Pwyllgor Digidol, Data ac Arloesi/ Digital, Data and Innovation Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 OCTOBER 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Radiology Informatics System Programme: Lessons Learnt.
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Anthony Tracey, Director of Digital, Data and Technology

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Radiology Informatics System Programme (RISP) has now been successfully implemented and transitioned into business-as-usual operation within Hywel Dda University Health Board (HDdUHB). While the programme achieved its primary objective of replacing the legacy radiology platform and delivering the national solution, a number of important lessons have been identified that should inform future digital transformation programmes across the organisation.

Cefndir / Background

RISP was established in June 2019 to modernise radiology services across NHS Wales through the procurement and implementation of an integrated national radiology solution. Following a competitive procurement, Philips Electronics UK Limited was selected as the supplier, with the Master Services Agreement signed in September 2023. The commercial model comprises a national agreement held by Digital Health and Care Wales, supported by individual Deployment Orders between the supplier and each participating Health Board or Trust.

The programme delivered the new solution across all participating NHS Wales organisations, with HDdUHB going live in December 2025 and achieving Stable Operations on 31 December 2025. Although the core implementation has been completed, delivery experienced significant delays caused by business-case approval, changes to the commercial approach, supplier data-centre readiness, the transitional global worklist requirement, and a combination of local and supplier dependencies. Consequently, some objectives remain only partially achieved, while residual contractual deliverables, data migration, technical defects, clinical risks and benefits realisation activities remain outstanding

RISP represented one of the most significant digital changes undertaken within Radiology, involving extensive clinical, operational, technical and organisational change. Delivery required

close collaboration between the Health Board, Digital Health and Care Wales (DHCW), Philips, Soliton and local clinical teams. The implementation took place within a complex national programme environment, with dependencies on third-party suppliers, data migration activities, testing, training and operational readiness processes.

Asesiad / Assessment

The national programme is now closing, with ongoing responsibilities transferring into business-as-usual arrangements. The National Radiology Service Management Board will provide national oversight of supplier performance, contractual issues, technical change and unresolved operational risks, while each Health Board and Trust remains responsible for managing its local Deployment Order, supplier performance and service delivery arrangements. The formal closure report from the programme (Appendix A) also identifies a series of implementation lessons relating to cutover planning, role clarity, third-party coordination, communications, clinical engagement, data quality, business continuity and the timely provision of network and firewall requirements.

From a HDdUHB perspective, these national findings are reflected in the Health Board's direct experience of implementing RISP within a complex operational environment. The local assessment therefore considers not only the issues recorded through national programme closure, but also the practical lessons arising from HDdUHB's governance, clinical engagement, organisational readiness, supplier coordination, data migration and go-live arrangements. Taken together, these lessons provide a clear basis for strengthening the planning, assurance and delivery of future digital transformation programmes across the Health Board.

A review of implementation activities, programme closure documentation, audit findings and post-go-live discussions identified a number of recurring themes:

- **Governance and Accountability:** Whilst governance arrangements existed at local and national levels, responsibilities were often distributed across multiple organisations and workstreams. Future programmes would benefit from a stronger multidisciplinary local implementation panel with broader operational and clinical representation, ensuring readiness decisions, assurance activities and programme documentation are coordinated through a single governance structure.
- **Clinical Engagement and Business Change:** Clinical engagement within radiology was generally strong; however, engagement with services affected outside radiology could have been more extensive and undertaken earlier. Future programmes should ensure impacted services are engaged from the outset, with clear ownership of workflow redesign, user adoption and readiness.
- **Training and Organisational Readiness:** Training provision was substantial, but changing implementation timelines created challenges and limited opportunities for some staff groups to fully engage. Greater emphasis should be placed on training compliance, readiness assessments and formal sign-off processes to ensure all users are prepared for changes in working practices.
- **Supplier and Third-Party Management:** The involvement of multiple suppliers and third parties created an issue because responsibilities, dependencies and escalation routes were not always sufficiently clear across Philips, Soliton, DHCW, local digital teams and operational services. This made it more difficult to establish ownership of problems, coordinate interdependent activities and secure timely resolution, increasing delivery pressure and the risk of delays. Future programmes should define accountabilities, interfaces and escalation arrangements at the outset, supported by active dependency management and a single coordinated view of supplier performance.

- **Data Migration and Data Quality:** Historical data migration proved more complex than originally anticipated and required significant effort post go-live. Lessons learned emphasise the importance of identifying and cleansing poor-quality data early, validating migration assumptions, and establishing realistic plans for reconciliations and residual data issues.
- **Benefits Realisation** While the national programme defined benefits for the RISP solution across NHS Wales, these did not always translate into clear, measurable outcomes at a local level for HDdUHB. This created a risk that national delivery success could be reported without sufficient evidence of improvements to local workflows, service performance, staff experience and patient care. Future programmes should align national benefits with locally owned baselines, measures and reporting arrangements from the outset, enabling the Health Board to demonstrate the value delivered and identify opportunities for further optimisation.

In considering these lessons, the considerable work undertaken during go-live should not be overlooked. The safe deployment and subsequent stabilisation of RISP required sustained commitment from clinical, operational and digital teams, working alongside DHCW and supplier partners to manage risks, resolve issues at pace, support users and maintain continuity of radiology services. This collective effort was critical to achieving go-live and Stable Operations and provides important evidence of the Health Board's ability to mobilise effectively in support of complex digital change, even where aspects of the wider programme created significant delivery pressures.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the lessons learned arising from the implementation of RISP.
- **RECEIVE ASSURANCE** that these lessons are being incorporated into future major digital transformation programmes, including governance, change management, supplier management and readiness activities.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare. 2.1.1 That the direction, development and delivery of the Digital Strategic Plan is to drive continuous improvement and support digitally enabled health care through a digitally enabled workforce to achieve the objectives of the Health Board's Annual Plan/Integrated Medium-Term Plan (IMTP).
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	**1547** – Timely and safe radiology provision due to demand exceeding capacity (20).
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Included within the main body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Not applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	No additional funding is requested through this report. Effective transition to business-as-usual, completion of residual deliverables and stronger local benefits measurement will support value for money, service continuity and optimisation of the investment. Outstanding supplier, data migration and technical issues may require continued local resource and active contract management.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	RISP supports safer and more consistent access to radiology information. Continued management of clinical risks, technical defects, data quality and business continuity arrangements is required to protect patient safety and sustain service quality.
Gweithlu: **Workforce:**	The implementation required significant commitment from clinical, operational and digital teams during go-live and stabilisation. Future programmes should provide clear roles, timely engagement, protected training capacity and formal readiness assurance to support staff adoption and reduce delivery pressure.
Tegwch Iechyd: **Health Equity:**	Potential impacts on health equity have been considered. RISP supports more consistent access to radiology information across services and sites, which should contribute to timely, safe and coordinated care for patients regardless of where they access services. No specific adverse health equity impacts have been identified through this lessons-learned report; however, future optimisation and benefits realisation should continue to consider access, digital exclusion, service variation, language, accessibility and the needs of patients who may experience poorer health outcomes.
Risg: **Risk:**	Residual risks remain in relation to supplier performance, unresolved contractual deliverables, technical defects, clinical safety, historical data migration and local benefits realisation. These require continued oversight through national service management and HDdUHB's local governance and deployment arrangements.
Cyfreithiol: **Legal:**	No new legal implications arise directly from this lessons-learned report. Existing obligations remain under the national Master Services Agreement and HDdUHB's local Deployment Order, including responsibilities for supplier performance, contractual deliverables, information handling and safe service delivery.
Enw Da: **Reputational:**	Successful implementation and Stable Operations support confidence in the Health Board's ability to deliver complex digital change. Failure to address the identified lessons or demonstrate local benefits could affect confidence among staff, partners and patients.
Gyfrinachedd: **Privacy:**	RISP processes patient information and must continue to operate in accordance with data protection, information governance, access-control and records-management requirements. Completion and validation of residual data migration activity remain important to maintaining the

