Cyfarfod Bwrdd Iechyd a Gofal Digidol Cymru - Cyhoeddus

Thu 30 September 2021, 10:00 - 14:00

Teams

Agenda

10:00 - 10:05
5 min

1. MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

I'w Nodi   *Cadeirydd*

1.2 Ymddiheuriadau absenoldeb

I'w Nodi   *Cadeirydd*

1.3 Datganiad o Fuddiannau

I'w Nodi   *Cadeirydd*

1.4 Materion sy'n Codi

I'w trofod   *Cadeirydd*

10:05 - 10:10
5 min

2. AGENDA GYDSYNIO - AM GYMERADWYO AC I'W NODI

2.1 Cofnodion 29 Iau 2021 Cyfarfod y Bwrdd sydd eto i'w cadarnhau

I'w Cymeradwyo   *Cadeirydd*

📄 2.1 DHCW Meeting-en-cy-C.pdf (22 pages)

2.2 Cofnodion Gweithredu

I'w Nodi   *Cadeirydd*

📄 2.2 Action log.pdf (1 pages)

2.3 Cynllun Gwaith Ymlaen

I'w Nodi   *Cadeirydd*

📄 2.3 Forward WorkPlan Report.pdf (4 pages)
📄 2.3i Appendix A DHCW - Board Work Programme 21_22 v7.pdf (3 pages)

2.4 Cynllun Adolygu Archwilio Clinigol a Chanlyniadau Cenedlaethol GIG Cymru

I'w Gymeradwyo   *Cadeirydd*

📄 2.4 NHS Wales National Clinical Audit and Outcome Review Plan.pdf (5 pages)

10:10 - 10:40
30 min

3. PRIF AGENDA - I'W DRAFOD

3.1 Cyflwyniad Gwrando a Dysgu a Rennir

I'w Drafod   *Cyfarwyddwr Meddygol Gweithredol*

- 📄 3.1 Shared Listening and Learning Cover Report - WIS.pdf (4 pages)
- 📄 3.1i Shared Listening and Learning Presentation - WIS.pdf (14 pages)

10:40 - 11:10
30 min

4. PRIF AGENDA - I'W HADOLYGU

4.1 Adroddiad y Cadeirydd

I'w Gymeradwyo   *Cadeirydd*

- 📄 4.1 Chair's Report.pdf (5 pages)

4.2 Adroddiad y Prif Weithredwr

I'w Nodi   *Prif Swyddog Gweithredol*

- 📄 4.2 Chief Executive's Report.pdf (6 pages)

EGWYL

11:10 - 12:50
100 min

5. PRIF AGENDA - EITEMAU STRATEGOL

5.1 Adroddiad Trosglwyddo Canolfan Ddata

Ar gyfer Sicrwydd   *Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu*

- 📄 5.1 Data Centre Transition Update Report.pdf (5 pages)

5.2 Dull Strategaeth Cwmwl

I'w Nodi   *Cyfarwyddwr Gweithredol Cyllid /Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu*

- 📄 5.2 Cloud Strategy Update Cover Sheet.pdf (4 pages)
- 📄 5.2i Appendix A - Cloud Strategy Update Report D-01.pdf (13 pages)

5.3 Diweddariad e-bresgripsiynu

I'w Nodi   *Prif Swyddog Gweithredol*

- 📄 5.3 DHCW ePrescribing Update Cover Report.pdf (7 pages)
- 📄 5.3i Appendix A ePrescribing Programme Brief v0.3.pdf (12 pages)

5.4 Adroddiad Caffael Strategol

I'w Gymeradwyo   *Prif Swyddog Gweithredu*

- 📄 5.4 Strategic Procurement Report Sept 21 FINAL.pdf (6 pages)
- 📄 5.4i GP Managed Print.pdf (8 pages)
- 📄 5.4ii Development TPP.pdf (7 pages)

5.5 Strategaeth Ymgysylltu â Rhanddeiliaid

I'w Chymeradwyo   *Prif Swyddog Gweithredu*

- 📄 5.5 Stakeholder Engagement Strategy cover paper.pdf (5 pages)
- 📄 5.5i Appendix A DHCW_Stakeholder Strategy _Full Draft V1.0_22.pdf (40 pages)

5.6 Cynnig Strwythur Gweithredol

I'w Gymeradwyo   *Prif Swyddog Gweithredol*

📄 5.6 Executive Structure Proposal Report Sept 2021.pdf (6 pages)

5.7 Dull Cynllun Tymor Canolig Integredig 2022-2025

I'w Gymeradwyo   *Prif Swyddog Gweithredu*

📄 5.7 DHCW Integrated Medium Term Plan 22_25 Approach.pdf (5 pages)
📄 5.7i DHCW IMTP 2022-2025 Approach Summary.pdf (4 pages)

EGWYL

12:50 - 13:45
55 min

6. PRIF AGENDA - LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD

6.1 Adroddiad Perfformiad Sefydliadol Integredig

I'w drafod   *Prif Swyddog Gweithredu*

📄 6.1 SHA Board Integrated Organisational Performance Report Cover Sheet.pdf (5 pages)
📄 6.1i SHA Board Integrated Organisational Performance Report 2108-Aug 2021.pdf (36 pages)

6.2 Adroddiad Strategaeth Fframwaith Rheoli Risg a Sicrwydd Bwrdd yn cynnwys y Gofrestr Risg Corfforaethol

I'w drafod   *Ysgrifennydd y Bwrdd*

📄 6.2 Risk Management Report.pdf (6 pages)
📄 6.2i Appendix A Risk Assessment Considerations.pdf (2 pages)
📄 6.2ii Appendix B DHCW Corporate Risk Register.pdf (8 pages)
📄 6.2iii Appendix C Risk Management & BAF Milestone Plan v4 26.08.21.pdf (2 pages)

6.3 Adroddiad Cyllid

I'w drafod   *Cyfarwyddwr Gweithredol Cyllid*

📄 6.3 SHA Board Finance Report August Final.pdf (16 pages)

6.4 Adroddiad Crynhoi Cynnydd Pwyllgor Llywodraethu a Diogelwch Digidol

Ar gyfer Sicrwydd   *Cadeirydd y Pwyllgor*

📄 6.4 DHCW Digital Governance & Safety Committee Highlight Report - August.pdf (6 pages)

6.5 Adroddiad Crynhoi Cynnydd y Fforwm Partneriaeth Lleol

Ar gyfer Sicrwydd   *Cadeirydd y Pwyllgor*

📄 6.5 DHCW Local Partnership Forum Highlight Report - August.pdf (5 pages)

13:45 - 13:45
0 min

7.MATERION I GLOI

7.1 Unrhyw Faterion Brys Eraill

I'w Drafod   *Cadeirydd*

7.2 Dyddiad y Cyfarfod Nesaf : 14 Hydref 2021

I'w Nodi   *Cadeirydd*

Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal

Cofnodion cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru a gynhaliwyd ddydd Iau 29 Gorffennaf 2021 fel cyfarfod rhithwir a ddarlledwyd yn fyw drwy Microsoft Teams.

🕐 10:00 hyd 13:00   📅 29/09/2021

Aelodau'n Bresennol	Cychwynnol	Teitl	Sefydliad
Bob Hudson	BH	Cadeirydd Dros Dro'r Bwrdd	Iechyd a Gofal Digidol Cymru
Ruth Glazzard	RG	Is-gadeirydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Siân Doyle	SD	Aelod Annibynnol, Cadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Rowan Gardner	RoG	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Llywodraethu a Diogelwch Digidol	Iechyd a Gofal Digidol Cymru
Marian Wyn Jones	MWJ	Aelod Annibynnol, Cadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Grace Quantock	GQ	Aelod Annibynnol, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
David Selway	DS	Aelod Annibynnol, Aelod o'r Pwyllgor Llywodraethu a Diogelwch Digidol a'r Pwyllgor Archwilio a Sicrwydd	Iechyd a Gofal Digidol Cymru
Helen Thomas	HT	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Rhidian Hurle	RH	Cyfarwyddwr Meddygol Gweithredol	Iechyd a

			Gofal Digidol Cymru
Claire Osmundsen-Little	COL	Cyfarwyddwr Gweithredol Cyllid	Iechyd a Gofal Digidol Cymru

Yn bresennol	Cychwynnol	Teitl	Sefydliad
Michelle Sell	MS	Prif Swyddog Gweithredol	Iechyd a Gofal Digidol Cymru
Carwyn Lloyd-Jones	CLJ	Cyfarwyddwr Technoleg Gwybodaeth a Chyfathrebu	Iechyd a Gofal Digidol Cymru
Chris Darling	CD	Ysgrifennydd y Bwrdd	Iechyd a Gofal Digidol Cymru
Cheryl Way (ar gyfer eitem 3.1)	CW	Arweinydd Rheoli Meddyginiaethau a Fferylliaeth Integredig	Iechyd a Gofal Digidol Cymru
Gareth Hughes (ar gyfer eitem 3.1)	(GH)	Fferyllydd Uwcharolygol i Sheppard's Pharmacies	GIG
Dr Efi Mantzourani (ar gyfer eitem 3.1)	EM	Arweinydd Ymchwil a Gwerthuso Dewis Fferyllfa	Prifysgol Caerdydd
Sophie Fuller	SF	Rheolwr Llywodraethu Corfforaethol a Sicrwydd	Iechyd a Gofal Digidol Cymru
Julie Robinson	JR	Ysgrifenyddiaeth y Cyfarfod	Iechyd a Gofal Digidol Cymru

Ymddiheuriadau	Teitl	Sefydliad
Rachael Powell	Dirprwy Gyfarwyddwr Gwybodaeth	Iechyd a Gofal Digidol Cymru

Acronymau			
Iechyd a Gofal Digidol Cymru	Iechyd a Gofal Digidol Cymru	SHA	Awdurdod Iechyd Arbennig
CEO	Prif Swyddog Gweithredol	LlC	Llywodraeth Cymru
DCT	Trosglwyddo Canolfan Ddata	Gwasanaeth Gwybodeg GIG Cymru	Gwasanaeth Gwybodeg GIG Cymru (NWIS)
YR ADNODD DATA CENEDLAETHOL	Adnodd Data Cenedlaethol	MOU	Memorandwm Cyd-ddealltwriaeth
DPIF	Cronfa Buddsoddi Blaenoriaethau Digidol	TPP	Profi, Olrhain a Diogelu
DSPP	Gwasanaethau Digidol ar gyfer Cleifion a'r Cyhoedd		

Rhif yr Eitem	Manylion yr Eitem	Canlyniad	I'w gweithredu gan
MATERION RHAGARWEINIOL			
1.1	**Croeso ac Ymddiheuriadau** Croesawodd y Cadeirydd Dros Dro, Bob Hudson (BH) aelodau'r Bwrdd a'r cyhoedd i drydydd cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a Gofal Digidol Cymru (DHCW) Cafodd y cyfarfod ei ddarlledu'n fyw oherwydd y cyfyngiadau Covid-19 parhaus o ran digwyddiadau cyhoeddus a theithio hanfodol. Mae'r broses hon wedi'i monitro'n barhaus a chaiff ei hasesu yn unol ag unrhyw ddiweddariadau i ganllawiau Llywodraeth Cymru. Mae'r cofnod ar gael drwy wefan Iechyd a Gofal Digidol Cymru ar gyfer unrhyw bersonau nad ydynt yn gallu cael mynediad i'r cyfarfod yn fyw. Croesawodd BH randdeiliaid gan gynnwys Mr Andrew Fletcher yr Aelod Cyswllt newydd ar gyfer Undebau Llafur a fydd yn dechrau ar 1 Awst, ac aelodau o'r cyhoedd a oedd yn gwylio'n fyw neu drwy'r recordiad. Darparodd y Cadeirydd hysbysiadau cadw tŷ ynghylch agweddau technegol ffrydio byw'r cyfarfod, y seibiannau arfaethedig, a'r defnydd o'r agenda caniatâd ar gyfer eitemau	Nodwyd	Dim i'w nodi

	2.1 i 2.5. Yna, amlinellodd y Cadeirydd yr eitemau o fewn yr agenda caniatâd a dywedodd y byddai aelodau'r Bwrdd yn cael cyfle i ddod ag unrhyw un o'r eitemau hynny ar y brif agenda ermwyn cael trafodaeth fwy llawn yn eitem 1.4.			
1.2	**Ymddiheuriadau absenoldeb** Nodwyd ymddiheuriadau am absenoldeb gan: Rachel Powell, Dirprwy Gyfarwyddwr Gwybodaeth.	Nodwyd	Dim i'w nodi	
1.3	**Datganiadau o Fuddiannau** Nodwyd bod Rhidian Hurle (RH), Cyfarwyddwr Meddygol, wedi cynnwys yn ei Ddatganiad o Fuddiant ei fod yn briod â Meddyg Teulu a oedd yn berthnasol i eitem 5.3 ar yr agenda, y dyfarniad contract ar gyfer fframwaith cyflenwyr systemau meddygon teulu newydd. Yn dilyn trafodaethau ar hyn, cadarnhawyd nad oedd gan RH unrhyw ran uniongyrchol yn y broses ac nad oedd unrhyw rwystr iddo gymryd rhan yn y drafodaeth. Nododd y Cadeirydd ei ddiolch i RH am dynnu sylw at ei Ddatganiad o Fuddiant a nodwyd ar gyfer y cofnod.	Nodwyd	Dim i'w nodi	
1.4	**Materion sy'n Codi** Ni nodwyd unrhyw eitemau ar yr agenda caniatâd gan aelodau'r Bwrdd ar gyfer eu symud i'r brif agenda.	Trafodwyd	Dim i'w nodi	
AGENDA CYDSYNIO - I'W CHYMERADWYO				
2.1	**Cofnodion Cyfarfod y Bwrdd 27 Mai 2021 sydd eto i'w cadarnhau** **Penderfynodd y Bwrdd:** **GYMERADWYO** Cofnodion y cyfarfod diwethaf.	Cymeradwywyd	Dim i'w nodi	
2.2	**Cofnodion Gweithredu** Roedd un weithred **wedi'i chwblhau** a gellir ei chau erbyn hyn: • 20210527-A03 - Tîm Llywodraethu Corfforaethol i gynnwys adrodd ar berfformiad mewn sesiwn datblygu Bwrdd. Nodwyd hyn yn y blaengynllun gwaith ar gyfer Datblygu'r Bwrdd. Mae dau gam gweithredu **ar y gweill**: • 20210527-A01 - Creu fframwaith ar gyfer monitro	Nodwyd	Dim i'w nodi	

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Gofal Digidol Cymru 20210930

	ymgorffori dysgu sefydliadol o wrando a dysgu a rennir Bwriedir cyflwyno hyn ym Mwrdd mis Tachwedd. • 20210527-A02 - Cynnwys cynnydd gwasanaethau sy'n cael eu datblygu yn yr adroddiadau. Cynhaliwyd cyfarfodydd gydag Aelodau Annibynnol i ddiffinio'r dull o adrodd ar brosiectau a rhaglenni i'r Pwyllgorau a'r Bwrdd. **Penderfynodd y Bwrdd:** **NODI** y log gweithredu.		
2.3	**Blaengynllun** **Penderfynodd y Bwrdd:** **NODI** cynnwys y Blaengynllun.	Nodwyd	Dim i'w nodi
2.4	**Polisi Parch a Datrys Cymru Gyfan ar gyfer ei Weithredu** **Penderfynodd y Bwrdd:** **NODI** y Polisi Parch a Datrys Cymru Gyfan ar gyfer ei fabwysiadu a'i Weithredu.	Nodwyd	Dim i'w nodi
2.5	**Adroddiad Diweddaru Cynllun Blynyddol 2021/22** **Penderfynodd y Bwrdd:** **NODI** Adroddiad Diweddaru Cynllun Blynyddol 2021/22 yn dilyn adborth gan Lywodraeth Cymru	Nodwyd	Dim i'w nodi
PRIF AGENDA			
RHAN 3 - I'W DRAFOD			
3.1	**Stori Claf neu Ddefnyddiwr**		
	Cytunodd y Bwrdd ar y dull o ddysgu sefydliadol drwy straeon cleifion/staff/clinigwyr yn ei gyfarfod ar 27 Mai. Gwahoddodd y Cadeirydd RH i gyflwyno'r Arweinydd Clinigol – Fferylliaeth, Cheryl Way (CW) a'i chydweithwyr Gareth Hughes (GH) ac Efi Mantzourani (EM) a arweiniodd y drafodaeth ar stori'r clinigwr a ddewiswyd o'r Rhaglen Dewis Fferyllfa. Rhoddodd CW drosolwg o'r Rhaglen a'r cefndir a oedd yn ymateb i ymrwymiad Llywodraeth Cymru i ddarparu Gwasanaeth Anhwylderau Cyffredin mewn fferyllfeydd cymunedol. Aeth y cyflwyniad â'r Bwrdd drwy'r cynnydd a wnaed ers ei sefydlu yn 2013 pan gafodd ei dreialu mewn 32 o fferyllfeydd ar draws 2 Fwrdd Iechyd. Roedd y cyflwyniad yn canolbwyntio ar dreialu a gweithredu Prosiect Profi a Thrin		

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Gofal Digidol Cymru 20210930

Dolur Gwddf.

Tynnodd GH sylw at fanteision y Rhaglen Dewis Fferyllfa gyffredinol o safbwynt fferyllydd cymunedol a lwyddodd i wneud y system yn fwy diogel ac yn fwy effeithlon i'r claf.

Soniodd Marian Wyn Jones (MWJ) mewn perthynas â'r gwasanaeth sut y gellid cynyddu'r potensial a beth arall y gellid ei wneud i addysgu a chodi ymwybyddiaeth gydag aelodau o'r cyhoedd.

Rhoddodd CW sicrwydd eu bod bob amser wedi gweithio'n agos gyda'r tîm gofal sylfaenol yn Iechyd a Gofal Digidol Cymru, a'u bod yn ymweld â meddygfeydd a fferyllfeydd cymunedol fel mater o drefn i godi ymwybyddiaeth a darparu cymorth. Roedd gwaith ar hyrwyddo'r Rhaglen yn mynd rhagddo gyda Llywodraeth Cymru, ac roedd ffeithluniau ar Twitter dros y gaeaf wedi helpu i gael y wybodaeth allan i gynulleidfa ehangach.   Roedd gweithio gyda Fferylliaeth Gymunedol Cymru hefyd yn sicrhau bod fferyllwyr bob amser ar gael lle mae'r gwasanaeth ar gael.

Nodwyd y gellid adnewyddu rhywfaint o lenyddiaeth yr ymgyrch ond Llywodraeth Cymru sy'n berchen ar yr hawlfraint, felly byddai gwaith yn parhau gyda hwy i sicrhau bod hyn yn cael ei wneud.

Cadarnhaodd RH fod y Rhaglen wedi derbyn cefnogaeth weinidogol glir yn y maes cyhoeddus gyda hwy'n ymweld â fferyllwyr cymunedol, yn defnyddio'r gwasanaeth, ac yn tynnu sylw at fanteision cyfeirio'r cleifion at wasanaethau priodol.

Gofynnodd HT ble y dylai'r blaenoriaethau fod yn y dyfodol ar gyfer y gweithredu a ble gallai sicrhau'r manteision mwyaf mewn gwasanaethau newydd.

Y farn ar hyn o bryd oedd ei bod yn ymwneud ag ehangu'r gwasanaeth presgripsiynu presennol, fel oedd yn digwydd yng Nghwm Taf Morgannwg. Nod y gwasanaeth yw darparu cymorth anhwylderau cyffredin i'r gymuned sydd ar gael ym mhob fferyllfa.

Byddant yn parhau i adeiladu ar wasanaethau eraill drwy alluogi unigolion eraill i ymgymryd â gwaith er mwyn rhyddhau'r fferyllwyr i ganolbwyntio ar waith y gall dim ond fferyllwyr ei wneud.

Siaradodd Grace Quantock (GQ) am sut y gellid datblygu agweddau ymgysylltu cydweithredol y Rhaglen.

Cadarnhaodd CW fod angen llawer o ymgysylltu â gwahanol randdeiliaid cyn y gellir mesur yr hyn a oedd yn ofynnol ar gyfer datblygu'r gwasanaeth ledled Cymru, ond bydd rhan cleifion yn cael ei gynnwys yn yr ymgysylltiad yn y dyfodol.

6Cyfarfod Bwrdd Awdurdod Iechyd Arbennig Iechyd a

	Nododd y Bwrdd y nifer o Raglenni peilot a gychwynnwyd a phwysigrwydd sicrhau eu bod yn cael eu monitro o ran eu heffeithiolrwydd. Y rheswm dros lwyddiant y peilot Profi a Thrin Dolur Gwddf oedd bod yna dîm gwerthuso pwrpasol yn monitro ei gynnydd drwy gydol y peilot cyn i'r gwasanaeth gael ei gyflwyno'n llawn. Capasiti, cyllid a chysylltiad data oedd y pethau pwysicaf er mwyn sicrhau bod y cynlluniau peilot yn llwyddiannus ac yn ystyrlon.

Nododd y Bwrdd fod ffyrdd newydd o weithio a darparu gwasanaethau i'r cyhoedd drwy ymgynghoriadau rhithwir a dros y ffôn yn dilyn y cyfyngiadau Covid yn caniatáu parhau â'r gwasanaeth ac yn hwyluso mynediad haws i'r cyhoedd.

Diolchodd BH i CW a'i chydweithwyr am ymuno â'r cyfarfod y bore yma ac am y cyflwyniad addysgiadol.

Penderfynodd y Bwrdd i:

DRAFOD y cyflwyniad gwrando a dysgu ar y cyd a ddarparwyd gan stori Dewis Fferyllfa. | | |
| **RHAN 4 - I'W HADOLYGU** | | | |
| 4.1 | **Adroddiad y Cadeirydd**

Amlinellodd y Cadeirydd yr uchafbwyntiau yn yr adroddiad.

Bwrdd Iechyd a Gofal Digidol Cymru i Fwrdd GIG Cymru

Nododd BH fel rhan o'r dull o ddatblygu ymgysylltu â rhanddeiliaid y Bwrdd, bod sgyrsiau cychwynnol yn cael eu trefnu gyda phob un o'r prif sefydliadau iechyd. Wedi'u cynllunio er mwyn helpu i feithrin perthynas gydweithredol â'n partneriaid iechyd a gofal, deall beth oedd yn digwydd yn lleol a beth oedd y materion a beth y gellid ei wneud drwy weithio mewn partneriaeth i hyrwyddo'r agenda.
Cynhaliwyd y cyntaf o'r cyfarfodydd hyn ar 14 Gorffennaf gyda Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg ac ers i'r adroddiad gael ei ysgrifennu roedd cyfarfodydd gydag Ymddiriedolaeth GIG Prifysgol Hywel Dda a Felindre hefyd wedi'u cynnal.

Y Rhaglen Lywodraethu

Cyhoeddwyd y Rhaglen Lywodraethu ar gyfer y cyfnod 2021-2026 gan y Llywodraeth. Mae'r rhaglen yn cynnwys ffocws ar dechnolegau digidol a newydd.

Cyfarfod y Cadeirydd a'r Prif Swyddog Gweithredol gyda'r Gweinidog

Yng nghyfarfod y Cadeirydd, roedd y Gweinidog wedi diolch yn arbennig i holl staff y GIG am eu gwaith drwy gydol y | Nodwyd | Dim i'w nodi |

	pandemig ac ategodd BH y sylwadau hynny.			
	Penodi Cadeirydd Iechyd a Gofal Digidol Cymru			
	Atgoffodd BH y Bwrdd fod ei benodiad fel Cadeirydd dros dro am gyfnod o flwyddyn ar y mwyaf a byddai ei gyfnod yn y swydd yn dod i ben erbyn diwedd mis Hydref fan bellaf. Roedd y broses penodiadau cyhoeddus yn rhedeg ar hyn o bryd ar gyfer penodi'r Cadeirydd parhaol a byddai cyfweliadau'n cael eu cynnal ganol mis Awst. Unwaith y byddai'r penodiad wedi'i wneud, byddai BH yn helpu i bontio.			
	Aelod Cyswllt o'r Bwrdd – Undeb Llafur			
	Ailadroddodd BH ei groeso i'r Aelod Cyswllt newydd o'r Bwrdd (Undeb Llafur), Mr Andrew Fletcher. Bydd AF yn ymgymryd â'i swydd yn swyddogol ar 1 Awst a byddai'n ychwanegiad i'w groesawu i'r Bwrdd mewn swydd *ex officio*. Roedd cyfarfodydd rhagarweiniol wrthi'n cael eu trefnu gydag aelodau'r Bwrdd.			
	Sesiwn Datblygu'r Bwrdd 1 Gorffennaf 2021			
	Cynhelir sesiynau Datblygu'r Bwrdd yn y misoedd rhwng cyfarfodydd y Bwrdd. Cynhaliwyd yr un diwethaf ar 1 Gorffennaf pan drafodwyd ystod eang o faterion gan gynnwys risg a Sicrwydd y Bwrdd.			
	Cyfarfod gyda'r Pennaeth Archwilio Mewnol			
	Cynhaliwyd cyfarfod rhagarweiniol cychwynnol gyda James Quance, y Pennaeth Archwilio Mewnol, i drafod eu hymagwedd at y gwaith gofynnol a sefydlu perthynas waith effeithiol.			
	Penodi Is-gadeirydd Iechyd a Gofal Digidol Cymru i Fwrdd Canolfan Gwasanaethau Digidol Cymru.			
	Penodwyd Ruth Glazzard (RG) yn aelod Bwrdd dros dro ar gyfer Bwrdd Canolfan Gwasanaethau Digidol Cymru. Mae synergedd clir rhwng y sefydliad hwn ac Iechyd a Gofal Digidol Cymru ac roedd yn fanteisiol cael perthynas dda ar draws y Bwrdd â Chanolfan Gwasanaethau Digidol Cymru.			
	Tynnodd BH sylw'r Bwrdd hefyd at y ffaith bod GQ, Is-gadeirydd y Pwyllgor Archwilio a Sicrwydd, yn aelod o Fwrdd un arall o bartneriaid allweddol Iechyd a Gofal Digidol Cymru, sef Gofal Cymdeithasol Cymru.			
	Penderfynodd y Bwrdd:			
	NODI cynnwys yr adroddiad			
4.2	**Adroddiad y Prif Swyddog Gweithredol**		Nodwyd	Rhannu gwybodaeth Fformiwla
	Gwahoddodd y Cadeirydd HT i gyflwyno Adroddiad y Prif			

Swyddog Gweithredol.

Amlinellodd HT y pwyntiau allweddol yn yr adroddiad.

Cyfarfod Bwrdd Rhaglen yr Awdurdod Iechyd Arbennig (8 Gorffennaf)

Derbyniwyd adroddiad cau'r Rhaglen gan Fwrdd y Rhaglen, gan gydnabod bod Iechyd Digidol Cymru wedi'i sefydlu'n llwyddiannus. Mae cyfarfod terfynol ym mis Hydref wedi'i drefnu.

Memorandwm Cyd-ddealltwriaeth a Chytundeb Darparu Gwasanaethau (POSA) gyda Diweddariad NHS Digital

Mae nifer o Femorandwm Cyd-ddealltwriaethau yn cael eu sefydlu gyda sefydliadau y mae perthynas agos â hwy. Roedd y rhain yn cael eu drafftio a byddent yn dod i'r Bwrdd i'w cymeradwyo'n derfynol.

Mae'r Memorandwm Cyd-ddealltwriaeth gyda NHS Digital yn canolbwyntio'n bennaf ar gyfnewid data.

Memorandwm Cyd-ddealltwriaeth rhwng Iechyd a Gofal Digidol Cymru a Gofal Cymdeithasol Cymru (GCC)

Mae'r Memorandwm Cyd-ddealltwriaeth hwn wedi adeiladu ar y gwaith presennol sydd wedi'i wneud gyda Gofal Cymdeithasol Cymru i egluro'r dyletswyddau a'r cyfrifoldebau, yn enwedig o ran gwaith o dan y rhaglen Adnodd Data Cenedlaethol (NDR) lle'r oedd y gwaith strategaeth ddata ar gyfer Gofal Cymdeithasol yn cael ei ddatblygu.

Cydweithio rhwng Iechyd a Gofal Digidol Cymru a Chydweithrediad GIG Cymru

Gweithiodd Iechyd a Gofal Digidol Cymru yn agos gyda Chydweithrediad GIG Cymru ar sawl menter genedlaethol allweddol. Roedd gwaith wedi'i wneud ar nodi dyletswyddau a chyfrifoldebau o ran datblygu a chefnogi mentrau digidol cenedlaethol yn ysbryd Memorandwm Cyd-ddealltwriaeth.

Ymgysylltu Gweithredol Strategol

Roedd sawl sesiwn strategol wedi'i chynnal gyda Thîm Gweithredol y Corff Iechyd partner i'r Tîm Gweithredol Iechyd a Gofal Digidol Cymru; diben y sesiynau oedd deall blaenoriaethau strategol y sefydliadau y mae Iechyd a Gofal Digidol Cymru yn gweithio gyda nhw a hefyd i ddatblygu cynllun ar y cyd rhwng y sefydliadau cyflenwi lleol ac Iechyd a Gofal Digidol Cymru.

Ymateb Iechyd a Gofal Digidol Cymru i Covid-19

Mae Iechyd a Gofal Digidol Cymru wedi darparu ymateb

Barnet ac arbedion i Gymru.

digidol ar gyfer y Rhaglen Profi, Olrhain a Diogelu a'r Rhaglen Frechu i Gymru. Roedd rhagor o waith blaenoriaeth wedi digwydd yn ystod y cyfnod hwn - cefnogwyd y pàs brechu Covid gan Iechyd a Gofal Digidol Cymru h.y. argaeledd y pàs y gellir ei argraffu, a ddilynwyd yn gyflym gan y pàs digidol. Roedd gwaith ar y Rhaglen atgyfnerthu ar y gweill gydag archwiliadau ar ddefnyddio system archebu ddigidol.

Adborth y Cyfarfod Cydbwyllgor Gweithredol (JET)

Cynhaliwyd y cyfarfod cyntaf gydag Andrew Goodall a'i Dîm Gweithredol yn gynharach ym mis Gorffennaf. Diben y cyfarfodydd hyn yw cael adolygiad ffurfiol o'r flwyddyn a aeth heibio ac edrych ymlaen at y flwyddyn i ddod. Roedd y sesiwn yn gadarnhaol iawn ac yn ddefnyddiol wrth fyfyrio dros y flwyddyn flaenorol. Diolchodd Andrew Goodall i staff Iechyd a Gofal Digidol Cymru am eu cefnogaeth a'u datblygiadau dros y flwyddyn ddiwethaf yn ystod y pandemig.

Trosglwyddo Canolfannau Data

Roedd y cynllun ar gyfer Trosglwyddo Canolfannau Data yn adrodd ei fod ar y trywydd iawn; byddwn yn gadael un o'r canolfannau data ddiwedd mis Hydref.

Strwythur Lefel Uchaf y Sefydliad

Ymdriniwyd â hyn yn eitem nesaf yr agenda.

Adborth Cynllun Blynyddol Llywodraeth Cymru

Nodwyd hyn yn yr agenda ar eitem 2.5

Cyfarfod CEO gyda'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Cyfarfu HT â'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol yn gynharach yn y mis lle'r oedd y trafodaethau wedi canolbwyntio ar flaenoriaethau ar gyfer y sefydliad newydd. Y negeseuon allweddol gan y gweinidog newydd oedd adeiladu ar ymateb cadarnhaol y pandemig a thynnwyd sylw at ddau brif faes ar gyfer y gweinidog; y cynnig digidol i gleifion, sut y byddwn yn cyfathrebu â chleifion ac yn eu cefnogi yn eu hiechyd a'u llesiant ac e-bresgripsiynu.

Bydd cyfarfodydd pellach yn cael eu trefnu yn ystod y misoedd nesaf.

Agorodd y Cadeirydd yr eitem i'r aelodau.

Ailadroddodd Rowan Gardner (RoG) ei diolch am yr ymateb yn ystod y pandemig Covid a chyfeiriodd at erthygl ddiweddar yn y Financial Times, sef adroddiad a gyhoeddwyd gan Ganolfan Llywodraethiant Cymru, Prifysgol Caerdydd lle cymharwyd yr

	arian a ddyrannwyd i Gymru o San Steffan o dan Fformiwla Barnet â Lloegr. Oherwydd dull y sector cyhoeddus a gymerwyd gan Lywodraeth Cymru, roedd y llywodraeth wedi gwario llai y pen nag yn Lloegr. Bu Iechyd a Gofal Digidol Cymru yn allweddol wrth ddarparu gwasanaeth Covid Digidol yng Nghymru o ran cyfrannu at yr arbedion hynny.		
	Awgrymodd RoG y dylid rhannu'r wybodaeth hon â'r sefydliad yn ehangach os nad oedd eisoes wedi cael ei rhannu.		
	CAM GWEITHREDU 20210729-A01 Rhannu gwybodaeth am Fformiwla Barnet ac arbedion i Gymru.		
	Penderfynodd y Bwrdd:		
	NODI cynnwys adroddiad y Prif Swyddog Gweithredol.		
4.3	Egwyl		
RHAN 5 - EITEMAU STRATEGOL			
5.1	**Cynnig Strwythur Gweithredol**	Cymeradwywyd	Dim i'w nodi
	Gwahoddodd BH HT i gyflwyno'r Cynnig Strwythur Gweithredol		
	Cadarnhaodd HT mai diben y papur oedd rhoi cynnig Strwythur Gweithredol i'r Bwrdd ar gyfer y sefydliad a nodi'r amserlen ar gyfer y broses a fyddai'n cael ei datblygu o dan Bolisi Newid Sefydliadol y GIG.		
	Gofynnwyd i'r Bwrdd nodi'r Gorchymyn Sefydlu ar gyfer Iechyd a Gofal Digidol Cymru a oedd yn nodi y byddai pum rôl Swyddog Gweithredol. Pennwyd tri o'r rheini yn y Gorchymyn Sefydlu (Prif Swyddog Gweithredol, Cyfarwyddwr Gweithredol Cyllid a Chyfarwyddwr Meddygol Gweithredol), penodwyd y rhain ac roedd dwy swydd i'w penodi o hyd.		
	Roedd y papur yn canolbwyntio ar y ddwy swydd Weithredol oedd yn weddill; y cyntaf oedd Cyfarwyddwr Cyflenwi Digidol, a fyddai'n datblygu'r gwasanaethau gweithredol a'r ail oedd Cyfarwyddwr Strategaeth i ymgymryd â'r gwaith o gynllunio a sganio'r gorwel ar gyfer y sefydliad. Cynigiodd y papur hefyd ddwy rôl Cyfarwyddwr ychwanegol na fyddai'n cael pleidlais Weithredol yn y Bwrdd. Y rheswm dros y ddwy swydd ychwanegol oedd canolbwyntio ar yr hyn yr oedd ei angen ar yr agenda integreiddio gofal sylfaenol a chymunedol a bod yn glir ynghylch beth oedd y cynnig strategol digidol yn y maes gwaith hwn. Yr ail swydd oedd gallu canolbwyntio ar y gweithlu, sef ased mwyaf Iechyd a Gofal Digidol Cymru. Mae'n bwysig cael llif o dalent yn y disgyblaethau proffesiynol sy'n symud i fyny drwy'r sefydliad a datblygu swyddi arwain o dan yr agenda Datblygiad Proffesiynol i gefnogi llwyddiant y		

sefydliad yn y dyfodol.

Roedd y strwythur arfaethedig gyda'r ffocws ar gyflawni a strategaeth yn mynd i'r afael â rhai o'r beirniadaethau yr oedd y sefydliad blaenorol (NWIS) wedi'u derbyn.

Roedd sawl cam yn y broses i'w cwblhau o hyd ond roedd yn symud tuag at y broses recriwtio allanol ar gyfer y swyddi a nodwyd. Nododd y Bwrdd ei bod yn debygol o gymryd peth amser i recriwtio i'r swyddi hyn.

Nododd y Bwrdd fod y strwythur arfaethedig wedi'i gyhoeddi o dan ymgynghoriad â'r Uwch dîm arweinyddiaeth yn Iechyd a Gofal Digidol Cymru ac fe'i rhannwyd fel rhan o'r Briff Staff i'r sefydliad ehangach. Roedd adborth gan yr holl staff wedi'i annog ac unwaith y byddai'r holl sylwadau wedi'u hadolygu, byddai'n cael ei gyflwyno i aelodau'r Bwrdd.

Diolchodd HT i dîm arweinyddiaeth Iechyd a Gofal Digidol Cymru am eu harweinyddiaeth, eu cefnogaeth a'u hymrwymiad i'r sefydliad.

Pwysleisiodd BH ei bod yn bwysig nodi, wrth gymeradwyo'r dull gweithredu heddiw, y byddai'n rhoi'r sefydliad mewn cyfnod ymgynghori, lle y gallai'r dull gweithredu newid ar ôl derbyn adborth a bydd angen ei adolygu. Roedd sefydlu'r Bwrdd a'r tîm Gweithredol llawn yn flaenoriaeth allweddol i'r sefydliad.

Penderfynodd y Bwrdd:

GYMERADWYO'r amserlen a'r broses i fwrw ymlaen â'r strwythur sefydliadol lefel uchaf arfaethedig.

