement. (3) Continue to support Partner migrations which include ABUHB, PHW and the first phase of the National Data Warehouse (Switching Service). The NDR Information Governance Framework continues to evolve, strengthening how Wales safely manages and shares health data. All 12 Health Organisations in Wales have signed the National Architecture Joint Controller Agreement - two organisations have raised ongoing concerns which will continue to be worked through. NDR Capability Service will finalise and promote UWTSD university and CPD accreditation, and will deliver ALP for leaders in partnership with the Finance Academy. Community content additions and monitoring will continue, and an evaluation of community development and effectiveness will be conducted. VLE content creation will continue. These deliverables are designed to embed advanced analytics skills directly into the NHS workforce.

	Progress of the Terminology Service redesign has been constrained, following escalation of the challenges we would expect to see headway in the next reporting period.
Route to Green	Maintain business continuity arrangements to support delivery, accelerate recruitment for future stability and reforecast deferred delivery of planned work to manage expectations.
Summary of Risks	DHCW0348 Data system transition- IF data and systems do not transition from existing national and local platforms to the NDR platform THEN there will be a need to maintain existing platforms alongside the NDR platform RESULTING IN delayed benefits, and additional costs of complex duplicated digital infrastructure.

Escalations

Escalated	ID	Category	Destination	Escalation

Finance

NDR	Capital £K	Revenue £K	Total
Annual Budget	0	8,536	8,536
Annual Forecast	0	8353	8,353
Spend to Date	0	5,896	5,896

NATIONAL TARGET ARCHITECTURE (NTA)

Manager	Submitter	Reporting End Date	Report State
Geoffrey Irvine	Geoffrey Irvine	31/12/2025	☑ Final

To present documentation to Welsh Government by end of March 2026 outlining the current state and all the options and possible solutions for the National Target Architecture in NHS Wales, along with the benefits and challenges of all options.

RAG Type	RAG	Narrative
Overall	AG	Amber Green rag due to receipt of Change Control Notice (CCN) to extend Q2 milestone deliverables which may impact final Q4 deliverable (SIP).
Timelines	AG	RAG rating change due to the work package time frame with Channel 3 being extended to 31 October 2025 resulting in a reduced time period to produce final deliverable (SIP). The project will continue beyond Financial Year 2025/2026.
Quality	G	Project scope agreed by Project Board. Ingestion has now included all Health Boards/Organisations and work is progressing.
Resources	G	Funding available for the 2025/26 financial year is £1,000,000 and tracking to forecast. All required project team members are in place. Additional Contract with Channel 3 has been signed and the work package will commence 5 January 2026.

Narrative Type	Narrative
Progress Since Last Reporting Period	Application Inventory: The Ardoq platform now contains 1,414 applications across NHS Wales organisations. Target Architecture Deliverables: Target Architecture diagrams and a working draft of the final report have been shared for wider review and feedback. Architecture Community of Practice: Sessions have transitioned to Business as Usual and will continue on a fortnightly basis. Task & Finish Groups: Scheduled for early in the new year to support the next phase of work. Communications & Resources: National Target Architecture updates have been published, and the SharePoint site has been officially launched for DHCW colleagues. Stage 2 Planning: Progressing well, with engagement plans under development to ensure comprehensive stakeholder coverage and mitigate the risk of omissions.
Planned Work for Next Reporting Period	Strategic Investment Plan (SIP): Engage Channel 3 to develop the SIP for submission to Welsh Government by the end of Q4. Application Data Management: Continue mapping and refining application data within Ardoq to improve accuracy and completeness.

	Future State Development: Progress the design of future state options and create Product Canvases to support the SIP. SharePoint Enhancement: Continue developing the National Target Architecture SharePoint page to provide a central resource hub. Communications: Issue an organisation-wide communication introducing the National Target Architecture and its purpose. Ardoq Roadmap: Develop a roadmap to define and track maturity in the use of the Ardoq platform. Task & Finish Groups: Schedule additional Product Canvas sessions to explore linkages between applications, capabilities, and commercial/financial considerations, supporting SIP development.
Route to Green	Ensure the vendor is supported fully from a project perspective to realise final deliverable by end of Q4.
Summary of Risks	DHCW0347 National Target Architecture Transition Road map. IF there is not an agreed national target architecture and transition road map THEN it will be harder to plan and secure investment funding for future transformation programmes RESULTING IN reduced or delayed benefits, additional costs, and not meeting stakeholder expectations.
Summary of Issues	National Architecture Board not established in time for previous milestone sign off.