	accuracy, confidentiality and appropriate availability of information.
Cydraddoldeb: Equality:	No adverse equality impact has been identified from this report. Future digital programmes should engage all affected staff and service groups, consider accessibility and differing user needs, and ensure equitable access to training, support and digitally enabled services.

<PROG-1008>

PROJECT CLOSURE REPORT
Radiology Informatics system Programme ("RISP")

The purpose of this report is to recommend formal closure of the RISP Programme to the programme board.

Document Version	1.0
Status	Final

Document author:	RISP Programme Team
Approved by	RISP Programme Board > Radiology Service Management Board
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1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary
26/06/26	0.1	Programme Team	Initial document
08/07/26	0.2	Programme Team	JF contributions
17/07/26	0.3	Programme Team	Updates and final version following feedback received

1.2 REVIEWERS

This document requires the following reviews:

Date	Version	Name	Position

1.3 AUTHORISATION

Signing of this document indicates acceptance of its contents.

Author's Name:	RISP Programme Team
Role:	RISP Programme Lead
Signature:	**Rebecca McGrane**

Approver's Name:	RISP Programme Board
Role:	Programme Board Chair
Signature:	**Matt John**

1.4 DOCUMENT LOCATION

Type	Location
Electronic:	

2 EXECUTIVE SUMMARY

This programme closure report summarises the delivery, outcomes, and legacy of the Radiology Programme. The programme was established to modernise radiology services across Wales, improving diagnostic capability, standardisation, and patient outcomes through the implementation of new digital systems and supporting processes.

Overall, the programme has successfully achieved its core objectives, including the deployment of a national radiology solution, improved image sharing and reporting capabilities, and strengthened integration across Health Boards and Trusts. These changes have enhanced service resilience, enabled more efficient workflows, and supported improved access to diagnostics for patients.

Throughout delivery, the Programme managed a complex landscape of clinical, technical, and Organisational challenges. While the majority of functionality has been implemented as planned there are a number of residual issues to be resolved by the supplier. These will require them to be resolved formally via an ongoing contract management process.

All remaining risks and ongoing activities will be formally transitioned to business-as-usual arrangements within DHCW and Health Board/Trust operational teams with continued benefits realisation expected as services are further optimised. These risks and ongoing activities are detailed in this report. The DHCW Programme team will remain in place until the end of September 2026 to support the smooth transition to Business as Usual.

3 PURPOSE

To formally document the closure of the RISP Programme and capture its outputs, achievements, performance against objectives, ongoing risks and follow-on actions/activities to be transitioned into business as usual.

4 BACKGROUND

June 2019 RISP Programme established by NHS Collaborative and pre-procurement activity commenced.

Dec 2021 it became apparent that the procurement would not be completed before the existing contracts were due to end, this was affected by the Covid pandemic and a subsequent scope review, which identified that a single integrated PACS and Radiology Information System solution was not achievable, as no single product could deliver both. The options considered were to separate the PACS and RIS or to select two individual systems requiring integration. The decision was made to proceed with the latter. As a result, a collective additional 4-year termination assistance period ("TAS") was added to the Fuji contract to ensure service continuity for each health board/trust.

Jan 2022 procurement commenced, and following the completion of a competitive procurement exercise, the ranked one supplier (Philips) was recommended for Contract Award to the RISP Programme Board in Jan 2023.

In January 2023 the RISP Programme was transferred to DHCW, it became apparent that significant further work was still required on the full business case ("FBC") and implementation plans. As a result, there were delays to approval of the FBC which impacted on the overall timelines of the project. Further delays were caused as a result of a request by Health Boards to amend the previously agreed commercial approach. This requested change was complex and required not only negotiation with Philips via DHCW's Commercial Services team and legal advisers but also subsequently needed to be approved via health board/trust governance mechanisms.

Sept 2023 Full business case was approved, Master Services agreement ("MSA") signed, and the go live dates detailed in the FBC were revised due to the delays in FBC approval and change in commercial approach.

March 2024 supplier provided a revised plan which delayed all except two of the Health Board and Trust go lives, this was as a result of a delay to the suppliers Data Centre set up.

Subsequently further changes were made to multiple health board and trust go live dates due to a combination of local and supplier challenges and a requirement to maintain visibility of images and reports from other NHS Wales organisations during the transition from Fuji to Philips PACS, this is known as a 'transitional global worklist, as a result the majority of deployments were moved into quarter 4 25/26 and Velindre Trust moved into April 2026.

Cardiff and Vale moved to May 2026 due to local dependencies and Aneurin Bevan moved to June 2026 due to local and supplier challenges, this was beyond the Programme timeline of end of March 2026

GOVERNANCE AND CLINICAL ENGAGEMENT

Commercial approach

The RISP contract is one of a master services agreement between DHCW (the "Authority") and Philips (the "Contractor"), with local Deployment Orders being entered into between each Health Board/ Trust ("Authority Party") and Philips.

The RISP Master Services Agreement ("MSA") is held by DHCW (the "Authority") and Philips (the "Contractor") and sets out all key terms and conditions, i.e., Standards, Cyber Security, BCDR, Testing, Change Control, Exit etc as well as the Authority Requirements. All of the terms and conditions and the Requirements of the MSA flow down into the Deployment Orders. The MSA has a nominal value of £1, with all of the value included within the Deployment Order. The Authority do not receive any 'Services' and as such do not have a liability for payment to the Contractor.