5.2	**Strategaeth Ymgysylltu â Rhanddeiliaid** Gwahoddodd BH Michelle Sell (MS) i gyflwyno adroddiad diweddaru'r Strategaeth Ymgysylltu â Rhanddeiliaid. Rhoddodd MS ddiweddariad ar y Strategaeth Ymgysylltu â Rhanddeiliaid a gafodd ei chydnabod fel blaenoriaeth allweddol i Iechyd a Gofal Digidol Cymru fel sefydliad newydd i ddatblygu strategaeth ar sut i ymgysylltu â rhanddeiliaid allweddol a'r cynllun i fwrw ymlaen â hynny. Yn gwmni sydd â phrofiad helaeth o ymgysylltu a gweithio gydag amrywiaeth o sefydliadau, penodwyd y Consultation Institute i weithio gydag Iechyd a Gofal Digidol. Gofynnwyd iddynt ganolbwyntio ar ymgysylltu â rhanddeiliaid sy'n wynebu allan. Byddai rhanddeiliaid mewnol a strategaeth gyfathrebu yn cael eu trin ar wahân. Y gwaith i'w wneud oedd; mynegi gweledigaeth a gwerthoedd Iechyd a Gofal Digidol Cymru a deall pwy oedd ein rhanddeiliaid, a'r ffordd orau o ymgysylltu â hwy, a fyddai'n	Nodwyd	Dim i'w nodi

		broses barhaus.		

Yn dilyn hyn, byddai'r Strategaeth Ymgysylltu yn cael ei datblygu a'r cynllun ynghylch sut y byddai'n cael ei datblygu.

Amlinellodd MS gynnydd da a chadarnhaodd y byddai'r holl adborth a mewnbwn yn cael eu dwyn yn ôl i sesiwn ddatblygu gyda'r Bwrdd ddechrau mis Medi gyda'r bwriad o ddod â'r Strategaeth Ymgysylltu â Rhanddeiliaid i gyfarfod ffurfiol y Bwrdd ym mis Medi.

Dywedodd DS nad oedd y Cyfarwyddwr Strategaeth newydd yn debygol o fod yn ei swydd cyn mis Ionawr 2022, ond byddai penderfyniadau ar y cynllun yn cael eu gwneud erbyn mis Rhagfyr 2021 a olygai na fyddent yn cael digon o fewnbwn i'r cynllun. Gofynnwyd felly a ellid ailystyried amseriadau.

Dywedodd MS ei bod yn amseriad diddorol, fodd bynnag, roedd ymgysylltu'n barhaus a byddai gwaith ar yr IMTP yn dechrau ym mis Medi, felly efallai y byddai'n ddoeth meddwl am strategaeth dros dro neu gamau dros dro yr oedd y Bwrdd yn gyfforddus â hwy a fyddai'n galluogi'r Cyfarwyddwyr newydd i gynnig eu safbwyntiau.

Cytunodd BH ei bod yn bwysig peidio ag oedi'r broses, ond byddai angen ymgorffori ymgysylltiad a safbwyntiau'r rhai newydd a benodir.

Cytunodd Siân Doyle fod canolbwyntio ar farn rhanddeiliaid allanol yn bwysig er mwyn cael dealltwriaeth o'r hyn yr oeddent am ei gael a gofynnodd am eglurhad ynghylch a fyddai cleifion a dinasyddion yn rhan o'r gwaith allanol a'r grwpiau ffocws er mwyn cael eu barn ar yr agenda ddigidol.

Cadarnhaodd MS fod trafodaethau ar y mater hwn wedi'u cynnal a bydd barn cleifion a'r rhai sy'n derbyn gofal yn bennaf wrth gynnwys y gwaith a wnaed.

Penderfynodd y Bwrdd:

NODI adroddiad diweddaru'r Strategaeth Ymgysylltu â Rhanddeiliaid

	5.3	**Adroddiad Caffael Strategol**	Cymeradwywyd	Dim i'w nodi

Gwahoddodd BH MS i gyflwyno'r Adroddiad Caffael Strategol.

Cadarnhaodd MS, yn unol â'r Rheolau Sefydlog, ei bod yn ofynnol cyflwyno unrhyw gontractau dros £750,000 i'r Bwrdd i'w cymeradwyo. Roedd contractau'n aml yn cael eu gweithredu nid yn unig er budd Iechyd a Gofal Digidol Cymru ond i sefydliadau eraill y GIG ac mae'r tri chontract a gyflwynir heddiw yn dod o dan y categori hwnnw. Gyda'r budd ehangach hwn, roedd llywodraethu'n allweddol o ran sut rydym yn

ymgysylltu â'r rhanddeiliaid a'r rhai sy'n gwneud penderfyniadau cywir.

Trafodwyd y dyfarniad contract cyntaf ar gyfer y Systemau Meddygon Teulu a hysbyswyd y Bwrdd ei fod yn gytundeb fframwaith ar gyfer ymgysylltu â chyflenwyr; roedd yn gytundeb amlgyflenwr i gyd-fynd â'r gofynion y mae'r Rhaglen wedi'u nodi fel rhai o gryn bwysigrwydd a'u galluogi i gael dewis o systemau.

Sefydlwyd Bwrdd penodol i reoli gwasanaethau TG Meddygon Teulu o'r enw Bwrdd GMS IM&T. Roedd hwn yn Fwrdd gyda ystod eang o randdeiliaid gyda nifer o gyfrifoldebau gan gynnwys cytuno ar yr argymhelliad ynghylch pwy fyddai'n cael eu penodi i'r fframwaith.

Darparwyd y cyllid ar gyfer y gwasanaethau hyn gan Lywodraeth Cymru o gyllideb wedi'i neilltuo.

Amlinellwyd y tri chyflenwr oedd yn bodloni'r gofynion yn y papur a chynigiwyd eu penodi i'r fframwaith.

Diolchodd RoG i MS am gyflwyno'r broses gaffael gadarn a gynhaliwyd a chroesawodd y contract bryd hynny. Holwyd a oedd unrhyw bosibilrwydd o fynd yn ôl i GMS IM&T i weld a oedd unrhyw gyfle i gael gwasanaeth ychwanegol posibl wrth symud ymlaen.

Ymatebodd MS ei bod yn farchnad gystadleuol ond cymharol fach gyda thua 400 o bractisiau yng Nghymru; roedd yn well cynnal y dewis ar gyfer practisiau unigol a fyddai â barn glir am yr hyn a oedd yn gweithio iddynt. Cytunwyd ar fodel pris sefydlog ar gyfer yr holl wasanaethau meddygon teulu craidd. Roedd agweddau gyda mwy o ymarferoldeb a fyddai'n dod am gost ychwanegol. Byddai'r dewis o ba un o'r tair system a ddefnyddiwyd yn cael ei wneud gan y practis eu hunain i gyd-fynd â'u gofynion. Wrth i bractisiau ddechrau arfer eu dewis, byddem yn dechrau gweld goblygiadau eu dewis a'r hyn yr oedd yn ei olygu o ran y swyddogaethau ehangach.

Penderfynodd y Bwrdd:

GYMERADWYO dyfarnu contract systemau practisiau meddygon teulu.

Aeth MS â'r Bwrdd drwy'r ddau ddyfarniad contract ar gyfer y Rhaglen Gwasanaethau Digidol i Gleifion a'r Cyhoedd (DSPP), penodiad Partner Cymwysiadau Digidol a Phartner Datblygu Technegol.

- Partner Cymwysiadau Digidol ar gyfer Gwasanaethau Digidol i Gleifion a'r Cyhoedd – rhagwelwyd y bydd y contractwr hwn yn gweithio gydag Iechyd a Gofal Cymru i ddatblygu'r swyddogaethau sydd eu hangen a

	sicrhau ei fod ar gael drwy ap ar gyfer dyfeisiau symudol.		
	• Partner Datblygu Technegol ar gyfer Gwasanaethau Digidol i Gleifion a'r Cyhoedd – byddant yn datblygu'r amgylchedd y byddai'r swyddogaeth yn cael ei ddatblygu ohono.		
	Roedd Bwrdd Rhaglen DSPP, dan arweiniad Huw George, Dirprwy Brif Weithredwr a Chyfarwyddwr Cyllid Iechyd Cyhoeddus Cymru wedi'i greu ac o ganlyniad i'r broses gaffael cytunwyd y dylid penodi Kainos ar gyfer y ddau gontract gan mai nhw sgoriodd uchaf drwy werthusiadau annibynnol.		
	Y cyfnod ar gyfer y ddau gontract oedd 31 mis, gyda buddsoddiad cychwynnol o £100,000 a £114,000 yn y drefn honno gyda'r opsiwn i ymestyn. Cadwodd Iechyd a Gofal Digidol Cymru, yr hawl i fwrw ymlaen â'r contractau neu derfynu ar unrhyw adeg i ddarparu hyblygrwydd.		
	Cytunodd Bwrdd y Rhaglen ar y gofynion a'r broses gaffael ar 21 Gorffennaf, ond ni dderbyniwyd cydnabyddiaeth gan Lywodraeth Cymru eto.		
	Cadarnhaodd MS pe bai Bwrdd Iechyd a Gofal Digidol Cymru yn gyfforddus i gymeradwyo dyfarnu'r contract, y byddai'n destun cadarnhad o'r hysbysiad gan Lywodraeth Cymru a byddai hyn yn cael ei rannu â'r Cadeirydd pan ddeuai i law.		
	Dywedodd RoG fod record Kainos yn dda iawn am weithredu gwasanaethau o fewn y sector cyhoeddus ond holodd pwy fyddai, pe bai'r contract yn cael ei derfynu, yn berchen ar yr eiddo deallusol. Cadarnhawyd y byddai amrywiaeth o gyflenwyr yn rhan o'r datblygiad ac nid Kainos a Iechyd a Gofal Digidol Cymru yn unig fyddai'n berchen ar yr Eiddo Deallusol pe bai unrhyw gontractau'n dod i ben.		
	Penderfynodd y Bwrdd:		
	GYMERADWYO dyfarnu'r tri chontract.		
5.4	Egwyl		
RHAN 6 – LLYWODRAETHU, RISG, PERFFORMIAD A SICRWYDD			
6.1	**Adroddiad Perfformiad Integredig/Dangosfwrdd Perfformiad** Gwahoddodd BH MS i gyflwyno'r Adroddiad Perfformiad Integredig/Dangosfwrdd Perfformiad. Dywedodd MS wrth y Bwrdd fod hwn yn ddull gwaith ar y	Trafodwyd	Darparu adroddiad o gynnydd Datblygiad y Gwasanaeth i'r Pwyllgor

gweill o adrodd, ac roedd yn tynnu oddi ar yr holl feysydd gwaith ar draws y sefydliad. Tynnodd MS sylw at y canlynol: -

- Bu chwarter cyntaf y flwyddyn yn gynhyrchiol gyda phrosiectau'n cael eu cyflwyno ac yn symud ymlaen o ran buddion i GIG Cymru.

- Roedd yr Uned Seibergadernid, a oedd yn ddatblygiad allweddol a oedd yn darparu cymorth ar draws GIG Cymru ac a gai ei gynnal gan Iechyd a Gofal Digidol Cymru, bellach wedi'i lansio'n llawn.

- Roedd Pharmacy Solutions – y system rheoli stoc a ddefnyddiwyd yn fferyllfeydd yr ysbyty wedi'i gweithredu.

Amlinellwyd yr uchafbwyntiau o'r adroddiad fel a ganlyn:

Nid oedd yn bosibl adrodd ar y data gwerthuso ar gyfer y chwarter cyntaf, ond roedd gwaith yn mynd rhagddo gyda'r cyflenwr i unioni'r materion hyn erbyn i'r Bwrdd gyfarfod y tro nesaf.

- Ardaloedd sy'n adrodd yn ambr ar hyn o bryd;

    o yr hyfforddiant Statudol a Gorfodol Cafwyd rhai heriau gyda'r system Cofnodion Staff Electronig a chyda throsglwyddo nifer uchel o staff i'r system.

    o Adroddwyd bod Safonau a Chydymffurfiaeth yn ambr gan fod angen mwy o waith ar y maes hwn. Roedd gan y Cyfarwyddwr Cyllid yr adnoddau erbyn hyn, a byddai tîm penodol yn gweithio ar hyn.

    o Rheoli Contractau – roedd adnoddau ychwanegol wedi'u cyflwyno i sicrhau bod yr holl gontractau'n cael eu rheoli. Sicrhawyd y Bwrdd bod pob contract yn cael ei reoli'n weithredol ar hyn o bryd.

- Swyddi gwag yn y gweithle – gwnaed cynnydd da yn erbyn y targed, gyda blaen-amcan da i'r dyfodol. Derbyniwyd cyllid ychwanegol a arweiniodd at gynyddu'r targed recriwtio.

- Cynllun ar Dudalen - Roedd un coch yn yr adroddiad a oedd yn ymwneud â'r diffiniad o weledigaeth y bensaernïaeth. Bu rhywfaint o oedi yn chwarter 1 gan fod adnoddau wedi'u hadleoli i weithgareddau Covid brys. Roedd hyn bellach wedi cael sylw, gydag adnoddau ychwanegol wedi'u rhoi i'r tîm sy'n cefnogi gwaith Covid.

Daeth MS â RH i mewn i roi'r wybodaeth ddiweddaraf am feysydd eraill lle bu cynnydd allweddol yn ei gyfarwyddiaeth.

Llywodraethu a Diogelwch Digidol

Sicrhau bod y rhanddeiliaid ehangach yn cael gwybod y bydd Iechyd a Gofal Digidol Cymru yn dal i fyny yn chwarter 2 ynghylch y diffiniad o'r Weledigaeth Bensaernïol.

Rhoddodd RH ddiweddariad llafar ar weithredu Cofnod Gofal Nyrsio Cymru a chadarnhaodd y bu ymgysylltu rhagorol â defnyddwyr ar draws y Byrddau Iechyd lle mae'r system yn fyw gyda staff Nyrsio yn croesawu'r arferion gwaith newydd. Dywedodd RH fod yna fideo ardderchog y gellid cyfeirio'r cyhoedd ati, a oedd yn dangos y teimlad o bryder cyn dechrau'r Rhaglen gwybodeg nyrsio digidol a theimladau dilynol y staff ar ôl iddynt ymgysylltu â'r Rhaglen. Cadarnhaodd RH y byddai cefnogaeth i staff drwy gydol oes y Rhaglen i'w cynorthwyo a'u helpu i archwilio'r swyddogaethau sydd ar gael.

Adroddodd staff fod defnyddio'r system wedi eu galluogi i gael mwy o amser gyda chleifion. Roedd buddion rhagorol wedi'u cyflawni drwy safoni gwaith ac un enghraifft o hynny oedd nad oedd yn rhaid i staff nyrsio roi demograffeg y cleifion ar bob darn o bapur mwyach. Arweiniodd y croniad hwn o amser a arbedwyd at yr hyn sy'n cyfateb i fwy na 50 o nyrsys Cyfwerth ag Amser Llawn mewn blwyddyn.

Roedd y gwahanol agweddau cadarnhaol ar y broses hon wedi ymgysylltu â'r gweithlu ac roeddem yn symud at weithredu ehangach.

Eglurodd RH beth fyddai elfennau nesaf y llwybr gofal yn ei olygu'n ymarferol sef safoni'r hyn a gofnodir ar bapur ar draws pob amgylchedd i ddechrau ac yna ei ddigideiddio fel ei fod yn cefnogi'r llif gwaith.

Diolchodd MS i RH a chadarnhaodd fod system cofnodion Gofal Nyrsio Cymru bellach wedi'i defnyddio mewn dau Fwrdd iechyd ac Ymddiriedolaeth GIG Prifysgol Felindre.

Gwahoddodd MS Carwyn Lloyd-Jones (CL-J) i roi'r wybodaeth ddiweddaraf am y maes gwaith allweddol yr oedd yn gweithio arno mewn perthynas â chanolfannau data.

Rhoddodd CL-J drosolwg i'r Bwrdd o'r sefyllfa hyd yma. Dywedodd un o'r darparwyr canolfannau data wrth y sefydliad rhagflaenol, Gwasanaeth Gwybodeg GIG Cymru, nad oeddent bellach yn dymuno darparu'r gwasanaethau, a arweiniodd at ddod o hyd i ddarparwr arall. Defnyddiwyd cwmni ymgynghori i ddatblygu strategaeth yn gyflym ar gyfer y dull a fyddai'n cael ei ddefnyddio. Roeddent yn argymell dull hybrid a fabwysiadwyd; a olygai bennaf symud gwasanaethau i ganolfan ddata newydd ond symud rhywfaint o lwyth gwaith i ddarparwr cwmwl. Gwnaed rhywfaint o gynnydd da dros y cyfnod adrodd ac amlinellodd CL-J y gwaith a wnaed i gyrraedd y cam hwn.

Ailadroddwyd bod yr Adroddiad Perfformiad yn adroddiad a oedd yn datblygu a bod amser wedi'i drefnu yn sesiynau

Datblygu'r Bwrdd i ganolbwyntio ar y maes hwn.

Cyfeiriodd DS at un o'r camau a ddeilliodd o gyfarfod diwethaf y Bwrdd, sef darparu adroddiad ar gynnydd y gwasanaethau sy'n cael eu datblygu gyda tharged o ddarparu hyn i gyfarfod nesaf y Bwrdd ym mis Medi a gofynnodd a fyddai'n bosibl cael drafft cynnar o hyn yng nghyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 11 Awst. Cytunodd y Bwrdd y byddai hyn yn gyfle da i gael golwg cynnar ar yr adroddiad hwn.

CAM GWEITHREDU 20210729-A02 Darparu adroddiad ar y cynnydd o ran Datblygu Gwasanaethau i'r Pwyllgor Llywodraethu a Diogelwch Digidol.

Gwnaeth RoG gais am i randdeiliaid gael eu hysbysu, o ran gwaith diffinio'r Weledigaeth Bensaernïaeth, y byddai Iechyd a Gofal Digidol Cymru yn dal i fyny yn chwarter 2 ar ôl dyrannu adnoddau pellach i'r ymateb Covid.

CAM GWEITHREDU 20210729-A03 Sicrhau bod y rhanddeiliaid ehangach yn cael gwybod y bydd Iechyd a Gofal Digidol Cymru yn dal i fyny yn chwarter 2.

Byddai canlyniad trafodaethau o Fwrdd Rhaglen yr NDR yn cael ei rannu â chydweithwyr a rhanddeiliaid a allai fynd beth o'r ffordd i'w sicrhau bod cynnydd yn cael ei wneud.

Penderfynodd y Bwrdd:

DRAFOD yr Adroddiad Perfformiad Sefydliadol Integredig

6.2	**Adroddiad Cyllid**	Trafodwyd	Dim i'w nodi

Adroddiad Cyllid

Gwahoddodd BH Claire Osmundsen-Little (CO-L) i gyflwyno'r Adroddiad Cyllid.

Tynnodd CO-L sylw at y prif bwyntiau o fewn yr adroddiad a amlinellodd sefyllfa Iechyd a Gofal Digidol Cymru yn ei chwarter cyntaf.

Roedd y prif gyflawniadau ariannol yn wyrdd h.y., mewn perthynas â refeniw, cyfalaf a'r gofyniad polisi talu cyhoeddus i gyd wedi'u cyflawni o fewn y cynllun.

Cafodd y gyllideb refeniw ei thanwario o ychydig, o £389,000; roedd cyfalaf wedi'i danwario o £167,000 ac mewn perthynas â'r polisi taliadau cyhoeddus i dalu cyflenwyr o fewn 30 diwrnod roedd yn 97%.

Roedd y balans arian parod yn iach a oedd wedi galluogi Iechyd a Gofal Digidol Cymru i wneud trafodyn mwyaf y flwyddyn ym mis Gorffennaf, sef setliad y contract Office 365.

Parhaodd y gwaith i ddadgyplysu'r llyfrau cyfrifon oddi wrth Ymddiriedolaeth GIG Prifysgol Felindre gyda'r nod o fod wedi'i

gwblhau erbyn mis Medi.

Nid oedd unrhyw risgiau ariannol hysbysadwy ar gyfer y flwyddyn ariannol hon ac roedd cyfleoedd wedi'u datblygu i weithio gyda'r Grŵp Llwybr Digidol i wneud y gorau o'r gwariant yn ac o amgylch y gofynion Profi, Olrhain a Diogelu (TPP) a Covid.

Roedd gwariant y Gronfa Buddsoddi mewn Blaenoriaethau Digidol (DPIF) yn isel ar gyfer y chwarter cyntaf, ond rhagwelwyd y byddai hyn yn cynyddu, gyda nifer fawr o'r gwariant ar hyn yn Wasanaethau Digidol i Gleifion a'r Cyhoedd.

Mae gan Iechyd a Gofal Digidol Cymru nifer o gyflwyniadau gyda Llywodraeth Cymru i'w penderfynu, yn enwedig E-bresgripsiynu, gwaith pellach ar Office 365 ac eraill. Pan gânt eu cymeradwyo, byddant yn cael eu dwyn i'r Bwrdd i roi gwybod am gynnydd.

Yn chwarter 1, roedd y gyfarwyddiaeth gyllid wedi arwain a hwyluso blwyddyn olaf y contract cenedlaethol ar gyfer Microsoft Office 365.

I grynhoi ar gyfer diwedd y flwyddyn bydd Iechyd a Gofal Digidol Cymru yn cydbwyso'r gofyniad refeniw a chyfalaf yn unol â dyraniad y gyllideb ar gyfer 2021/22.

Diolchodd BH i CO-L a'i thîm am yr adroddiad a nododd sefyllfa ariannol dda Iechyd a Gofal Digidol Cymru.

Penderfynodd y Bwrdd:

DRAFOD yr adroddiad cyllid.

6.3	**Adroddiad Rheoli Risg Corfforaethol** Cyflwynwyd Chris Darling (CD) gan BH i gyflwyno'r Adroddiad Rheoli Risg Corfforaethol. Atgoffodd CD y Bwrdd fod cymeradwyaeth ffurfiol wedi'i rhoi yng nghyfarfod y Bwrdd ar 27 Mai ar gyfer y Strategaeth Fframwaith Risg a Sicrwydd y Bwrdd ac yn gysylltiedig â hyn oedd cynllun carreg filltir ar gyfer gweithredu'r strategaeth. Rhoddodd CD ddiweddariad ar y cynllun cerrig milltir: - • Roedd hyfforddiant Risg a Sicrwydd Carreg Filltir 4 bellach wedi'i ddarparu i holl aelodau'r Bwrdd. • Ar hyn o bryd, mae'n mynd â cherrig milltir 5 ymlaen a oedd yn cynnwys mynd ag aelodau'r Bwrdd drwy'r pum nod ac amcan strategol lefel uchel a diffinio'r prif risgiau. Unwaith y bydd y gwaith hwn wedi'i gwblhau, bydd yn galluogi'r gwaith mapio sicrwydd. • Y nod oedd cael adroddiad Sicrwydd Bwrdd drafft i	Trafodwyd	Cynnwys y matrics effaith 5x5 yn erbyn tebygolrwydd yn yr adroddiad risg er mwyn darparu cyd-destun i'r cyhoedd

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fynd i gyfarfod Bwrdd mis Medi a fyddai'n cwblhau carreg filltir 10.

- Roedd sesiwn i ddatblygu parodrwydd y Bwrdd i gymryd risg a sut y caiff hynny ei gyfleu wedi'i drefnu ar gyfer 2 Medi.

Roedd y cerrig milltir yn mynd rhagddynt, a diolchodd CD i'w gydweithwyr am roi o'u hamser i fwrw ymlaen â'r gwaith hwn.

Mae'r Pwyllgor Archwilio a Sicrwydd yn parhau i oruchwylio'r gwaith o weithredu'r strategaeth hon.

Gofynnodd CD i'r Bwrdd ystyried nifer o ffactorau wrth edrych ar risgiau sy'n effeithio ar y sefydliad; ffactorau system rhanddeiliaid y sector ond hefyd ffactorau rhyngwladol. Tynnodd CD sylw'r Bwrdd at dirwedd risgiau byd-eang hirdymor Fforwm Economaidd y Byd (WEF) a Chofrestr Risg Genedlaethol Llywodraeth EM a gynhwyswyd fel atodiad B. Roedd prif risgiau hirdymor y Gronfa yn cynnwys Ymosodiadau Seiber, dwyn neu dwyll data a oedd nodyn atgoffa defnyddiol o'r cyd-destun yr oedd Iechyd a Gofal Digidol Cymru yn gweithredu ynddo.

Roedd prif gorff yr adroddiad yn rhoi amlinelliad o statws presennol y risgiau i Iechyd a Gofal Digidol Cymru. Gofynnwyd i'r Aelodau nodi bod pedwar risg wedi'u gwneud yn ddienw oherwydd sensitifrwydd y wybodaeth a oedd yn ymwneud â risgiau seiber. Byddai'r risgiau hyn yn cael eu harchwilio yng nghyfarfod nesaf y Pwyllgor Llywodraethu a Diogelwch Digidol ar 11 Awst mewn sesiwn breifat.

Rhoddodd CD y wybodaeth ddiweddaraf am y risgiau sy'n weddill a gofynnodd i RH ddarparu a diweddaru'r risg Canisc.

Adroddodd RH mai'r prif amcan oedd sicrhau parhad busnes i Wasanaethau Canser ledled Cymru, lle'r oedd y dibyniaethau yng Nghanolfan Ganser Felindre yn bennaf. Roedd y risgiau'n hirsefydledig ac fe'u hetifeddwyd gan sefydliad blaenorol. Roedd dull llif gwaith strwythuredig wedi'i ddefnyddio ar gyfer y gwahanol elfennau o barhad ar gyfer gofal clinigol a'r gofynion data. Roedd y gwaith yr oedd y tîm seilwaith wedi'i gwblhau i gynllunio ar gyfer symud rhywfaint o'r seilwaith ar y trywydd iawn. Roedd ymgysylltu â chydweithwyr Felindre a'r gwasanaethau canser ehangach yn parhau ac roedd yn cael cefnogaeth dda.

Gofynnodd RoG a ellid ymgorffori graddfa'r sgoriau risg yn yr adroddiad er budd y cyhoedd er mwyn i'r cyhoedd allu dehongli'r gofrestr.

CAM GWEITHREDU 20210729-A04 Cynnwys y matrics effaith 5x5 yn erbyn tebygolrwydd yn yr adroddiad risg er mwyn

		darp2aru cyd-destun i'r cyhoedd.

Penderfynodd y Bwrdd:

DRAFOD cynnwys yr adroddiad a **NODI** statws y Gofrestr Risg Gorfforaethol. **NODI** statws cyflawniad Cynllun Cerrig Milltir Strategaeth Fframwaith Rheoli Risg a Sicrwydd y Bwrdd. | | |
| | 6.4 | **Adroddiad Crynhoi Cynnydd y Pwyllgor Archwilio a Sicrwydd**

Gwahoddodd BH MW-J i gyflwyno Adroddiad y Cadeirydd o'r Cyfarfod Archwilio a Sicrwydd a gynhaliwyd ar 6 Gorffennaf.

Rhoddodd MW-J uchafbwyntiau o'r adroddiad a oedd yn cynnwys:-

- Adborth ar y Strategaeth Fframwaith Risg a Sicrwydd y Bwrdd a'r cynllun Cerrig Milltir;

- y Gofrestr Risg Gorfforaethol wedi'i diweddaru, gan nodi'r newidiadau;

- Trafodaeth ar yr Adolygiad Cynghori ar Reoli Gwybodaeth a Thechnoleg ac Asesu Risg;

- Y wybodaeth ddiweddaraf gan Archwilio Cymru a'r gwaith sylfaenol a gynlluniwyd ar gyfer yr Haf;

- Cau 6 cham gweithredu o'r log Archwilio, gyda gweddill y camau gweithredu agored i gyd ar y trywydd iawn i'w cwblhau erbyn y dyddiadau targed;

- Nodi'r wybodaeth ddiweddaraf am gynnydd y Cynllun Iaith Gymraeg;

- Y Cynllun Diogelwch ac Ansawdd Blynyddol ar gyfer 2021/22; a

- Yr Adroddiad cydymffurfio ag Ystadau, yn benodol yng nghyd-destun Agenda Iechyd Gwyrdd Cymru ac ymrwymiad y llywodraeth i gynllun 10 mlynedd ar gyfer lleihau'r defnydd o garbon.

Diolchodd MW-J i CD a'r tîm Llywodraethu Corfforaethol am y cymorth a roddwyd i'r Pwyllgor Archwilio a Sicrwydd.

Penderfynodd y Pwyllgor:

Nodi Adroddiad Crynhoi Cynnydd y Pwyllgor Archwilio a Sicrwydd | Nodwyd | Dim i'w nodi |
| | 6.5 | **Adroddiad Crynhoi Cynnydd y Pwyllgor Taliadau a Thelerau Gwasanaeth**

Cyflwynodd BH adroddiad Cadeirydd y Pwyllgor Taliadau a Thelerau Gwasanaeth o'r cyfarfod ar 1 Gorffennaf. | Derbyniwyd ar gyfer Sicrwydd | Dim i'w nodi |

	Cadarnhaodd BH fod y Pwyllgor wedi cymeradwyo penodi Aelod Undeb Llafur y Bwrdd, Mr Andrew Fletcher, a chadarnhawyd penodiad Helen Thomas fel Prif Swyddog Gweithredol yn ffurfiol.		
	Trafodwyd meddwl cynnar strwythur sefydliadol lefel uchaf y Prif Swyddog Gweithredol yn y cyfarfod hwn ac fe'i dilynwyd gyda chyfarfod briffio arall ar gyfer Aelodau Annibynnol.		
	Cydnabuwyd y llwyth gwaith sylweddol oedd ar gydweithwyr Gweithredol ar hyn o bryd gyda'u dyletswyddau arferol, cefnogi pandemig Covid a'r gwaith datblygu sylweddol o gyflwyno sefydliad newydd i Gymru gyfan.		
	Penderfynodd y Pwyllgor:		
	Dderbyn yr adroddiad uchafbwyntiau ar gyfer sicrwydd.		

RHAN 7 - MATERION I GLOI

7.1	**Unrhyw faterion brys eraill**	Trafodwyd	Dim i'w nodi
	Dim eitemau i'w trafod		
7.2	**Dyddiad ac Amser y Cyfarfod Nesaf** – 30 Medi 2021 10am	Nodwyd	Dim i'w nodi
	Bydd manylion am sut i ymuno â'r cyfarfod ar y llwyfan newydd yn cael eu cyhoeddi mewn da bryd.		
	Daeth y cyfarfod i ben am 12.54pm		

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Gofal Digidol Cymru 20210930

2.2 Action Log

Title	Date of Meeting	Business Area	Action/Decision Narrative	Action Lead	Due Date	Status/Outcome Narrative	Revised due date	Status
20210401-A01	01/04/2021	Corporate Governance	Committee membership to be agreed as priority	Chris Darling (DHCW – Board Secretary)	16/04/2021	Bob Hudson, Chair of the Board met with all Independent members to discuss skill sets and preference. Chris Darling, Board Secretary supported this and adminstered appointments for Committee membership.		Complete
20210527-A01	27/05/2021	Corporate Governance	Create framework for monitoring embedding of organisational learning from shared listening and learning	Chris Darling (DHCW – Board Secretary)	29/07/2021	15/09/21 Framework developed and agreed, review of learning from Orgnisational Learning stories brought to Board to be scheduled for Board review in six months time. 12/08/21 The framework will be presented to the Board in November 13/07/21 This is currently being written up for the shared listening and learning from the Board meetings.	25/11/2021	Complete
20210527-A02	27/05/2021	Performance Reporting	Include the progress of services in development in the reporting.	Michelle Sell (DHCW – Chief Operating Officer)	29/07/2021	After further discussion at the July Board meetings have taken place and the approach is now decided.		Complete
20210527-A03	27/05/2021	Corporate Governance	Corporate Governance Team to include performance reporting in a Board development session.	Chris Darling (DHCW – Board Secretary)	29/07/2021	Planned for Board Development Session on the 2nd September		Complete
20210729-A01	29/07/2021	Corporate Governance	Share information to wider organisation of the Barnet Formula (savings for Wales) as reported in Financial Times.	Michelle Sell (DHCW – Chief Operating Officer)	14/09/2021	Comms have been supplied with relevant article to share as a good news story.		Complete
20210729-A02	29/07/2021	Performance Reporting	Provide report of progress in service development with Digital Governance and Safety Committee on 11/08/21	Michelle Sell (DHCW – Chief Operating Officer)	30/07/2021	Michelle Sell met with David Selway and Rowan Gardner to identify the approach to presenting project and programmes at the Digital Governance and Safety Committee moving forward.		Complete
20210729-A03	29/07/2021	Performance Reporting	Ensure the wider stakeholders are informed that DCHW will catch up in quarter 2 regarding the definition of the Architectural Vision.	Michelle Sell (DHCW – Chief Operating Officer)	14/09/2021	Work ongoing on 'defining the architectural vision'.		Complete
20210729-A04	29/07/2021	Corporate Governance	Include the 5x5 impact vs likelihood matrix in the risk report to provide context to the public	Chris Darling (DHCW – Board Secretary)	14/09/2021	05/08/21 Update made to the plan for the risk report to include the matrix.		Complete

DIGITAL HEALTH AND CARE WALES
FORWARD WORKPLAN REPORT

Agenda Item	2.3

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Chris Darling, Board Secretary

Purpose of the Report	For Noting
Recommendation	
The Board is being asked to: **NOTE** the content of the report.	

Acronyms			
DHCW	Digital Health and Care Wales	WIDI	Wales Institute for Digital Information
SHA	Special Health Authority	RISP	Radiology Information System Procurement
MOU	Memorandum of Understanding	LINC	Laboratory Information Network Cymru

1 SITUATION/BACKGROUND

1.1 The Board have a Cycle of Board Business that is reviewed on an annual basis. Additionally, there is a forward workplan which is used to identify any additional timely items for inclusion to ensure the Board are reviewing and receiving all relevant matters in a timely fashion.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 There have been a number of updates to the forward workplan since the last meeting:

- The Radiology Information System Procurement will now be presented to the November Board in private session due to the commercially sensitive nature of the information within the Business Case.
- There will be an extraordinary Board meeting on the 14 October 2021 to receive the LINC Contract Award proposal.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 A number of activities are currently underway to address the requirement to horizon scan both internally and across the system to inform the forward workplan for the Board. These include Committee Development Sessions to identify areas of work the Board would like to receive further assurance on, the compilation of a checklist to include new legislation, inquiry notifications, judicial reviews. It is planned that the result of these activities will help inform the workplan.

3.2 Please see attached the updated forward workplan at Appendix A.

4 RECOMMENDATION

The Board is being asked to:
NOTE the content of the report.

Forward Workplan Update Report   Page 2 of 4   Author: Sophie Fuller
Approver: Chris Darling
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5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)		Outcome: N/A
Statement: N/A		

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Board	April 2021	Initial workplan approved
Board	May 2021	Approved

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
	Yes, please see detail below

Forward Workplan Update Report   Page 3 of 4   Author: Sophie Fuller
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FINANCIAL IMPLICATION/IMPACT	Both the RIS Procurement and the LINC Contract award will have financial implications for the organisation.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Digital Health and Care Wales Board Work Programme 21/22

Meeting Date	Standing items	Governance	Additional items
30th September	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report • Risk Management and Board Assurance Framework Report • Procurement and large tender Report	• Transfer of Lease - 1st Floor, Technium 2 – Common Seal	• Data Centre Transition Report • Cloud Strategy Approach • IMTP 2022-2025 Approach • Stakeholder engagement strategy
14th October 2021	• Welcome and Introductions • Minutes • Declarations of interest		• LINC Contract Award
25th November 2021	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report	• Governance Assurance Framework	• GP Print services Contract Award Approval • Audit Wales Structured Assessment • Shared Listening and Learning Framework • DHCW and NHS Digital Memorandum of Understanding and Provision of Service Agreement • DHCW and Social Care Wales Memorandum of Understanding

	• Financial Report • Risk Management and Board Assurance Framework Report • Procurement and large tender Report • Policy Update		• Senior Information Risk Owners Annual Report • Research and Development Strategy • RISP OBC – PRIVATE • IMTP • Plan to Plan
27th January 2021	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report • Risk Management and Board Assurance Framework Report • Procurement and large tender Report		• Performance Framework •
31st March 2021	• Welcome and Introductions • Minutes • Declarations of interest • Action log • Forward Work Programme • Shared listening and learning – Patient/User Story • Chairs Report • Chief Executives Report • Review of Corporate Risk Register • Integrated Organisational Performance Report • Committee Highlight Reports • Local Partnership Forum (LPF) Highlight Report • Financial Report		•

	• Risk Management and Board Assurance Framework Report • Procurement and large tender Report		

DIGITAL HEALTH AND CARE WALES
NHS WALES NATIONAL CLINICAL AUDIT AND OUTCOME REVIEW PLAN

Agenda Item	2.4

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Medical Director and Chief Clinical Information Officer Wales
Prepared By	Darren Lloyd, DHCW Head of Information Governance and Data Protection Officer
Presented By	Rhidian Hurle, Medical Director and Chief Clinical Information Officer Wales

Purpose of the Report	For Approval
Recommendation	

The Board is being asked to:
APPROVE the proposal, which is presented to the SHA Board in September following endorsement of the Digital Governance and Safety Committee in August 2021.
The Board is asked to approve DHCW acting as joint data controller with Healthcare Quality Improvement Partnership (HQIP) for the delivery of any project commissioned by HQIP as part of the National Clinical Audit and Patients Outcome Programme (NCAPOP).

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD

Acronyms			
HQIP	Healthcare Quality Improvement Partnership	DHCW	Digital Health and Care Wales
NCAPOP	National Clinical Audit and Patients Outcome Programme	SHA	Special Health Authority

1   SITUATION/BACKGROUND

1.1   This paper sets out the Welsh Government proposed direction for the National Clinical Audit and Outcome Review Plan governance and data agreement responsibilities.