Escalations

Escalated	ID	Category	Destination	Escalation

Finance

National Target Architecture	Capital £K	Revenue £K	**Total**
Annual Budget	0	1,006	0
Annual Forecast	0	1,006	0
Spend to Date	0	839	0

RADIOLOGY INFORMATICS SOLUTION PROCUREMENT (RISP)

Manager	Submitter	Reporting End Date	Report State
Rebecca McGrane	Rebecca McGrane	31/12/2025	✅ Final

RAG Type	RAG	Narrative
Overall	AR	Overall Programme RAG status is Amber-Red, derived from local Board RAG statuses, which range from Amber Green to 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. PHW, PTHB, BCUHB & HDUHB are live.
Timelines	AR	RAG status remains Amber-Red: VUNHST (Amber Red) – 19/01/2026. NIAW (Amber Green) 26/01/2026. CAVUHB (Red) – 09/02/2026, go live at significant risk. CCN in progress to move to 30/03/26. SBUHB (Amber Red) – 23/02/26. CTMUHB (Amber Green) – 16/03/2026. ABUHB (Amber Red) – 11/05/2026.
Quality	G	RAG status remains Green: Programme scope remains the same as set out in the FBC.
Resources	G	RAG status remains Green: Programme forecasting £0.43m (Capital £0.41m & Revenue £0.02m) underspend, intention to re-purpose across Diagnostics portfolio & no formal objections received. Programme underspend covering costs for Global Worklist CCN.

Narrative Type	Narrative
Progress Since Last Reporting Period	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.
Planned Work for Next Reporting Period	Collaborative lessons learnt session arranged 07/01/26 (DHCW, Suppliers & BCU). Close monitoring of 3 years data migration for all Boards to new Supplier's system.

	CAVUHB CCN - moving date from 9th Feb to 30 Mar. VUNHST - agree new go live date.
Route to Green	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.

Escalations

Escalated	ID	Category	Destination	Escalation
Oct-25	ESC-103	Assure	POMB & PDC	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.

Finance

RISP	Capital £K	Revenue £K	Total
Annual Budget	1,180	2,219	3,399
Annual Forecast	657	2,194	2,851
Spend to Date	528	1,413	1,941

WELSH INTENSIVE CARE INFORMATION SYSTEM (WICIS)

Manager	Submitter	Reporting End Date	Report State
Helen R Thomas	Helen R Thomas	31/12/2025	✅ Final

RAG Type	RAG	Narrative
Overall	NA	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.
Timelines	NA	No agreed milestones are yet in place following finalisation of the discovery stage and submission of strategic assessment to WG. The high level plan (discovery stage) has been agreed and all milestones met. The estimation of assessment for the programme to continue, including time & cost has been included in a strategic assessment document has been agreed by Programme Board and CAG outlining potential costs and timeframes.
Quality	NA	Testing was completed against the original system planned to be deployed to ABHB HB, however as the system has not gone live and recommendations made to improve the workflow and system navigation, additional assurance will be required before the system can be made available to users. A series of workshops have concluded and a new governance sign off process commenced in line with the revised governance structure. Assurance activities surrounding the Ascom proposal to implement using their web version of the product and their proposals for change are in train, but not yet complete.
Resources	NA	WG have committed revenue funding to DHCW for WICIS, however no capital has been made available. Only one Health Board is awaiting appointment of all clinical leads (1 outstanding lead) and National leads all in post. If agreed to continue and funding is released, recruiting/allocating additional roles both nationally and locally will need to commence. There are challenges around maintaining momentum and funding resources required for a more intense phase of the Programme, as no decision has been made regarding progression of the Programme.

Narrative Type	Narrative
Progress Since Last Reporting Period	The 'Discovery' phase of the Programme hit all milestones, successfully reengaged with clinical and digital stakeholders under a revised, agreed governance framework. A series of overarching requirements and significant decisions were made in regards to functionality and required changes to the system to enable deployment. The WICIS Clinical Assurance Group then agreed the Ascom proposal and option for deployment, as did the WICIS

	Programme Board. The required Strategic assessment was then submitted to Welsh Government by the agreed deadline. DHCW has worked with Welsh Government, CEMT and the WICIS Programme Board to supply any required supplementary information required to enable a decision.
Planned Work for Next Reporting Period	- Obtain and disseminate Welsh Government feedback to stakeholders The remaining actions are dependent on Welsh Government's decision on progression of the Programme. If the programme is to commence, planning work would be a priority, as well as continued engagement and visit to see the system working in an adult ICU.
Summary of Risks	DHCW0333 WICIS Implementation Delay. IF Health Boards do not confirm implementation dates for WICIS . THEN there will be increased costs due to delays and indexation, and the supplier and delivery partners may become less engaged. RESULTING IN a funding shortfall, slower development and implementation, reduced value for money, and not meeting programme objectives. Letter regarding HB participation in discovery stage has been sent by Judith Paget in WG. Good clinical engagement and consultation with Health Boards around resource and equipment requirements to support implementation. CTM & BCU have to date not sent appropriate representation to board or workshops.
Summary of Issues	The Programme has yet to hear from Welsh Government to determine the future of the programme. This has an immediate impact upon timescales and resource, both from an NHS Wales and Ascom (supplier) perspective if the Programme is to go ahead. This position also poses financial and litigation risk.

Escalations

Escalated	ID	Category	Destination	Escalation
Dec 25	Esc-111	Assure	POMB & PDC	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.

Finance

WICIS	Capital £K	Revenue £K	Total
Annual Budget	0	1,000	1,000
Annual Forecast	0	977	977
Spend to Date	0	890	890