A Deployment Order ("DO") is the local contract entered into by each Health Board/Trust ("Authority Party") for the provision of their local RISP Services. Each Authority Party has its own DO and is responsible for its own Services, Obligations, resources & Implementation Plan. The DO creates the legally binding contract between the Authority Party and the Contractor, with the Contractor liable for the implementation and delivery of the Services to the Authority Party and the Authority Party liable to the Contractor for payment of its invoices and other responsibilities. All contractual obligations, rights, remedies and liabilities for delivery of RISP Services resides between the Authority Party and the Contractor.

Programme Management

As a result of the commercial approach with Health Boards/Trusts having their own contracts the Health Boards/Trusts and supplier were responsible for the majority of the activities including the local implementations. As such a limited National team was put in place to support National delivery including integration and RIS data migration.

- National RISP Programme Board chaired by SBUHB Director of Digital Matt John
- Centrally funded Health Board Project Manager IT support, PACS RIS support to lead & support implementation locally and wider stakeholder management.
- Health Board/Trust Project Boards in place

Clinical Support

- National Clinical lead – Consultant Radiologist based in Cwm Taf Health Board.
- National Imaging Programme escalation for any aspects of transformation /standardisation.
- Imaging Academy support provided a centralised point to host and facilitate national discussions and demonstrations.

5 REASON FOR CLOSING THE PROJECT

The Radiology Informatics System Programme is closing as all Health Boards and Trusts have successfully implemented the solution. Responsibility will transition into Business as Usual ("BAU"), with any remaining activities and risks handed over accordingly. The Programme has fulfilled its core purpose of procuring and implementing the radiology informatics system.

6 PROJECT PERFORMANCE

6.1 AGAINST OBJECTIVES

Objective	Status	Comment
To integrate Picture Archive and Communication System (PACS), Patient Dose Management System (PDMS) and Radiology Information System (RIS) systems into one single solution (with the ability for further integration with ETR and results acknowledgement systems) that all Health Boards and Trusts implement in Wales by 2026	Partial	Main components of RISP solution have been deployed to all organisations. Authentication, MPI, ETR, WRRS and IUVO integrations have been delivered to all organisations except PHW (screening patient cohorts are managed through integrations in NBSS). Further work is planned for AB to provide similar integrations to their local portal and requesting systems by Q3 2026/27.
To improve and optimise patient care by reducing the number of incidents caused due to missing/insufficient clinical information/reports, resulting in fewer misinterpretations and delayed diagnoses, by providing an integrated imaging patient record across Wales for all Health Boards and Trusts in Wales by 2026	Partial	Shared radiology history is available in Rad+ giving an All-Wales patient view within the RIS client for diagnostic radiology services. Following go live in ABUHB, work is ongoing to complete patient linking to ensure a corresponding All Wales view of the image record is visible in VuePACS. RFC has been developed to integrate PHW screening services into the combined all Wales record. Deployment schedule is still to be agreed with PHW.
To reduce the number of administrative resources required to support cross-boundary patient pathways, because of shared access for imaging and reporting, 12 months after contract commencement in a health board area	Partial	Image linking has been implemented for shared records between BCUHB, Powys, HDUHB and SBUHB since November 2025. Issues arising following CTMUHB go live have resulted in a backlog of image linking messages. Following completion of the immediate post go live PID enrichment in ABUHB, Philips are now planning to complete the outstanding work to address the residual image linking issues. Once this is completed there will be a final "mop up" exercise that will reconcile all of the cross references known to EMPI with those in Share+ and PACS to ensure that all radiology records are linked as expected.
To reduce the carbon footprint of PACS and RIS systems by decreasing the use of paper-based systems for referring and reporting in radiology and utilising fewer devices that have higher energy consumption across all Health Boards and Trusts in Wales by 2026	Not delivered	The initial aspirations for RISP was to reduce carbon footprint by moving key server/hardware components away from individual HB server rooms into data centres which can be more power efficient and may typically multiple applications on servers at higher CPU utilisation- thereby reducing the total number of devices required for the

		solution. However, concerns about local resilience in the event of network failure led to the hybrid deployment model with a smaller stack of devices in the HB's and the main server and storage infrastructure in centralised data centre hosted locations. It seems likely that this won't deliver the anticipated benefits, but this has not been formally evaluated.
To reduce the number of repeat examinations and hence inappropriate radiation dosage for patients, through improved access to imaging information and a standardised data sharing and recording process, by all Health Boards and Trusts in Wales by 2026	Full	Shared history is available in the radiology client at all stages of referral management within radiology allowing vetting users and booking teams to see recently completed and pending studies and relevant results from all Health Boards when managing new referrals. Context sharing to WCP from within the RIS and PACS clients allows radiology users to easily access other non-radiology components of the clinical record to inform decisions when vetting, prioritising and scheduling requests.

6.2 AGAINST TIMESCALES

I.D	Milestone	Planned Date(s)	Achieved Date(s)
1	Pre-procurement	Jun 2019 – Dec 2021	Jun 2019 – Dec 2021
2	Procurement	Jan 2022 – April 2023	Jan 2022 – April 2023
3	Configuration & Integration	May 2023 – April 2024	Jun 2023 – Feb 2025
4	Deployment	May 2024 – Jun 2025	Feb 2025 – June 2026

Deployment	Contract/Deployment Order Stable Operations date	Revised July 2023 (DoDs)	Revised March 2024 Philips	Achieved
PHW	April 2025	Nov 2024	Feb 2025	Feb 2025
BCUHB	Sept 2024	Jan 2025	April 2025	Sept 2025
ABUHB	Dec 2024	Oct 2025	Nov 2025	Jun 2026
NIAW	Dec 2024	May 2025	June 2025	Jan 2026
HDUHB	Jan 2025	July 2025	Sep 2025	Dec 2025
CTMUHB	Feb 2025	Mar 2026	Mar 2026	Mar 2026
VCC	Mar 2025	May 2025	Jun 2025	Apr 2026
SBUHB	May 2025	Aug 2025	Oct 2025	Mar 2026
CAVUB	Jun 2025	Feb 2026	Feb 2026	May 2026
Powys	Sept 2024	Jan 2025	Apr 2025	July 2025

The Stable Operations Date is a key Milestone within each Deployment Order. It is the date on which the solution is live for a period of 30 days in accordance with the performance indicators as set out in the contract. Achievement of this Milestone Acts as the "trigger" for service charges for each organisation.

Although the pre-procurement and procurement activities were delivered in line with their planned timelines, the overall start of these activities was delayed. As a result, the timelines were not aligned with the end dates of the Fuji contracts. In May 2020, a collective four-year Termination Assistance Services ("TAS") arrangement was added to all Fuji contracts. As a key lesson learned, future Programmes need to ensure that procurement timelines are aligned with legacy contract end dates.