1.2   The management of the National Clinical Audit Programme is currently overseen within Population Healthcare Division in the Welsh Government. This includes obtaining Ministerial agreement to fund the programme, directing health boards regarding audit participation, working with NHS England and Healthcare Quality Improvement Partnership (HQIP) to oversee the arrangements of audit and ensuring health boards response to audit results.

1.3   The Healthcare Quality Improvement Partnership (HQIP) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement. They are an independent organisation led by the Academy of Medical Royal Colleges, The Royal College of Nursing and National Voices.

1.4   Following developments between NHS England and HQIP, the management company overseeing the audit programme on behalf of England and Wales, it became apparent that a lack of joint data controller agreement between HQIP and a relevant national body with authority in Wales presents a significant risk. There is also a lack of documentation and formal governance between the various parties involved in the clinical audit process.

1.5   Extensive discussion with Welsh Government legal colleagues and information governance experts has determined Welsh Government cannot fulfil the role of data controller for the programme and that Digital Health and Care Wales (DHCW) would be the most appropriate body to perform this role.

1.6   To this end we are seeking to formalise this agreement and the roles and responsibilities required attached to this arrangement. Once formally agreed, DHCW will need to enter into discussions with HQIP as to the content of the data controller agreement and any logistical changes that accompanies this.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Clinical audit is an integral component of the quality improvement process and is embedded within the Welsh healthcare standards. The requirement to participate and learn from audits is also a central component of condition specific guidance and frameworks across health.

2.2 The extant programme of audits for Wales includes the majority of audits currently supported by the National Clinical Audit and Patients Outcome Programme (NCAPOP) managed by the HQIP.

2.3 The Clinical Outcome Review Programme (formerly Confidential Enquiries) is commissioned by HQIP. The programme is designed to help assess the quality of healthcare and stimulate improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data.

2.4 As part of current arrangements, the programme is agreed by the Minister for Health and Social Services on an annual basis. The Welsh Government fund the cost of NHS Wales' participation in the National Clinical Audit and Clinical Outcome Review Programme and supports the process throughout the year. Welsh health boards and trusts provide the resources to enable their staff to participate in all audits, reviews and national registers included.

2.5 In England the programme is managed by their Executive, NHS England. As Wales has not historically had an Executive function, this role has been overseen by the Welsh Government. In 2021, NHS England signed a joint data controller agreement with HQIP. Following legal and governance advice, the Welsh Government has determined it cannot undertake this function. The creation of Digital Health and Care Wales allowed for provision within their functions for the responsibility of clinical audit.

2.6 The Welsh Government are looking to solidify the national approach to audit. This would include removing the annual agreement process and embedding national clinical audit as a key approach to NHS Wales, under the leadership of DHCW, ensuring those with the expertise and relevant powers oversee the programme and ensure any future programme works for Wales and the National Data Resource.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 **Action Required**:

DHCW is being asked to:

- Act as joint data controller with HQIP for the delivery of any project commissioned by HQIP as part of the National Clinical Audit and Patients Outcome Programme;

- Provide national representation related to the audit programme;

- Approve pre-publication of data requests;

- Identify data sharing opportunities to support clinicians and networks in Wales;

- Advise on information governance and data access issues; and

- Advise and support health boards in relation to audit matters.

3.2 **Next steps**:

- Paper presented to DHCW SHA Committee/Board for agreement

- WG to Write to HQIP to outline approach

- Welsh Health Circular issued to formalise the change

4 RECOMMENDATION

The Board is being asked to:

APPROVE the proposal of DHCW acting as joint data controller with HQIP for the delivery of any project commissioned by HQIP as part of the NCAPOP.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Driving value from data for better outcomes

CORPORATE RISK (ref if appropriate)	N/A

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

Author: Darren Lloyd
Approver: Rhidian Hurle

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	N/A
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	11/08/21	Endorsed
Management Board	19/08/21	Endorsed
SHA Board	30/09/21	TBD

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	DHCW will be acting as joint data controller with HQIP. Welsh Government will be issuing a Welsh Health Circular.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	As per 3.1.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Author: Darren Lloyd
Approver: Rhidian Hurle

DIGITAL HEALTH AND CARE WALES
SHARED LISTENING AND LEARNING
WELSH IMMUNISATION SYSTEM

Agenda Item	3.1

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Rhidian Hurle, Medical Director
Prepared By	Joshua Hunt, Project Manager
Presented By	Gill Davison, Community Applications Manager

Purpose of the Report	For Discussion/Review
Recommendation	
The Board is being asked to: DISCUSS the Shared listening and learning presentation provided by the Welsh Immunisation System story.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWIS	NHS Wales Informatics Service	WIS	Welsh Immunisation System

1 SITUATION/BACKGROUND

1.1 Digital Health and Care Wales became a Special Health Authority on the 1 April 2021 governed by the DHCW Board made up of Executive and Independent Board members. The DHCW Board meets formally on a bi-monthly basis.

1.2 The DHCW Board approach to shared listening and learning was approved at the 27 May 2021 Board meeting which set out how the Board will start each meeting with a story from either a patient or member of the public or staff/ health and care professional. With the purpose of reminding and reinforcing DHCW Board members of the organisation's core purpose to take forward the digital transformation needed for better health and care in Wales, making services more accessible and sustainable while supporting personal health and well-being.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The story presented to the September Board meeting from a health and care professional perspective centres on the Welsh Immunisation System. This is the central single record for all COVID-19 Vaccinations.

2.2 In August 2020 NWIS (now DHCW) were requested to deliver an all-Wales digital solution to identify target cohorts for call, re-call and recording that a vaccination has been administered to a citizen in Wales for COVID-19.

2.3 Following a joint options appraisal exercise the COVID Vaccine Board (CVB) approved the recommendation to enhance the functionality of the NWIS Children & Young People Integrated System (CYPrIS) for the administration and recording of the COVID Vaccine across Wales.

2.4 Due to the short timescales (it was delivered on December 6th) it was not possible to investigate all of the potential options in detail. The view of the Programme was that there is only one viable option for recording COVID-19 vaccinations in the required timescales which was CYPrIS, as CYPrIS met most of the understood functionality requirements. A minimal viable

product version of CYPrIS called the Welsh Immunisation System (WIS) was commissioned and developed by the community applications team.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 A copy of the presentation is included at Appendix B.

4 RECOMMENDATION

The Board is being asked to:
DISCUSS the Shared listening and learning presentation provided by the WIS story.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objective apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 20000
If more than one standard applies, please list below: The shared listening and learning approach focuses on improving quality through ongoing listening and learning.	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Effective Care Safe Care Timely Care Dignified Care Staff and Resources	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome:

Shared Listening and Learning Report - WIS   Page 3 of 4   Author: Joshua Hunt
Approver: Gill Davison
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Statement:

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Rhidian Hurle	06.09.21	Reviewed
Helen Thomas	06.09.21	Reviewed

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The inclusion of shared listening and learning at the start of each Board will ensure the DHCW Board considers Quality and Safety as they relate to all learning (patient, staff/clinician, citizen) stories told.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	No stories will be told without the consent of those individuals who agree to tell their stories for wider learning.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Organisational Learning:
The Welsh Immunisation System

DHCW Board Presentation:

30th September 2021

Gillian Davison

Product Owner

BACKGROUND AND CONTEXT

In August 2020 NWIS (now DHCW) were requested to deliver an all-Wales digital solution to identify target cohorts for call, re-call and recording that a vaccination has been administered to a citizen in Wales for COVID-19.

Following a joint options appraisal exercise the COVID Vaccine Board (CVB) approved the recommendation to enhance the functionality of the NWIS Children & Young People Integrated System (CYPrIS) for the administration and recording of the COVID Vaccine across Wales.

Due to the short timescales, (the solution was delivered in early Dec) it was not possible to investigate all of the potential options in detail. The view of the group was that there is only one viable option for recording COVID-19 vaccinations in the required timescales which was CYPrIS, as CYPrIS met most of the understood functionality requirements. A minimal viable product version of CYPrIS called the Welsh Immunisation System (WIS) was commissioned and developed by the team.

WIS FUNCTIONALITY

- Clinical decision

- Reporting

- Vaccine uptake monitoring

- Supply chain management

- Research

- Safety monitoring

- All supported by dataset

SYSTEM DELIVERY MAJOR CONSTRAINTS

REQUIREMENTS \ SCOPE

TIMESCALES

RESOURCE

MVP **Launched December 7th** 2020

THE STORY IN NUMBERS….

3,356,144 letters sent

18,972,243 SMS sent

394 GP Surgery's using WIS Web and **380** using WIS Core
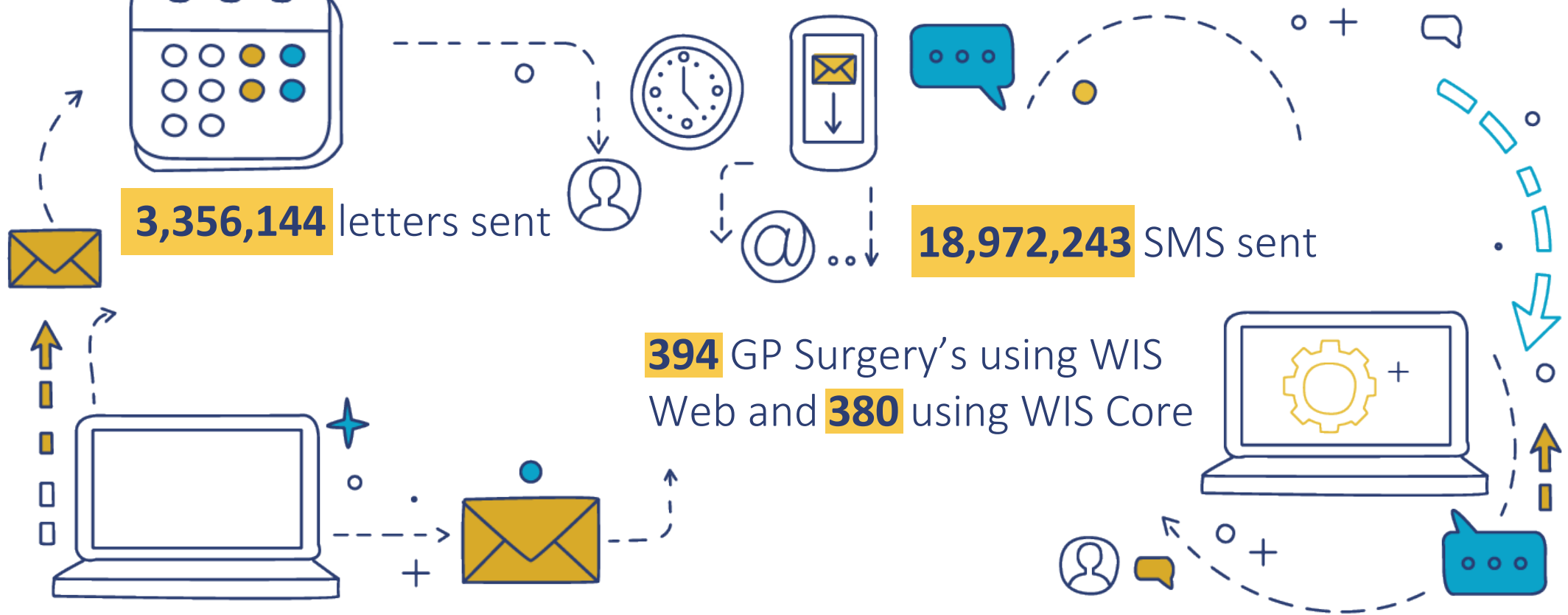
Highest Daily Vaccination Number **41,580**

THE STORY IN NUMBERS....

2,379,882 total **first** doses

2,379,882 total **second** doses

4,591,576 total vaccination doses given

FEEDBACK
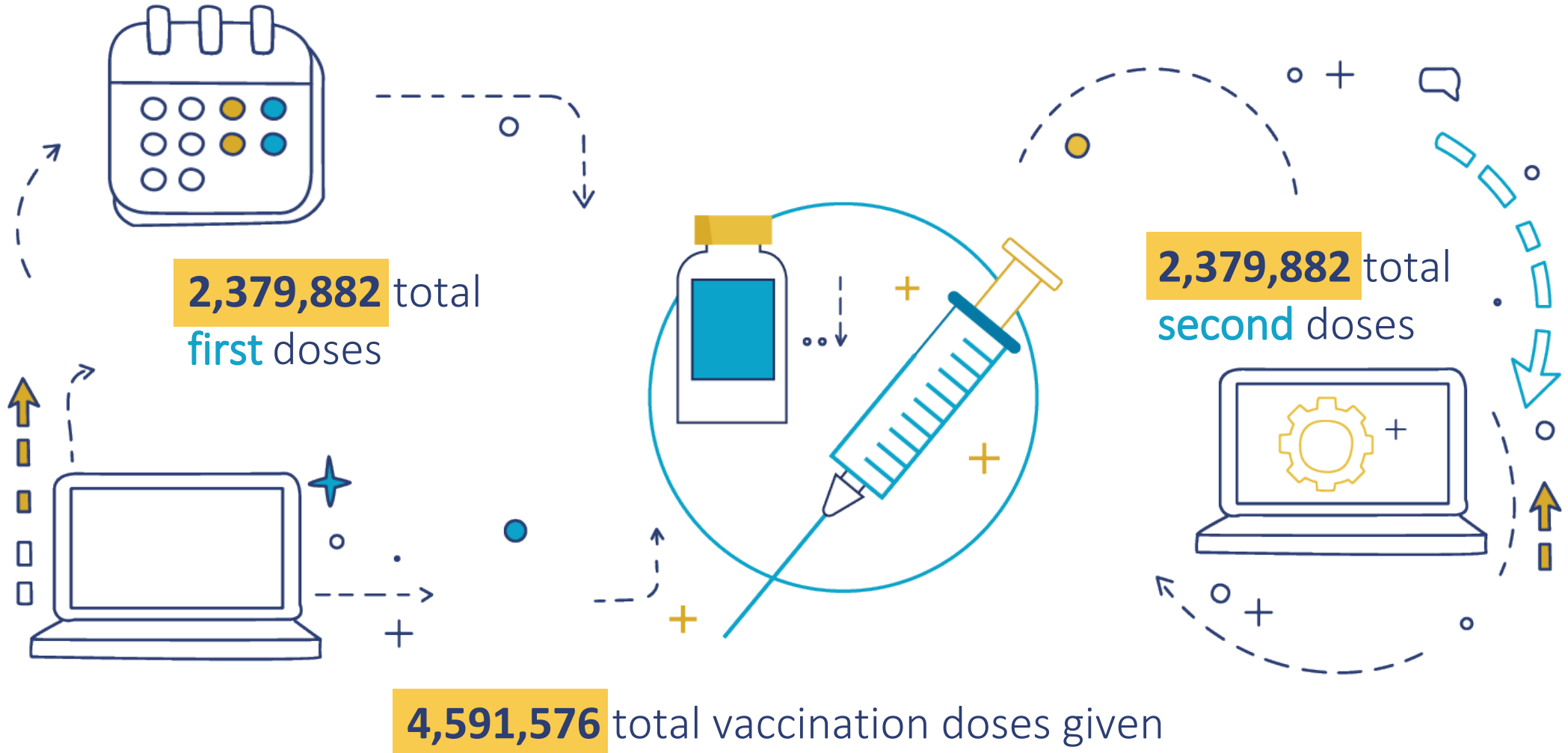
Hayley, a vaccinator, discusses delivering COVID-19
vaccines with the Welsh Immunisation System

Digital Health and Care Wales

LOIS LLOYD
VIEW FROM PHARMACY

The Welsh Immunisation System (WIS) has been **key to the fantastic success of the Welsh vaccination programme in providing a single data repository for Wales.** By working closely with DHCW colleagues, dedicated screens were created within WIS-Web to record COVID-19 vaccine delivery, receipt, stock balances, cold-chain temperature storage assurance as well as monitoring any potential vaccine that is unusable or wasted.

This single national data repository can provide live data, an export spreadsheet for reporting and more importantly **assurance around the pharmaceutical governance of an end-to-end vaccine supply process to provide the best quality vaccine for the population of Wales.**

On any given day, the chief pharmacists in Wales have visibility of the vaccine stock across all vaccination sites in Wales without the requirement to be on site within the footprint of the centres. **Wales has a commendable achievement of utilising every drop of vaccine** and minimising waste and the oversight in WIS allows early escalation if vaccines need to be used due to short expiry dates.

An example during the programme was of **short dated stock received where the vaccine supply had a short expiry shelf life to be used and due to the monitoring available in WIS via dedicated pharmacy governance screens not a drop of this vaccine supply was wasted in Wales over the time period.**

A single electronic vaccination system for Wales has been instrumental in the success of the programme and provides further opportunities for other vaccination programmes in the future.

Digital Health and Care Wales

Welsh Immunisation System

Near live vaccine **data and intelligence**

Ability to **configure sessions** based on priority group and need

Single point of vaccine record rather than several systems being used

Quickly operationalised a call and recall model using **WIS' system scheduled appointment** functionality

Good relationships with Health Boards to gather feedback and identify system and data opportunities

Digital Health and Care Wales

BBC Sign in   Home   News   Sport   Weather

NEWS

Home | Coronavirus | Brexit | UK | World | Business | Politics | Tech | Science | Health

Wales | Wales Politics | Wales Business | North West | North East | Mid | South West

Covid vaccination rollout: How is Wales leading the UK and the world?

SYSTEM DELIVERY MAJOR CONTRIBUTIONS TO SUCCESS

ONE COMMON GOAL

CLINICAL ADVICE ALWAYS ON HAND

HEALTH SERVICE **ENGAGEMENT AND SUPPORT** THROUGHOUT

CORE KNOWLEDGE OF OPERATIONAL TEAM IN SUBJECT AREA I.E IMMUNISATIONS

PROVIDING A SERVICE NOT ONLY A PRODUCT

GOVERNANCE

COLLABORATIVE - A NUMBER OF OPERATIONAL WERE GROUPS ACROSS THE HEALTH SERVICE WERE SET UP TO FOCUS ON THE DELIVERY OF THE PROGRAMME

AGILE – DUE TO THE PACE OF PROGRAMME DECISIONS WERE ACTIONED IN A TIMELY FASHION

RAPID RESPONSE TO FEEDBACK

TEAM SUITABILITY FOR A PROJECT OF THIS TYPE

Digital Health and Care Wales

END

DIGITAL HEALTH AND CARE WALES
CHAIR'S REPORT

Agenda Item	4.1

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Chris Darling, Board Secretary
Presented By	Bob Hudson, Interim Chair

Purpose of the Report	For Approval
Recommendation	

The Board is being asked to:

NOTE the content of this report.
ENDORSE the use of the common seal.

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NWIS	NHS Wales Informatics Service	CDPS	Centre for Digital Public Services
NWSSP	NHS Wales Shared Services Partnership	UHB	University Health Board
LINC	Laboratory Information Network Cymru		

1 SITUATION/BACKGROUND

1.1 At each Public Board meeting, the Chair presents a report on key issues to be brought to the attention of the Board. This report provides an update on key areas and activities since the last Public Board meeting.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Common Seal

The Board is asked to ratify the use of the common seal applied since the last Board meeting relating to:

- Deeds of Variation x 2: for the 'main' lease and Madoc Room to take account of the service charge changes and foregoing the break; and
- 2 x rent review memoranda incidental to the main lease and Madoc Room to formally record the agreement of a nil increase to the initial annual rent.

2.2 DHCW Chair Appointment

I am pleased to confirm after a successful recruitment campaign, led by the Public Bodies Unit of Welsh Governance, the appointment of Mr Simon Jones as Chair of Digital Health and Care Wales with effect from 1 October 2021. Mr Jones' tenure will run for four years until 30 September 2025.

As interim Chair, it has been a pleasure to have overseen the transition of staff and functions from the NHS Wales Informatics Service (NWIS) to the newly established Digital Health and Care Wales (DHCW) Special Health Authority, including the appointment to the Board of Independent Members and Executive Members.

Simon Jones has significant Board-level experience and has worked in the public, third and private sectors beginning his career in Wales in the Transport and General Workers' Union and then the Wales TUC. Simon has considerable experience in leadership roles in NHS Wales, first

as a member of South Glamorgan Health Authority, then as Vice Chair and Chair of Bro Taf Health Authority, and until December 2008 was Chair of Cardiff and Vale NHS Trust. During this time, Simon was lead Trust Chair and also Chair of the Welsh NHS Confederation.

I wish Simon and DHCW every success for the future and I am very confident the Board will continue to drive digital transformation in health and care in Wales.

2.3 Chairs Meeting with the Minister

The All-Wales Chair's network met Eluned Morgan, the Minister for Health and Social Services on the 16 September. I was unable to attend this meeting and DHCW Vice Chair Ruth Glazzard attended. A number of topics were covered including the current pressures faced by the Health and Care system and plans going into the winter period.

2.4 DHCW Board to NHS Wales Board Meetings

In July we started a schedule of initial Board-to-Board introduction meetings with other NHS Bodies in Wales. These meetings are to help Board members understand Health Board, Trust and other Special Health Authority perspectives on the digital agenda and how DHCW can work in partnership with NHS bodies to deliver to the people of Wales first-class digital health and care services.

I would like to extend a thank you to colleagues in the organisations we have most recently met with as part of our Board-to-Board introduction meetings, including: Hywel Dda University Health Board, Aneurin Bevan University Health Board, Velindre NHS Trust, and Health Education and Improvement Wales. The discussions at these meetings have been very useful in exploring strategic collaboration opportunities.

2.5 Board Development Session on 2 September 2021

The Board had a Board Development Session held on the 2 September 2021, this was a symbolic day because it was the first Board Development session held with a hybrid face to face / virtual model, allowing several Board members who have not met face to face to meet in person for the first time. The session explored a number of critical areas including: learning from Health Education and Improvement Wales on their journey to establish as a Special Health Authority, discussing the DHCW Board's risk appetite, discussing the core purpose of DHCW and starting to consider the DHCW mission through a concise mission statement. I would like to thank Board members for their engagement and input on a really enjoyable Board Development day.

2.6 Laboratory Information Network Cymru (LINC) Business Case

The LINC Programme has finalised the Full Business Case for approval by each of the NHS Wales Organisations, this includes DHCW who will receive the Full Business Case in a private session on the same day of the public Board meeting on the 30 September 2021. This will then be followed by the Contract Award to the successful supplier in an extraordinary public Board meeting on 14 October 2021.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The DHCW Chair, Simon Jones starting on the 1 October 2021 is subject to satisfactory employment checks.

4 RECOMMENDATION

The Board is asked to:

ENDORSE the use of the Common Seal as set out and **NOTE** the content of the report.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives Apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)		Outcome: N/A
Statement: Not applicable.		

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

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IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The appointment of DHCW Chair will ensure continuity for when the Interim Chair's tenure comes to an end.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES
CHIEF EXECUTIVE'S REPORT

Agenda Item	4.2

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Chris Darling, Board Secretary
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	For Noting
Recommendation	
The Board is being asked to: **NOTE** the content of this report.	

Acronyms			
CEO	Chief Executive Officer	SHA	Special Health Authority
DHCW	Digital Health and Care Wales	NWIS	NHS Wales Informatics Service
MOU	Memorandum of Understanding	POSA	Provision of Service Agreement
NDR	National Data Resource	SCW	Social Care Wales
MS	Member of the Senedd		

1 SITUATION/BACKGROUND

1.1 This CEO report prepared and presented for the Board has been informed by updates provided by members of the Executive Team and highlights a number of areas of focus for the Chief Executive over the past two months.

1.2 The purpose of this report is to keep the Board up to date with key issues affecting the organisation and the development of the new organisation, Digital Health and Care Wales (DHCW) since the last meeting.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Meeting with NHS Digital Interim Chief Executive

I had a very positive introductory meeting with the new Interim Chief Executive of NHS Digital, Simon Bolton since the last DHCW Board meeting. The meeting with Simon focused on how NHS Digital and DHCW can best collaborate and work together, as well as considering the four nation conversations and considerations for digital health and care. A further meeting with NHS Digital will be arranged as a broader Executive to Executive meeting to explore learning and approaches as and when the DHCW Executive team is fully recruited to.

2.2 Meeting with Lee Waters, MS

I met with the Deputy Minister for Climate Change, Lee Waters, MS on the 16 September, Lee has a policy interest in Digital Policy and did the Ministerial Forward for the WG Digital Strategy for Wales published in March 2021. Helpful discussions were held on a number of areas relating to the digital agenda including the importance of robust cyber security.

2.3 Strategic Engagement

The DHCW Senior Leadership team continue to undertake scheduled strategic engagement meetings with NHS Wales Health Boards and NHS Trusts to support the delivery of joint objectives. Since the last

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Approver: Helen Thomas

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DHCW Board meeting the Senior Leadership team has met with members of the Swansea Bay UHB Executive team.

2. 4   Integrated Medium-Term Plan

Today's Board meeting includes a report on our approach and timeframes for the development of the DHCW IMPT 2022/23 – 2024/25. This IMTP is particularly important for DHCW because it is the first IMTP that will be developed, overseen, and approved by the DHCW Board. The IMTP will also link closely to the work we have started to develop a long-term organisational strategy.

2. 5   Cancer – Canisc Replacement

On the 18 August 2021, Chief Executives from Velindre and DHCW, along with the Senior Responsible Officer for the Cancer Informatics Programme, agreed that despite intense work from Velindre and DHCW project teams, the gaps in required functionality and extent of the testing and business change activities required to implement safely on 21 September 2021 was too great. Colleagues from DHCW and Velindre have agreed to produce a re-profiled implementation plan and the new date made at the Cancer Informatics Programme Board meeting on 17 September 2021 was to implement at the end of May 2022.

2.6   e-Prescribing

In August 2021 Welsh Government have agreed to the establishment of the e-Prescribing programme, as part of this process WG have asked DHCW to host a new Programme to take forward ePrescribing across NHS Wales. This will include establishing a team and appropriate governance arrangements, working closely with the NHS Collaborative who will facilitate the Clinical Engagement with local organisations. A full report on this programme is included in today's Board papers, but I wanted to emphasize the importance of establishing the e-Prescribing Programme and the additional resources to be recruited by DHCW.

2.7   Covid-19 Pressures and Response

The response to Covid-19 by the Welsh and UK Government' has been fully supported by Digital Health and Care Wales predominantly via the Test, Trace and Protect and Vaccine Programmes. NHS Wales continues to work collaboratively on the challenges and pressures presented by Covid-19 and the NHS Wales Leadership Board held on 14th September had a focus on the recovery agenda as well as the ongoing work to respond to the Covid-19 pandemic going into the winter, particularly relevant in terms of the vaccine booster programme getting underway.

2.8   Digital Health and Care Wales wins UK national GO award

DHCW has won the Outstanding COVID-19 Response Award for UK NHS Organisations at this year's GO Awards. The Government Opportunities (GO) Excellence in Public Procurement Awards celebrate the best in all aspects of public procurement.

The award announced on 15 September, recognises the outstanding work carried out by DHCW to deliver the Test, Trace Protect Contact Tracing Solution, which is used by Local Authority staff to

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Approver: Helen Thomas
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contact people that receive a positive Covid-19 Test result.

Heralded as a landmark example of innovative procurement it involved a rapid prototype process and liaison with suppliers to build licensing models that reflected the scope and design of the solution. The approach delivered exceptional value, within a condensed timeframe while meeting the requirements of procurement legislation.

The DHCW team was up against strong competition with 15 other NHS Organisations nominated including NHS Supply Chain and NHS National Services Scotland.

The UK national win follows on from success at the GO awards Wales 2020/21, when DHCW scooped the Covid-19 Outstanding COVID-19 Response Award and the GO Excellence Award.

2.9 Farewell to DHCW Interim Chair

As noted in the Chair's Report I am delighted by the appointment of the new DHCW Chair Mr. Simon Jones but would like to express my thanks and gratitude to the DHCW interim Chair, Bob Hudson OBE who will be replaced by Simon on 1 October 2021. Bob has been instrumental in establishing DHCW, steering the Board through the transition from the NHS Wales Informatics Service to Digital Health and Care Wales and establishing the Board and Committee governance framework. I am very grateful to him for the support he has provided me in my role as Chief Executive and on behalf of DHCW wish Bob all the very best for his next endeavors.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The appointment of the e-Prescribing programme team is subject to a successful recruitment campaign.

4 RECOMMENDATION

The Board is asked to:

NOTE the content of the report.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives Apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales

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Approver: Helen Thomas
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If more than one standard applies, please list below:

DHCW QUALITY STANDARDS	ISO 27001
If more than one standard applies, please list below: BS 10008:2014	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Safe Care Effective Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Not Applicable	

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	The ongoing development of the TTP and WIS Programmes to ensure patient safety.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	The appointment of new Executive Director positions will have a financial impact on the organisation
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The appointment of DHCW Board members to date ensures the Board can meet and be quorate from its inception.

SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES
Data Centre Transition Update Report

Agenda Item	5.1

Name of Meeting	SHA Board
Date of Meeting	30th September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Carwyn Lloyd-Jones; Director of ICT
Prepared By	Sophie Kift; Principal Project Manager
Presented By	Jamie Graham; Programme Manager

Purpose of the Report	For Assurance
Recommendation	
The Board is being asked to: NOTE the content of the report and RECEIVE for assurance	

Acronyms			
AVS	Azure VMware Solution	DC1	Data Centre 1 (Legacy)
DC2	Data Centre 2	DC3	Data Centre 3 (New)
DCT	Data Centre Transition	DHCW	Digital Health and Care Wales
BT/PSBA	BT/Public Sector Broadband Aggregation	TESTDEV	Test and Development
WCCIS	Welsh Community Care Information System		

1   SITUATION/BACKGROUND

1.1   Since commencement of the Data Centre Transition Project's Transition Batch Plan on Friday 30 July 2021, the DCT Project Team have completed six-of-eight Transition Batches and, as a result, 62% of infrastructure originally hosted at DC1 now resides in DC3. The DCT Project are pleased to report that Applications and Services have not experienced any unplanned disruption as a direct result of the Transition Batch Plan.

1.2   DCT Project Team continue to ensure preparation activities for upcoming weekends are completed, enabling Batches Seven and Eight to run equally as efficiently. The DCT Project is on-track to complete all physical transition activity by 03 October 2021.

1.3   Resources involved in the Architecture and Infrastructure workstream continue to implement changes relating to network operations at DC3. Additional support is also being provided to the Third-Party Suppliers of WCCIS after difficulty was experienced with BT/PSBA connectivity requirements. A decision has been made for DHCW to take ownership of the circuits required and this is being progressed via commercial routes.

1.4   The Cloud workstream continues to progress pre-requisite activities for the anticipated AVS Test and Development environment. Procurement activity is due to complete by 17 September 2021 and plans are in place to re-engage with affected Application/Services to prepare for their upcoming migration.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   After reviewing work completed by a third-party, the DCT Project Team identified a requirement for remedial cabling activity for the infrastructure transitioned in Transition Batch Four. The DCT Project Team developed options, and a recommendation was approved by DHCW Directors and a quorum of DCT Project Board members; the DCT Project Team combined Batch Five and Six in order for SCC to complete remedial cabling during the weekend of 03 September – 05 September 2021.

2.2   The DCT Project continues to provide communications to a wide range of stakeholders, detailing Transition Batch Plan progress and specifics surrounding dates and activities where impact is anticipated. In addition to this, the DCT Project Team have carried out a significant

amount of engagement with both internal and external boards and have received positive feedback, e.g.:

2.3   The DCT Project budget status remains Green. The budget forecast now shows an underspend of around £6k. This, coupled with further cost savings identified in the coming months, allows a small contingency for additional equipment (cables, SFP's, etc.) if required.

As a result of the quality of work undertaken by SCC during the 'Batch Four' transition, we have agreed to withhold an additional £8.5k by way of penalty. Some of this will be reimbursed to Application Teams to cover a duplicate overtime bill, the remainder will be reflected in the next monthly forecast.

Forecast	£2,193,725
Budget	£2,200,000
+/-	£6,275

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Project ID: DCT/I-46

The issue surrounding the transition of WCCIS infrastructure from DC1 to DC3 requires escalation. WCCIS's Third-Party Supplier – OneAdvanced – have taken responsibility of transitioning the infrastructure that they own. In order to do so, there is a requirement for dedicated PSBA, Internet and Site-to-Site circuits to be installed in DC3. To date, this process has been delayed and whilst implementation of the PSBA circuit is due to complete by 15 September 2021, confirmation of dates is outstanding for the Internet and Site-to-Site circuits.

Until all circuits are in-place, the Third-Party Supplier cannot confirm the details of their transition plan and there is a risk that transition will not be completed prior to the 31 October 2021 deadline. The DCT Project Team are aiming to mitigate this risk by:

–   Facilitating conversations between DHCW Technical Resources and OneAdvanced, to discuss workarounds if circuits cannot be made available in advance of transition (i.e., the temporary utilisation of DHCW circuits).

–   Continuing conversations with SRS Management, to gain agreement on hosting arrangements incl. incurred charges following contract expiry.

3.2   Project ID: DCT/R-87 and R-107

DCT/R-87 details risk to feasibility and progress of (1) AVS production build and (2) Test and Development (TESTDEV) migration activity. As part of the DCT Project scope, it is expected that the TESTDEV environment will migrate to the Cloud prior to the 31 October 2021

Data Centre Transition Status Report   Page 3 of 5   Author: Sophie Kift
                                                                                      Approver: Jamie Graham
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deadline. However, due to delays experienced as a result of ExpressRoute connectivity issues, the timeline has been shortened by a significant amount.

There is an adjusted proposal in place that will allow the DCT Project Team to achieve the deadline for migration – *Applications/Services to migrate to Cloud between 22-27 October 2021* – but related R-107 has been raised to detail risk surrounding the transition of physical infrastructure. If Applications/Services migrate to Cloud on-time, the timeline to decommission the previous environment and transition the physical infrastructure is limited to four days. If Applications/Services do not migrate to Cloud on-time, the physical infrastructure and its related virtual machines will continue to operate out of DC1, which could result in incurred charges post-contract expiration.

3.3   Project ID: DCT/I-36

An issue has been identified in relation to the completion of the expected BT/PSBA circuits required at DC3. The DCT Project Team have been facilitating conversations between DHCW Technical Resources, BT and PSBA in order to obtain updates for the outstanding Treforest link, which was originally due for completion by 30 April 2021.

Whilst a temporary solution is in place in the form of the Western Power Distribution circuit, there is a risk of further delays to the permanent solution due to (1) COVID-19 impact on resources and (2) lack of SLA between PSBA and the cabling contractor.

The DCT Project Team will continue to obtain updates via Weekly SCRUM Meetings, with an additional action on Network Services to confirm 100G bandwidth via DC2 (additional contingency).

3.4   All other risks and issues are being managed via the DCT Project RAID Log, which can be viewed via this link.

4   RECOMMENDATION

The Board is being asked to:
NOTE the content of the report and **RECEIVE** for assurance

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	16659; 16660

WELL-BEING OF FUTURE GENERATIONS ACT	A resilient Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

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HEALTH CARE STANDARD	N/A
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:
No, (detail included below as to reasoning)	Outcome:
Statement: Not applicable	

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16/09/2021	Noted
Digital Governance and Safety Board (Earlier report)	11/08/2021	Noted

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Specific workforce implications surround activities required to commence/complete in parallel of Transition Batch Plan.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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Approver: Jamie Graham
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DIGITAL HEALTH AND CARE WALES
CLOUD STRATEGY UPDATE

Agenda Item	5.2

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen Little Executive Director of Finance & Business Assurance
Prepared By	Martin Britton, Consultant, RedCortex
Presented By	Claire Osmundsen Little Executive Director of Finance & Business Assurance

Purpose of the Report	For Noting
Recommendation	
The Board is asked to: **NOTE** the Cloud Strategy Approach and progress to date.	

Acronyms			
PaaS	Platform as a Service	SaaS	Software as a Service
IaaS	Infrastructure		

1 SITUATION/BACKGROUND

1.1 DHCW are developing a Cloud Strategy, the purpose of which is to define and communicate the organisation's unified strategy and direction on the adoption of cloud computing technologies and services.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 DHCW's business vision is to "Deliver information and technology for better care". To support our vision, we require a global, highly scalable, innovative, and elastic infrastructure and technology platform. We believe that public cloud computing services are uniquely positioned to support our strategic technology requirements in future. We will adopt cloud computing services using a cloud-first approach for both new and existing workloads by 2024. In addition, we plan for our cloud strategy to underpin the goals of the DHCW Business plan

2.2 In order to aid in the development of the cloud strategy, DHCW engaged the services of RedCortex, who have produced strategies for a number of organisations, including Welsh Government and arms-length bodies in Wales

2.3 Gartner consultancy firm conducted a review of a draft strategy, and provided additional input, specifically around risks, and principles. In addition to these items, Gartner were very positive about the draft strategy and confirmed that it addressed all the key items.

2.4 Two workshops were held with DHCW staff to gain input on the draft strategy including the principles, the implementation timeframes, risks, goals and vision. This information was collated and informed the most recent draft.

2.5 The Cloud Strategy describes organisational benefits such as scalability, capacity management, resilience, security and maintenance.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 A principle to note within the proposed Cloud Strategy is that DHCW will take a multi-cloud approach. This means that whilst for most services a single provider will be used, DHCW will

also be able to purchase services from other providers where advantageous to do so, which will provide access to nice and best-in-breed capability as required.

3.2 In order to support the delivery of the cloud strategy, there will be a substantial investment in staff skillsets, to ensure the organisation can both implement and manage the new and migrated cloud services effectively, ensuring on-going cyber security.

3.3 DHCW will define an Exit Strategy with the aim of preventing vendor lock-in wherever possible, in order to mitigate against potential rises in costs or other factors such as cyber security which may impact the choice of cloud platform for services.

4   RECOMMENDATION

4.1 The Board is being asked to:
NOTE the attached update report at item 5.2i Appendix A.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 27001
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Staff & Resources
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)		Outcome: N/A
Statement: N/A		

Workforce EQIA page

Cloud Strategy Update   Page 3 of 4   Author: Martin Britton
Approver: Claire Osmundsen-Little
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APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Board Briefing on Cloud Strategy approach	29/07/21	Noted

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	There will be financial implications from decisions made regarding the cloud strategy.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Additional training and alternative working practices will be adopted as part of the strategy implementation.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

<ID Reference>

CLOUD STRATEGY UPDATE

The Purpose of this report is to provide and update into recent activity in developing the organisational Cloud Strategy

Document Version	D-01

Status	Draft

Document author:	Martin Britton, RedCortex
Approved by	Claire Osmundsen Little, Executive Director of Finance
Date approved:	17/09/2021
Review date:	N/A

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

STRATEGIC OBJECTIVE	Choose an item.

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Staff & Resources
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission:	
No, (detail included below as to reasoning)		Outcome:
Statement:		

APPROVAL/SCRUTINY ROUTE: Person/Committee/Group who have received or considered this		
COMMITTEE OR GROUP	DATE	OUTCOME

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

TABLE OF CONTENTS

1 DOCUMENT HISTORY

1.1 REVISION HISTORY

Date	Version	Author	Revision Summary

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:	
Role:	
Signature:	X _____ Author

Approver's Name:	
Role:	
Signature:	X _____ Approver

1.4 DOCUMENT LOCATION

Type	Location

Electronic	

2   PURPOSE

The purpose of this document is to provide an update in the status and activity completed and planned in developing the organisations Cloud Strategy.

DHCW's business vision is to "Deliver information and technology for better care". To support our vision, we require a global, highly scalable, innovative, and elastic infrastructure and technology platform. Moving to public cloud computing services are uniquely positioned to support our strategic technology requirements in future. The organisation propose to adopt cloud computing services using a cloud-first approach for both new and existing workloads by 2024. In addition, as the organisation plans for the cloud strategy to underpin the goals of the DHCW Business plan.

3   SCOPE

DHCW have been developing a Cloud Strategy, the purpose of which is to define and communicate the organisation's unified strategy and direction on the adoption of cloud computing technologies and services. It identifies high-level approaches and methodologies that are agreed upon by all impacted stakeholders. The scope of the document extends to all aspects that require internal consensus to move forward with the implementation of cloud services.

4   ACTIVITY

4.1   Developing the Strategy

In order to aid in the development of the cloud strategy, DHCW engaged the services of RedCortex,

who have produced strategies for a number of organisations, including Welsh Government and arms-length bodies in Wales.

The draft cloud strategy will describe the way in which DHCW will use cloud in the future, the migration timelines, the approach to specific cloud service types and the impact on the organisation and skills, and the way in which new skills and services will be

The strategy development process is critical, as it develops a consensus across the organisation, which then becomes the guardrails within which technology is delivered and governed against.

Within the strategy four key pillars are required:

a) Objectives (Visions, Goals and benefits, Success metrics)
b) Risks (Concerncs, acknowledgment, mitigation)
c) Organizational Impact (Skills, Teams, Processes)
d) Key adoption principles (such as Cloud first, Migration strategy, workload placement)

4.2 Stakeholder & Subject Matter Expert Engagement

Key stakeholders from across the organisation inputted into strategic development, putting together a set of strategic principles, which form the foundations of the strategy. These are described below:

Cloud First
- All future solutions will be designed with the cloud as the target deployment destination. Where new solutions are being selected, it will be a requirement that they are cloud-based and compatible with our cloud estate. If a new system is to be hosted by us, it must be designed to operate in our cloud datacentre.

Multi-Cloud
- For SaaS Solutions and speciality specific PaaS, we will choose our provider based on analysis of capabilities in the marketplace. For IaaS and generic PaaS deployments we will identify a single provider of these services.

Security
- Security of data and systems will be a guiding principle of all future solutions from the outset, and this will be a feature of any new solution which we consider purchasing. All solutions we build will integrate with a Cloud-based SIEM. Our cloud security processes will adapt to support the agility of the cloud.

Cloud Tiers
- When we don't buy SaaS we will develop and host applications on PaaS wherever possible, using provider native services. We will only use IaaS when PaaS and SaaS solutions arent available or fail to meet our requirements.

Service User Focus
- Our Services will be designed around User needs and delivered to the user more rapidly. Our services will be available across multiple device types from multiple locations. Where possible all services will be internet facing whilst maintaining strong user security

Ease of consumption
- Accelerate business access to cloud innovation though user driven self-service consumption, within the preapproved service offerings. Our colleagues will be able use templated service offerings to build infrastructure and services for our users in a controlled manner.

Governance
- Our governance structures will support cloud delivery and new ways of working, allowing for more rapid provision of services

Business Processes
- A number of key supporting business process will need to align with our ICT processes to enable us to leverage the benefits of the cloud, this includes finance and procurement processes.

Skills
- We will equip our teams with the skills they need to take advantage of the Cloud, and support their changes in ways of working. Our ambition is to be a Cloud Centre of Excellence

Continuous Optimisation
- We will ensure cost-benefit from the cloud to make sure the organisation benefits from the flexibility and scalability of the cloud; if systems aren't being used as heavily as expected, then we can turn down the resources attached to those services. If services are never used during evenings or weekends for example, then we can consider turning these off. Usage patterns change over time, as does the costs of various components within the cloud marketplace, therefore it is important that this is tracked on a regular basis

Identity
- We will provide federated identity services for staff and architect our cloud services to provide single patient identities in the future

Interoperability and Portability
- Wherever possible, we will maintain data and application interoperability and portability for our services between private, hybrid and public cloud offerings

Gartner consultants conducted a review of a draft strategy, and provided additional input,

specifically around risks, and principles. On addition of these items, Gartner were very positive about the strategy and confirmed that it addressed all the key items.

Two workshops were held with DHCW staff to gain input on the draft strategy including the principles, the implementation timeframes, risks, goals and vision. This information was collated and informed the most recent draft.

4.3   Benefits of the Cloud Strategy

The Cloud Strategy describes the following organisational benefits:

Scalability

Cloud services are much easier to scale than traditional on-premise environments. In an on-premise environment, in order to scale an application, we would have had to purchase an additional server or storage, wait for it to arrive (which could be weeks), build it, test it, and then implement it. For DHCW this means shortened project implementation timeframes, and also the ability to respond to issues such as heavy server loads in very short timeframes. For example, when the WIS programme started, it was very fortunate that capital orders for the year were being delivered and their was sufficient in-house capacity available – had this not been the case, this could have meant a substantial delay in the time required to deliver this ley piece of work. Additionally, servers can be "powered off", meaning applications which only have heavy load during specific periods (such as office hours) can be scaled accordingly during the day, and then have fewer servers during off-peak periods, resultant in substantial cost savings.

Capacity Management

For on-premise environments, Capacity Management has meant firstly ensuring that servers and storage were powerful and big enough when purchased and then adding to them if necessary throughout their lifecycle. With cloud services however, there is also the ability to turn servers and storage down, often without interrupting service. For DHCW, this means that if there is less consumption than anticipated when a service is first implemented in the cloud, then the servers and storage associated with the service can be scaled down as required. Periodically monitoring server utilisation can produce substantial savings, as well as helping to ensure that the service runs optimally.

Resilience

The physical resilience in cloud datacentres is much greater than most organisations can afford independently. Datacentres already have resilient power, cooling, fire suppression, generator facilities and compliance with ISO standards (including 27001, 9001) and Cyber Essentials. Using these shared datacentre facilities by virtue of consuming cloud services, means that DHCW will consume a wider array of functionality which can further enhance and extend resilient capabilities for our services. All main cloud providers also provide financially backed Service Level Agreements (SLAs) regarding availability.

Security

Cloud perimeter security is again, industrial grade, and typically much greater than an individual organisation could afford to implement and maintain. PaaS services have the underlying platform patched, whilst IaaS services usually require the customer to ensure that patching is undertaken – although there are many new cloud based tools available to make sure that this is a simple process. For DHCW, this will help reduce the level of cyber risk, as well as providing a modern SIEM for the monitoring of security related events.

Maintenance

Whereas with on-premise systems, all aspects of the infrastructure would require physical maintenance from

time to time, using cloud systems vastly reduces that. Indeed, with PaaS, SaaS and IaaS offerings, all physical maintenance is removed, with underlying hardware being provided seamlessly as part of the service. Maintenance regarding patching of operating systems and applications varies between each variety of the cloud, for DHCW this will mean a substantial reduction in maintenance overhead, leaving staff free to focus on enhancing or developing new services.

4.4   Considerations

A principle to note within the Cloud Strategy is that DHCW will take a multi-cloud approach. This means that whilst for most services a single provider will be used, DHCW will also be able to purchase services from other providers where advantageous to do so, which will provide access to nice and best-in-breed capability as required.

In order to achieve the cloud strategy, there will be a substantial investment in staff skillsets, to ensure we can both implement and manage the new and migrated cloud services effectively, ensuring on-going cyber security.

To decide the order in which services were migrated, an assessment of services currently provided was undertaken. This assessment used a cloud scoring mechanism to apply a weighted score over multiple categories to each of DHCW's services. The assessment identified 18 applications that were the least complex to migrate, which form the first tranche of application.

Additional resources will be required during the migration period, in order to ensure we maintain our current service standards and operational capability whilst undertaking the migration process.

DHCW will define an Exit Strategy with the aim of preventing vendor lock-in wherever possible, in order to mitigate against potential rises in costs or other factors such as cyber security which may impact the choice of cloud platform for services.

DHCW will rework its governance process to take advantage of the speed, agility and flexibility benefits of the cloud; this will involve redesign of a number of aspects of design review, security review and commercial governance and will result in a closer and more frequent working relationship across technical, finance and procurement functions.

5   DEFINITIONS

TERM	DEFINITION
PaaS	Platform as a Service
SaaS	Software as a Service
IaaS	Infrastructure

6   APPENDIX

6.1   Appendix A – Cloud Service Offerings

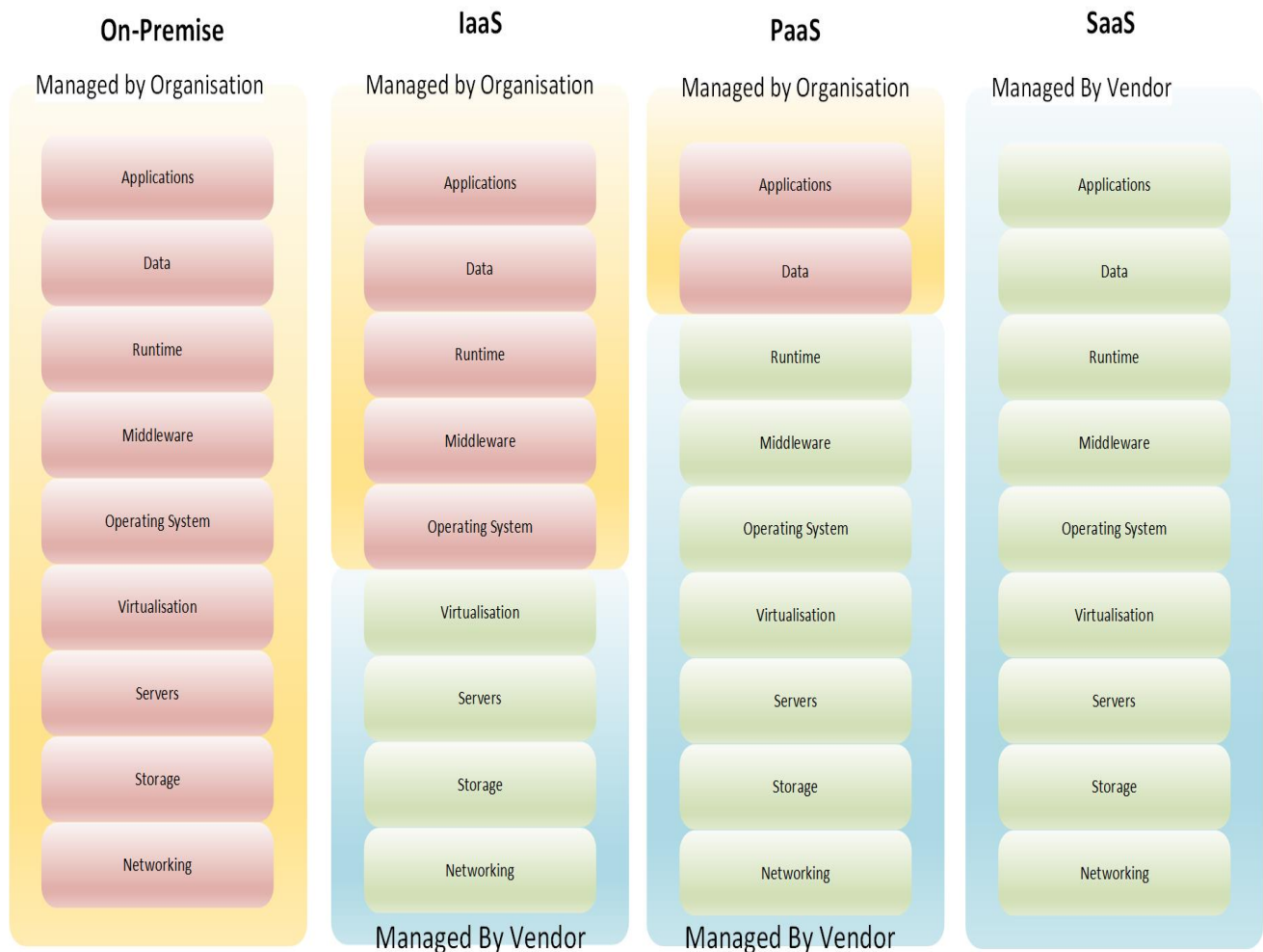There are three main deployment models for cloud:

- **Private cloud**
  The cloud infrastructure is provisioned for exclusive use by a single organization comprising multiple consumers (e.g., business units). It may be owned, managed, and operated by the organization, a third party, or some combination of them, and it may exist on or off premises.
- **Public cloud**
  The cloud infrastructure is provisioned for open use by the general public. It may be owned, managed, and operated by a business, academic, or government organization, or some combination of them. It exists on the premises of the cloud provider
- **Hybrid cloud**
  The cloud infrastructure is a composition of two or more distinct cloud infrastructures (private, community, or public) that remain unique entities, but are bound together by standardized or proprietary technology that enables data and application portability (e.g., cloud bursting for load balancing between clouds).

There are three main service offerings from cloud vendors, which are detailed below.

- **Platform as a Service (PaaS)**
  Platform As a Service (Paas) – A vendor provides the platform, storage, servers and networking, and the user manages the applications and data on this platform. Examples of this are parts of Azure such as Webapps, SQL Azure.

- **Software as a Service (SaaS)**
  Software as a Service (Saas) – A software vendor provides access to their product over the internet. All hosting, operating system management, servers, networking etc is taken care of by the vendor. Office 365 is an example of this.

- **Infrastructure as a Service (IaaS)**
  Infrastructure as a Service (SaaS) – This gives the ability for virtual servers and virtual infrastructure to be created in an environment where the underlying physical hosts are managed by the provider. Examples of this include Microsoft Azure and Amazon Web Services for virtual server hosting.

It is to be noted that these types of cloud computing are not mutually exclusive, and organisations may implement all three varieties simultaneously, dependent on their needs.

As is evident from the descriptions, each flavour of Cloud requires a different level of management and support overhead, and also each flavour of cloud differs in the level of benefit it provides when compared to a traditional on-premise, or managed physical architecture. The following diagram illustrates this:

On-Premise	IaaS	PaaS	SaaS
Managed by Organisation	Managed by Organisation	Managed by Organisation	Managed By Vendor

On-Premise (Managed by Organisation):
- Applications
- Data
- Runtime
- Middleware
- Operating System
- Virtualisation
- Servers
- Storage
- Networking

IaaS (Managed by Organisation):
- Applications
- Data
- Runtime
- Middleware
- Operating System

(Managed By Vendor):
- Virtualisation
- Servers
- Storage
- Networking

PaaS (Managed by Organisation):
- Applications
- Data

(Managed By Vendor):
- Runtime
- Middleware
- Operating System
- Virtualisation
- Servers
- Storage
- Networking

SaaS (Managed By Vendor):
- Applications
- Data
- Runtime
- Middleware
- Operating System
- Virtualisation
- Servers
- Storage
- Networking

Division of responsibility for cloud types and on-premise

6.2   Appendix B – Identified Risks and Mitigations

Perceived Risk	Possible Mitigation Strategies		
We may face internal resistance to cloud adoption	Seek executive sponsorship	Trigger compelling event (such as a deadline for data center exit)	Manage a cloud community program to influence behavior and transform internal culture
We don't possess the required skills	Build a training program to develop the required skill set	Seek the guiding hand of an MSP/professional services organization	Seek research and advisory services
We don't trust the cloud provider	Scrutinize compliance reports from third-party auditors	Build decision frameworks to select a trustworthy cloud provider	Check historical performance of the cloud provider
Cloud providers may have outages that we don't control	Build decision frameworks to select the cloud layer that gives you the required level of control	Design for failure: Implement IaaS high-availability architectural best practices that allow control of the application failover	Stipulate a cyber insurance contract
Cloud providers may go out of business or raise prices	Develop an exit strategy	Develop a multicloud strategy	Design for portability
We may not be able to guarantee performance	Develop a hybrid IT strategy	Purchase the appropriate configuration option and service level	Design for scalability
We may experience data loss, because we don't control our perimeter	Implement cloud security best practices (such as micro-segmentation and security posture management)	Develop cloud data protection strategy (such as encryption and anonymization)	Build a decision framework to select a cloud provider with an appropriate data protection policy
We may overspend in the cloud, because we don't have an upper capacity limit	Develop financial management processes for public clouds	Assign and enforce budget limits on a per-workload basis	Use cloud provider quotas to limit the number of resources we can provision
If we use cloud-native services, we'll be locked in to the cloud provider	Develop an exit strategy	Develop a multicloud strategy	Minimize dependencies to the cloud-native services, and build applications on abstracted runtimes, such as Kubernetes
If we fail to the communicate to the citizen that we will be changing the location of their data, we may suffer reputational damage	Ensure robust and clear communications are issued well ahead of migration	Implement cyber security measures to ensure data storage is **at least** as secure as current arrangements	Where possible, ensure the storage of PII (personally identifiable information is kept to a minimum
the risk of using multiple providers means that potentially we have more likelihood of a skills shortage, as there would be more skills to learn	Use a main provider for most services	Use alternative clouds where there is a sound argument to do so (for example niche services)	Limit the complexity of alternative cloud deployments where possible

Using multiple clouds will mean ensuring a number of environments are monitored for cyber security issues and patched accordingly	Consider tooling which can monitor multiple environments from a single dashboard	Use PaaS services wherever possible to minimize security burden	Ensure there are dedicated staff monitoring security of the DHCW environments
There is a risk that we may not be able to measure the benefits of a move to cloud, due to missing baseline data	Improve baseline data	Look at high level measures where data can be collected easily (for example spend)	
Poorly defined requirements may result in DHCW procuring a solution that is not fit for purpose	Analyse data from initial deployments/pilots to build requirements	Seek input from external organisations/experts	Have multiple internal review points for requirements
Evergreen nature of cloud services could impact functionality	Re-archtect applications to use out-of-the box capabilities wherever possible	Ensure a forward-look of functional changes is available and undertake impact assessments regularly	If possible, setup a test environment to receive these changes prior to the live environment, to test for issues
Failure to update services to use latest cloud offerings could erode cost/functionality benefits	Regularly review the cloud marketplace for functional and cost benefits	Regularly review our application suite to ensure it is deployed in the most cost effective way	During development cycles, ensure our applications are deployed in the simplest way possible
If we do not have comprehensive reports on costs or we do not track them effectively we risk significant overspend	Ensure new governance processes are in place to track all cloud deployments	Put in place dedicated resource to track costs	Ensure all services are tagged appropriately in the could, to ensure that costs can be traced to the service they are delivering NOTE – THIS IS CRITICAL
Governance may restrict the flexibility, speed and agility of cloud	Rework our governance procedures to ensure they allow rapid deployment of services	Ensure governance processes across different business areas are aligned to ensure minimal delays	Establish frequent design/deployment governance groups with attendance from all key stakeholders

DIGITAL HEALTH AND CARE WALES
ePRESCRIBING UPDATE REPORT

Agenda Item	5.3

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	David Sheard, Assistant Director of Service Transformation
Presented By	Helen Thomas, Chief Executive

Purpose of the Report	For Noting
Recommendation	

The Board is being asked to:

NOTE the update on the ePrescribing Programme.

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| Acronyms			
DHCW	Digital Health & Care Wales	EPMA	Electronic Prescription & Medicine Administration
ETP	Electronic Transmission of Prescription	WHEPPMA	Welsh Hospitals Electronic Prescribing and Medicines Administration
NDR	National Data Resource	DSPP	Digital Services for Patients and the Public
GMS	General Medical Services	DPIF	Digital Priorities Investment Fund
EPS	Electronic Prescription Service		

1. SITUATION/BACKGROUND

1.1. Welsh Government have asked DHCW to host a new Programme to take forward ePrescribing across NHS Wales. To establish a team and appropriate governance arrangements, working closely with the NHS Collaborative who will facilitate the Clinical Engagement.

1.2. In 2018, the Senedd Health and Social Care Committee emphasised the need for progress in rolling out electronic prescribing in hospitals in Wales.

1.3. In its 2019 plan ("Pharmacy: Delivering a Healthier Wales") the Welsh Pharmaceutical Committee stated its aspiration to completely digitise medicines prescribing and associated processes to increase efficiency and safety across all sectors.

1.4. In 2020, Welsh Government commissioned an independent review into ePrescribing to review options and make recommendations on how to deliver a fully digital, multi-sectoral ePrescribing platform for Wales. This Strategic Review was led by Channel 3 Consultancy, overseen by an Expert Panel drawn from all areas within NHS Wales, primary care contractors, key stakeholders and Welsh Government digital and clinical leads, chaired by the Chief Pharmaceutical Officer.

1.5. The main recommendation from the Review is a parallel delivery approach across four main elements:

- Primary care ePrescribing Capability. Timeframe: 1-2 years for core capabilities; 2-3 years for full rollout.
- Secondary care ePrescribing Capability. 1-2 years for first "Pathfinder"; up to 5 years for rollout in key hospitals.
- Patient Access development. 1-2 years for core capabilities; ongoing optimisation and rollout with patients depending on uptake thereafter.
- National Medicines Repository. 1-2 years for core capabilities.

1.6. The review strongly recommends that the change process be built as a major transformation Programme, delivered as a coherent whole, with long term outcome goals, centrally funded, properly resourced, and with an overarching governance framework.

1.7. Introducing ePrescribing in parallel across the four priority areas will involve very significant business change activity, clinical engagement and patient engagement. This will be a very large and very complex transformation Programme, which it is also intended should run very quickly (compared to pre-Covid expectations).

1.8. Learning from the current Swansea Bay UHB ePrescribing pathfinder project is that clinical engagement is at least as important as the digital and technology aspects (i.e. there is very significant change in practice required around the digital system – before, during and after 'switch on').

1.9. It is proposed that the delivery should be planned and managed using an 'agile' approach (i.e. not using a fixed 'waterfall' style FBC approach, and not as one consolidated Programme).

1.10. To enable faster delivery, it is proposed that where possible primary elements be embedded in existing digital Programmes (i.e. patient access through Digital Services for Patients & the Public Programme, national medicines repository through the National Data Resource Programme).

1.11. A paper setting out the proposed approach and DHCW's role was discussed and agreed at the July 2021 NHS Wales Executive Leadership Board. This followed the submission of a proposed approach from DHCW, which is attached at item 5.3i Appendix A and has been shared widely, and updated to reflect feedback, to ensure stakeholders agree with the approach and the proposed governance arrangements. We anticipate that this draft Programme Brief will be approved by the ePrescribing Programme SRO and inform the initial Programme deliverables.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1. The Minister approved the proposal as described in the paper to the July 2021 NHS Executive Leadership Board aligned to "A Healthier Wales", the "digital Architecture Review" and "Pharmacy Delivering a Healthier Wales" policy commitments. A funding letter has been issued to DHCW to cover the initial posts required.

2.2. As set out in the Review recommendations DHCW now plans to establish the governance structures, as set out below, including the establishment of a Programme with specific Projects

to address each of the four key areas and ensure that activities can progress in parallel and at pace.
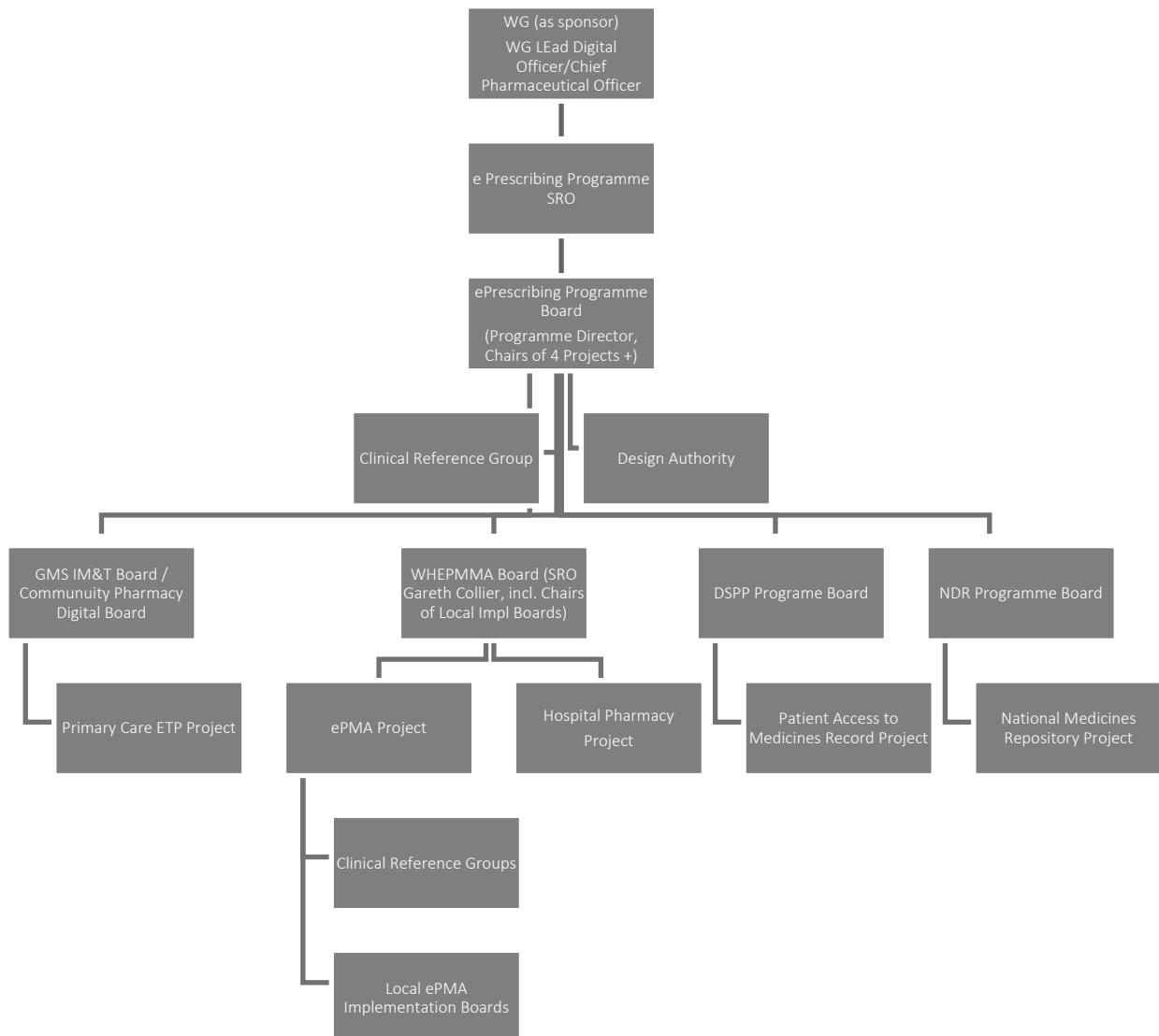
Key roles

This governance requires key roles to be agreed and then filled quickly, in order to drive progress.

- Programme SRO
- Programme Director
- Programme Lead
- Design Authority

2.3. The Programme SRO will be appointed by Welsh Government. DHCW is planning to advertise the Programme Director and Programme Lead roles by the end of September and the wider

governance arrangements will be taken forward in an interim form, to enable progress, whilst these key appointments are progressed.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1.   Establishing the ePrescribing Programme, as described in this paper, will require additional resources to be recruited by DHCW. It is not possible to give accurate estimates at this stage without knowing what the final solutions will be, for example if a Managed Service(s) are procured then a different profile for resources is required compared to a solution(s) hosted and managed on-premise. It is anticipated that these resources will be funded by Welsh Government subject to funding requests to be agreed and ratified with the Programme SRO and relevant project boards.

3.2.   Future funding requests will also cover additional resources required in the Health Boards and Trusts and in the NHS Collaborative who will be leading on the clinical and wider stakeholder engagement.

3.3.   In the short-term resources will be re-prioritised to undertake the initial tasks to ensure that progress can be made at pace. These activities will be change controlled into the Annual Plan and managed to ensure that key priorities are not materially impacted.

4. RECOMMENDATION

4.1   The Board is being asked to:

NOTE the update on the ePrescribing Programme.

5. IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Expanding the content, availability and functionality of the Digital Health and Care Record

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT		Date of submission: N/A
No, (detail included below as to reasoning)		Outcome: N/A
Statement: EQIA will be assessed through the project lifecycles		

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
DHCW Management Board	19 August 2021	Approved

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
	New national systems within this Programme will be expected to adhere to the WIAG process.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
	Prescriptions are legal documents which will need to be considered through this Programme. Currently the are printed and physically signed, whereas this Programme will make this process digital.
FINANCIAL	No, there are no specific financial implication related to the activity outlined in this report

IMPLICATION/IMPACT	This Programme is expected to receive Welsh Government funding
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	This report discusses the development of teams within DHCW to support the ePrescribing Programme
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

NHS WALES ePrescribing PROGRAMME BRIEF

Document Version	0.3

Status	Draft

Document author:	Katherine Lewis
Approved by	
Date approved:	
Review date:	

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1   DOCUMENT HISTORY

1.1   REVISION HISTORY

Date	Version	Author	Revision Summary
15.08.21	0.1	Katherine Lewis	Initial Draft
20/08.21	0.2	Katherine Lewis	Comments from Helen Thomas and David Sheard
13/09/21	0.3	Katherine Lewis	Comments from Digital Policy Official (WG) & NWSSP

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:	
Role:	
Signature:	

Approver's Name:	
Role:	
Signature:	

1.4   DOCUMENT LOCATION

Type	Location
Electronic:	Management System - All Documents (wales.nhs.uk)

2   PURPOSE

2.1   PURPOSE OF DOCUMENT

The purpose of this Programme Brief is to:
- Define the programme's objectives, in outline, for approval to proceed to define the programme in detail.
- Provide the basis for a formal management decision: 'should we proceed with this programme?'

2.2   PROGRAMME OBJECTIVES

The aim of the Programme is to complete the roadmap for pan Wales ePrescribing as described in the recommendations from the Strategic Review on *The Future of Electronic Prescribing in Wales*. This consists of the following:

A) **Primary care ePrescribing Capability**
   Establish a seamless digital communication of prescription information between prescribing and dispensing systems in primary care, with similar seamless communication of dispensing information on to the payment authority.

B) **Secondary care ePrescribing Capability**
   Procure Hospital electronic prescribing and medicines administration (ePMA) systems across Wales that build on a set of common open standards (e.g. medicines) and principles that provide end-to-end ePrescribing secondary care capabilities together with interoperability with other care settings in Wales. The approach would align with the key principles outlined in the Digital Architecture review of open platform, open standards, and interoperability.

C) **Patient Access development**
   Provision of a patient app that allows data sharing from GP, community pharmacy and hospital systems to patients, enabling them to understand which medicines to take and when, to record their choices regarding medicines, any problems they are having with medicines, and how and when their medicines are supplied.

D) **National Medicines Repository**
   Provision of a centralised medicines repository that allows access to the list of medicines the patient is currently taking, regardless of where these originated or are managed from, (e.g. GP, Homecare, Mental Health, or other source). This will enhance patient safety and streamline the delivery of care, particularly at the interface between primary and secondary care. As part of this work, the Medicines Reference Service would be created as the single point of reference for medicines information to permit systems to code their medications and share medicine information in a consistent manner.

3   BACKGROUND TO THE PROGRAMME

Prescribing errors in hospitals are common, with errors reported in up to 9% of inpatient medication orders in the UK. About 1–2% of inpatients are harmed by medication errors, the majority of which relate to prescribing and even those errors that do not result in harm create additional work and can adversely affect patients' confidence in their care. In 2018, the Senedd's Health and Social Care Committee published a report into

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medicines management in Wales that emphasised the need for progress in rolling out electronic prescribing in hospitals in Wales.

In 2020, Welsh Government commissioned an independent review into ePrescribing to review options and make recommendations on how to deliver a fully digital, multi-sectoral ePrescribing platform for Wales. A **Strategic Review** was commissioned from Channel 3 Consultancy, overseen by an Expert Panel drawn from all areas within NHS Wales, primary care contractors, key stakeholders and Welsh Government digital and clinical leads, chaired by the Chief Pharmaceutical Officer. The main recommendation from the Review was a parallel delivery approach to digital change across four main areas identified as:

A) Primary care ePrescribing Capability.

B) Secondary care ePrescribing Capability.

C) Patient Access development.

D) National Medicines Repository.

The review strongly recommended that the change process should be applied as a major transformation programme, delivered as a coherent whole with long term outcome goals. It must be centrally funded by Welsh Government, properly resourced and have an overarching governance framework. This transformation programme is to be known as the "ePrescribing Programme".

4   VISION STATEMENT

The vision for the ePrescribing programme is for a fully digitalised ePrescribing environment across all care settings in Wales. This will be achieved across the four distinct areas as follows:

4.1   PRIMARY CARE ELECTRONIC TRANSFER OF PRESCRIPTIONS (ETP) (A)

The ETP project will introduce the digital communication of prescription information between prescribing and dispensing systems across Primary care. Work has already begun within DHCW Primary Care to establish and resource this project.

DHCW carried out discovery work in 2020 with NHS Digital in England regarding ETP, prior to the Channel 3 review. Subject to commercial agreement it is expected that the NHS Digital Electronic Prescription Service (EPS) solution will be adopted. There is much commonality between England and Wales in that the three GP systems and eight Community Pharmacy systems in use in Wales are linked to EPS in England. It is anticipated that development work will be required to support the different ways of working and commercial arrangements in place, but the core premise of the system will remain the same as in England. In England the EPS solution currently uses Smartcards to authenticate users although alternatives are being reviewed. There would be a management overhead to provision of the Registration Authority process which will include identity management, user management and provision of Smartcards (or an alternative method of two-factor authentication).

- The EPS solution would link via the spine in NHS England
- An additional link between Hospital Outpatient Clinics and Community Pharmacies would need to be implemented as a later phase, with dependencies on the EPMA implementation in hospitals.

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- NHS Wales Shared Services will be involved in this project, having responsibility for elements such as the Prescription Pricing Service, which is dependent upon outputs from this process and the NHS Secure Forms and Print Contract which would be impacted by changes to requirements for the supply of prescription forms.

4.2   EPMA (HOSPITAL EPRESCRIBING) (B)

Swansea Bay University Health Board (SBUHB) have an ongoing ePMA project. This is partially funded by Welsh Government as a pathfinder project. It is currently live in two of the four acute hospitals in Swansea Bay University Health Board, and lessons learnt from this project form part of the reporting to the national ePMA project. SBUHB are keen to extend into Morriston and Gorseinon as their third and fourth hospital sites in line with the recommendations within the strategic review.

Cardiff and Vale University Health Board (CAV) have been working on a local ePMA project for the past year in parallel with the Strategic Review. ePMA is a focus and priority for Cardiff and Vale who are clear that the solution will reduce clinical risks associated with medicines administration. One of the assumptions made within the Strategic Review is that CAV will be the next Health Board to start an ePMA implementation.

The July 2021 the Welsh Hospital Electronic Prescribing Pharmacy and Medicines Administration (WHEPPMA) Project Board, discussed and supported the formation of an All-Wales commercial framework for Health Boards and Trusts to use to purchase an 'approved' ePrescribing solution. It was agreed at the July NHS Wales Leadership Board that DHCW would manage the framework establishment process, whereby suppliers who meet the agreed base requirements and standards for an ePMA solution are made available for Health Boards and Trusts to enter into a contractual arrangement. These suppliers must also be able to meet the requirements in relation to the defined data and architecture standards to ensure interoperability. Current estimates suggest this process will take 6 months to complete. The initial WG funding allocation is to facilitate the establishment of the programme structure in order to achieve the programme milestones. It is anticipated that an element of the funding will need to be focused on resources to support the framework contract process.

Once the framework is available, Health Boards and Trusts will have the opportunity to purchase, and then implement their preferred solution, subject to agreement by a local project board and business case submission supported by the National Procurement Team within DHCW.

Pace is a key expectation from HBs and Welsh Government, the development and agreement of any local business case will need to be timely, but also allow sufficient scrutiny of each case by the relevant stakeholders. This could be a separate workstream in the ePMA project, or the pathfinder projects could produce a business case template that can be re-used by subsequent Health Boards. The supplier costings to input into these local business cases will be derived from the procurement framework.