There have been several changes to the go-live dates compared to those outlined in the tender. The key factors driving these changes were;

- Delays in the approval of the FBC, alongside changes to the commercial approach driven by Health Board concerns, resulted in the Directors of Digital reviewing the timelines and providing revised go live dates.
- Due to Philips not having its data Centre ready in time, Philips provided a revised set of go live dates.
- Further changes were made to multiple health board and trust go live dates due to a combination of the global worklist requirement and local/ supplier challenges.

6.3 AGAINST FINANCE

	Revenue			Capital			Total Programme		
Year	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
FY 22-23	£0.12m	£0.14m	£0.02m	£0.23m	£0.24m	£0.00m	£0.35m	£0.38m	£0.02m
FY 23-24	£0.80m	£0.85m	£0.06m	£0.44m	£0.46m	£0.03m	£1.23m	£1.31m	£0.08m
FY 24-25	£1.86m	£1.86m	£0.00m	£4.07m	£4.29m	£0.21m	£5.94m	£6.15m	£0.21m
FY 25-26	£2.21m	£2.22m	£0.01m	£0.63m	£0.66m	£0.03m	£2.84m	£2.88m	£0.04m
	£4.99m	**£5.07m**	**£0.08m**	**£5.38m**	**£5.64m**	**£0.27m**	**£10.36m**	**£10.72m**	**£0.35m**

6.4 AGAINST BENEFITS

Benefit realisation work is to be undertaken by Health Board teams following a period of "bedding in" for the new solution to give sufficient time to fully establish new working practices. The work will be coordinated by the All-Wales Benefits Group. The current timelines for commencement of monitoring and ongoing reporting are below.

	Go Live Date	Planned Realisation Date
Aneurin Bevan University Health Board	22/06/2026	31/01/2027
Betsi Cadwaladr University Health Board	08/09/2025	30/04/2026
Cardiff And Vale University Local Health Board	01/06/2026	31/10/2026
Cwm Taf Morgannwg University Health Board	16/03/2026	31/10/2026
Hywel Dda Local Health Board	01/12/2025	31/07/2026
Powys Teaching Health Board	14/07/2025	28/02/2026
Swansea Bay University Health Board	30/03/2026	30/09/2026
Velindre University NHS Trust	20/04/2026	20/11/2026
Public Health Wales - No Benefits	30/09/2025	30/04/2026
NIAW - No Benefits	12/01/2026	31/08/2026

Noting that Health Boards were starting from different positions in respect of their baseline position for key workflows such as electronic requesting, results delivery and results acknowledgement it is recognised that the potential benefits available in each organisation may not be the same. As such the All-Wales benefits group has worked with HB teams to establish a benefits realisation matrix that is in line with each organisation's aspirations. Benefits Realisation Matrix.xlsx

The DHCW benefits team are currently working with BCUHB to establish the reporting arrangements, and this work will continue as other organisations reach the stage where monitoring can commence.

6.5 AGAINST CONTRACT

Contract Position:

The commercial position for the RISP Programme is substantially mature, with the majority of contractual mechanisms having been implemented and the Programme has now entered its final deployment and closure phase. The MSA was signed in September 2023 between DHCW and Philips Electronics UK Limited for the delivery of a national Radiology Informatics Service across NHS Wales, with implementation occurring on a phased Health Board/ Trust basis. The Programme has required a significant number of milestone date revisions, managed through formal Change Control Notes ("CCN"), to reflect implementation delays, revised deployment sequencing and the introduction of phased deployment arrangements for Powys Teaching Health Board.

Milestone Achievement:

As of 30 June 2026, all Health Boards/ Trusts have achieved the Readiness to Proceed ("RP") and Readiness for Service ("RS")/ Go Live Milestones. All RS Milestone Certificates have been issued on a conditional basis due to outstanding deliverables. Common outstanding items recorded across the Programme include SIEM integration, Brantec breach, Orchestrator deployment, MyVue functionality, Qaelum Reject Analysis and Rosenfield functionality.

Following Go Live, the next Milestone is Stable Operations ("SO"), which is the contractual milestone that confirms a Health Board/ Trust has successfully transitioned to live operational use of the RISP solution. It is achieved when RS/Go Live has been approved, the Exit Plan has been agreed, and the service has met the Authority's requirements and contractual service levels for a continuous period of thirty (30) days. Achievement of this milestone signifies acceptance of the solution into operational service and activates relevant charging, service credit and contractual performance mechanisms.

As of 30 June 2026, the status across Wales with regards to the achievement of the SO Milestone is set out below:

Organisation	SO Milestone Date	Achieved Yes/No	Update
ABUHB	22/07/2026	No	N/A
BCUHB	08/10/2025	Yes	SO paused and reset. SO achieved on 18/12/2025.
CAVUHB	01/07/2026	No	SO paused and due to be reset. CAV have written to Philips requesting corrective action with a revised date to be agreed.
CTMUHB	15/04/2026	Yes	SO paused and reset. SO achieved on 04/06/2026
HDUHB	02/01/2026	Yes	SO achieved on 31/12/2025
Powys	01/01/2026	Yes	SO achieved on 31/12/2025
SBUHB	29/04/2026	Yes	SO paused and reset. SO achieved on 29/05/2026
VCC	27/05/2026	No	Delayed by 1 week. Stable Operations has now been agreed and progressing through the final sign off.
PHW	10/03/2025	Yes	SO paused and reset. SO achieved on 25/03/2025.
NIAW	26/02/2026	Yes	SO achieved on 28/02/2026

All SO Milestone Certificates issued to date have been issued on a conditional basis due to outstanding deliverables. Common outstanding items recorded across the Programme include SIEM integration, Brantec breach, Orchestrator deployment, MyVue functionality, Qaelum Reject Analysis and Rosenfield functionality. Formal Management/Corrective Action via local contract management will need to be taken by the health boards to hold Philips to the delivery of any outstanding functionality. However, the former must ensure that any health board responsibilities identified must be adhered to facilitate supplier delivery.

It is the Health Boards/ Trusts' responsibility to take forward with Philips all of the outstanding deliverables to ensure they are achieved in accordance with terms and conditions set out in the MSA and their local Deployment Orders.

Please Note: PHW, BCUHB, CTMUHB and SBUHB experienced SO milestone pauses and resets as a result of equipment failures, delivery dependencies and delays, as well as a high volume of P1s.

All Health Boards'/Trusts' Data Migration Completion ("DMC") Milestone Achievement is still outstanding, with the exception of PHW, as their data is still being migrated from the previous PACS supplier.