The framework will be based on agreed requirements for an ePMA solution in Wales. Significant work has already been undertaken within this key area which includes:

- An Operational Reference Group set up by the Welsh Hospital Electronic Prescribing Pharmacy and Medicines Administration (WHEPPMA) Project is currently verifying requirements based on iterations generated by the WHEPPMA Clinical Reference Group in 2020, lessons learnt from the SBU pathfinder and Cardiff & Vale's pathfinder requirements. These requirements need to be approved by a multiple profession team including pharmacy, nursing and clinicians.
- Data Standards and Integration Standards need to be agreed with the Design Authority

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- dm+d standards and guidelines are available for hospital ePrescribing and will form the basis of the data standards for medicines.
- FHIR standards are expected to be the basis for interoperability.

- Clinical and technical requirements (currently being finalised) must be formally signed off by the Programme to initiate the formal commercial process. It is expected that the procurement process will take approximately six months.

4.3 FOR PATIENT MEDICINES ACCESS APPLICATION (C)

An agreed DSPP pathfinder project includes the replacement of the legacy My Health On Line (MHOL) application. This application will have several features but two of the existing functions that will be replaced are:

1. Access to view Medications prescribed by GP
2. Ability to request repeat prescriptions

This in effect will be an early iteration of the Patient Medicines application but with only the primary care medicines record in scope at this stage. Potential functionality could include the ability for patients to nominate a preferred pharmacy, or instructional information on how to administer prescribed medicines.

The DSPP programme have requested Business Analyst resource for this key area to support the programme in defining the requirements for a Patient medicines application. Further steps are dependent upon the Shared Medicines Record project (see D below), which will bring together medication records from primary, secondary, and tertiary care. This role will work alongside the Shard Medicines Record team.

4.4 NATIONAL MEDICINES RECORD – SHARED MEDICINES RECORD (D)

This area comprises of the establishment of a shared medicines record, that takes inputs from primary, secondary and tertiary care systems and allows access by the patient or appropriate healthcare professionals. Key to this is the agreement of data standards pertaining to the medicines record and interoperability standards for accessing, updating and managing the record.

The shared medicines record is key to the Programme and will be delivered as a workstream under the National Data Resource Programme. Ultimately it will be common to the other three workstreams, design is therefore a critical factor and the Design Authority as discussed in the NHS Leadership Board must be established and work alongside programmes such as NDR and DSPP to ensure interoperability and alignment for the future.

5 BENEFITS EXPECTED

It is envisaged that delivering the programme will achieve the following benefits:

- Consistency across Wales – bringing improved patient safety, efficiency and consistent staff training
- Delivery of integrated ePrescribing across Wales in all care settings, removing the need for paper prescriptions
- Smooth transfer of care – across hospitals, care settings, Health Boards and cross-border
- Patient safety and quality of care in relation to a reduction in prescribing errors
- Increase efficiency and safety across all sectors
- Introduction of systems with interoperability capabilities that can transfer data between care settings, pharmacies, and patient apps

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- Making overall prescribing process more efficient for both clinicians and patients
- Seamless digital communication of prescription information between prescribing and dispensing systems
- Increased time to care
- Reduction in associated litigation costs
- A consolidated view (and history) of all the prescribed medications for a patient, enabling patients to keep track of their own medicine information
- Cash Releasing Savings
- Enhanced medicines optimisation and improvements to drug expenditure
- Prudent/Value based Healthcare – lower costs of a whole system approach
- Collaboration – shared learning with centralised support
- Future optimisation – all benefit through others the improvements and shared learning
- Improved Data, generation, access and consistency of Data.

6   KNOWN RISKS

6.1   RISKS

Early identified risks for the programme are the following:

- Insufficient funding
- Inability to recruit staff resources
- Different approaches taken by each Health Board; however, this is mitigated as all NHSW Chief Executives have agreed to adopt the approach set out within the strategic review.
- Timescales
- Standards are not sufficiently mature to align with the Design Authority design principles around use of open standards
- Commitment from key stakeholders to the projects within the programme due to other work requirements
- Integration between systems
- Solutions may not be sufficiently mature in implementing interoperability standards
- Confusion on DHCW/supplier responsibilities to Health Boards
- Potential legislative hurdles
- Health Boards failure to meet the required deadlines in securing contracts in line with the programme's targets
- Resistance to change to new ways of working across sectors

6.2   ASSUMPTIONS

- Sufficient funding will be available for the Programme to meet its objectives
- Sufficient and suitable partnerships will be established to support the Programme objectives
- Sufficient project or other team resources will be available to meet the Programme Objectives
- Provision by NDR to store a Shared Medicines Record
- Ability to utilise the NHS Digital Electronic Prescription Service (EPS)

6.3   DEPENDENCIES

- Dependencies exist across the four separate projects e.g. Patient app is dependent on the Primary and Secondary care record which will both contribute to the proposed shared medical record.
- Dependant on Health Boards creating individual Business Cases and securing contracts by the required

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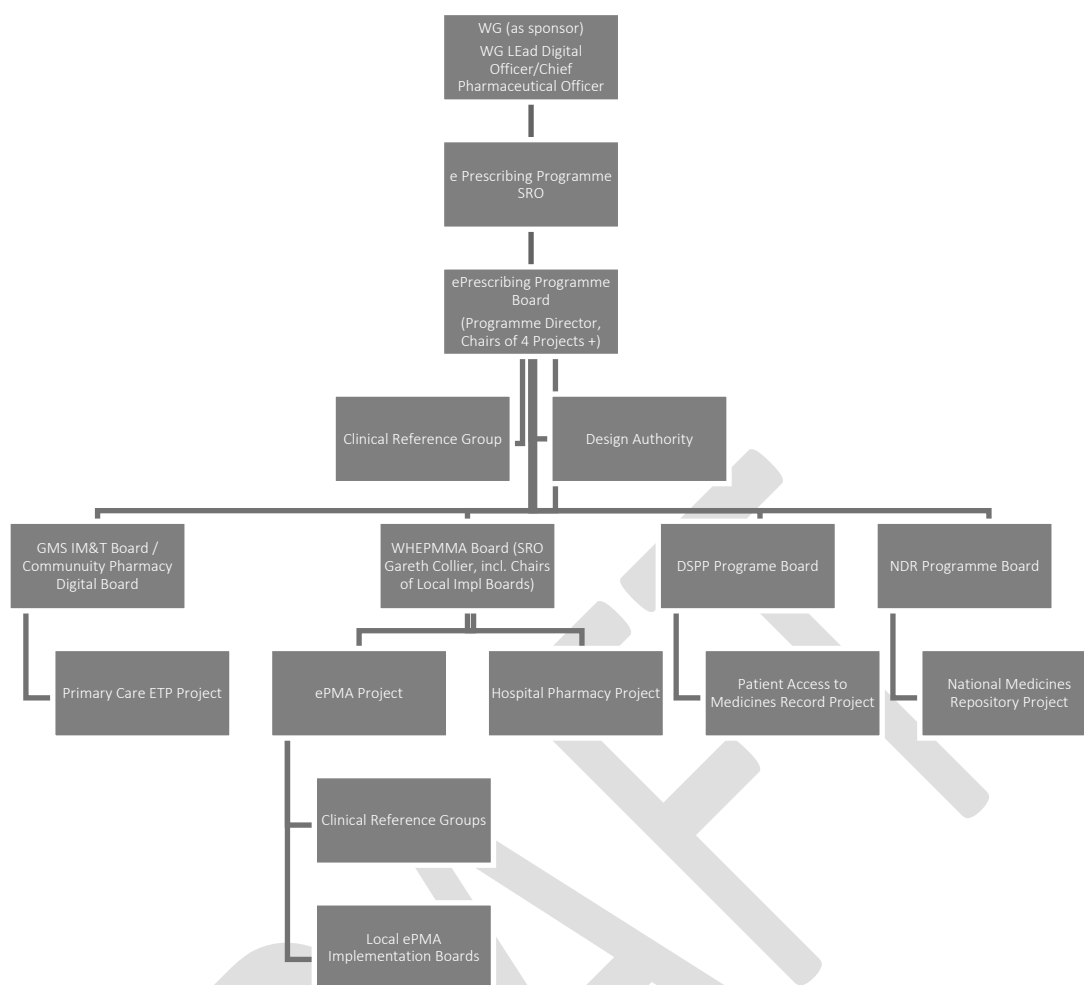
7 GOVERNANCE

7.1 GOVERNANCE STRUCTURE

The ePrescribing Programme is to be established in line with the Review recommendations and follow the proposed governance approach shown below. It will consist of 4 specific projects to oversee the delivery of the objectives across the 4 key areas.

DHCW will host the Programme, with the NHS Collaborative facilitating the Clinical Engagement with Health Boards and Trusts.

The governance approach for the Programme requires key roles to be agreed and appointed in a timely manner to drive progress and achieve the proposed milestones. Those key roles include:

Role	Responsibility
Programme SRO	Accountable for the programme
Programme Director	Ensure an appropriate programme framework is in place
Programme Lead	Responsible for monitoring the programme in operation
Design Authority	Ensure adherence to clinical and architecture standards throughout the programme
Senior Financial Officer	Work with the Programme SRO and Director to ensure finance support and leadership particularly with respect to funding, business cases and benefits

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7.2 RESOURCE REQUIREMENTS

WG DPIF funding is being secured for the Programme in response to the Strategic Review. Initial set up funding is being provided to DHCW to get the programme established and take forward recruitment of key posts. The appointment of the Programme SRO and Programme Director is key to moving forward at pace. An initial task will be convening the inaugural programme board and agreeing the funding requirements for each project – an initial meeting with key representatives will be convened in September. The phasing of additional funding requests will also need to be formulated, as the programme progresses additional specialist resource will be required. e.g., for the eMPA project Infrastructure Design and Commercial Services (from DHCW) support will be required almost immediately.

Funding for local teams across the Health boards and Trusts will also be required and will need to ensure sufficient support for the significant business change required. This resource plan will need to be developed and agreed at pace. The below team is based on the experience of Swansea Bay, identifying the immediate types of resources required to begin the readiness, configuration planning and business case development work:

- Pharmacist and Pharmacy technician
- Nursing
- Clinical Lead
- Project management
- IT Support and infrastructure
- IT trainer
- Data Analyst

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It is not possible to give accurate estimates at this stage for the entire programme without knowing what the final solutions will be, for example if a Managed Service(s) are procured then a different profile for resources is required compared to a solution(s) hosted and managed on-premise, although the framework will set out the expectations for service provision for successful bidders which is likely to set out a Cloud first approach. At the point of the local business cases, better estimates will be known as the framework will have been setup.

It is anticipated that whilst there will be local business case development, relevant central resources will be required to develop a standardised approach to support this including costing templates and benefits realisation frameworks.

- ePMA Business Case Development – it is anticipated will be locally driven but central resources required to develop a standardised approach, templates, benefits framework and costing templates.
- Design/Configuration: may be undertaken locally but must ensure that subsequent implementations benefit from earlier work and NHS Wales achieves maximum VFM. The adherence to the national standards agreed by the Design Authority is paramount to being able to share the medicines record and realise benefits across the programme.

7.3   INDICATIVE TIMESCALES

Indicative timescales for the Programme have been proposed and are shown in the following table:

	Next 12 months	Following 2-3 Years
E-Prescribing Transformation Programme Board	Set up and provide oversight of projects, design authority and Local Implementation Groups	Oversight and benefits realisation
A – Seamless e-prescribing capabilities in primary care (ETP)	Project planning, commence detailed discovery and planning phase in collaboration with NHS Digital, commercial and development discussions with third parties, testing and recruitment	Implementation across all care settings
B – Secondary care e-Prescribing capabilities (EPMA)	Specifications, procurement framework set up, implementation planning and business case support for first Health Board	Implementation in other HBs and optimisation across Wales
C – Patient App development	High level specification and PID Progress on patient access to primary care medicines	Patient and public access to their medicines' information via DSPP app, including secondary care medicines.
D – National Medicines Repository	Establish Medicines Reference Service and Shared Medicines Records workstreams. Propose interoperability and medicines data standards with the Design Authority	Implement shared medicines record use cases, and make available across care settings
E-Prescribing Design	Agree and disseminate standards to be used across	Provide clinical assurance and ensure alignment with national architecture.

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Authority	the programme	

8   DERIVATION

8.1   PROGRAMME MANDATE

In response to the NHS Leadership Board e Prescribing in Wales paper the Minister has agreed to the establishment of the programme in August 2021. This is to be supported by a ministerial announcement expected on the 20th September 2021
The paper is aligned to "A Healthier Wales", the "Digital Architecture Review" and "Pharmacy Delivering a Healthier Wales" policy commitments. A funding letter is expected to support this.

8.2   NOT IN SCOPE

The Hospital Pharmacy system (currently part of the Welsh Pharmacy and Medicines Management System project) does not form part of this programme as funded by a previous DPIF.

9   ACTIONS REQUIRED

- Programme SRO and Programme Director to be identified and appointed (Priority)
- Agree Senior Finance Officer role
- Convene initial Programme Board
- Agree Programme brief and authorise further work
- Stakeholder identification and analysis
- Develop programme plan
- Define risk management strategy and develop central risk log
- Commence procurement framework development
- Continue agreement of functional specification
- Continue agreement of technical specification

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DIGITAL HEALTH AND CARE WALES
STRATEGIC PROCUREMENT REPORT

Agenda Item	5.4

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Matthew Perrott, Deputy Head of Commercial Services
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: **APPROVE** the Contract Awards as detailed in item 5.4i and 5.4ii.	

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Acronyms	
CRM	Customer Relationship Management
DHCW	Digital Health & Care Wales
DPIF	Digital Investment Priorities Fund
GP	General Practitioner
ICT	Information & Communication Technology
TTP	Test, Trace & Protect

1.   SITUATION/BACKGROUND

1.1   The Commercial Services Team, within the Engagement and Digital Transformation Services Directorate, in Digital Health and Care Wales (DHCW) manage a range of contracts supporting both National services and the internal requirements of the organisation itself. The procurement of these contracts is also led by the Team, which includes several staff from the NHS Wales Shared Services Procurement Service.

1.2   In accordance with the scheme of delegation in DHCW's Standing Financial Instructions Contracts to be awarded with a total contract value in excess of £750,000.00 (excl. VAT) will be presented for the Board's approval.

2.   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Set out at Appendix 1 are 2 Contract Award Approvals for the consideration of the Board:

1.   Item 5.4i - GP Managed Print Service – P686, awarded to HP via a Mini competition process under an existing Government Framework Agreement
2.   Item 5.4ii - Development Resources required for Test Trace Protect ("TTP") CRM Solution – P647, awarded to Microsoft via an OJEU Open Procedure

2.2   GP Managed Print Service

The GP Managed Print Service is a national service for the purchasing, configuration, support and decommissioning of black and white (Monochrome) Laser Printers (both USB and Network) across all NHS Wales GP Practices. To deliver services GPs require the ability to print 'everyday' items and specialised documents such as prescriptions and test tube labels required to facilitate patient care. The aim of the Managed Print Service is to consolidate print volumes across the least number of devices (mono devices) and to manage the devices and toner more efficiently.   The contract term is for a maximum period of seven (7) years (Initial Term 5 years with a period of up two (2) years extension).

The contract value for the maximum term is **£8,233,684.69** ex VAT.   Budget for this service has been allocated from existing revenue budgets.

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Approver: Michelle Sell
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The contract has been structured to minimize Authority risk in the following ways:
- Standard NHS terms and conditions:
  - Remedies for contractual delay
  - Ability to terminate for contractual breach
  - Phased payment model based on a pilot scheme and the full roll out
- A flexible service delivery model where in the event that usage lessens over time, costs to the Organisation decrease.

2.3 Development Resources required for Test Trace Protect ("TTP") CRM Solution

The second contract for which approval is sought is for the Development Resources required for the Test, Trace & Protect ("**TTP**") Customer Relationship Management ("**CRM**") Solution.   Building on the initial agreement executed to deliver a test trace protect solution a need was identified for a longer-term arrangement to meet the development, training and support needs of the CRM solution. The contract term is for a period of one (1) year with an option to extend for one (1) additional year if required.

The maximum contract value is **£2,600,000.00** for the term of the agreement. Funding has been secured from the Welsh Government's covid funding stream (capital).

The contract is underpinned by Microsoft's Terms and Conditions given that this is in accordance with Microsoft's business model.

Please Note: Microsoft will not engage on standard NHS Terms and Conditions, which is DHCW's standard approach to undertaking contracts with private sector organisations. This is the approach Microsoft takes with all public sector customers.

To minimise risk the contract has been structured in the following way:

- Work-package based approach in accordance with Welsh Government Policy in relation to the Coronavirus pandemic. For example, as requirements emerge the Authority will scope them out via a work-package, which the Contractor is required to respond to with a formal proposal. Also, day rates have been fixed to ensure that pricing for subsequent work-packages is consistent.

- The Authority will only be charged for actual resources deployed.

3.   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   Item 5.4i includes a Contract Award recommendation for the Board's approval relating to **GP Managed Print Service (P686)**, in respect of which:

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(i) The procurement has been undertaken in accordance with the requirements of DHCW's Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and

(ii) The Crown Commercial Services Multi-Functional Devices, Managed Print, Content Services, Records and Information Management Framework Agreement (RM3781/L3) scope and operating procedures and guidance

(iii) DHCW's evaluation team comprising key subject matter experts has approved the procurement strategy and approach, including the selection and evaluation processes and the award outcome, as assured by the Director of ICT; and

(iv) Funding of the Agreement is provisioned from existing funding, as assured by the Executive Director of Finance.

The resources required to deliver these Services from a DHCW perspective are included within the Annual Plan.

3.2 Item 5.4ii includes a Contract Award recommendation for the Board's approval regarding **Development Resources required for Test, Trace & Protect ("TTP") CRM Solution (P647),** in respect of which:

(i) The procurement has been undertaken in accordance with the requirements of the Standing Financial Instructions, including Public Contract Regulations 2015, as assured by the Chief Operating Officer; and

(ii) DHCW's evaluation team (a subset of DHCW's Covid Programme) has approved the procurement strategy, including the approach to selection and evaluation and the award outcome, as assured by the Chief Operating Officer; and

(iii) Funding of the Agreement is provisioned by commitment of funding from Welsh Government specifically in respect of the TTP Programme, as assured by the Executive Director of Finance

3.3 The resources required to deliver these Services from a DHCW perspective are being funded specifically through a Welsh Government DPIF funding allocation. The development will be undertaken in an iterative way to enable review and engagement and to respond to Welsh Government at each stage to shape the development.

4. RECOMMENDATION

4.1 The Board is being asked to:

APPROVE the Contract Awards as detailed in Appendix 1, item 5.4i and item 5.4ii.

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5. IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	N/A
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: Not applicable
No, (detail included below as to reasoning)	Outcome: Not applicable
Statement: Not applicable	

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

PERSON/COMMITTEE/GROUP	DATE	OUTCOME
Julie Francis – Head of Commercial Services	09/09/2021	Accepted
Michelle Sell – Chief Operating Officer	09/09/2021	Accepted
Claire Osmundsen-Little – Executive Director of Finance	09/09/021	Accepted
Management Board	16/09/2021	Supported

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	To be assessed in relation to the specific Contracts to be awarded.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	To be assessed in relation to the specific Contracts to be awarded.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	To be assessed in relation to the specific Contracts to be awarded.

WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	To be assessed in relation to the specific Contracts to be awarded.
SOCIO ECONOMIC IMPLICATION/IMPACT	Yes, please detail below
	To be assessed in relation to the specific Contracts to be awarded.

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COMMITMENT OF EXPENDITURE EXCEEDING CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

Scheme Title	GP Managed Print Service
Supplier	HP Inc UK Limited
Contract Awarded for Use by	All Wales
Date Prepared	25th August 2021
Prepared By	Sarah Fry, Senior Category Officer
Scheme Sponsor	Dr Carwyn Lloyd-Jones, Director of ICT

All proposals must be consistent with the strategic and operational plans of Digital Health and Care Wales ("DHCW").

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("**DHCW**"), formally NHS Wales Informatics Service ("**NWIS**"), are responsible for the purchasing, configuration, support and decommissioning of black and white (Monochrome) Laser Printers (both USB and Network) across all NHS Wales GP Practices. On 30th August 2016 a contract was awarded to HP Inc UK Limited to provide a managed print service to these Practices. The contract is due to expire on 31st August 2023 and a new procurement has been undertaken to provide the service going forwards.

The existing contract delivered benefits in several areas:
1. Full technology refresh (approximately 7500 printers);
2. Improved service availability and a 77% reduction in break fix engineering visits;
3. Efficiency savings for GP practices due to the introduction of automated supplies management (toner on demand) – an average of 700 toners delivered each month within 3 days of threshold reached using '*Just In Time*' supply chain which would have previously been ordered by practices as and when required, usually after the toner had depleted;
4. 78% reduction in prescription scanning failures when prescriptions are received and processed by NWSSP prescription pricing (as measured at community pharmacy and NWSSP prescription pricing); and
5. Provided print analytics – the ability to understand printing activity and requirements across all Welsh GP Practices for the very first time. This has helped practices optimise their print usage and has informed the future requirements for print devices and volumes.

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This procurement seeks to replace the existing contract to ensure continuity of print services for all NHS Wales GP Practices. The initial contract term of the current contract expired 31st August 2021 and DHCW has executed a two (2) year extension to the agreement, though the initial devices will reach their end of term in January 2022 (various dates). Therefore, there is a need to complete the re-procurement for the replacement service by 1st October 2021, to allow sufficient time for a smooth migration away from the existing service.

As of June 2021, there were three hundred and ninety-three (393) individual GP Practices established in NHS Wales operating across five hundred and sixty-nine (569) separate locations. The existing fleet of Printers across all of the GP Practices within NHS Wales consists of seven thousand eight hundred and ten (7810) printers of which six thousand eight hundred and sixty-one (6861) printer devices were typically deployed within each of the consulting rooms and the remaining nine hundred and forty-nine (949) printers being typically deployed within the reception room of each of the GP Practices.

DHCW printer requirements include the ability to print 'everyday' items such as word-processed documents and spreadsheets, each GP Practice has the requirement to also print specialised documents. The specialised documents printed are primarily Prescription Scripts (210x178mm: 70gsm white non sensitised UV dull security paper) for the dispensing of medication, which are generated from a bespoke GP Clinical System and test tube labels (A5) generated from a bespoke GP Test Requesting application.

On the basis that printing will be still required for the long term, a procurement has been undertaken for a maximum contract term of 7 years (5 +2). However, there is flexibility within the agreement to scale down the number of devices in the event that demand decreases. The contract value is **£8,233,684.69** ex VAT for the full term of seven (7) years.

The deployment of a Managed Print Service will be undertaken on a two phased basis:

1. Pilot
2. Full Implementation

The purpose of the pilot is to test out that the solution and associated service is working in a small number of practices before it is rolled out on a phased basis across NHS Wales. The pilot phase is included predominantly due to the Authority seeking to introduce new devices across the entire estate. Due to the incumbent supplier being awarded the new contract, it should be less complicated to roll out, however the Authority wants to minimise the risk of any potential failure and in turn allowing sufficient time to resolve any issues prior to full implementation.

The aim of the Managed Print Service is to consolidate print volumes across the least number of devices (mono devices) and to manage the devices and toner more efficiently. However, due to the nature of the GP services provided, three types of printers have been identified, an Admin Room Printer, a Reception Room Printer and a Consulting Room Printer, that are utilised within each GP Practice which must be deployed as minimum as part of the initial solution designed for both the Phase 1 – Pilot and Phase 2 – Full Implementation.

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1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	☐	Contract Extension	☐	Contract Renewal	☒

1.2 Period of contract including extension options:	
Expected Start Date of Contract	1st October 2021
Expected End Date of Contract	30th September 2026
Contract Extension Options (E.g. maximum term in months)	Twenty-Four (24) months

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS
This scheme should relate to at least one of the SHA's four strategic goals. Please mark with a (x) in the box the relevant pillars for this scheme.

Vision: Delivering information and technology for better care. We will deliver to the people of Wales first-class digital health and care services which will enable more effective, efficient, safer decision-making by providing access to content-rich, person-focused health and care data and information.	
Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers	☐
Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	☒
Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points	☐
Goal 4: Enable users to derive value from data collected from national and local systems through Big Data Analysis	☒

2.2 INTEGRATED MEDIUM-TERM PLAN		
Is this scheme included in the SHA's Integrated Medium Term Plan?	**Yes**	**No**
	☒	☐
If not, please explain the reason for this in the space provided. N/A		

2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

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This scheme should relate to at least one of the SHA's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.	
Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	☐
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	☐
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	☐
Deliver bold solutions to the environmental challenges posed by our activities.	☒
Bring communities and generations together through involvement in the planning and delivery of our services.	☐
Demonstrate respect for the diverse cultural heritage of modern Wales.	☐
Strengthen the international reputation of the SHA as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	☐

2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED
Please mark with a (x) in the box the relevant principles for this scheme.
Click **here** for more information

Prevention	☐	Long Term	☒	Integration	☐	Collaboration	☒	Involvement	☐

3. PROCUREMENT ROUTE

3.1 How is the contract being procured? Please mark with a (x) as relevant.	
Competition Three (3) Quotes ☐ Formal Tender Exercise ☐ Mini Competition ☒ Find a Tender ☐ (replaces OJEU, Public Contract Regulations 2015 still apply)	**Single source** Single Quotation Action ☐ Single Tender Action ☐ Direct call off Framework ☐ All Wales contract ☐

3.2 Please outline the procurement procedure.

This procurement was undertaken via a mini competition under Crown Commercial Services (CCS) RM3781 Multifunctional Devices, Managed Print and Content Services and Records and Information Management: Lot 3: Managed Print and Content Management Services.

3.3 What has been the approximate timeline for procurement?

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Activity	Date
Mini Competition Publish Date	12th July 2021
Procurement Approval Form Approval	1st July 2021
Post Procurement Approval Form Approval	23rd August 2021
Management Board (GP MI&T Programme Board)	13th August 2021
Welsh Government Approval	24th August 2021
Board Paper Approved by DHCW Board	30th September 2021
Contract Commencement Date	1st October 2022

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

The continuation of this service is critical to GP Practices throughout Wales and it will ensure patient services are not interrupted. The printer requirements include the ability to print prescriptions, patient information leaflets and 'everyday' items such as word-processed documents and spreadsheets, each GP Practice has the requirement to also print specialised documents. The deployment of a Managed Print Service will be undertaken on a two-phased basis. The first phase will encompass a six (6) month 'Pilot' of the Managed Print Service to ten (10) GP Practices (operating across fourteen (14) separate locations).

The purpose of the pilot is to validate the effectiveness of the service against the requirements set out in this document to gain internal approval for the full implementation of the Managed Print Service. This is the proposed approach even though the contract has been awarded to the incumbent supplier, HP Inc UK Limited, as stakeholders wanted to include milestones for the supplier minimising the risk of any potential failure and in turn allowing sufficient time to resolve any issues prior to full implementation.

The decision to proceed with the Phase 2 - Full implementation will be made following the outcome of the Pilot.

Value for money has been achieved on the basis of:
- no additional costs for removal of old equipment as the incumbent supplier has been awarded this renewal contract
- the supplier's bid was the cheapest that was offered in the competitive tender process
- the overall cost avoidance savings achieved are £1,368,797.00. This is based on a comparison of the current contract prices and the tendered prices for the new contract.

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5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
If the scheme is not approved there will be no continuation of managed print services to GP practices across Wales and this will have detrimental impact on patient services.	Not applicable for the reasons outlined in 5.1

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT (£) £8,233,684.69	Including VAT (£) £9,880,421.63
The nature of spend	Capital ☐	Revenue ☒

How is the scheme to be funded? Please mark with a (x) as relevant.	
Existing budgets	☒
Additional Welsh Government funding	☐
Other	☐
[If you have selected 'Other' – please provide further details] N/A	

EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT	Year 3 (exc. VAT	Year 4-7 (exc. VAT	Total (exc. VAT)	Total (inc. VAT)
Revenue	£1,176,240.67	£1,176,240.67	£1,176,240.67	£4,704,962.68	£8,233,684.69	£9,880,421.63

7. DECLARATION OF COMPLIANCE

7.1 Procurement Approval The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.	
Head of Commercial Services:	Julie Francis
Signature:	12/09/2021 X Julie Francis Julie Francis Head of Commercial Services Signed by: Julie Francis (JU000244)
Date:	10th September 2021

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7.1 Director Approval

The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement rules, standing orders and standing financial instructions have been complied with. DHCW's Commercial Services Team retain this confirmation electronically in the tender file.

Lead Director Name:	Dr Carwyn Lloyd-Jones
Signature:	12/09/2021 X Carwyn LLoyd-Jones _____ Dr Carwyn Lloyd-Jones Director of ICT Signed by: Julie Francis (JU000244)
Directorate:	
Date:	

Executive Director of Finance Approval

The Director of Finance, by providing email confirmation, to seek Board approval is making a declaration that all budgetary and financial matters in respect of this decision have been considered and complied with.

Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	10/09/2021 X Claire Osmundsen-Little _____ Claire Osmundsen-Little Executive Director of Finance Signed by: Claire Osmundsen-Little (cl187422)
Directorate:	Finance and Business Assurance
Date:	10/09/21

8. APPROVALS AND ASSURANCE RECEIVED

	Date of Meeting	Outcome
GMS IM&T Programme Board	13th August 2021	Approved
Welsh Government Approval	24th August 2021	Noted
DHCW Board	30th September 2021	TBC

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9. CONFIRMATION OF DHCW BOARD APPROVAL

Where approval by the Board is granted, signature by the Chair of the Board of this document is required as the formal record of such approval and is to be witnessed by at least one (1) Independent Member.

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 30th September 2021.

Interim Chair of DHCW Board:	
Signature:	
Date:	

Independent Member:	
Signature:	
Date:	

Chief Executive Officer:	
Signature:	
Date:	

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COMMITMENT OF EXPENDITURE EXCEEDING
CHIEF EXECUTIVE'S LIMIT / BUSINESS JUSTIFICATION

Scheme Title	Development Resources required for Test Trace Protect ("TTP") CRM Solution
Supplier	Microsoft
Contract Awarded for Use by	Engagement and Transformation Directorate (DHCW)
Date Prepared	31st August 2021
Prepared By	Laura Panes, Strategic Procurement and Contracts Manager
Scheme Sponsor	Michelle Sell, Chief Operating Officer

All proposals must be consistent with the strategic and operational plans of Digital Health and Care Wales ("DHCW").

1. DESCRIPTION OF GOODS / SERVICES / WORKS

Digital Health and Care Wales ("DHCW") requires an Agreement to be executed for development resources for the Contact Tracing Solution in line with Welsh Government Policy and management of the Covid-19 pandemic.

On the 14th May 2020, in response to an urgent need identified to support the response to the Covid-19 pandemic, a decision was made to award a contract to Microsoft to develop and run a Customer Relationship Management ("CRM") solution based on the Microsoft Dynamics 365 Cloud based Platform as a Service ("PaaS"). This decision followed a rapid market engagement and explorative consultation period, and enabled the design, procurement and implementation of a National Contact Tracing System to underpin the Test, Trace Protect Programme across Wales. The resources included under this original contract, to support the on-going development of the National Contact Tracing System, have now been fully utilised and further development and support are required. A new competitive procurement has therefore been undertaken to develop a contract to meet the development, implementation, training and support requirements to meet:

- the emergent needs of the Covid-19 pandemic
- to ensure Government Policy is appropriately administered for the citizens of Wales.

It is not possible at this stage to fully define the future development and support requirements, due to the on-going uncertainty over the response to the pandemic, therefore the intention is to execute

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a one (1) year contract, with the option to extend for a further one (1) year and to call-off services on a work package basis as and when required.

1.1 Nature of contract: Please indicate with a (x) in the relevant box	First time	☐	Contract Extension	☐	Contract Renewal	☒

1.2 Period of contract including extension options:	
Expected Start Date of Contract	01/11/2021
Expected End Date of Contract	31/10/2022
Contract Extension Options (E.g. maximum term in months)	One (1) year contract, with the option to extend for a further one (1) year.

2. STRATEGIC FIT

2.1 VISION AND OUR STRATEGIC PILLARS This scheme should relate to at least one of the SHA's four strategic goals. Please mark with a (x) in the box the relevant pillars for this scheme.	
Vision: Delivering information and technology for better care. We will deliver to the people of Wales first-class digital health and care services which will enable more effective, efficient, safer decision-making by providing access to content-rich, person-focused health and care data and information.	
Goal 1: Mobilise digital transformation by building on our foundations of data protection, infrastructure and information availability and flow - opening up our architecture to enable faster, consistent sharing of data with partners and suppliers	☐
Goal 2: Support the modernisation of clinical specialties and healthcare processes through delivering dedicated high-quality digital services	☒
Goal 3: Empower staff and patients by combining data from many systems to form a comprehensive digital health and care record accessible anywhere, when needed, via easy to navigate digital entry points	☒
Goal 4: Enable users to derive value from data collected from national and local systems through Big Data Analysis	☒

2.2 INTEGRATED MEDIUM-TERM PLAN		
Is this scheme included in the SHA's Integrated Medium Term Plan?	**Yes**	**No**
	☒	☐
If not, please explain the reason for this in the space provided.		

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2.3 SHAPING OUR FUTURE WELLBEING OBJECTIVES

This scheme should relate to at least one of the SHA's wellbeing objectives. Please mark with a (x) in the box the relevant objectives for this scheme.

Reduce health inequalities, make it easier to access the best possible healthcare when it is needed and help prevent ill health by collaborating with the people of Wales in novel ways.	☒
Improve the health and well-being of families across Wales by striving to care for the needs of the whole person.	☒
Create new, highly skilled jobs and attract investment by increasing our focus on research, innovation and new models of delivery.	☐
Deliver bold solutions to the environmental challenges posed by our activities.	☐
Bring communities and generations together through involvement in the planning and delivery of our services.	☒
Demonstrate respect for the diverse cultural heritage of modern Wales.	☐
Strengthen the international reputation of the SHA as a centre of excellence for teaching, research and technical innovations whilst also making a lasting contribution to global well-being.	☒

2.4 FIVE WAYS OF WORKING (SUSTAINABLE DEVELOPMENT PRINCIPLES) CONSIDERED

Please mark with a (x) in the box the relevant principles for this scheme.

Click **here** for more information

Prevention	☒	Long Term	☒	Integration	☐	Collaboration	☐	Involvement	☐

3. PROCUREMENT ROUTE

3.1 How is the contract being procured? Please mark with a (x) as relevant.

Competition		Single source	
Three (3) Quotes	☐	Single Quotation Action	☐
Formal Tender Exercise	☐	Single Tender Action	☐
Mini Competition	☐	Direct call off Framework	☐
Find a Tender (replaces OJEU, Public Contract Regulations 2015 still apply)	☒	All Wales contract	☐

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3.2 Please outline the procurement procedure.

In order to secure an appropriate supplier for this procurement, invitations to tender were issued in accordance with the Open Procedure, as set out in Regulation 27 of the Public Contract Regulations 2015 ("**PCR2015**").

The contract is underpinned by the Microsoft Terms and Conditions given that this is in accordance with Microsoft's business model.

Please note Microsoft will not engage on standard NHS Terms and Conditions which is DHCW's standard approach to undertaking contracts with private sector organisations. This is the approach Microsoft takes with all public sector customers.

3.3 What has been the approximate timeline for procurement?

The procurement timetable, as published within the ITT is detailed below:

Activity	Date
Contract Briefing Paper issued to NWSSP and Welsh Government	1st July 2021
WG Acknowledgement to Proceed	16th July 2021
Publish PCR15 Contract Notice, SPD and ITT documents	21st July 2021
Closing date for suppliers to submit clarification questions	10th August 2021
Closing date for clarification responses	13th August 2021
Tender Closing date	24th August 2021
Stage 1 Selection Evaluation and sign off	25th to 27th August 2021
Stage 2 Award Evaluation	31st August 2021
Evaluation, Selection & Award Report agreed by Evaluation Panel	1st September 2021
Contract Award Notification issued to NWSSP & WG	2nd September 2021
Standstill Period commences (10 days)	2nd September 2021
Standstill period concludes (Midnight)	13th September 2021
Contract Award Notification received from WG	16th September 2021
DHCW Board Paper Submitted	16th September 2021
DHCW Board Approval	30th September 2021
Contract award	4th October 2021
Contract Commences	1st November 2021

Contract award is anticipated shortly after the end of the standstill period. The contract will take the form of the Terms and Conditions of Contract as tendered, the Specification and the successful

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supplier's Proposals, and any other relevant documentation. Documentation incorporating the foregoing will be signed by the successful supplier and the Awarding Authority. An official Purchase Order will be placed following the completion of this process.

4. BENEFITS (Quantifiable / Non-Quantifiable)

4.1 Outline benefits of preferred option

Contact tracing allows for better tracking of interactions. Administrators in charge of contact tracing can access and use real-time data to identify and track persons suspected of being in contact with an infected patient. Testing for COVID-19 to identify cases and close contacts of those who test positive, alongside asking those close contacts to isolate, is essential to control the spread of the disease.

The ability to continually develop the contact tracing solution in line with the management of the pandemic and as "Lockdown" measures are being eased, is fundamental to enabling the NHS and Welsh Government to effectively track individuals that contract Coronavirus.

5. RISKS & MITIGATION

5.1 Please state risks of not proceeding with the scheme	5.2 Please state any mitigation to reduce the risk if the scheme is not approved
If this agreement is not executed immediately it will have a direct impact on the ability of Wales to continue the development of the solution in line with the management of the pandemic and as "Lockdown" measures are being eased, the ability of the NHS and Welsh Government to effectively track individuals that contract Coronavirus.	Lock down measures to be reintroduced.

6. FINANCIAL ANALYSIS

Maximum expected whole life cost relating to the award of contract	Excluding VAT £2,600,000.00	Including VAT £3,120,000.00
The nature of spend	Capital ☒	Revenue ☐

How is the scheme to be funded? Please mark with a (x) as relevant.	
Existing budgets	☐
Additional Welsh Government funding	☒
Other	☐

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[If you have selected 'Other' – please provide further details]

EXPENDITURE CATEGORY	Year 1 (exc. VAT)	Year 2 (exc. VAT)	Total (exc. VAT)	Total (inc. VAT)
Development Costs – Capital	1,300,000.00	1,300,000.00	2,600,000.00	3,120,000.00
OVERALL TOTAL	1,300,000.00	1,300,000.00	2,600,000.00	3,120,000.00

This is the estimated total value to deliver the required work packages that could be called off under this Contract. All packages of work will be awarded at the discretion of DHCW in line with Welsh Government Policy and are subject to the agreed deliverables being met.

The Contract is structured to enable an agile and iterative approach to development through the definition of a number of work-packages or 'Call-Offs' during the contract term. An optional extension has been included to enable sufficient flexibility to support this approach. This additional duration shall not require additional funding as it has already been secured.

7. DECLARATION OF COMPLIANCE

7.1 Procurement Approval
The Head of Commercial Services / Delegated Authority has approved the procurement route and confirms that policies and procedures have been followed.

Head of Commercial Services:	Julie Francis
Signature:	*Julie Francis.*
Date:	02/09/2021

7.2 Director Approval
The Lead Director, by providing email confirmation, to seek Board approval is making a declaration that all procurement rules, standing orders and standing financial instructions have been complied with. DHCW's Commercial Services Team retain this confirmation electronically in the tender file.

Lead Director Name:	Michelle Sell, Chief Operating Officer
Signature:	*MRSell*
Directorate:	Engagement and Transformation
Date:	08/09/2021

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Executive Director of Finance Approval

The Director of Finance, by providing email confirmation, to seek Board approval is making a declaration that all budgetary and financial matters in respect of this decision have been considered and complied with.

Lead Director Name:	Claire Osmundsen-Little, Executive Director of Finance
Signature:	
Directorate:	Finance and Business Assurance
Date:	09/09/2021

8. APPROVALS RECEIVED

List and include date of approvals received in support of this scheme.

	Date of Approval:
8.1 Digital Pathway Group	Est. 16th September 2021
8.2 Management Board	Est. 16th September 2021

CONFIRMATION OF DHCW BOARD APPROVAL

Where approval by the Board is granted, signature by the Chair of the Board of this document is required as the formal record of such approval and is to be witnessed by at least one (1) Independent Member.

The Digital Health and Care Wales Board has approved the award of this agreement for the durations and values (including extensions and options) as set out in this paper at its meeting of 30th September 2021.	
Interim Chair of DHCW Board:	
Signature:	
Date:	

Independent Member:	
Signature:	
Date:	

Chief Executive Officer:	
Signature:	
Date:	

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DIGITAL HEALTH AND CARE WALES
STAKEHOLDER ENGAGEMENT STRATEGY

Agenda Item	5.5

Name of Meeting	SHA Board
Date of Meeting	30 Sept 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	David Sheard, Assistant Director of Service Transformation
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: **APPROVE** the Draft External Stakeholder Engagement Strategy included at item 5.5i Appendix A.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
NHS	National Health Service		

1. SITUATION/BACKGROUND

1.1 The Welsh Government's "*A Healthier Wales: our plan for health and social care*," published in 2019[1] set out a long-term vision on wellbeing and preventing illness. A focus of their vision is to transform the delivery of care across the NHS and social care sector including by increasing the use of digital technologies. On 1 April 2021 Digital Health and Care Wales was established as a Special Health Authority in NHS Wales. This followed on from the Welsh Government's public consultation (7 September to 30 November 2020) on the functions for a Digital Health Authority.[2] The public consultation highlighted the need for continuous engagement with stakeholders including patients and public.

1.2 To strengthen our approach to strategic engagement the board contracted the Consultation Institute to provide advice and support. The board asked the Institute to carry out a range of activities including conducting a series of one-to-one interviews and focus groups with external stakeholders. The Consultation Institute also interviewed board members about their views on how to approach engagement, opportunities for collaboration and priorities.

1.3 An update on progress was noted at the board meeting held on 29 July 2021. We further considered elements of the Strategy at the Board Development session on 2 September 2021.

1.4 The Stakeholder Engagement Strategy is now presented to the DHCW Board for their approval. The full document opens with an Executive Summary which covers the eight sections:

- Strategic context
- Methodology
- Our engagement: purpose, scope, aims and objectives
- What will we engage our stakeholders on?
- Who are our stakeholders?
- Our approach to engagement
- Developing and delivering our engagement plan
- Performance review

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[1] A Healthier Wales (gov.wales)
[2] consutation-document.pdf (gov. wales)

Author: David Sheard
Approver: Michelle Sell

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1.5   The full range of activities carried out to develop the strategy is summarised in Appendix one of the full document.

2.   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   The focus of this Strategy is on our external stakeholders with an overall aim to achieve a higher level of collaboration yielding a greater level and usefulness of input from our stakeholders to our work.

2.2   The outputs from our early discussions (externally and internally) together with the direction set out by Welsh Government and our published annual plan shape the content and priorities on what we initially wish to engage our stakeholders on. Themes included:

   o   How Digital Health and Care Wales can support the **'recovery'** agenda?
   o   Laying the groundwork to **raise the profile** on the opportunities to improve health and wellbeing enabled through digital while recognising choice.
   o   Ongoing engagement will further help to improve our understanding of how we can support **wider community and social care agenda**.
   o   How to speed up the delivery of **value-based health care** needs to be explored.
   o   Opportunities to collaborate on key **workforce** considerations including digital capabilities and skills were highlighted.
   o   Further clarification is needed with the Welsh Government and our partners on some of the **governance** including identifying and manging risks.

2.3   To better target our engagement, the Institute supported us to map out our stakeholders on a grid showing their level of interest and influence using well established methodology. We have defined 15 categories of stakeholders (listed in alphabetical order):

   o   Community services and social care sector
   o   Digital and data
   o   Media
   o   NHS Health Boards
   o   NHS Trusts
   o   NHS other national
   o   Patients and the public (individuals, carers, and their representatives)
   o   Political and local government
   o   Primary care (including prisons)
   o   Private health care
   o   Research and Innovation
   o   Supplier and contractors
   o   Third sector bodies
   o   Welsh Government

Author: David Sheard
Approver: Michelle Sell

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Based on the stakeholder feedback (internally and externally) it was highlighted that further work was required to clarify some elements of the new organisations core purpose (or functions). It was also highlighted that there is a need to develop a Vision which better reflects what we do, and it should resonate with both public and professionals alike.

3.2 Further immediate actions will be to clarify purpose/functions for the organisation, produce vision and values and confirm the model of leadership and support to ensure the strategy gets successfully delivered. The plan will need to be costed and request for resources will be brought back to the board.

4. RECOMMENDATION

4.1 The Board is being asked to:

APPROVE the Draft External Stakeholder Engagement Strategy included at item 5.5i Appendix A and note that once approved work will continue to develop the plan. This will include further actions to clarify purpose/functions for the organisation, produce our vision and values and confirm the model of leadership and support to ensure the strategy gets successfully delivered.

5. IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Development of the new Digital Organsation

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below: Staff & Resource	

EQUALITY IMPACT ASSESSMENT STATEMENT

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: An Equality Impact Assessment does not apply to the strategy, but future developments may be subject to Impact Assessments.	

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

PERSON/GROUP	DATE	OUTCOME
Board Briefing	22/09/21	
DHCW Board	29/07/21	Noted

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	The approach will be supported by an external consultancy – final cost to be confirmed post contract award.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DRAFT
Digital Health and Care Wales

External Stakeholder Engagement Strategy and Framework

2021/22 – 2022/23

Version 1.0 (Draft)

22nd September 2021

Final draft version 1.0, 22nd September 2021 16.45 Hr

This document has been drafted by the Consultation Institute in partnership with Digital Health and Care Wales

Feedback and further information:

We would value any comments on our Engagement Strategy. It is a 'living' document and will be subject to change and improvements through continuous listening and learning.

Please contact DHCW stating for the attention of Michelle Sell here.

Author: M Thompson, Associate

Lead Reviewer: M Bartram, Associate

22nd September 2021

The Consultation Institute are a well-established not-for-profit best practice institute, promoting high-quality stakeholder engagement

Contents

Executive Summary

1.   Towards Digital Health and Care Wales: strategic context and background

- The Welsh Government's "*A Healthier Wales: our plan for health and social care*," published in 2019[1] set out a long-term vision on wellbeing and preventing illness.
- A focus of their vision is to transform the delivery of care across the NHS and social care sector including by increasing the use of digital technologies.
- On 1st April 2021 Digital Health and Care Wales was established as Special Health Authority in NHS Wales.
- This followed on from the Welsh Government's public consultation (7 September to 30 November 2020) on the functions for a Digital Health Authority.[2]
- Part of the reason to replace NHS Wales Informatic Services (our predecessor body, 2010- March 2021) was to strengthen governance and accountability.
- Our new arrangements include having a Board with a Chair and independent Board members.

2.   Methodology for developing our first Stakeholder Engagement Strategy

- The public consultation, as described above, highlighted the need for continuous engagement with stakeholders including patients and public.
- To strengthen our early approach to strategic engagement the Board contracted the Consultation Institute to provide us with advice and support.
- The Board also asked the Institute to carry out a range of activities including conducting a series of one-to-one interviews and focus groups with external stakeholders.
- The Consultation Institute also interviewed Board members about their views on how to approach engagement, opportunities for collaboration and priorities.
- To better target our engagement, the Institute supported us to map out our stakeholders on a grid showing their level of interest and influence, using the World Bank Method.[3] We broke our stakeholders into 'profiles' and 'categories and the process to achieve this is explained in Appendix one in the full document.
- Early discussions highlighted the need to define terms such as 'stakeholder' and 'engagement'. A suite of definitions is provided in the full document.

3.   Our engagement: scope, aims and objectives

- **Scope**: The focus of this Strategy is on our external stakeholders (section five).
- **Aim**: To achieve a higher level of collaboration yielding a greater level and usefulness of input from our stakeholders to our work and influence of our work on theirs. Going forward we will work towards stakeholders considering us as a trusted strategic partner. This will have to be earned.

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[1] A Healthier Wales (gov.wales)
[2] consutation-document.pdf (gov. wales)
[3]. PPD_Quick_Guide_Stakeholder.pdf (cipe.org)

- **Objectives:** Five headline stakeholder engagement objectives are described. In section eight we set out how we will measure our performance against objectives.

4. What will we engage our stakeholders on?

- The outputs from our early discussions (externally and internally) together with the direction set out by Welsh Government and our published annual plan shape the content and priorities on what we wish to engage our stakeholders on.
- These include some broad themes as well as some specific programmes of work.
- It was **not** entirely clear (internally or externally) on the *Functions* for the new organisation especially on the potential future arrangements.
- Further work is required to ensure there is clarity and consistency in the interpretation of our core purpose. We also plan to develop a new *Vision* and further work will also be progressed on this during 2021/22.
- Other themes to be further explored include:
  - How Digital Health and Care Wales can support the **'recovery'** agenda?
  - Understanding the strategies for each of the health Boards and trusts
  - Laying the groundwork to **raise the profile** on the opportunities to improve health and wellbeing enabled through digital while recognising choice. This will include systematically gaining end user feedback to inform product roadmaps.
  - Ongoing engagement will further help to improve our understanding of how we can support the **wider community and social care agenda**.
  - How to speed up the delivery of **value-based health care** needs to be explored.
  - Opportunities to collaborate on key **workforce** considerations including digital capabilities and skills were highlighted.
  - Requirements for supporting the delivery of services in **Welsh** and more generally in supporting the Cymraeg 2050 strategy.
  - Further clarification is needed with the Welsh Government and our partners on **governance** including identifying and managing system risks.
- Our Annual Plan published in May 2021 set out our objectives as well as a list of commitments for 2021/22 and beyond[4]. Specific programmes of work are summarised below and are explained in more detail in the full document.
  - Move to electronic prescribing.
  - Digital Services for Patients and the Public.
  - Extending use of Welsh Clinical Portal.
  - Developing the National Data Resource.
  - Infrastructure and the move to cloud-based services.
- Going forward it is our intention to co-produce our first strategy for Digital Health and Care Wales, Annual Plans with our Strategic Partners.

5. Our stakeholders

- Digital Health and Care Wales has the potential to impact on everyone in Wales (and beyond, to a lesser extent). To better target our engagement, especially in this our first year, the Institute supported us to map out our stakeholders.

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[4] Link to Annual Plan and Board Meeting

- Through our stakeholder mapping we have defined 15 categories (listed in alphabetical order):

1. Community Services and social care sector
2. Digital and Data
3. Media
4. NHS – Health Boards
5. NHS – other organisations
6. NHS - Trusts
7. Patients and Public
8. Political and local government (elected representatives and officers)
9. Primary Care
10. Private Healthcare
11. Representative Bodies
12. Research, Innovation and Education
13. Suppliers
14. Third Sector
15. Welsh Government

The organisations that sit within these categories are covered under section five of the full document.

6. Our approach to engagement

We have set out our approach to engagement with a series of commitments. They embrace National Principles for Engagement in Wales[5] and Digital Inclusion Guide for Health and Care in Wales[6] NHS. Our commitments include:

- **Listening:** we will strive to be a listening organisation.
- **Transparency:** we will welcome stakeholder input, make it clear and easy for them to contact us and we will commit to responding in a timely manner.
- **Open to influence and building consensus**: we will actively seek views and provide opportunities for stakeholders to influence our strategy, priorities, projects and programmes and the way we deliver our services.
- **Influencer:** we will look to lead and influence others.
- **Engaging the right people**: we will work with those who may be affected by what we are doing including using stakeholder mapping to determine whose input to prioritise.
- **Planned and timely**: our engagement will be planned and delivered in a timely and appropriate way.
- **Accessibility and being inclusive**: we will provide any information needed to participate in engagement, in a range of formats and languages.
- **Compliance**: we will follow government requirements including legal and other guidance and duties including undertaking stakeholder engagement in alignment with our Welsh Language Scheme.

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[5] National Principles for Public Engagement in Wales poster.pdf
[6] https://nwis.nhs.wales/files/publications/digital-inc-guide-0619-english-pdf/

- **Providing feedback**: we will demonstrate how stakeholder inputs have informed and influenced decisions and actions.
- **Types of engagement**: with the support of the Consultation Institute, we have described various types of engagement we will consider and deploy. These are described in the full document. More generally we will commit to using mixed methods including digital and non-digital approaches. As far as possible we will make it easy for people to take part and to reflect the needs and preferences of stakeholders.

7. Developing and delivering our engagement plan

- Once our strategy is approved, further work will be required to develop a more detailed plan.
- Building effective relationships is essential to the delivery. However, we recognise that relationships need to be nourished reflecting any changes in situations or circumstances.
- Before embarking on stakeholder engagement, we will need to think carefully about which elements of our work are open to influence. This is described in a bit more detail in the full document.
- Development and delivery of the Engagement Plan will need to remain flexible to reflect changes in the Board's overall strategy and input from others. The work will be led and owned by a member of the Executive team and the work will be accountable through them to the Board.
- Further work is required to explore our options for the delivery model. While we have dedicated resources allocated to deliver communication functions, we have no dedicated individual or team with sole responsibility for overseeing stakeholder engagement. We need to decide whether to: (a) centralise this function through a dedicated central engagement unit; (b) pursue a devolved approach, with specific project teams delivering engagement, or (c) a mixture of the two.
- We have started to identify a programme of further work which has emerged including from workshops, Board meetings and one-to-one interviews. Further details are provided in the full document.

8. Performance review

- The Engagement Strategy should be regarded as a living document and will be regularly refreshed against a changing backdrop and in the light of experiences and emerging issues and opportunities.
- We will assess our performance against agreed deliverables with key milestones.
- If we are to develop as a listening and responsive organisation, we recognise we need to be able to have a range of insights and feedback to reflect upon, learn and improve.
- We will put in place a performance framework to assess whether we have met our engagement objectives and implemented our engagement plan. In addition, we will consider some business outcome objectives:
  - Clarity and agreement on our purpose, vision, mission, scope, governance, and management of risk.
  - Alignment with strategy of each heath Board and trust to inform our strategies and roadmaps.

- This will include having mechanisms in place to regularly receive feedback from stakeholders about their experience of engaging with us.
- Such feedback and other intelligence will be provided to the Executive Owner and leadership team and will be incorporated in an ongoing manner into the Engagement Plan. This will create the necessary visibility and any required escalation to respond to any need for change or actions.
- We will assess both process measures (when did we engage, who with, how and with what frequency) as well as some outcome measures. This is likely to include commissioning an annual sentiment survey with external and internal stakeholders.
- Our Engagement Strategy and Plan including objectives will be refreshed annually through our appropriate Board governance structures, and in partnership with stakeholders.

1. Towards Digital Health and Care Wales: strategic context and background

The Welsh Government's "*A Healthier Wales: our plan for health and social care,*" published in 2019[7] set out a long-term vision focussed on wellbeing, and preventing illness:

"*Our vision is that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible.*"

"*Services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.*"

The plan also highlighted the importance of the need to make health and care services sustainable for future generations in Wales. An emphasis was on the use of technology:

"*Wellbeing, prevention and early intervention, and on using technology to support high quality services, this entire system approach will be more effective, efficient and equitable.*"

One of the actions identified in the plan was to review hosted national functions including our predecessor body NHS Wales Informatics Service, with the aim of clarifying governance and accountability. This move came on the back of the Public Accounts Committee report into "Informatics Systems in NHS Wales" published in November 2018[8].

To this end the Welsh Government commissioned two major reviews of digital delivery in Wales. The first explored how digital systems are designed to work together ('the Digital Architecture Review')[9] and the second focussed on delivery structures and decision-making arrangements ('the Health Informatics Governance Review')[10].

Following on from these reviews on 30th September 2019, the Welsh Government announced that NHS Wales Informatics Service would transition into a new Digital Special Health Authority. This was to reflect the importance of digital and data in modern health and care[11]. A public consultation on their proposed functions ran from 7 September 2020 to 30 November 2020 with the findings reported in February 2021.[12] [13] One of the key enablers to help the new organisation mature is continuous stakeholder engagement: '*Build a foundation for partnership approaches to develop effective working relationships, collaboration, advice and support*.'

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[7] A Healthier Wales (gov.wales)
[8] cr-ld11822-e.pdf (senedd.wales)
[9] (Public Pack)Agenda Document for Public Accounts Committee, 04/11/2019 12:45 (digitalhealth.wales)
[10] PAC5-27-19 P1 - WG Evidence Paper on Informatics Systems.pdf (assembly.wales)
[11] The plan also included creating the role of Chief Digital Officer for Health and Care who will define national standards for digital software and services, as part of moving to an open digital architecture, across all digital systems. Chief Digital Officer will also advise Welsh Government on digital strategy, lead the digital profession, and be a champion for digital health and care in Wales.
[12] consutation-document.pdf (gov.wales)
[13] A Digital Special Health Authority for Wales (gov.wales)

1.1 Digital Health and Care Wales

Following on from the public consultation in 2020 the Welsh Government confirmed that NHS Wales Informatics Service would transition to a new standalone NHS Wales organisation called Digital Health and Care Wales and we became a Special Health Authority in NHS Wales on 1st April 2021.

"This change will strengthen governance and accountability, both in terms of relationships with other NHS Wales organisations and through stronger leadership and oversight, through an independent chair and Board members, with experience and understanding of digital change."

Our new organisation is overseen by a Board of Executive Directors with a Chair and Independent Members. At our inaugural Board meeting held on 1st April 2021 it was emphasised the move to Digital Health and Care Wales is not a re-branding exercise. The new organisation has system-wide responsibilities for taking forward the digital agenda for the NHS as well as wider working with stakeholders across Wales.

1.1.1 Annual plan

Our Annual Plan published in May 2021, sets out our five key objectives as well as a list of priorities, programmes of work and projects for 2021/22 and beyond, including:

- How we support the health and care sector with digital response to national recovery work
- Our ongoing work on Test, Trace and Protect
- Developing a shared transformation plan with our delivery partners
- How we ensure socio economic considerations are at the heart of our resourcing decisions
- Driving value from data for better outcomes and service planning.

Due to the pre-set Annual Planning Cycle and the timing of Digital Health and Care Wales becoming established there was only limited opportunity for the new Board to engage with our external stakeholders when drawing up our Annual Plan for 2021/22 – something we will remedy going forward.

2 Methodology: developing our engagement strategy and plan

2.1 General

The public consultation into establishing Digital Health and Care Wales highlighted the need for continuous engagement. To strengthen our approach the Board contracted the Consultation Institute to provide us with advice and support to develop our Engagement Strategy and Plan.

The Board asked the Institute to carry out a range of activities including stakeholder mapping and conducting a series of one-to-one interviews and two focus groups with external stakeholders. They also interviewed Board members about their views on how to approach engagement, opportunities for collaboration and priorities (Appendix 1).

2.2   Stakeholder mapping

To better target our engagement, the Institute also supported us to map out our stakeholders showing their level of interest and influence, using the World Bank method. Early work highlighted that everyone was potentially a stakeholder and that a degree of rationalisation was required.

The Institute initially facilitated two workshops which highlighted the complexity of mapping stakeholders, and it was concluded it was not possible to prepare a single map. Based on the Institute's advice we identified broad stakeholder categories (15) and carried out a mapping exercise for each one. This was an iterative process and is ongoing. Further details on this methodology are described under section five.

2.3   Definitions

It became clear from our early discussions that we needed to have a shared understanding of key terms. We have used the following definitions for 'Stakeholder' and 'Engagement' (Box 1). Other key terms are also defined (Appendix 2).

Box 1	Definitions
Stakeholder: An individual, group or party with an interest or concern that either affects or is affected by an organisation, policy, programme, or decisions.
Engagement: An active and participative process by which people can influence and shape policy and services that includes a wide range of different methods and techniques[14].

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[14] We have reviewed best practice both in terms of community engagement and design principles for digital engagement. We describe 11 levels of engagement, and these are described later in section 6.2 of this document.

3   Our engagement: scope, aims and objectives

3.1   Scope

The focus of this Strategy is on our external stakeholders. These are defined in section five.

3.2   Aims and objectives

To achieve a higher level of collaboration yielding a greater level and usefulness of input from our stakeholders to our work and influence of our work on theirs. Going forward we will work towards stakeholders considering us as a trusted strategic partner. This will have to be earned.

Our headline stakeholder engagement objectives are to:

- Influence the work of our stakeholders

- Achieve a good level of awareness and understanding of our work among stakeholders

- Provide effective opportunities for stakeholders to influence our work

- Receive useful input from stakeholders and use it to adjust our priorities and improve our programmes, projects, and day-to-day delivery of services

- Explain where stakeholder input has made a difference and, where it has not, the reasons for this.

We will convert these headline objectives into Specific, Measurable, Achievable, Realistic and Time-bound (SMART) objectives. This will be underpinned by an action plan to ensure they are met, and we will measure our performance against them (section eight).

4   What will we engage our stakeholders on?

The outputs from our early discussions (externally and internally) together with direction from Welsh Government and our Annual Plan shape the content and priorities of our stakeholder engagement activities. These include some broad themes as well as some specific projects.

4.1   Themes

The dialogue facilitated by the Consultation Institute highlighted some general themes for further collaboration, and these are set out below. There was a good alignment in topics raised by external and internal stakeholders including the Board.

4.1 1 Core functions (or purpose) of Digital Health and Care Wales

During the stakeholder interviews few people referred to the Welsh Government's document which set out the proposed functions and consultation responses Appendix 3a and 3b respectively.

In examining the core functions of the new organisation there was consensus among both internal and external stakeholders that they were not entirely clear. We explored this further at our Board Development Session held on 2nd September 2021.

It was agreed some further work is required to ensure there is clarity and consistency in interpretation of our core functions. This will include how this is translated into agreeing specific national responsibilities, programmes and projects, procurement, and our day-to-day delivery of services. Having a collective understanding of what we do and do not do will be helpful for all concerned.

4.1.2 Vision statement

We inherited Vision, Mission and Value Statements from NHS Wales Informatics Service. Through the Consultation Institute, stakeholder views were explored including on the Vision Statement (Box 2).

Box 2 | Vision Statement
"Delivering information and technology for better care. We will deliver to the people of Wales first-class digital health and care services which will enable more effective, efficient, safer decision-making by providing access to content-rich, person-focused health and care data and information."

As part of the semi-structured interviews (external stakeholder and Independent Members) the interviewer asked all participants for their views on the Vision Statement. It was also the specific topic of the first focus group.

While views from those interviewed were mixed on the importance of having a Vision ranging from: *"Opportunity to bring everyone with them"* to *"feel it is a bit old school"* there were strong opinions that what has been inherited does not work for the new organisation and this needs to be remedied. General comments included:

- The importance of being bold
- The need to position the Vision around people first and with the digital component playing an enabling role
- It should be short and memorable
- It should resonate with the public as well as professionals.

We also discussed this feedback at our Board Development Session on 2nd September. We agreed being able to paint a picture of the Vision which should help to develop a shared understanding of our ambitions for the future, and we agreed our Vision should resonate with all our stakeholders.

4.1.3   Welsh language

We will engage with appropriate advisory bodies and others on any matters relating to the Welsh Language, including:

- The use of the Welsh Language in our systems
- How our systems will support the delivery of frontline health and care services in Welsh
- How we will use and promote the Welsh language within our organisation

4.1.4   Digital Strategy for Health and Care

Welsh Government expects to publish a new digital strategy for health and care by the end of 2021. This will include reflecting the learning from the initial COVID-19 response and the need to continue the work to speed up transformation. Alongside this work is underway to develop our first overarching Strategy for Digital Health and Care Wales. It is important that we have a shared understanding of the transformation required and the role digital can play.

4.1.5   Recovery post pandemic

As we move forward, we will continue to develop digital solutions to help the NHS and wider public and third sector to support recovery. *"Health and Social Care in Wales – COVID-19: Looking forward"* published in March 2021 highlighted the following aspects of recovery[15]:

- reducing health inequalities to achieve a fairer Wales
- building more responsive primary and community care
- creating supportive mental health services
- more effective and efficient hospital services
- better working between health and social services
- supporting and building a resilient workforce

Providing accessible digital approaches and support across all aspects of the recovery will be a key enabler to improve outcomes.

4.1.6   Raising the profile on digital

We will contribute to the work to raise the profile of digital including with the public on the opportunities to improve the health and wellbeing of the people of Wales. There is already much excellent work underway across Wales to enable and equip more people to access

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[15] Health and care services pandemic recovery plan published | GOV.WALES

health and care through digital means. We will look to play our part to promote and build on this while recognising the importance of choice.

4.1.7 Community and social care

The response to COVID-19 has demonstrated how digital platforms and services can quickly change the way we deliver health and social care. They can make services more accessible and help to support prevention and self-management. Ongoing engagement will further help to improve our understanding of further opportunities to support the delivery of community and social care and services.

4.1.8 Workforce

Prior to the pandemic there were significant workforce pressures in health and care, and this is not going to let up. In collaboration we will reflect and respond to some of the workforce challenges including digital capabilities, skills, developing Work Hubs and the role of robotics and Artificial Intelligence.

4.1.9 Governance and accountability

Further collaboration on Governance is necessary to gain a common understanding including on sharing risks and how we fit with the role of the Chief Digital Officer.[16] It is important that we clarify this with Welsh Government and our partners. One of the reasons for being established as Strategic Authority was to make governance and accountability clearer. One specific example which was raised though discussions with external stakeholders and with the Board is highlighted (Box 3).

Box 3 |Responsibility for end-to-end process, utilisation

Where do responsibilities lie to deliver end-to-end processes across the whole system? This was something that has been discussed at Board meetings and raised by different Independent Board Members during interviews.

"Driving utilisation. Celebration of utilisation but when you look at actual uptake it is not being delivered at scale. We have done our bit but how do we go further to make sure the downstream work and thinking is in place?

- Who is responsible for promoting digital 'solutions?[17],[18]
- Who is responsible for understanding what is limiting uptake?
- Is Digital Health and Care Wales role just in the development?

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[16] The Consultation document includes a 'New Digital Governance Framework' noting that it was not being consulted upon. It also confirms the role of Chief Digital Officer.
[17] https://gov.wales/digital-health-and-care-wales-no2-directions-2021
[18] https://gov.wales/digital-health-and-care-wales-directions-2020

> These are important considerations in terms of engagement especially in understanding what is limiting uptake as it may go beyond promotion and marketing. Critical to this is understanding problems and co-producing solutions.

Naturally it cuts across considerations around 'Recovery', the National Conversation, and the importance of co-design. In seeking to understand utilisation it will be important to consider this within the broader context of what is deemed appropriate use of digital. More generally we will also refine our day to day-to-day support to system users by welcoming comments and suggestions to improve our services and engagement. Going forward it is our intention to co-produce our first strategy for Digital Health and Care Wales and rolling Annual Plans with our Strategic Partners.

4.2   Programmes and projects

Our Annual Plan published in May 2021 set out our objectives as well as a list of commitments for 2021/22 and beyond including:

4.2.1   Move to electronic prescribing (e-prescribing)

Traditionally prescriptions are written by a health care professional onto paper and taken to a pharmacy by the patient. It has long been recognised that handwritten prescriptions are prone to transcription errors, loss, and forgery.

To overcome this the move is to exchange information electronically, often referred to as e-prescribing where an authorised prescriber transfers the prescription electronically to the patient's (prescriber and/or dispenser) of choice. There are many benefits of this including improving patient safety.

We are working with Welsh Government and NHS colleagues to develop a strategic investment case to progress a solution to deliver e-prescribing across all care settings in Wales.

4.2.2   Digital Services for Patients and the Public[19]

We are helping to play our part to revolutionise how people in Wales manage their own health and wellbeing. Initially, the programme will develop a gateway application (App) and core platform. This will enable people to select the services they wish to use from a mobile device.

Through the App it will also enable people to state their communication preferences supporting inclusive communications and accessibility. Patients and the public will also be able to share decision-making and information with staff through digital technology empowering them to look after their own health and wellbeing and reduce the need for constant repetition of information.

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[19] Digital Services for Patients and Public - Digital Health and Care Wales (nhs.wales)

The App is in the early stages of development with patient and public engagement being co-ordinated through the Digital Services for Patients and the Public's Patients and Public Assurance Group.

4.2.3   Extending use of Welsh Clinical Portal

The Welsh Clinical Portal makes it easier for individual doctors, nurses, and other health staff to have patients' information to hand where and when it is needed, irrespective of whether the patient is being seen at the GP practice, an outpatient appointment, for an emergency, elective care and even across health Boards. In December 2020 all radiology reports across NHS Wales became available through the portal giving clinicians greater access to radiology and pathology reports. Building on this we will transition cancer services health record across to the Portal.

4.2.4   Developing the National Data Resource

The National Data Resource is the data architecture for the digital health and care system. It is the provision of data and interoperability platforms with appropriate security models. It will underpin and enable the citizen platform, the electronic health record and population health. It is how we access store and provide health and care data and is a core part of our digital architecture.

4.2.5   Infrastructure

We have a key role to procure and support infrastructure to connect systems such as the Welsh Clinical Portal. This means we need to continuously improve and upgrade the technology in use. Our plans include further migration of parts of the current information technology infrastructure to 'cloud-based' services.

Simply, put 'cloud-based' means the delivery of information technology over the internet ('the cloud') including better servers, data storage and networking This will add in capacity to manage new ways of working in part prompted by the pandemic.

5   Our stakeholders

Digital Health and Care Wales has the potential to impact on everyone in Wales (and beyond, to a lesser extent). In this regard everyone is a stakeholder which poses some challenges as well as opportunities. To better target our engagement, especially in this our first year, the Institute supported us to map out our stakeholders as briefly described in Section two.

5.1   Category

The first stage was to develop categories based on organisations, professions, and services we would like to engage with (Table 1).

Table 1 Category of stakeholder with a summary descriptor

Category	Summary descriptor
1. Community services and social care	Social care sector, mental health service, allied health professionals, community nurses
2. Digital and data	Digital and data leads in NHS Wales (Executive Directors responsible for digital, Chief Digital Officers, Chief Clinical Informatics Officers, performance, and information), senior staff, digital and data staff
3. Media	Broadcast, print, online, social media (local and National), public relations and marketing. Also relevant to communication and marketing leads in stakeholder organisations
4. NHS – Health Boards	Board (Chairs, Independent Members, Executives), senior staff, professionals, frontline users of systems (non-clinical)
5. NHS Trusts	Welsh Ambulance Service, Velindre, Public Health Wales (Board Chairs, Independent Members, Executives), senior staff, health and care professionals, frontline users of systems (non-clinical)
6. NHS – Other national organisations	Health Education and Improvement Wales (Board Chairs, Independent Members, Executives), senior staff, health and care professionals, frontline users of systems (non-clinical), Hosted national organisations. Outside Wales: NHS Digital, NHS England, NHS Northern Ireland, NHS Scotland, NHSx[1], and others
7. Patients and public	Patients and public (including carers, others who support, Protected Characteristics etc, patient charities)
8. Political / local government	Political and government (elected representatives) and local government (members and officers)
9. Primary care	GP, dentist, pharmacist, optometrist, prison healthcare staff
10. Private health care	Private providers (hospitals, hospices, care homes, care at home)
11. Representative bodies	Professional, statutory, and regulatory organisations including trade unions in (Wales and UK) including Welsh Language Commissioner and other appropriate Welsh language advisory bodies and Centre for Digital Public Services Wales
12. Research Education and Innovation	Research, innovation, and education (including Industry, digital and Information Technologies)
13. Suppliers and contractors	Commercial service procurement and contracts to support the organisation – systems, services software, consultancy, agency, contractors
14. Third sector	Third sector/voluntary, Patient/Public representative organisations/condition specific and National Commissioners
15. Welsh Government	Chief Executive NHS Wales, Chief Officers, Digital and data Directors, national clinical and policy leads

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[1] NHSx is a joint unit of NHS England and the Department of Health and Social Care, supporting local NHS and care organisations.

5.2   Profiles

Given the range and complexity of our stakeholders each category was further broken down into profiles and sub-profiles. We built up the profiles by considering levels of influence and interest (as briefly described in section two and more fully in Appendix one).

Adding to this we captured key interests and issues, strategic relevance, subjects for dialogue and relationships sought. The level of interest and influence etc will vary depending on the key issues or projects being progressed. Relationships sought reflect the types of engagement we propose and are described under section 6.2.

5.3   Priorities

While all our stakeholders are important, based on current levels of interest and influence identified, we have initially prioritised some organisations. Crucially priorities can and will change. This might be based on investment in new systems to wider groups of professionals, likely impact on care, Welsh Government objectives, improvements in technology, requirements due to service transformation and so on.

5.3.1   Organisations and services

The NHS: - All seven health Boards, three trusts, Health Education Improvement Wales, and shared services across Wales are critical partners.

We also recognise our cross-boundary patient flows with NHS England - also an important stakeholder. We work closely with NHS Digital and NHSx as well as good relationships with the other home countries' NHS organisations.

Welsh Government - The Welsh Government set up our new organisation. Working effectively with Government on the development and delivery of the digital agenda will be central to our success in contributing positively to 'Healthier Wales'.

Social care and community services - Organisations covering social care, community care and mental health services and the wider digital agenda are important. There will also be some overlap with third sector organisations, independent providers, and NHS Wales organisations. Early engagement is crucial as we start to understand how we will work together to deliver on our wider agenda.

5.3.2   Patients and public

Based on the range of feedback conducted by the Consultation Institute, both internal and external, there was recognition of the need and enthusiasm for engagement with patients and public. We are using the term patient and public to mean people who are in receipt of health and care services: carers, friends, and family and their representatives as well as the wider public. Notably there can be important differences between those in receipt of services (patients, service users) with those who have a general view on care and services and who might be in receipt of services in the future (public). Patient representative bodies,

charities, third sector and those who support digital inclusion, design and co-design are key to supporting engagement to accessing patient facing digital services.

5.3.3   Other stakeholders

One of the important reasons for taking a strategic approach is that while having some prioritisation is necessary, equally nobody misses out. Day-to-day engagement will be ongoing across all our stakeholders and in multiple ways and levels of the organisation, but levels of interest in specific projects may vary. Our listening, stakeholder mapping and associated engagement activity will further reflect these differences and will be ongoing.

6   Our approach to engagement

6.1 Our commitments

We have set out our approach to engagement with a series of commitments. They embrace the National Principles for Engagement[20] Digital inclusion for Health and Care in Wales[21] and Welsh Language Scheme[22] (Box 4).

Box 4 | Our engagement commitments
• **Listening:** we will strive to be a listening organisation
• **Transparency:** we will welcome stakeholder input, make it clear and easy for them to contact us and we will commit to responding in a timely manner.
• **Open to influence and building consensus**: we will actively seek views and there will be opportunities for stakeholders to influence elements of strategy, priorities, projects, and the way we deliver our services. We will strive to build consensus wherever possible.
• **Influencer:** we will look to lead and influence others about our work.
• **Engaging the right people**: we will work with those who may be affected by what we are doing including using stakeholder mapping to determine whose input to prioritise.
• **Planned and timely**: our engagement will be planned and delivered in a timely and appropriate way.
• **Accessibility and being inclusive**: we will provide any information needed to participate in engagement, in Plain English and in a range of formats and languages.
• **Compliance**: we will follow government requirements including legal, other guidance and duties including undertaking stakeholder engagement in alignment with our Welsh Language Scheme and NHS requirements.
• **Providing feedback**: we will demonstrate how stakeholder inputs have informed and influenced decisions and actions.