Change Control Notes:

The Programme has applied a comprehensive contractual change control process, in accordance with the MSA. Eight All-Wales CCNs have been raised, covering matters ranging from contractual administration and changes to licenses volumes including correction of PSBA charging arrangements, amendments to contractual schedules, support model changes, resilience enhancements, subcontractor additions and Qaelum licensing requirements. All have been approved with the exception of CCN006 relating to the introduction of Phase 2 Orchestrator implementation, which remains under review pending further planning with NHS Wales with support and oversight provided by NHS Performance & Improvement and with Philips. **(Please see Appendix 1 for the list of All-Wales CCNs.)**

In addition, each Health Board/ Trust has executed local CCNs where implementation and milestone dates required formal amendment. Multiple approved CCNs have been required for many of the Health Boards/ Trusts, reflecting the evolution of deployment timelines throughout delivery.

Data Migration:

Data migration activities have largely been completed across the Programme, although formal DMC certification remains outstanding for all Health Boards/ Trusts, with exception of PHW, who have fully completed data migration and achieved DMC. Where migrations continue beyond the expiry of existing Fuji support arrangements, there are recognised contractual and financial impacts which each organization will need to fund. Existing arrangements for BCUHB, HDUHB, ABUHB, CTMUHB and SBUHB generally require continued access to Fuji-hosted servers at a charge equivalent to one-third of the prevailing service charges until migration is completed. While CAVUHB may require separate contractual discussions due to the longer migration timeline. **(Please see Appendix 2 for the latest Supplier update on DICOM migrations.)**

Commercial Issues and Escalations:

Throughout Programme delivery a number of formal contractual escalations were issued to Philips Electronics UK Limited. These included contractual non-conformance notices, concerns regarding implementation re-planning and project management capability, attendance at key meetings, stakeholder engagement, testing activities, implementation delays and delivery against agreed milestones. Escalations originated both nationally and locally from Authority Parties including ABUHB, BCUHB, CAVUHB, Powys, NIAW, SBUHB and Velindre. Most recorded escalations were subsequently closed following engagement and corrective action; however, contractual performance concerns continued to be raised during later phases of deployment, particularly in relation to Programme delays, documentation quality, resource availability and implementation support. All progress and corrective action requirements were actioned via DHCW's Commercial Services team working nationally and on behalf of each organisation via a formal contract management regime.

Overall, the contractual framework remains operational and effective, with formal governance, milestone certification, change control and escalation processes successfully managing Programme delivery through a prolonged implementation period. The majority of contractual milestones have now

been achieved, the vast majority of CCNs have been approved, and deployment has been completed or substantially completed across all participating organisations. Remaining commercial activity is focused on completion of outstanding SO and DMC milestones, closure of residual conditional milestone obligations, resolution of outstanding RFCs, and management of any continuing legacy system costs associated with final data migration activities. Subject to completion of these residual activities, the Programme is in a position to transition into formal closure from a commercial perspective.

7 CLOSURE ACTIVITIES

The following sub-sections covers the activities required to close this procurement project.

7.1 PROJECT STAFF

Project staff in the Authority Parties will be re-allocated to other Projects as deemed necessary and at the appropriate time within each organisation. The DHCW RISP Programme Lead, Principal Project Manager and Project Support Officer will remain in place to support Authority Parties transition to service until September 2026. DHCW Operational staff previously funded by the RISP funding have been reassigned to other funding streams across DHCW's portfolio.

7.2 OUTSTANDING ACTION MANAGEMENT

DHCW will close or transfer ownership of any outstanding actions from the following national meetings; RISP National Contract Management, RISP National Implementation Steering Group Meeting and the RISP Programme Board Meeting to the Service Management Board. The final Programme Board will be held on 30th June 2026, (**please see Appendix 3 for final supplier update)**, the final National Contract Management meeting will be held on 9th July 2026 and will transition to the SMB as per paragraph 7.6 and the final Steering Group will be held on 14th July 2026.

Table 1: Open Actions to be transferred

ID	ACTION	ORIGIN	NOTES
1464	Andrew Robson to capture and share internal lessons learned within Philips relating to procurement delays experienced with CD burners.	National Contract Management Group	Date raised 13.04.26 09.07.26 - Andrew Robson reported that lessons learned from the CD burner procurement had identified significant delays caused by changes to the supplier's purchasing processes, including the retirement of a catalogue number and complex internal approval procedures for standard products. The issue had been regularly escalated through quarterly feedback mechanisms; however, Alison Maguire requested a formal summary of the lessons learned and escalation activity before the action could be closed.
1492	Neide Campino to issue a formal Everlight correspondence to Health Boards setting out expected behaviours for image generation and transmission, including the behaviours assumed at implementation, areas where current practice has	National Contract Management Group	Date raised 07.05.26 09.07.26 - Concerns were raised that the advice note did not accurately reflect previous discussions or provide sufficient clarity on storage capacity risks, potential future costs, and the impact across a range of imaging workflows beyond CT imaging. NC advised that further information had been incorporated into the draft advice note following discussions with technical

	deviated, and the governance implications. The correspondence should explain that excessive reconstructions are contributing to system performance issues and may have contractual and cost implications should storage limits be reached earlier than planned.		colleagues. Whilst additional detail had been added regarding current usage and operational impacts, the team was still seeking supporting data and metrics comparing projected storage consumption against actual usage levels and assessing the risk of future storage capacity constraints. NC confirmed that further input was expected from CO to support completion of this analysis and to provide interim guidance on appropriate system usage.
1511	Barbara Kegelaer to provide written detail of document migration risks, impacted boards, timelines, and constraints.	National Contract Management Group	Date raised 08.06.26 09.07.26 - BK confirmed that mitigation arrangements were in place for health boards where there was a risk of insufficient time to complete document migrations.
1531	Steve Sparks and Christian Osei-Opoku working through Dean McCarthy to add the 24/7 health board escalation and access arrangements issue to a future SMB agenda for discussion and resolution.	National Contract Management Group	Date raised 09.07.26

7.3 ISSUE / RISK MANAGEMENT

The Programme Board will be asked to approve closure of following risks associated to the Procurement and Implementation Programme:

- IF we do not meet the RISP implementation timelines THEN RISP Programme will be significantly delayed RESULTING IN Increased costs and delay in achieving FBC benefits.
- IF a Health Board or Trust's go live date is delayed beyond the current financial year as a result of Supplier slippage THEN there is no Programme funding available for financial year 26/27 RESULTING IN a significant financial pressure for the Board / Trust to manage.
- IF Health Boards have insufficient resources to carry out all the readiness activities to go live due to the intense pressure of managing concurrent activities and operational burden THEN there will be delays in implementation RESULTING IN potential to affect Health Board roll out plan.
- IF the Supplier are unable to resolve their current challenges with PM resources, THEN HBs/Trusts will continue to experience difficulties obtaining timely responses to ensure the plan can progress RESULTING IN risks to imminent go lives.
- IF the newly developed Supplier (existing) solution for retrieving cross-border images from the new Supplier system is not considered beneficial THEN alternative mitigations e.g. WCP will be required to view images acquired by Boards/Trusts who have already transitioned to the new Supplier RESULTING IN a risk to patient care and patient safety.