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[20] National Principles for Public Engagement in Wales poster.pdf
[21] https://nwis.nhs.wales/files/publications/digital-inc-guide-0619-english-pdf/
[22] Welsh language scheme - Home Office - GOV.UK (www.gov.uk)

- **Types of engagement**: we will commit to using a range of digital and non-digital approaches to make commenting as easy and convenient as possible to reflect the needs and preferences of different stakeholder types (see section 6.2 below).

6.2 Types of engagement

With support from the Institute, we have set out 11 types of engagement (Table 2). The list represents a hierarchy with the most opportunity for influence and involvement at the top (empowerment) and the least at the bottom (information and monitoring). We will carefully assess each project before selecting our type of engagement making it clear opportunities for influence, if any, exist.

Table 2 Brief description of types of engagement

Type	Description
1 Empowerment	Authority or power given to someone to do something. The process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.
2 Co-production, Co-design and co-create	**Co-design** is an attempt to define a problem and then define a solution; **co-production** is the attempt to implement the proposed solution; co-creation is the process by which people do both.
3 Collaboration	This is where we work together on common objectives in the manner of co-production but retain all decision-making rights.
4 Partnership	Analysing and addressing problems and implementing improvements together and with shared responsibilities.
5 Participation	There are many ways in which people might participate in health and care. Various mechanisms can be used to facilitate this and will very much depend on preferences and circumstances.
6 Involvement	Working directly with stakeholders to ensure that concerns and hopes are consistently understood and considered. This is usually more structured and linked to groups and forums. This process listens to stakeholder views and acts on them if possible. It might include involving people in designing proposals for change.
7 Consultation	A targeted process to seek advice from subject matter experts or to test an idea or a proposal with a target audience to understand views, and the potential impact on proposals. Formal consultation processes on proposals for service change are governed by law in Wales.
8 Advocate	To enlist support for a specific effort where there is an imbalance or implication of power/influence affecting relationships, options, and preferences.
9 Dialogue	Initiate or respond in two-way dialogue focused on mutual learning. Often the forerunner to moving into other types of engagement.
10 Informing	Providing stakeholders with balanced, accurate information. This is to assist in understanding problems, challenges, opportunities, and

	solutions. This might be through meetings and events but could be through other channels (media, newsletters, or online forums).
11 Monitor	Pay attention to the actions of stakeholders through an appropriate range of approaches through media scans and dialogue with other parties, individuals or partners who may have knowledge. experiences, or connections (personal or professional) of positions, history, and motivations.

7   Developing and delivering our engagement plan

7.1   Introduction

Once our strategy is approved, further work will be required to develop a more detailed plan for the year ahead and beyond. As with all good action plans, it will need to clearly allocate responsibility for delivery of each element to a named individual(s), and to include a date by which it is intended to complete it. In some cases, it will also require the identification of the resources needed to carry out the engagement within the time frame required.

Building effective relationships is essential to the delivery of the engagement strategy. We have mapped and prioritised our external stakeholders. However, we recognise that relationships need to be nourished and monitored: engagement is a dynamic process and over time the nature of relationships can and should change, and this can ultimately affect our reputation. We will keep our stakeholder mapping under review to ensure it remains an up-to-date and valuable tool in helping us to continue to direct our efforts.

Before embarking on stakeholder engagement, we will need to think carefully about which elements of each project /work are open to influence. In some instances, it may be appropriate for us simply to make sure people understand our proposals and recognise that we are not opening them up for discussion. Other activities are likely to contain a mixture of each: elements about which there can be little or no discussion and matters on which we are open. For example, it may be important to discuss *how* something is done, but not *whether* it is done. Similarly, we recognise that there might be compelling arguments and evidence which get put forward which mean we change our positioning, approach, priorities, or pace.

Since the pandemic the use of digital means to facilitate engagement has been transformational for many but not all.   Going forward we must not assume that we know what people's preferences are and seeking this out will be part of how we develop and deliver our engagement activities.

Developing our overarching Board strategy will prompt further refinement and development of our Engagement Strategy and Plan. Therefore, the development and delivery of the plan will need to remain flexible to reflect changes in the Board's overall strategy or indeed any other relevant strategies and circumstances.

Similarly developing a communications strategy with supporting materials and key messages is necessary to inform stakeholders about the outcomes of our engagement activities. In terms of levels of engagement described under section six, communications are critical to informing, promoting, and monitoring. That might reflect a range of activities including feedback from engagement taken place, promoting opportunities to engage and so on.

7.2   Delivery model for engagement

Delivery of our Engagement Strategy and Plan will be led and owned by a member of the Executive team and the work will be accountable through them to the Board. Beyond that further consideration is ongoing to our approach to how we will develop and deliver the plan.

While we have dedicated resources allocated to deliver communication functions, for example, currently we have no dedicated individual or team with sole responsibility for the delivery of stakeholder engagement. We need to decide whether to (a) centralise this function through a dedicated central engagement unit; (b) pursue a devolved approach, with specific project teams delivering engagement, or (c) a mixture of the two, with a small central team (or even simply an individual) in the centre coordinating the delivery of the Plan to ensure the consistent high standards in the planning, delivery, and evaluation of engagement activities by specific project teams.

Whoever or how these roles are performed there will be a need to (a) scope out the skills, experience, and capacity required to engage effectively and conduct a skills audit of existing staff against this specification; (b) devise and deliver a training and development programme to skill-up the individuals concerned; and (c) consider buying in specialist support to complement in-house resources over time or from time to time.

7.3   Key actions

With the support of the Institute, we have identified a programme of further work which has emerged out of workshops, Board meetings and one-to-one interviews which will inform the more detailed plan. The plan will need to be themes, have a clear timeline with appropriate ownership and will be ambitious but realistic.

- Develop and review engagement plans for priority workstreams
- Embed engagement considerations in Board governance structures and papers
- Internally align overarching Board strategy to inform strategic engagement (priority, timing, and resources)
- Internally align communications strategy to inform stakeholders about our work and the outcomes of our engagement activities. To support the development of resources to explain and promote programmes of work to support engagement, for example, Section 4.2
- Internally identify any engagement activities related to publication of Research and Innovation Strategy

- Externally align our strategies with that of our partners so we collectively understand the direction of travel
- Sign up to the Welsh National Digital Inclusion Charter
- Sense check stakeholder maps already drafted
- Going forward stakeholder maps should be reviewed at least annually including an assessment of whether interests and influences have changed and if so why
- Conduct further stakeholder mapping for specific projects and assigning leads and resources
- Conduct wider review across delivery of digital services in Wales and beyond to gain insights
- Consider purchasing stakeholder management software to keep track of interests, influences, and insights
- Explore options for having a National Stakeholder Advisory Group to support engagement
- Assess recognised exemplar organisations with which to measure against our reputation and success
- Identify and procure any external support to strengthen strategic engagement (both in terms of expertise and credibility)
- Commission and conduct a stakeholder sentiment survey to set a baseline to monitor effectiveness of our engagement activity
- Identify required staff resources and other costs.

8   Performance review

The Engagement Strategy should be regarded as a living document and will be regularly refreshed against a changing backdrop and in the light of experiences and emerging issues and opportunities.
- We will assess our performance against agreed deliverables with key milestones.
- If we are to develop as a listening and responsive organisation, we recognise we need to be able to have a range of insights and feedback to reflect upon, learn and improve.
- We will put in place a performance framework to assess whether we have met our engagement objectives and implemented our engagement plan. In addition, we will consider some business outcome objectives:
  - Clarity and agreement on our purpose, vision, mission, scope, governance, and management of risk.
  - Alignment with strategy of each heath Boards and trusts to inform our strategies and roadmaps.
- This will include having mechanisms in place to regularly receive feedback from stakeholders about their experience of engaging with us.
- Such feedback and other intelligence will be provided to the executive owner and leadership team and will be incorporated in an ongoing manner into the Engagement Plan. This will create the necessary visibility and any required escalation to respond to any need for change or actions.

- We will assess both process measures (when did we engage, who with, how and with what frequency) as well as some outcome measures. This is likely to include commissioning an annual sentiment survey with external and internal stakeholders.
- Our Engagement Strategy and Plan including objectives will be refreshed annually through our appropriate Board governance structures, and in partnership with stakeholders.

Appendices
Appendix 1 Methodology for Stakeholder Engagement Strategy and Framework

Introduction

The public consultation into establishing Digital Health and Care Wales highlighted the need for continuous engagement. To strengthen our approach the Board contracted the Consultation Institute to provide us with advice and support to develop our first Engagement Strategy and Plan for external stakeholders. They worked with us from mid-June through to the Board meeting at the end of September 2021.

To oversee the work commissioned we set up a small core group chaired by the Assistant Director Service Transformation. Initially (June and July) the group met daily at 9am with Consultation Institute in attendance and then moved to three times per week in August and September. The Board asked the Institute to carry out a range of activities including conducting a series of one-to-one interviews and two focus groups with external stakeholders and these are summarised in Appendix 1a.

Framework for Analysis

The Consultation Institute carried out a desk-top exercise by reviewing documents, media articles and stakeholder feedback and drafted a Political, Economic, Socio-cultural, and Technological (PEST) Analysis and Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.

PEST[23] analysis is a recognised method used to support strategy formation which is particularly important for a new organisation. The analysis focuses on four areas of relevant macro-external factors and how they might have an impact on achieving an organisation's objective. This is particularly important for Boards and leaders because it can, and usually does, have significant influence on stability of organisations, relationships, planning and horizon scanning. While the technological factors may seem to be the most directly relevant to Digital Health and Care Wales, understanding all four themes and associated dependencies need to be considered. A change in one theme can lead to new parameters and opportunities - something that has been very evident during pandemic including the political dimension.

A PEST analysis is usually carried out alongside a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. The comparison between these completed analyses can provide a very solid basis for informed decision making. Taken together these PEST and SWOT analyses should help to understand some of the drivers for change, including risks, and mitigation at the time they were carried out in this case June to September 2021 (Boxes 1 and 2 respectively). It should not be a static process as external factors will change which may then prompt a change in strategy or actions. Going forward such analysis would benefit from holding a workshop or a series of discussions to reflect differing perspectives and ensure organisational understanding and ownership.

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[23] This could be extended to PESTLE analysis by including Legal and Environmental considerations

Box 1 Political, Economic, Socio and Technological (PEST) Analysis	
Political	**Economic**

• New Welsh Government and new Minister for Health and Social Services, May 2021
• The establishment of Digital Health and Care Wales in April 2021 was a political decision
• Welsh Government's Legislative programme announced, July 2021
• New Programme for Government, June 2021
   o Invest in and roll-out new technology that supports fast and effective advice and treatments
   o Launch a National Social Care Framework
   o Introduce e-prescribing and support developments that enable accurate detection of disease through artificial intelligence
   o Invest in a new generation of integrated health and social care centres across Wales
   o Digital cross-cutting across portfolios
• Announcement to recruit to Chief Digital Officer for Health and Care
• A need for more permissive politics to support transformation of services
	• Digital Health and Care Wales has wider responsibilities including contributing to the economy[24]
	• Significant economic challenges linked to global pandemic forecast
	   o Implications for employment, unemployment, working from home, health, and wellbeing
	• Role of digital seen as pivotal as part of NHS recovery plans
	• Significant investment in digital services
	• Further investment required to address connectivity issues
	• Potential for Artificial Intelligence to address workforce gaps
	• Joined up data to support value-based healthcare to inform planning and use of resources
	• Digital Strategy for Wales

Socio-cultural	**Technological (Digital)**
• Ageing population and demands on services make the case for increased digital solutions • Public surveys and evaluation demonstrate growing support and use of digital • Importance of choice being offered • Societal benefits from reducing travel e.g., environment, costs, convenience • New models for ways of working including working from home • Use of technology widened access to services but also highlighted inequalities (connectivity, social space, equipment, cost, capability, skills) • Implications for digital champions and support for citizens to increase use • People have different needs, and this must be reflected in having e.g., accessible information and digital choice • Delivering change at pace and scale in NHS • More people using technology • Digital Communities Wales improving digital inclusion for people of Wales including through training and awareness	• Digital Strategy for Wales • Surge in use and capability to use technology for health and care during Covid-10 • Use of technology widened access to services but also highlighted inequalities (connectivity, social space, equipment, cost, capability) • Considerations around 'moving' feast' of new technologies, products and developments • More people using technology in their everyday life • Build up the evidence base for benefits and more fully understand barriers • Potential for innovation, transformation, and applied research • Promotes positive opportunities for educating and training for professionals

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[24] Socio-economic Duty: an overview | GOV.WALES
The Socio-economic Duty: guidance and resources for public bodies | GOV.WALES

Box 2 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis	
Strengths	**Weaknesses**
• Newly created Board with a 'seat at the table' • Strong political support and commitments in Programme for Government for digital as a key enabler • Strong policy context (integration of health and care, social care reform, value-based healthcare, climate change) • Digital Strategy for Wales for Public Sector • Growing public support for the option of digital • Offers choice and flexibility to improve access to services • Commitment to engage with external stakeholders • Better understanding of benefits and barriers of digital approaches • Learning during the pandemic	• Awareness and uptake of different digital solutions is variable • Sometimes not integrated to whole system service delivery (seen as tech projects) • Digital exclusion (in all guises) • Lack of evidence around impact on resources, climate change etc • Variation in uptake and priority across local areas and services • Can be person-dependent • Not built in as part of training and education for professionals • Use of language not always simple enough • Patients having to repeat the same information to professions • Not always co-designing with citizens and learning from user experience • Some elements of the new organisations will require cultural change
Opportunities	**Threats**

• New organisation and willingness of partners to collaborate and look forward
• Embed as part of recovery plans
• Align with other organisations strategy and plans
• Empowering patients and the public to manage their own health and wellbeing
• Development of Community Hubs
• Contribution towards net zero through reduction in travel
• Adopting Digital Inclusion principles
• Co-design with citizens and learning from user experience
• Contribute to driving Research and Innovation
• Remove any barriers through National Funding and support
• Learning from others world-wide
• Address some workforce challenges
• Digital as a key enabler
• Modernising infrastructure and moving to cloud services
	• Cyber security and resilience
	• Digital seen as good enough during pandemic but does not get embedded
	• Positioned as 'default' or 'digital first' instead of choice
	• Not able to address inequalities
	• Lack of consensus on local versus national systems
	   • Local organisations preferring local solutions creating variation
	   • National organisations preferring national solutions creating tension
	• Lack of awareness and understanding around different solutions and potential of digital
	• Not able to address historical perceptions
	• Professional bodies or public do not embrace change
	• Not in tune with any change in feelings
	• Move from analogue to digital care
	• Financial benefits of move to digital not understood/quantified
	• Potential implication for workforce
	• If pace of change too slow
	• Raising expectation and not able to deliver.

Appendix 1a Summary activities carried out by the Consultation Institute

Initial review of published documents

We asked the Consultation Institute to review some of the key strategic documents relevant to establishing our new organisation. This helped to support some of the analysis of perception and current situation which contributed to PEST and SWOT analyses described above. These included:

- The Welsh Government's "*A Healthier Wales: our plan for health and social care*" (first published June 2018)
- Public Accounts Committee "Informatics Systems in NHS Wales" (November 2018)
- The Digital Architecture Review' (March 2019)
- The Health Informatics Governance Review' (March 2019)
- Welsh Government Consultation Document: A Digital Health Authority for Wales: A consultation on the functions of the Digital Special Authority for Wales (September 2020).
- Findings from the Public Consultation into the functions of Strategic Health Authority (document not dated)
- Digital Health and Care Annual Plan (May 2021).

We recognise a wider review is required to reflect on learning from other countries and various programmes on the delivery of digital health and care. What worked or didn't work and why is important to understand. This will also facilitate developing wider collaborations and networks within Wales and beyond.

Stakeholder input and feedback

The activities carried out by the Institute are broken down into themes:

- Board Meetings Digital Health and Care Wales (Full Board and Board Development Sessions)
- External Stakeholders (Representatives of Health and Care, Welsh Government, patients and public)
- Internal Stakeholders (Executive Directors, Middle Managers, and all staff)

Board of Digital Health and Care Wales

Board Meetings and Board Development Sessions

The Consultation Institute reviewed our first two Board Meetings: 1st April and 27th May with a view to summarising issues from a strategic engagement perspective.

An initial session was held with Board Members as part of their Board Development Session on 1st July. This confirmed the scope and some of the key issues, including the need for definitions.

An update report on progress to develop the external [Stakeholder Engagement Strategy (Item 5.2)](#) was received by the Board when it met on 27th July 2021.

At the Board Development Session on 2nd September 2021 the core purpose of Digital Health and Care Wales was considered in the context of some of the feedback from external stakeholders. A Briefing Paper prepared by the Institute was provided in advance. There was input on the day by way of an introduction to the afternoon session with a short question and answer session.

Draft outputs (External Stakeholder Engagement Strategy and Plan) are due to be considered by the Board on 30th September 2021.

One-to-one stakeholder 'interviews'

One-to-one interviews were carried out over Microsoft Teams with the Chair, Vice Chair, and all Independent Members between 3rd August and 18th August. These were wide ranging discussions to explore views on the organisation's purpose, vision, stakeholders, opportunities for collaboration and looking to the future. A Briefing was issued to each participant in advance. A Report on key findings was issued to Digital Health and Care Wales on 25th August 2021.

External Stakeholders

One-to-one 'interviews'

The Chief Executive of Digital Health and Care Wales wrote to Directors responsible for Information Management and Technology in NHS Wales on 26th July inviting them to participate in a one-to-one interview with the Consultation Institute. This was to explore their opinions on the vision and purpose and opportunities for collaboration. A session was also held with a representative from Welsh Government. In this case one-to-one interviews were chosen to allow more time to explore the issues of each NHS organisation.

The Consultation Institute prepared a Briefing which was issued to each participant in advance. Nine interviews were carried out between 29th July and 19th August 2021. Interviews were themed and a Report on key findings was issued to Digital Health and Care Wales on 25th August 2021.

Focus Groups

The Chief Executive of Digital Health and Care Wales also wrote to a range of other key stakeholders on 28th July 2021 inviting them to participate in one of two virtual Focus Groups on 12th and 24th August. This included senior staff (executives, managers, and clinical leaders) from across NHS Wales, Social Care Wales, third sector and patient and public representatives. Twelve people attended on 12th and 11 on 24th August, respectively. In this instance Focus Groups offered the most effective way of discussing general issues in the time available to a wider range of stakeholders.

The Focus Groups were facilitated and run by the Consultation Institute. A Report on key findings was issued to Digital Health and Care Wales on 25th August.

Digital Services for Patients and Public Group

The Consultation Institute provided an update on the Stakeholder Engagement work to the Digital Services for Patients and Public Assurance Group on 23rd August. This was followed up with a briefing and invitation to comment on the organisation's vision. It also had some open questions around benefits and barriers associated with adoption of digital solutions. This information is still being collated and verbal feedback will be provided at the Board meeting and any adjustments made to the strategy as required.

Internal Stakeholders

Facilitated session with Executive Directors

A one-hour session with Executive Directors on 19th July was facilitated by The Consultation Institute. This was to feed-back early insights from staff and to engage the Executive Team on the approach to stakeholder mapping and any strategic considerations.

On-line staff survey

There was a strong view from the executive team that work on developing values should offer the opportunity to involve all staff. To support this an online survey was used to capture a range of views across the organisation in a short space of time. The survey was live, allowing staff to respond, between Tuesday the 6th of July and Friday the 16th of July[25]. It was distributed to the workforce comprising 811 people. Over 200 responses (211) were received giving a response rate of 26 percent. This is in line with that which we would expect to see from a survey of this nature based on the experience of the Consultation Institute.

The methodology, analysis and key findings was written up by the Consultation Institute and submitted on 30th July 2021.

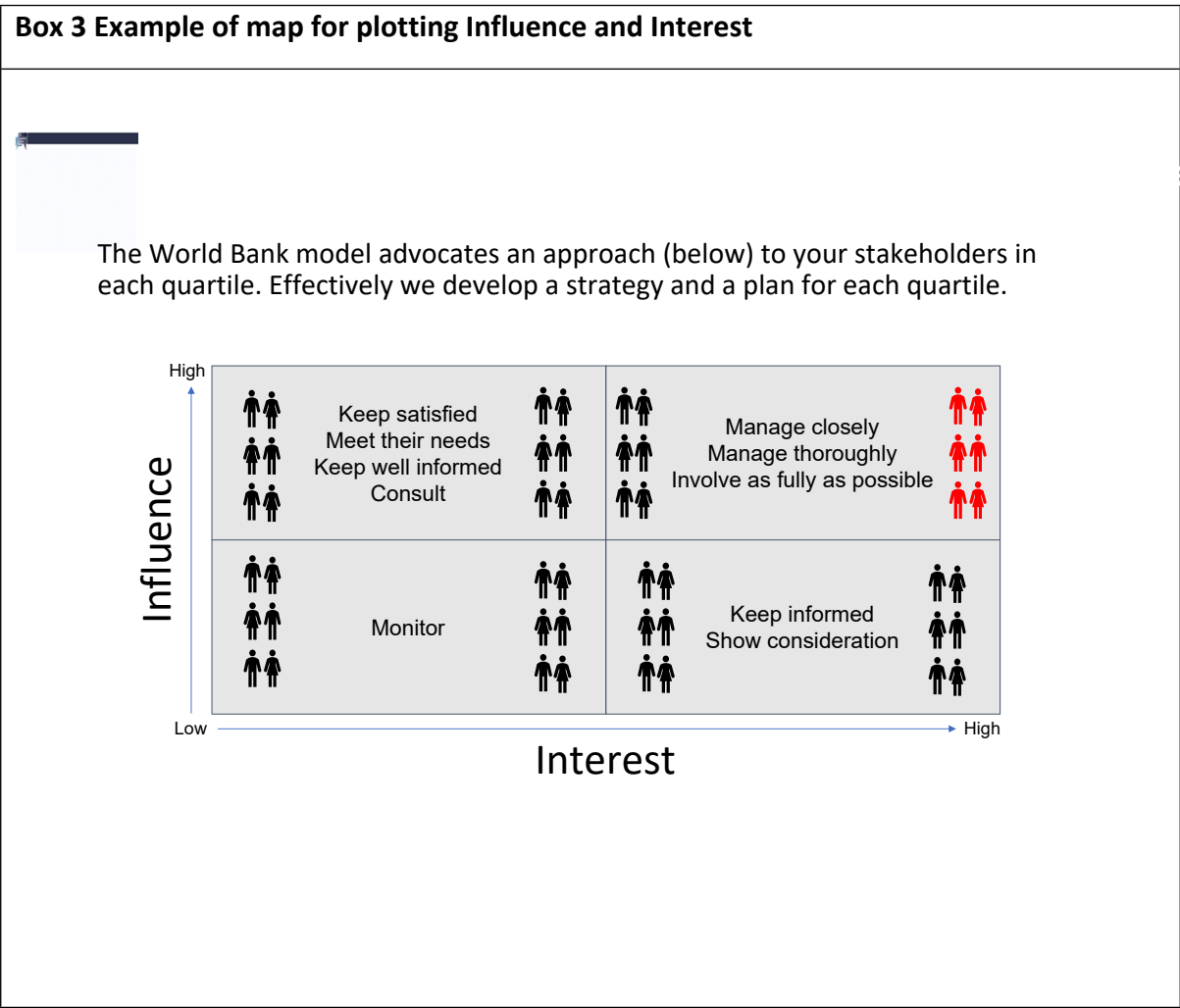**Stakeholder mapping and engagement**

The Consultation Institute facilitated two workshops with 'middle managers' from Digital Health and Care Wales to get their perspective on stakeholders and relationships. The first session 'An introduction to Stakeholder Mapping' was held on 30th June and had 12 participants.

A follow up session held on 12th July explored staff understanding of engagement and the need for taking a strategic approach. This supported an exchange of ideas and allowed staff

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[25] Notably the Institute was initially commission to complete work by mid-July in time for Board Meeting on 30th July. This is what dictated the short turn around time.

to share differing perspectives, experiences, and ideas. It started to explore in further detail the stakeholder maps. This had 14 participants most who had been at the first session.

To progress the detailed work on stakeholder mapping two small workshops and three meetings were facilitated by the Consultation Institute during July. Stakeholders were mapped on a grid showing levels of interest and influence, using the World Bank method. This was with a view to identifying main stakeholders and establishing their strategic significance (Box 3).

Box 3 Example of map for plotting Influence and Interest

The World Bank model advocates an approach (below) to your stakeholders in each quartile. Effectively we develop a strategy and a plan for each quartile.

The first stage was to develop categories and profiles based on organisations, professions and services which were agreed at the first two workshops. This was described in Section 5.1 (Table 1) of the full Report and summarised below (Box 4).

> **Box 4 | Categories of stakeholders were agreed as described in Section.**
>
> 1. Community Services and social care sector
> 2. Digital and Data
> 3. Media
> 4. NHS – Health Boards
> 5. NHS – other organisations
> 6. NHS - Trusts
> 7. Patients and Public
> 8. Political and local government (elected representatives and officers)
> 9. Primary Care
> 10. Private Healthcare
> 11. Representative Bodies (including professional, statutory, and regulatory such as Welsh Language Commissioner, Centre for Digital Public Services Wales)
> 12. Research, Innovation and Education (including Academic Institutions)
> 13. Suppliers
> 14. Third Sector (including Commissioners for Older People, Children and Future Generations)
> 15. Welsh Government

Profiles

Using a template to capture profiles, several meetings were held internally with specific teams after the workshop. A Teams channel was established for people to add their profile information to the categories above. This was co-ordinated by one person (who was part of the guiding team) and was shared with the Consultation Institute who evaluated the profiles.

Breakdown of influence and interest

Due to the number of stakeholders, it wasn't possible to plot them on a single map and so stakeholder maps were prepared for each category. We will continue to develop over time as the organisation engages more widely. Our supporting rationale around interest and influence is described below:
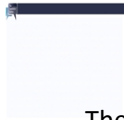
The World Bank model advocates an approach (below) to your stakeholders in each quartile. Effectively we develop a strategy and a plan for each quartile.
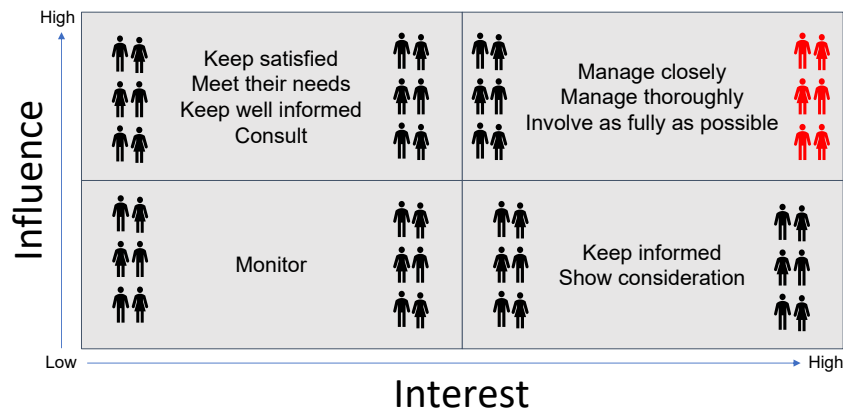
High Influence – High Interest (Manage Closely)
Likely to be in positions of authority at national or local level with a lot of interest in the organisation and the systems and strategic direction of the organisation

High Influence – Low Interest (Keep Satisfied)
Likely to be in positions of authority at national, regional, or local level but no direct interest with the organisation and are part of a cohort who do not use digital health technology regularly but may be interested if new developments

Low Influence – High Interest (Keep Informed)
Likely to be in positions which have no due influence on strategic direction of the organisation, are part of a large cohort who may use or develop systems or interested in digital based on current or future requirements if new developments affect them

Low Influence – Low Interest (Monitor)
Likely to be in positions which have no due influence on strategic direction of the organisation, are part of a large cohort who do not use digital technology regularly

Supporting notes:

- The organisation engages in many of the levels of relationships which may include participation, informing, co-production and depends on which Digital Health and Care Wales Team, Directorate, Programme/Project, or individual is involved
- There are profiles which fit in several categories
- Some job titles may have higher influence for a specific programme than general interest
- Some profiles have been captured based on number rather than job title so may be in a low influence but high interest section e.g., clinical which covers all health and care professionals
- As strategies and plans develop or services become 'business as usual', there will be movement across interest/influence.

Appendix 2 Definitions of key terms
To provide consistency and clarity the following definitions are used

Accessible
The ability to get something easily e.g., easy to approach, reach, enter, speak with. This might relate to accessing a building, information, or a device.

Accessible information
Giving information in a way that is accessible to as many people as possible. It is part of Inclusive Communication.

Aim
A goal. Concerned with purpose (longer term).

Citizen
A person who is a member of a particular country who has rights because of being born there or because of being given rights.

Co-design
Co-design is a design approach that actively involves users and stakeholders from the beginning of a project, right through to roll-out.

Co-production
Co-production is an asset-based approach to public services that enables people providing and people receiving services to share power and responsibility, and to work together in equal, reciprocal, and caring relationships. It creates opportunities for people to access support when they need it, and to contribute to social change. Co-production is a *mindset* and a *way of working*. Co-production Network for Wales (copronet.wales)

Collaborate
Work jointly on an activity, especially to produce or create something. Involving two or more people working together for a special purpose.

Consultation
A formal process by which policy makers and service providers ask for the views of interested groups and individuals.

Communications
Giving, receiving, or exchanging ideas, information, signals, or messages through appropriate media, enabling individuals or groups to persuade, to seek information, to give information or to express emotions.

Community engagement
'A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions.

Data
Information, especially facts or numbers collected to be examined and considered and used to help decision making. Usually in an electronic format that can be stored and used in a computer

Digital
Using a system that can be used by a computer and other electronic equipment in which information is sent and received in electronic form. Digital cannot be seen.

Digital exclusion
Broadly defined, digital exclusion is where a section of the population have continuing unequal access and capacity to use Information and Communications Technologies (ICT) that are essential to fully participate in society (Schejter, 2015; Warren, 2007).

Official measurements of digital exclusion in the UK include anyone who has never used the internet or has not used it within the last three months

Digital inclusion
This is about working with individuals, communities, organisations, and policy makers to address issues of opportunity, access, knowledge, and skill in relation to using technology, and in particular, the internet.

Digital Roadmap
A digital roadmap is a high-level document that outlines what goal a business wants to achieve, identifying some digital initiatives that can help it get there

Disability
An illness, injury or condition that makes it difficult for someone to do the things that other people do.

Engagement
An active and participative process by which people can influence and shape policy and services that includes a wide range of different methods and techniques

Inclusion[26]
The idea that everyone should be able to use the same facilities, take part in the same activities and enjoy the same experiences including people who have a disability or disadvantages.

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[26] The **Equality Act 2010** requires that all public services as inclusive as can be reasonably expected, given the resources available to them, and to anticipate requirements of people with disabilities or impairments. This includes ensuring that information is accessible

Inclusive communications
This is an approach to communications which enables *as many people as possible* to be included in that interaction.

Information
Facts about a situation, person, or event

Mandatory
Something that is mandatory must be done, or is [demanded](#) by [law](#):

Mission
A strongly felt aim, ambition, or calling. A mission statement defines how an organisation will differentiate itself from others. It should describe what you need to do now to achieve your vision.

Objectives
Something that you plan to do or achieve. Concerned with achievement (shorter term)]. Aligned with SMART: Specific, Measurable, Achievable, Realistic or Relevant, Time bound. Challenging.

Participation
The fact that you take part or become involved in something.
People being actively involved with policy makers and service planners from an early stage of policy and service planning and review.

Principles[27]
Principles are rules or beliefs governing one's behaviour. They are permanent, unchanging, and universal in nature

Relationships
The way in which two or more people or groups regard and behave toward each other.

Research and Innovation
Our working definition is Organisations involved in research, clinical trials, health, and digital innovation (including Academia, Industry, public and third sector bodies in Wales and internationally).

Stakeholder
A person with an interest or concern in something, especially a business or organisation.

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[27] **Difference between principles and values**
Principles are rules or beliefs governing one's behaviour. They are permanent, unchanging, and universal in nature. Values are qualities or standards of behaviour. They are internal and subjective, and they may change over time.

Strategy
The way in which a business, government, or an organisation carefully plans actions over a period to improve its position and achieve what it wants.

Technology
Technology is a branch of science that deals with computers and gadgets, and mechanics, robotics. Computer is technology

Trust
A reliance on and confidence in the truth, worth, reliability etc of a person or thing.

Value-based health care
Achieve the best possible outcomes for our population with the resources that we have

Values

A person's (or organisations) principles or standards of behaviour

A values statement will define what **an organisation** believes in and how all staff, contractors and suppliers are expected to behave—with each other, with patients, service users, the public and other stakeholders. Organisations with strong values follow them even when it may be easier not to.

Vision *The ability to think about or plan with imagination or wisdom. It should be inspirational, short, and concise. It is concerned with the long term.*

Appendix 3a Welsh Government: A Digital Special Health Authority for Wales: A consultation on the functions of the Digital Special Health Authority for Wales (7 September to 30 November 2020)

Source [A digital special health authority for Wales | GOV.WALES](#)

What are the proposed functions of the Special Health Authority?[28]

As a public body Digital Health and Care Wales (DHCW) will operate and work to recognised values and behaviours required of public sector organisations.

Taken from the original document (slightly summarised) it sets out that across all functional areas Digital Health and Care Wales will[29]:

- Provide expert advice on all areas within its remit.
- Actively promote and support the integration of digital across all relevant areas
- Provide a unique Welsh framework for digital Health and Care, including A Healthier Wales.
- Undertake research/evaluation across all areas of DHCW's remit.
- Work with other organisations across the Health and Care sectors as well as Welsh Government to support continual digital improvement both internally and externally.
- Understand and articulate the meaning of risk within its work reflecting an ambitious and agile approach to improvement.
- Place the multidisciplinary approach at the heart of its work.
- Work collaboratively to ensure consistent, integrated, and equal delivery of digital services.

The consultation document then goes to describe ten functions of the Special Health Authority in more detail with a supporting narrative and a vision. The ten headline functions in the order they appear in the document are:

1. Application Development and Support
2. Digital Services design, commissioning, planning & delivery
3. Information and Communications Technology
4. Quality Management & Regulatory Compliance
5. Information Management
6. Information Governance
7. Cyber Security
8. Finance and Business Assurance
9. Reporting Services
10. Workforce Improvement

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[28]Source [consutation-document.pdf (gov.wales)](#)

[29] These have the feel of being akin to overarching principles (the Consultation Institute's interpretation)

Stakeholder Engagement Strategy Draft V1.0_22

Appendix 3b Welsh Government: Summary of consultation responses. A Digital Special Health Authority for Wales. A Digital Special Health Authority for Wales (gov.wales)

Question 1 We would like to know your views on the proposed functions of the new Digital Special Health Authority.

Observations on the functions included are summarised but appear as ordered in the document:

- Delivery of national digital architecture, using a standards-based approach that allows NHS Wales' Organisation freedom to choose departmental systems.

- Development of an integrated national Digital strategy for health and care that provides a common framework to allow DHCW to support interoperability, infrastructure, architecture. and technology enabled care.

- Increased focus on supporting the professional development of health Board executives in Digital to support DHCW's role in delivery

- Ensure patients and staff have the digital skills to enable transformation which links to Welsh Government strategies on digital inclusion.

- Providing a legal framework for DHCW to become a trusted third party, having data controlling and processing roles and providing real-time access to data across health and care providers

- Solidify the relationships between DHCW, the CDO for health and care, National Cyber Security Centre, and the private sector to adopt minimum standards and clarify the national role DHCW will play in providing assurance to Welsh Government and NHS organisations on cyber security functions.

- Ensure that DHCW has a clear responsibility that any digital health and care services meet the needs and requirements of equality legislation

- Recognise the need for further public engagement and consultation required to support the delivery of a data driven NHS Wales.

- Many respondents highlighted that DHCW should work collaboratively with other organisations across Wales, including the NHS, social care, third sector and voluntary sector organisations to ensure alignment in digital delivery, where appropriate.

- Some respondents also noted that some patients in Wales access health care services on both sides of the England/Wales border and suggested that the standards adopted in NHS Wales provide interoperability across borders to facilitate data sharing.

- One respondent also recommended that the approach set out in the consultation for information and technical standards should also be applied to cyber security and infrastructure

DIGITAL HEALTH AND CARE WALES
EXECUTIVE STRUCTURE PROPOSAL

Agenda Item	5.6

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Shikala Mansfield, Head of Workforce & OD
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: **APPROVE** the final proposed Executive structure, as set out in this paper, noting the changes made as a result of consultation feedback. **NOTE** the timeline for the recruitment process.	

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
CEO	Chief Executive Officer		

1   SITUATION/BACKGROUND

1.1   The purpose of this paper is to provide an update to the Board on the proposed Executive structure for the newly established Special Health Authority (SHA) Digital Health and Care Wales (DHCW) and sets out the changes incorporated as a result of consultation feedback since the last DHCW Board meeting. In addition, the paper sets out the timeline for implementation of the proposed structure and updates on the use of the NHS Wales Organisational Change Policy where it has been required.

1.2   The establishment order of Digital Health & Care Wales stipulates that the Board will have five Executive roles. The Chief Executive Officer (CEO), Finance Director and Executive Medical Director, were specifically identified, with the two remaining Executive roles to be agreed and recruited by the new CEO and the Board. Appointments have been made to the three statutory posts of CEO, Executive Finance Director and Executive Medical Director. In addition, the post of Board Secretary has also been appointed to.