- IF RISP Implementations are delayed by local Boards and there is increased reliance on RadIS and its support function for a longer period or for more instances than has been planned THEN the planning and decisions already in place for the support of the service and the management of the exit of the RadIS team may result in a reduction in the numbers of, along with the loss of key, experienced members of the team RESULTING IN a risk to service delivery and provision.

- IF funding is not made available to fund the RISP Programme Team for Q1/Q2 of 2026/27, THEN the last health board to go live (ABUHB on 22/06/26) and potentially other HB's if there are implementation delays will not have any Programme support to support implementation, RESULTING in a risk that HB's may not be able to implement the new solution successfully.

The Programme Board will be asked to approve transfer of the following risks to the newly established National Radiology Service Management Board's (SMB) Risk and Issue register:

- IF a Health Board or Trusts go live is delayed or their PACS migration has not completed by the contract expiry date THEN there is a risk that the current Supplier will not extend the contract RESULTING IN an out of support service.

- IF the Supplier is unable to deliver the functionality for Blind Reporting, THEN the user will be able to see previous annotations and being inadvertently informed of the previous read RESULTING IN a risk that blind reporting has not taken place as stipulated on the Pathway and reduced Quality Assurance.

- IF there is a lack of capacity to support a standardised approach to introduce All Wales Reporting and/or other process efficiencies THEN the Supplier will be unable to define the configuration required for the Orchestrator tool RESULTING IN missed opportunities for collaborative transformation and business change across Wales.

The Programme Board will be asked to approve creation of the following new risks to the newly established National Radiology Service Management Board's (SMB) Risk and Issue register:

- IF a radiology report which includes a significant findings flag subsequently has an addendum created which does not include a significant finding alert THEN the red dot notification in WCP will not be present in WCP before the appropriate clinician has reviewed the report RESULTING IN the potential for delayed action and potential adverse clinical outcomes.

- IF the text of an Authorised radiology report from RAD+ exceeds the character limits imposed by HL7 Validation rules THEN the Report will not be updated in WRRS/WCP RESULTING IN the potential for delayed or missed action and potential adverse clinical outcomes.

- IF a user enters the incorrect hospital number when creating a new patient record in Rad+ THEN the MPI will send an update to Rad+ with the demographic details for the patient with the hospital number that was entered which will overwrite the demographics initially entered RESULTING IN the demographic details being incorrect in Rad+ and the potential to automatically merge patient records if the Rad+ instance already contains a record for a patient with that hospital number.

The SMB will be asked to create the following new risk to the SMB Risk and Issue register:

- IF the Supplier does not fix the interim DNS arrangements for Data Centres THEN they will be unable to perform failover between Data Centres without manual DHCW intervention RESULTING IN potential delay to Service recovery in the event of Disaster Recovery being invoked.

The Programme Board will be asked for approval to include Data Privacy Impact Assessment (DPIA)

review on the TORs for the National Radiology Service Management Board's (SMB) and to transfer ownership for the risks that remain open captured through the DPIA process:

- R3- to maintain appropriate scope of DPIA requires ongoing management – Owner: SMB
- R6- retention schedule for PII- no agreed national position. Current approach to migrate and keep information indefinitely is not in line with Records Management Code of practice or Close RCR recommendations. Suggest linking in with any national approaches to record retention. Owner: SMB
- R8, R15, R16 - issues arising from data migration e.g. data transformation errors, duplicate records, data ownership. These risks are left open because data migration is not complete and has not been formally signed off by HBs. Could be closed once the HB's have done this. Owner: Individual Health Boards.
- R10- integration of the RISP solution with NIIAS for prospective audit. NIIAS is currently being reprocured. Proposed to link with the NIIAS team when they are ready to integrate new systems. Brantec breach tool within RISP portfolio mitigates the risk. Owner: DHCW.
- R20- Powys concerns around subject access requests because legacy data for their patients exists in other HB instances. Mitigation is for Powys to review arrangements with neighbouring HB's in respect of SAR's. Owner: PTHB.

The Programme Board members have been asked to provide feedback on the Programme Closure report by 10th July 2026. A finalised version will be produced by 15th July 2026 and this will be submitted to the SMB on 21st July 2026 for final approval.

7.4 RECORDS MANAGEMENT

Project documentation is stored in SharePoint (DHCW: RISP Programme - Documents - General - All Documents). Due to the nature of these records, they will be retained for a 10-year period in accordance with retention requirements.

7.5 POST PROJECT RESPONSIBILITIES

The DHCW RISP Programme team will maintain oversight and continue to drive any outstanding issues with national integrations that were identified through the implementation phase until September 2026. During this period DHCW will transition activities that require Authority Party and/or Supplier representation to the appropriate Radiology Service Management Board ("SMB") subordinate groups. Any new issues should be raised through the Service Model arrangements that are in place between the Authority Parties and Supplier. The function of the SMB will also incorporate the national contract management approach for RISP.

A Supplier Hypercare team has been established to focus on the post implementation issues and outstanding deliverables that were not achieved for the initial implementations. These outstanding deliverables vary across the Authority Parties, and those logs are managed locally.

Tables 2 and 3 do not include matters raised in Implementation or BAU that have not required specific Programme team involvement in resolution or discussion, previously resolved matters, or matters that may have been raised by local Health Boards/Trusts directly to Supplier.

Table 2: DHCW Programme Team - Items In Progress

ID	DESCRIPTION	CURRENT OWNER	TARGET DATE	UPDATES
001	Automated A31s following A40s SP10056232 CS0633667	DHCW	31.08.26	16.07.26 – further testing with Soliton provisionally scheduled for 23.07. 13.07.26 – testing partially complete, requires testing with RAD+. SIT env currently

				unavailable (call logged with Philips). UAT env. testing would require Soliton assistance. 30.06.26 – Scenarios require testing and endorsing ahead of deployment to Production.
003	Incorrect Addendum Display SP10101940 SP10309428 CS0606293	DHCW	24.07.26	06.07.26 – Testing complete, CAB approval expected 22.07 ahead of deployment to Production. 30.06.26 - UAT testing conducted, results being evaluated ahead of deployment of fix to Production.
005	Truncation of Rejection notes in WCP SP10347904	DHCW	24.07.26	06.07.26 – Successfully tested. CAB approval expected 22.07 ahead of deployment of fix to Production (subject to HB UAT). 30.06.26 - Problem record created. Testing of solution underway.
006	Requirement for DHCW involvement in Failover ("DNS") CS0519421	Philips	31.08.26	14.07.26 – input from Philips still outstanding. Meeting being arranged. 30.06.26 - Philips to provide information on path to resolution.
008	MyVue/Patient Portal	Philips/DHCW	31.07.26	14.07.26 – Philips state cannot currently support MS Graph integration. DHCW/Philips to continue to discuss and explore contractual/technical aspects. 08.07.26 – Technical aspects still require input from Philips. Contractual meeting scheduled 14.07. 30.06.26 – Programme team assisting with coordinating the technical and contractual activities required to support the Suppliers contractual obligation to deliver the Patient Portal Solution (previously known as MyVue).

Table 3: Items Transferred by Programme to DHCW Medicines & Diagnostics Third Party (M&D TP) Support Team/SMB/Suppliers

ID	DESCRIPTION	CURRENT OWNER	TARGET DATE (SUGGESTED)	UPDATES
002	Request Rejection Message Back to General Practice CS0622475	Soliton	31.08.26	14.07.26 – Philips advised will contact Soliton for updates. No further action for Prog team, requires Supplier/SMB to take forward. 30.06.26 - RFC to be presented to SMB by Soliton. Sponsorship and

				testing to be agreed by Health Boards and further discussion with Primary Care required ahead of deployment to Production.
004	ETR Characters RAD+>PACS Limit 100 SP10336180 CS0620736	Philips	31.08.26	14.07.26 – Further info again requested from Philips. Issue being managed as BAU. 09.07.26 – Further info requested from Philips to demonstrate RAD+/PACS view for examples. 30.06.26 - SNOW ticket raised with Philips, awaiting response to understand reasons for text limitations.
007	Manchester Secondary circuit retrospective change CS0609092	Philips	31.07.26	15.07.26 – Input to RFC from Philips still outstanding. Requested SMB Chair contact Philips for update on their action. 08.07.26 – RFC drafted by DHCW. Input from Philips still outstanding. 30.06.26 - Philips to provide plans to conduct required activity in conjunction with PSBA.
009	Patient merging when incorrect HN manually entered	Soliton	31.07.26	30.06.26 - Soliton testing changes to make search field read only. Risk details and context provided to SMB.
010	Referrer Alert Flags – Addendums CS0444730	Soliton	31.07.26	30.06.26 – Risk detail and context provided to SMB. Requires development and testing by Supplier.
011	Large Volume of Characters in Authorised report resulting in message rejection SP10309430	SMB	31.07.26	30.06.26 – Risk detail and context provided to SMB. SMB would need to decide if any further action required upon assessment of risk,
012	VueMotion image quality	SMB	31.07.26	14.07.26 – CAV to confirm if implemented fix has resolved user issues (NISG Action 1534) 24.06.26 – Discussion required at SMB TAG and local communications re: workflow
013	Viewing prior images	Philips	31.07.26	17.07.26 – resolution may require completion of linking messages backlog

				currently being processed by Philips. 18.06.26 – RFC shared by Philips to SMB
014	Results Acknowledgement mailboxes SP10019346 SP10023888 SP10253063 CS0566055	Soliton	31.07.26	15.06.26 – Soliton requested data from HBs. To progress as “mini projects” between Supplier and HBs.
015	Results Acknowledgement WCP>RAD+ SP9991232 SP9991255	SMB	31.08.26	09.07.26 – available to HBs in UAT. 05.06.26 – SMB/Local HB decisions required on implementation and any subsequent testing.
016	Welsh Language requirements	SMB	31.08.26	05.06.26 – New service requests would be required by DHCW or Supplier for any specific requirements
017	Historical 'anomalous' requests requiring clean up SP10072852	Soliton	31.08.26	18.06.26 – Soliton to liaise with HBs re: any requirements and inform DHCW for awareness.
018	ETR Text block in RAD+	Soliton	31.07.26	08.07.26 – raised at SMB TAG. Philips to review any SNOW ticket raised by BCU ahead of discussion at next TAG. 16.06.26 – Soliton in discussion with SMB/HBs on resolution.
019	Invalid postcodes resulting in WRRS/WCP rejections SP10319246 SP10319280	SMB	31.08.26	17.06.26 – Any requirement to change postcode validation schema would require a new request to DHCW demographics.
020	Advanced Results Search 'bug'	DHCW	31.08.26	30.06.26 - Decision on prioritisation for fix development with Single Record team.
021	Legacy “RAD-“ historical data linking	Soliton/DHCW	31.08.26	17.07.26 – work continuing between Soliton/DHCW 30.06.26 - to progress following final go-live.
022	Results Notification permanent resolution	DHCW	24.07.26	07.07.26 – Testing successfully completed. Expected CAB approval 22.07 ahead of deployment to Production. 30.06.26 – Ready for UAT.

023	NHS Wales PKI changes CS0587645	DHCW/Philips	31.07.26	16.07.26 - deployment plan for LDAP approach discussed with Philips with dates for DHCW and HBs proposed through July and Aug. Further meeting proposed for w/c 20.07 07.07.26 – DHCW/Philips meeting 16.07 24.06.26 – DHCW liaising with Philips to progress.
024	Disabling of Fuji Mobility link	DHCW/HBs	31.11.26	07.07.26 – PACS managers to discuss locally and feedback. 29.06.26 – actions dependent on HB Stable Operations and termination notices to Fuji.
025	Establishment of corresponding 'red dot' in GP Systems	DHCW	31.08.26	17.07.26 – no updates. Requirement needs to be understood. 19.04.26 – Single Record/GP Links investigating how this may be displayed in GP systems.
026	General Notes displayed in WCP Report view	Soliton	31.08.26	03.07.26 – Soliton investigating display of General Notes in WCP report view which is not expected behaviour.
027	Edifact limit of 99 rows resulting in rejection of messages to GP system	SMB	01.04.27	05.06.26 – Any change would require development by EMIS. Paper copies of such reports as mitigation.
028	PACS Viewer Link in WCP not functioning when stapling to WCP from WPAS SP10070251	DHCW/HBs	31.08.26	07.07.26 – Requires further development by WPAS to complement the solution in WCP 26.1.
029	WCP session locking when stapling via RAD+	DHCW/HBs	31.07.26	17.07.26 – HB adoption of WCP 26.1 progressing. PTHB scheduled 21.07. ABHB and HDD tbc. 03.07.26 – dependent on deployment of WCP 26.1. Complete for BCU, SBU, Vel. Scheduled 07.07 for CAV. PTHB, CTM, HDD and ABUHB dates tbc.
030	Primary Care access to AD groups to enable	SMB	31.08.26	01.06.26 – Process to add Primary Care clinicians to AD groups to be

	PACS image viewing via WCP link.			determined. Currently ad-hoc approach with local arrangements or requests forwarded from DHCW to local representatives.
031	Data Migration Completion ("DMC") Milestone Achievement	SMB		09.07.26 SMB to monitor progress of outstanding Contractual Milestones.
032	Penetration Testing	SMB		09.07.26 SMB to review Contractual performance.

7.6 SERVICE TRANSITION ACTIVITIES

Service Management:

A new quarterly National Radiology Service Management Board ("SMB") that will be chaired by PHW's PACS Manager has been established. Membership will include all Authority Parties and Suppliers. National Contract Management performance and /or Contract escalations will be incorporated into SMB once the current Programme meetings are stood down. The remit of the SMB will be to focus on supplier deliverables and performance against the contract. Terms of Reference are being developed for this group.

Three subordinate groups/meetings of the SMB have been set up:

- Fortnightly Authority Party PACS Managers & Supplier Engagement focused on unresolved live operational issues. Authority Parties will log any issues with Service to the Suppliers Service Tool (SNOW). The Supplier has a dedicated support team that focuses on the resolution of SNOW tickets. The Supplier will provide a weekly overview of the Tickets and Hypercare tasks being managed and prioritised across Wales.
- Fortnightly Technical Advisory Group - The purpose of this group is to begin establishing a consistent and transparent approach to managing technical change requests and design decisions across the service. Specifically, they will review current and recent change requests, identify and agree appropriate support and escalation pathways & bring together the multiple existing routes for submitting and managing changes into a single, coordinated process ensuring alignment across organisations and stakeholders.
- Clinical Orchestrator Group facilitated by NHS Wales Performance and Improvement's National Imaging Programme and chaired by National Imaging Academy Wales ("NIAW") Radiology Systems Manager. It was agreed that Orchestrator work should not progress to implementation until core workflow issues are stabilised.

New issues raised via the Programme Board approved Support Model arrangements requiring DHCW teams will be assigned by the Supplier to DHCW's Medicines & Diagnostics Third Party ("M&D TP") Support Team. This team are responsible for coordinating DHCW resources as required to support the national digital services and national integrations with national applications and co-management of PSBA (with BT). The Service Management relationships are directly between Philips and Authority Parties, and the Service Model arrangements specify the Supplier required interactions and touchpoints with DHCW's M&D TP Team.

Escalations or any other initiatives for discussion at a strategic level would be via the national strategic engagement meeting chaired by Helen Thomas DHCW Chief Executive.

Contract Management – National:

In December 2023, the RISP Programme Board approved the proposal for DHCW to establish the

National Contract Management Meetings for RISP. This enabled DHCW to have oversight of the national Deployment Plan and to provide commercial and contract management support for any issues arising. This also allowed DHCW to have an oversight of the Contractors' performance across all Deployment Orders and provided an escalation route for Health Boards/ Trusts where local issues remained unresolved.

The national oversight will continue and become part of the SMB, where DHCW Commercial Services representatives will attend and continue to provide support on commercial and contractual matters that have not been resolved locally and have been escalated, or where there are issues affecting the Services at a national level. In addition, SMB will also take into consideration proposed Changes to the MSA and Deployment Orders that are likely to impact the Services at a national level.

Contract Management – Local (Health Boards/ Trusts):

While DHCW will continue to provide national oversight and attend the quarterly SMB, due to the structure of the RISP Contract and each Health Board/ Trust having their own local Deployment Order, there will also be a requirement for each contract to be managed locally as well. The roles and responsibilities for each Health Board/ Trust are set out below:

- Each Health Board/ Trust must ensure they are appropriately represented at the SMB.
- Following "Go Live", each Health Board/Trust must transition their monthly local implementation meetings into local Service Delivery Boards.
- Ensure the contract and the contractors' performance is monitored and managed in accordance with the terms and conditions set out in the MSA and their local Deployment Orders.
- Ensure that local Changes are reviewed, approved/rejected in accordance with the Change Control procedure.
- Escalate any issue of significance to the national SMB.

7.7 LESSONS LEARNT AND RECOMMENDATIONS

Throughout the Implementation phase, planning and implementation lessons learnt were pro-actively shared via the RISP National Implementation Steering Group and the RISP Programme Board Meetings. The DHCW RISP Programme team were key stakeholders for each of the local Implementation team's cutover planning to promote learning from previous implementations. Key themes that emerged during Implementations:

- Well defined cutover plans requiring multi-disciplinary teams activity across the Authority Party
- Lack of clarity of roles and responsibilities between Supplier and local IT teams
- Difficulties managing multiple third parties to align dates and times
- Communications outside of Radiology did not always reach intended audience
- Clinical Engagement and Business Change outside of Radiology could have been better
- Dealing with "bad data" ahead of go-live can minimise issues to be investigated on cutover weekend and post go live
- Well defined Business Continuity plans
- Missing Reference data for clinicians, locations etc. caused a lot of post go-live activity to fix
- Missing / Late requested firewalls and IPs caused numerous connectivity issues

A detailed Lessons Learned and Recommendations report will be developed and issued by the end of August 2026. Throughout August the Programme team in conjunction with Health Boards and Trusts will capture and incorporate local learnings.

APPENDICES

Appendix 1 – RISP All-Wales (National) CCNs:

Change Note Ref	Change Note Summary	Status
CCN001-AWDO PSBA Charges	Sets out the reduction of the AWL Fee. PSBA Charges were included in error.	Approved
CCN002-MSA, Sch 2.4 and 6.1	Sets out changes to the MSA (paragraph correction), Schedule 2.4 (additional wording for subsequent versions of ISO certifications) and Schedule 6.1 (moving Deliverables into RS Milestone).	Approved
CCN003-HNC Viewpoint Support Hours	Sets out the amendment to the support hours from 24/7 to Monday-Friday.	Approved
CCN004-AWDO AWL Charges	Sets out the transfer of the ownership and liability of the AWL Fee from the Health Boards/ Trusts to DHCW.	Approved
CCN005-Data Centre 2 Resilience (PSBA Pinch Point)	Sets out the required Changes to the Philips Solution design as a result of the PSBA issues at the Reading data centre.	Approved
CCN006-Changes to MSA Introduction of Phase 2 for orchestrator implementation	Sets out the Changes to the MSA and the introduction of a Phase 2 for implementation with regards to Orchestrator.	In Review
CCN007-Two additional sub-contractors	Sets out the required Changes to Schedule 4.3, and the addition of 2 sub-contractors (Capgemini and Solventus).	Approved
CCN008-Qaelum Licence Requirements	Sets out the required Changes to the Qaelum license requirements across NHS Wales.	Approved

Appendix 2 – Latest Supplier update on DICOM migrations :

Data Migration Update_wc 20260607

Appendix 3 – Final RISP Programme Board Supplier update

Wales RISP Programme Board - June 26.pdf

Wales RISP Programme Board - Ju