1.3   The top-level organisational structure is a matter reserved for the DHCW Board, and implementation of the structure set out in the paper is therefore here for formal approval from the Board.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Formal consultation on the proposed Executive structure took place between 21 July 2021 – 6 August 2021 with the Senior Management team. In addition to the formal consultation, views on the proposed Executive structure were also invited from all teams across the organisation. There was a high level of engagement across the organisation and this is reflected by the feedback received. A summary of the feedback received is set out below:

- There was support for the two Executive Director posts being focused on operational delivery and strategy, with the suggestion that the Executive Director of Delivery title be changed to Executive Director of Operations.
- The majority of the feedback was centred on the structures below the Executive level, with suggestions for department structures and some clarification being sought from teams. The detail of departments and team structures will be worked through with the new Executive Directors once they are in post.
- There was full support for the new role of Director of People & Organisational

Executive Structure Proposal   Page 2 of 6   Author: Shikala Mansfield
                                                                              Approver: Helen Thomas
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Development, welcoming the Board level role to focus on our workforce.
- There were suggestions that the Director of Primary, Community and Mental Health could be part of the Executive Director of Operations, but also feedback that welcomed the strategic focus on these areas with a dedicated Board level role. There has been very positive feedback from key external stakeholders on the creation of this role.

2.2   In summary, the draft structure below was reviewed by the Board in July.
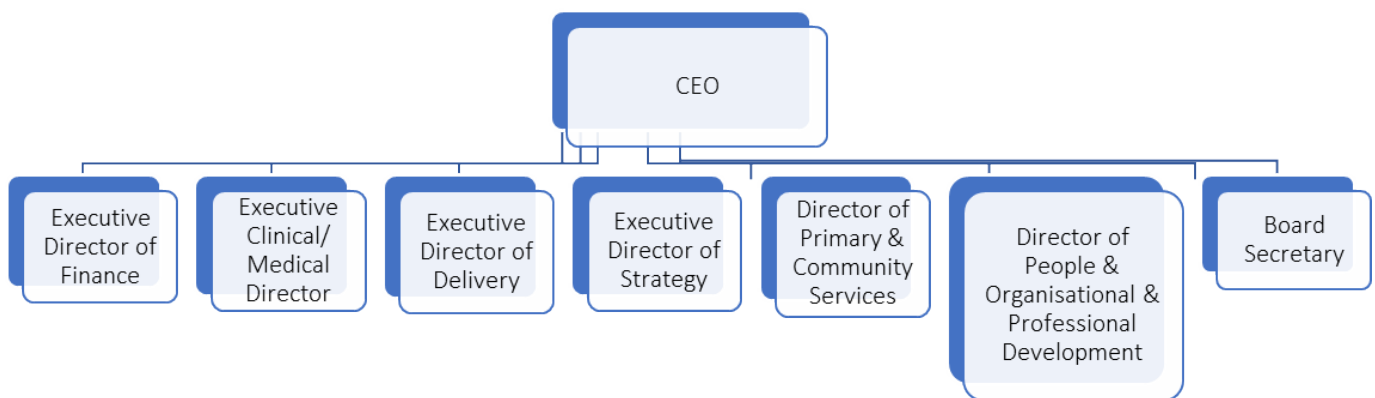
2.3   Following full review of feedback from the Board, the Senior Management team and the wider organisation, the following structure is proposed including some title changes: -
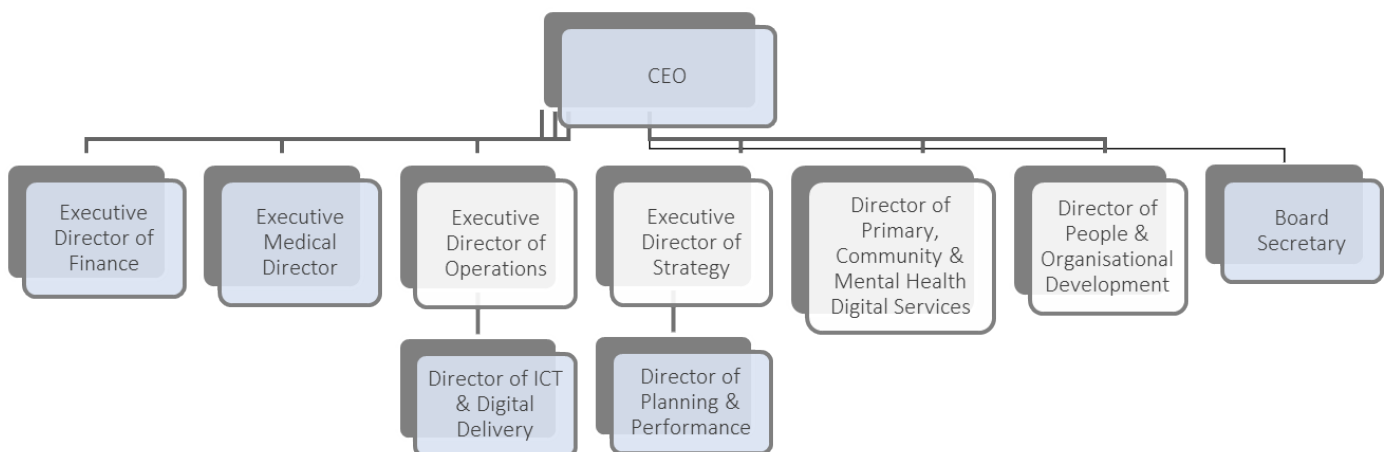
NB: Where appointments have already been made boxes are shaded in blue.

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2.4 There were two posts directly affected by the above structure, the All-Wales Organisation Change Policy has been applied and the outcome resulted in, the current Director of ICT being slotted into the post of Director of ICT & Digital Delivery and, the current Chief Operating Officer, being slotted into the post of Director of Planning & Performance. Both roles will report into an Executive Director. Both will continue in their current role until the two Executive Directors are appointed.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The table below outlines the key steps and timeline to move forward with the appointment of the senior leadership roles for the organisation, subject to Board approval of the proposed Executive structure.

Key Steps and Timescales

Task	When	Who
Appointment of Recruitment Consultancy to support external sourcing of Executive Director posts	6 October 2021	Helen Thomas and Shikala Mansfield
Recruitment Consultancy to advertise and source candidates – national and internationally for the shortlisting panel	11 – 30 October 2021	Recruitment Consultancy
Shortlist Executive Directors posts	Week Commencing 1 November 2021	Helen Thomas with DHCW Chair
Stakeholder panel & Interviews	Week Commencing 15 November 2021	Helen Thomas with DHCW Board Members
Anticipated Commencement Date	January - March 2022	

4 RECOMMENDATION

4.1 The Board is being asked to:

APPROVE the final proposed Executive structure, as set out in this paper, noting the changes made as a result of consultation feedback.

NOTE the timeline for the recruitment process.

Executive Structure Proposal   Page 4 of 6   Author: Shikala Mansfield
Approver: Helen Thomas
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5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	It is a statutory requirement to appoint to Board vacancies.

WELL-BEING OF FUTURE GENERATIONS ACT	A more equal Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Staff & Resources
Governance, Leadership and Accountability	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N.A
Not applicable	

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Remuneration and Terms of Service Committee	1st July 2021	Proposed Top Level Structure and Process Supported
DHCW Board	29th July 2021	Proposed Top Level Structure and Process Supported
Local Partnership Forum	10th August 2021	Noted and Next Steps Supported
Staff Briefing – DHCW Wide	7th September 2021	Proposed Structure and changes as a result of feedback noted

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Ensuring that leadership is in place across all portfolios of the Executive Team is essential in maintaining quality, safety and patient experience focus
	Yes, please see detail below

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LEGAL IMPLICATIONS/IMPACT	Compliance with Employment Law
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Appointment of external recruitment consultancy to aid with the recruitment of the Executive Directors.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	The Executive structure will change reporting arrangements and Executive responsibility for a number of staff, the Organisational Change Policy will be adhered to where appropriate, and clear communication to staff effected.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

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DIGITAL HEALTH AND CARE WALES
INTEGRATED MEDIUM-TERM PLAN 2022/25 APPROACH

Agenda Item	5.7

Name of Meeting	SHA Board
Date of Meeting	30 Sept 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Michelle Sell, Chief Operating Officer
Prepared By	Ruth Chapman, Assistant Director of Planning
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Approval
Recommendation	
The Board is being asked to: **APPROVE** the approach to developing the DHCW three-year plan (IMTP) 2022-2025.	

Acronyms			
DHCW	Digital Health and Care Wales	SHA	Special Health Authority
WG	Welsh Government	IMTP	Integrated Medium-Term Plan

1 SITUATION/BACKGROUND

1.1 This document describes the approach to developing the DHCW Integrated Medium Term Plan (IMTP) 2022-2025.

1.2 Producing a 3 year IMTP is a statutory requirement from Welsh Government – originally aimed at Health boards under the NHS Finance (Wales) Act 2014 and then further extended to Special Health Authorities including DHCW. IMTPs require approval by the Minister for Health and Social Services. The NHS Wales *Planning Framework* provides specific guidance for NHS bodies in the development of IMTPs, including priority areas and additional guidance from national programmes and new policy requirements.

1.3 DHCW are working to a draft Welsh Government target of 31 January 2022 to develop the IMTP. The final date will be confirmed on or before the publication of the Welsh Government Planning Framework anticipated to be published late October 2021.

1.4 Attached at item 5.7i is a number of diagrams detailing the DHCW planning approach with key areas of activities over the coming months. The key objectives of the IMTP are to describe the priorities which DHCW will be working on to support the needs of patients and the NHS service which can be met with available finance and resources.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Key points of inclusion in the approach are:

- Addressing the Welsh Government priorities particularly around building sustainable services for the future
- Introducing stakeholder endorsement of the direction of travel of our portfolios
- Alignment of plans with other national organisations such as Health Education and Improvement Wales (HEIW) and the NHS Wales Health Collaborative
- Reflecting key deliverables from existing Programmes of Work with Governance external to DHCW
- Making the join with Health Board / Trusts plans.
- Triangulation of Delivery, Finance and Workforce and their specific timetables
- Building the thread from strategic objectives through to portfolio visions and roadmaps and product milestones
- Starting the development of product roadmaps

Author: Ruth Chapman
Approver: Michelle Sell

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It should be noted that we are looking to engage external support initially in the development of the roadmaps.

2.2   Key stages and activities:

- Sept 21 will be a period of preparation and readiness, plus reflecting on removal, revision and addition to existing key priorities
- Oct 21 will start key stakeholder endorsement activities and initial definition of detailed milestones
- Nov 21 will be the start of capacity assessments against demand and checking alignment with other national organisations' plans
- Dec 21 will be risk assessment and final drafting
- Jan 22 will be sharing information with delivery partners and final sign off
- Further detailed plans for year 1 will be worked up with delivery partners during Jan to Mar 2022.

2.3   SHA Board dates of note

- 30 Sep 2021 – SHA Board – note approach to IMTP planning
- 30 Sep 2021 – Board development session around initial priorities
- 04 Nov 2021 – SHA Board Progress Update
- 06 Jan 2021 – Board Development Session around progress update
- 27 Jan 2021 – SHA Board IMTP Sign Off
- 31 Jan 2021 – Submission to Welsh Government

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   If the WG Planning Framework is not published until late October, there is a risk that this approach will need some additional development to meet as yet unknown planning requirements.

4   RECOMMENDATION

4.1   The Board is being asked to:

APPROVE the approach to developing the DHCW three year plan (IMTP) 2022-2025.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Effective Care
If more than one standard applies, please list below: Governance, leadership and accountability	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

PERSON/GROUP	DATE	OUTCOME
DHCW Management Board	16/09/21	Approach endorsed

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	The approach will be supported by external support – final cost to be confirmed
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.

Author: Ruth Chapman
Approver: Michelle Sell

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SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Author: Ruth Chapman
Approver: Michelle Sell

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'Everyone in Wales should have longer, healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible'
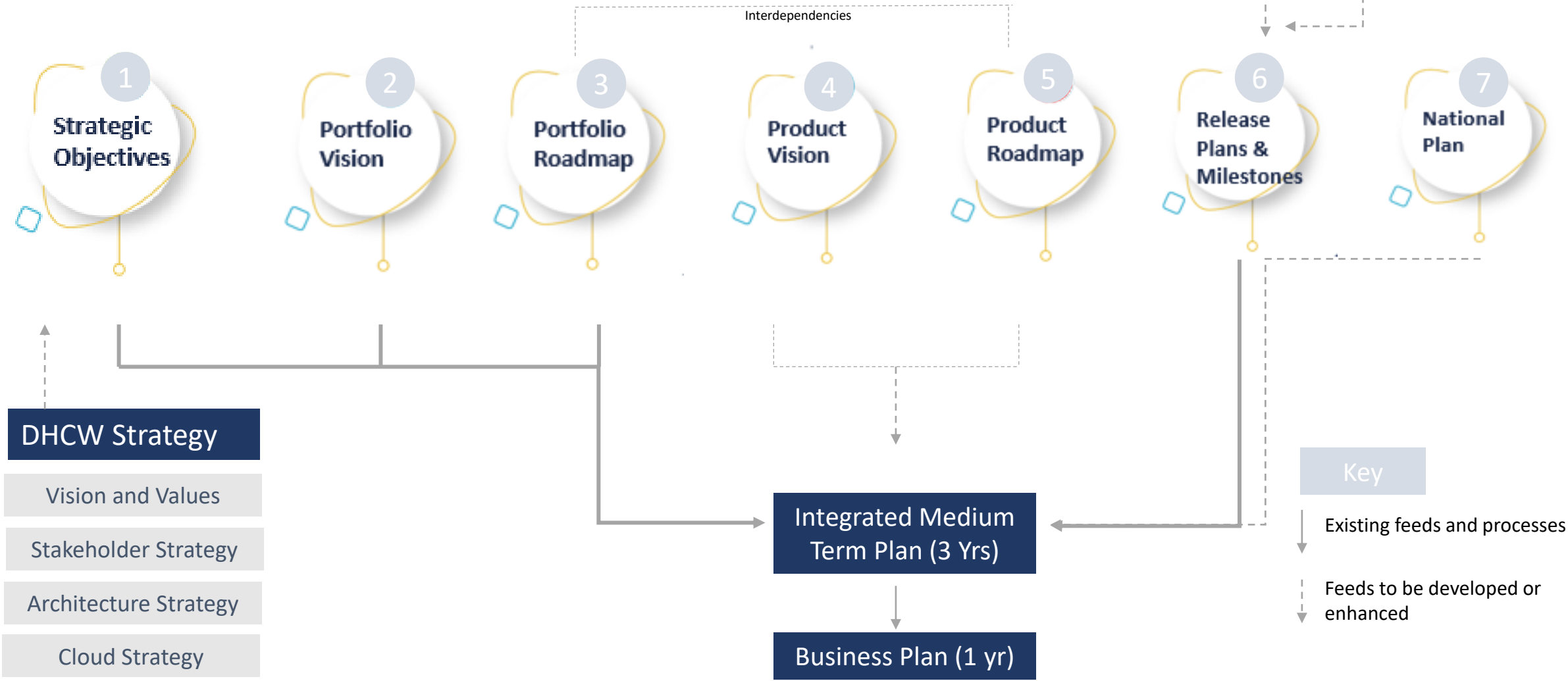**A Healthier Wales**

How We Support That Vision

IMTP 2022-2025 Approach

PLAN

DIGITAL HEALTH AND CARE WALES

2022/25

DHCW STRATEGIC PLANNING GOVERNANCE TIMELINES

Deliverable 1 = Strategy ….DHCW Vision and strategic position.
Deliverable 2 = Medium Term Plan… updating existing one year plan to cover three years. Same format. Approx 100 milestones
Deliverable 3 = Annual Business Plan including Health Board Plans and more sub-milestones.

Management Board
Board Development Sessions
SHA Board   For Note only
Key Milestones

| Sep 2021 | Oct 2021 | Nov 2021 | Dec 2021 | Jan 2022 | Feb 2022 | Mar 2022 |

IMTP

Strategy

Bus Plan

02/09 SHA Brd Dev
• Visions and Values
16/09 DHCW Mngt Brd
• IMTP Approach
30/09 SHA Brd
• Note Approach
30/09 SHA Brd Dev
• Initial priorities

21/10 DHCW Mngt Brd
• Progress update

04/11 SHA Brd Dev
• IMTP progress
18/11 DHCW Mngt Brd
• Draft Delivery Objectives

16/12: DHCW Mngt Brd
• IMTP draft

06/01: SHA Brd Dev: update
20/01: DHCW Mngt Brd: sign off IMTP
27/01: SHA Brd: sign off IMTP
31/01: Final version of IMTP to WG

17/02 DHCW Mngt Brd
• Draft Business Plan

17/03 DHCW Mngt Brd
• Sign Off 1 Yr Business Plan
• Additional sub milestones
• Heath Board dates

31/03 SHA Brd
• DHCW Strategy sign off

Planning Timetable 2021/2022

	Preparation	Definition	Alignment and Capacity Assessment	Final Delivery Risk assessment	Final Drafting (IMTP)	Final drafting (DHCW Business Plan)
	Sept	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
DHCW Strategy	Visions and Values						
Stakeholder Plan	Stakeholder List / Workshop Planning						
Related Strategies	Architecture and Cloud Strategies	Strategy Summaries					
Portfolios	Portfolio Endorsements approach	Portfolio Workshops:					
Products	Baseline Analysis Gaps eg data and technical maturity	Product Workshops Baselines – Initial Phase	Product Workshops Baselines - Initial Phase (5 products x 2 workshops)		Next phase Product Workshops	Next phase Product Workshops	Next phase Product Workshops
			Product Workshops Appraisal	Product Workshops Appraisal			
IMTP	DHCW review - 3 year priorities	Objective Definition Top 100	Updated Objective Definition post workshops	Capacity Assessment	Review candidate items	Final Drafting	Submit
	WG priorities consideration		Capital Plan				
		Digital Priorities Fund considerations					
	Workforce and Finance Assumptions		National Group Alignment (HEIW, NHS Collab, NWSSP)				
Business Plan					Detailed Objectives	Capacity Assessment	Review candidate items	Final Draft
Health Board Plans	Ongoing Senior Engagement Sessions		Heath Board Alignment		Health Board Plans		

DIGITAL HEALTH AND CARE WALES
INTEGRATED ORGANISATIONAL
PERFORMANCE REPORT

Agenda Item	6.1

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Helen Thomas, Chief Executive Officer
Prepared By	Alyson Smith, Head of Organisational Performance
Presented By	Michelle Sell, Chief Operating Officer

Purpose of the Report	For Discussion/Review
Recommendation	

The Board is being asked to:

DISCUSS /REVIEW the report as representative of the performance of the organisation for the period July /August 2021.

TŶ GLAN-YR-AFON 21 Heol Ddwyreiniol Y Bont-Faen, Caerdydd CF11 9AD

TŶ GLAN-YR-AFON 21 Cowbridge Road East, Cardiff CF11 9AD

Acronyms			
DHCW	Digital Health and Care Wales	NIS	Network and Information Systems
ESR	Electronic Staff Record	SHA	Special Health Authority

1 SITUATION/BACKGROUND

1.1 This document provides a summary of the Digital Health and Care Wales (DHCW) Integrated Organisational Performance Report. A similar report is presented to DHCW Management Board monthly where members present and discuss performance and resulting actions or risks. The content in the Workforce and Finance sections provide details of performance against statutory requirements.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Scorecard

The Scorecard provides an 'at a glance' indicator of performance in key areas. As DHCW is a new organisation there are areas under development which will be populated over time. The details below highlight any areas where the level of performance is falling below the required level as well as those areas where we have recovered the position since the July Board. The full report provides further details on these areas.

- **Appraisal compliance – RED**

  DHCW is now able to monitor appraisal compliance following resolution of supplier technical issues during transition to the new Electronic Staff Record (ESR). Compliance is at 58.9% which is below the national target of 85%. Specific plans and targeted training will be undertaken with those areas of the organisation that need support to achieve compliance.

- **Statutory and Mandatory Training – AMBER**

  Compliance has begun to recover following resolution of ESR supplier issues. Some issues remain under investigation but for most staff it is now possible to complete all statutory and mandatory training modules. Compliance is at 81.8% and is expected to continue to improve.

- **ISO and BSI standards – GREEN**

  Three of the five standards are now GREEN, with two remaining AMBER. Progress has been made on the following standards, which are now GREEN:

  - **ISO14001 Environmental Management –** the previously outstanding non-conformance has been rectified during the period.

  - **ISO20000 Service Management –** an external audit took place in September 2021 and the certification was renewed.

  - **BS76000/76005 Valuing People –** positive progress towards resolution of outstanding activities in advance of the next audit.

Integrated Organisational Performance Report

Author: Alyson Smith
Approver: Michelle Sell

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The following indicators remain at AMBER:

- **ISO9001 Quality Management** – further work is underway to improve the internal audit structure.

- **ISO 27001 Information Security Management** – improvement plan in place to address specific areas of concern.

- **Commercial Services Contract Management – GREEN**

Contract management is now being managed according to plan.

2.2 Annual Business Plan

Year to date DHCW has made significant achievements in key delivery across all portfolio domains, for example: making available services to enable the standardisation of data which will enhance capability to share more patient information across boundaries; the Hospital Pharmacy stock control system is making good progress rolling-out; contracts have been awarded to the supplier of our new patient platform; the Cyber Resilience Unit has been launched on behalf of Welsh Government, moving NHS Wales into the next phase of protecting patient information; the electronic Nursing Care Record is live in Hywel Dda, Velindre, Swansea Bay, Powys and Cwm Taf Morgannwg – this is the start of the journey to remove reliance on paper, which will enable nurses to spend more time caring for patients; we are also progressing well on the move into our new data centre; delivery of the Covid-19 Vaccine Pass Wales Interim Solution and the Digital Solution with Vaccine Data.

However, DHCW is reporting an AMBER status on corporate planning and is anticipating several change controls to planned objectives over coming months as delivery challenges increase. Some challenges are due to ongoing Covid-19 workload, as well as taking into account the local interdependencies with partner organisations within NHS Wales, for example:

- On 2 and 18 August 2021, Chief Executives from Velindre and DHCW, along with the Senior Responsible Officer (SRO) for the Cancer Informatics Programme, agreed that despite intense work from Velindre and DHCW project teams, the gaps in required functionality and extent of the testing and business change activities required to implement safely on 21 September 2021 was too great. Colleagues from DHCW and Velindre have agreed to produce a re-profiled implementation plan and the final decision on a new date will be made at Cancer Informatics Programme Board meeting on 17 September 2021.

- Defining our Architecture Vision was on our plan for Q1 but architecture design staff were still in demand working on Covid-19 priorities and those dates have moved, but significant development of the vision has taken place for review in the coming weeks.

There are two corporate risks relating to the plan:

1. potential recruitment delays - our Recruitment Task Force is working across the organisation and with external agencies to accelerate recruitment, however progress is challenging as noted in the Recruitment section below.

2. additional Covid-19 workload - workload will be adapted to as required and we will seek to minimise wider disruption depending on requirements and capacity.

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2.3 Workforce

The Recruitment Task Force is making a positive impact on recruitment, although the volume of work required continues to pose a challenge. In the period, the number of people recruited was 20 people below DHCW's target. 178 posts have been filled to date.

DHCW continues to work with three recruitment agencies to support recruitment of the volume of staff needed. Increased social media advertising has taken place to provide additional exposure of vacancies, and a recruitment fair is planned for October, supported by key staff from across the organisation. There will also be an increase in bulk advertising via the recruitment agencies.

We are actively reviewing our Annual Business Plan to understand the impact of our vacancy position and any objectives that we anticipate may not be met will be escalated to the Management Board.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 There are no matters for escalation to Board in this report.

4 RECOMMENDATION

The Board is being asked to:

DISCUSS / REVIEW the contents of the report included at item 6.1i.

5 IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	n/a

WELL-BEING OF FUTURE GENERATIONS ACT	A Healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001

HEALTH CARE STANDARD	Governance, leadership and accountability
If more than one standard applies, please list below:	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: n/a
No, (detail included below as to reasoning)	Outcome: n/a

Integrated Organisational Performance Report

Statement:
Organisational Performance reporting equally effects all. An EQIA is not applicable.

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16/09/2021	Discussed

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Additional scrutiny and development of transparent organisational performance reporting has a positive impact on quality.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	There is a duty to monitor, report on and improve performance.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective performance management not take place there could be financial implications.
WORKFORCE IMPLICATION/IMPACT	Yes, please see detail below
	Key organisational decision makers and leaders should be aware of and act upon the elements of performance for which they hold responsibility or accountability.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Author: Alyson Smith
Approver: Michelle Sell

SPECIAL HEALTH AUTHORITY BOARD REPORT
AUGUST 2021

Integrated Organisational Performance Report

DIGITAL HEALTH AND CARE WALES

BOARD REPORT

Introduction

This Integrated Organisational Performance Report provides evidence of performance against key indicators across Digital Health and Care Wales (DHCW) and is linked to the Strategic Objectives within the Annual Plan; data is produced and verified at various levels throughout the DHCW governance structure, with final approval taking place at Management Board. This report supports the requirements of Management Review as defined in ISO 9001 and other related standards.

The approach and process for Integrated Organisational Performance is evolving within the new digital organisation, therefore this report will develop over time as requirements are further refined.

Scorecard

The scorecard presents a high-level view of the business areas which are monitored and presented in greater detail throughout this report.

- **Appraisal compliance – RED:** is now reported at 58.9% for August following rectification of issues in ESR. Specific plans and targeted training will be undertaken with those areas of the organisation that need support to achieve compliance.

- **Statutory and Mandatory Training: AMBER:** compliance has risen to 81.8%. Most of the ESR issues have been resolved and it is expected that this figure will continue to rise.

- **ISO and BSI standards - GREEN:** progress has been made and now 3/5 indicators have moved from Amber to Green.

- **Commercial Services Contract Management – GREEN:** Contract reviews have taken place as per the plan.

FINANCE & WORKFORCE				GOVERNANCE & QUALITY			
FINANCE	Forecast Revenue Break Even to ensure the organisation's expenditure does not exceed aggregated income	Forecast to Remained within Capital Expenditure Limit to ensure net Capital spend does not exceed Capital Expenditure Limit	Maintain within Public Sector Payment Policy to pay non NHS creditors within 30 days of receipt of valid invoice: Target = 95% (Actual = 95%)	All outstanding Audit actions are on target to complete by agreed dates	Other Governance and Quality metric under development	ISO and BS Standards compliant with requirement	**GOVERNANCE & QUALITY**
WORKFORCE	Sickness absence below 6% (actual 1.46%)	**Appraisals compliance at 85% (achieved 58.9%)**	Statutory and Mandatory Training compliance above 85% (achieved 81.8%)	Clinical Risk Management	Corporate Risk Management	Other Governance and Quality metric under development	
OPERATIONAL SERVICE DELIVERY	Commercial Services contract management compliant with KPI	Operational Service Support is stable with KPIs being achieved across all domains but one	Contribution to keeping NHS Wales working through Covid-19 pandemic	Service Level Agreement performance meetings with stakeholders conducted to schedule	Strategic engagement meetings with NHS partners conducted to schedule	Other Engagement metric under development	**ENGAGEMENT & FEEDBACK**
	Clinical Assurance and Information Governance requests and incidents resolved within KPI	All significant IT Service Incidents managed within SLA target to restore service	Other Operational metric under development	Customer feedback Satisfaction to Local Service Desk above 90% (actual = 94%)	Other Engagement metric under development	Other Engagement metric under development	
OPERATIONAL SERVICE DELIVERY				ENGAGEMENT & FEEDBACK			

Plan on a Page

Achievement Summary

Risks to the Plan

Corporate Planning
Annual Business Plan

The Annual Business Plan sets out the strategy for Digital Health and Care Wales and responds to the key priorities of both Welsh Government and NHS Wales' digital transformation trajectory in the form of strategic objectives and enabling deliverables. A set of milestones is then developed to recognise the work that will be undertaken to deliver upon the strategic objectives.

This section provides a reflection on the progress of milestones, including completion of the plan, achievements, changes to the plan and 'hotspots' which need further work to resolve. The plan is overseen by the Planning & Performance Management Group (PPMG) which reports to Management Board.

REPORT

DIGITAL HEALTH AND CARE WALES

BOARD

REF	PORTFOLIOS		QTR 1 APR-JUN 2021	QTR 2 JUL-SEP 2021	QTR 3 OCT-DEC 2021	QTR 4 JAN-MAR 2022
1	Information Availability and Flow	Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	Defining our Architectural Vision **RAG REASON**: Architecture Design staff still working on COVID priorities	Procuring an Application Programming Interface Management System		
				Building national data stores and standards as part of the National Data Resource Programme		
2	Protecting Patient Data	Develop an IG and Cyber Security framework, standards and mechanisms resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information	Launch the Cyber Resilience Unit	Support Welsh Government with development of Information Governance Framework		
3	Sustainable Infrastructure	Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility		Develop the Cloud Strategy	New Data Centre move	
4	Digital Health Professional Empowerment	Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data	Go live with the Nursing Care Record	Cancer Minimum Viable Product		
			Populating the Digital Health Record	Populating the Digital Health Record		
5	Digital Patient Empowerment	Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being			Proof of Concept of new Digital Service for Patients and Public	
6	Public Health	Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect	Respond to confirmed requirements for Test Trace and Protect
7	Primary and Community Care	Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	New GP supplier chosen	Mental Health Core Data Set	Community data sharing across primary and secondary care	
8	Planned and Unscheduled Care	Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management	Respond to Covid-19 recovery initiatives	Respond to Covid-19 recovery initiatives		
				Emergency dept system available for roll out		Intensive Care System available for roll out
9	Diagnostics	Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics		Business Case for new radiology system	All Wales Image Sharing Pilot	
			Electronic radiology requesting available for further roll out	Electronic radiology requesting available for further roll out		
10	Medicines management	Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management	Hospital Pharmacy available for roll out	Respond to Medicines Management Review		
11	Value from Data	Driving value from data for better patient outcomes and service planning	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare	Responding to analytical requirements from Covid-19, Essential Services and Value Based Healthcare		

Key   Change Control   Anticipate Change Control

AUGUST 2021 YEAR TO DATE SUMMARY:

Our strategic objectives describe how we will deliver information and technology for better patient care. We have **3 enablers** which provide the foundations of what we do around information flow, protecting data and a sustainable infrastructure. Our **8 portfolios** cover a wider range of delivery areas supporting the digital needs of patients and NHS professionals – and ensuring the availability of data across Wales when and where is it needed.

Year to date we have seen some significant achievements in key areas but we are starting to see change controls to the plan due to the ongoing impact of Covid-19 and external influences.

PORTFOLIO REF	STRATEGIC OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
01	**Information Availability and Flow:** Develop an 'open platform' approach to digital innovation, by responding to national standards for how data, software and technologies work together, and how external partners can work with the national digital platform and national data resource	We have made the Operational Terminology Service available which enables consistent recording of the core components of the patient record using SNOMED-CT. We have also published a new advanced analytics catalogue for the National Data Resource and a contract award was made for a clinical data repository which will initially include Cancer treatment data and the Welsh Adverse Reactions Service. We have enabled Medilogik Endoscopy Results in our results repository for the first Health Board. **Impact:** these additional functionalities work towards national data standards and an open platform, whilst the endoscopy results in WRRS enables better and quicker patient care as clinicians can access important endoscopy patient results via the single patient record. **Impact:** These additional functionalities work towards national data standards and an open platform, whilst the endoscopy results in WRRS enables better and quicker patient care as clinicians can access important endoscopy patient results via the single patient record.
02	**Protecting Patient Data:** Develop an Information Governance and Cyber Security framework, standards and mechanisms that prioritise patient and service user safety and confidentiality, and protect data from external and internal threats, resulting in data remaining secure and NHS Wales being trusted to host patient and service user personal information	The launch of the new Cyber Resilience Unit has been completed and the various readiness activities started such as setting up an Information Asset Register. **Impact:** This work enables the next phases of protecting patient data through Information Governance and Cyber Security to proceed, therefore enabling standards and mechanisms which protect data and NHS services.
03	**Sustainable Infrastructure:** Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility	The availability of the network in our new Data Centre has completed and weekly system migrations have taken place to plan. This is a highly complex move and further migration will continue over coming weeks. **Impact:** A successful and timely transition of systems and services to new infrastructure ensures we have a sustainable technical platform where systems are up to date and supported – fundamental for the availability of patient information for clinical care.

PORTFOLIO REF	STRATEGIC OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
04	**Digital Healthcare Empowerment:** Accessing a content rich care environment, agnostic of health board and geographical boundaries by expanding the content, availability and functionality of the Digital Health and Care Record to be the front-door for real-time access to person-specific health and care data	We have gone live with our electronic Welsh Nursing Care Record in 5 Health Board/Trusts - Hywel Dda, Velindre, Swansea Bay, Powys and Cwm Taf Morgannwg, with over 1200 monthly users and an additional 700 monthly temporary users. This is a key national milestone – for the first time nurses will be using nationally agreed standard assessment forms completed by them electronically. Over 350k digital assessments and nurse records have been created since the first go-live in April 2021. **Impact:** This is the start of a journey to remove the reliance on paper – and to free up nurses to spend more time with the patient. Less duplicated data entry, less transcribing errors, better data. We continue to populate our national repositories with electronic reports and test results and now nursing assessments. This month has seen increased sharing of data across Health Board boundaries. Views of data have increased significantly compared with last year. In particular we are seeing growth in cross boundary views of pathology tests (+76% growth pa) and patient documents (+86% growth pa) **Impact**: This directly improves patient care as the clinician is better informed and it releases more time for direct care as there is no need to request document copies. It also removes the need for repeat investigations for patients.
05	**Digital Patient Empowerment:** Provide Digital services for patients and the public to enable seamless interaction with health and care services supporting patients to fully participate in their own health and well being	Contract Awards concluded for the new Digital Services for Patients and the Public (DSPP) platform to be developed on an iterative basis. **Impact:** Getting this in place will help patients participate electronically with the health service and ultimately benefit from the convenience and speed of digital services to improve self care and wellbeing.
06	**Public Health:** Develop, operate and maintain a set of high-quality national digital services to support Public Health prevention and early intervention Programmes	The pandemic solutions provided by DHCW are seeing continued growth in users and activity and the focus has been on the 'Welsh Pandemic Record' development – with integration work and dashboard go lives. The Covid-19 Vaccine Pass (Wales Solution) and the Digital Solution with Vaccine Data (interface with England), enables citizens of Wales to generate a digital Covid pass, contributing to the ongoing management of the pandemic. **Impact:** Streamlining the process and allowing more citizens to be Covid-19 tested per day and provide a real time status of the patient journey during their Covid -19 testing. The Covid-19 Pass offers a 'Vaccine passport' to the public enabling overseas travel.
07	**Primary and Community Care:** Building digital infrastructure across primary and community care by developing, operating and maintaining a set of high-quality national digital services reflecting new models of local care, closer to home	Contract award has taken place for the new GP Supplier, engagement has commenced to look at cluster working within GPs and the existing interoperability standards available through the GP IT Futures (Framework) for GP Systems. Significant collaborative work across health and social care is taking place this period, nationally and locally to prepare for a major upgrade of our Welsh Community Care Information System. **Impact:** These initiatives will support integrated working across primary and community care settings to progress, promoting to care close to home.

PORTFOLIO REF	STRATEGIC OBJECTIVE	ACHIEVING OUR STRATEGIC OBJECTIVES
08	**Planned and Unscheduled Care:** Develop, operate and maintain a set of high-quality national digital services to enable new models of planned and unscheduled patient care and management	We have made functionality from the Welsh Patient Administration System (WPAS) around follow up appointments in hospitals available within the Single Record - the consultant 'Follow Up Not Booked List means data is available to consultants to remotely manage their patient list without needing to wait for a list to come from another system (WPAS) - this could include virtual consultations or agreeing to only see on symptoms presenting. **Impact:** The additional functionality of Follow up not Booked list allows clinicians and support staff to work remotely or with reduced staffing levels, whilst ensuring the appointment outcome is documented.
09	**Diagnostics:** Develop, operate and maintain a set of high-quality national digital services to enable the modernisation of diagnostics	The LINC preferred supplier has been identified and work is ongoing on the Full Business Case and contract award. The National Architecture requirements for the new radiology informatics solution procurement have been agreed. **Impact:** These early stages in both programmes ensure that the next steps can progress and the move towards modernised diagnostic systems will continue.
10	**Medicines Management:** Develop, operate and maintain a set of high-quality national digital services to enable modernisation of medicines management.	We have continued our roll out of the Hospital Pharmacy system with a successful go-live in Cardiff and Vale. We are now live in 16 sites, 4 in Aneurin Bevan, 4 in Cwm Taf Morgannwg, 4 in Hywel Dda and 4 in Cardiff and Vale Health Boards. This included supporting an early opening of the Grange Hospital in Aneurin Bevan and first implementation to a prison. **Impact:** Users have confirmed that we are supporting modernisation by allowing like for like comparisons of activity such as dispensing data 'for the first time'. This is an essential factor in driving up efficiency in this area – rationalisation of drug files will standardise workflow in pharmacy departments, reduce variation in finance processes and enable all Wales reporting. 80k drug files have been reduced to 15k.
11	**Value from Data:** Driving value from data for better patient outcomes and service planning	We have provided continual development and support the scope of Essential Services Programme including available data identification, investigations and analytical work. We have also scoped out the requirements and service options for the development of a Research and Innovation function. The Value Based Health programme has also progressed PROMs releases and disease specific dashboards. **Impact:** This provides key data and information informing better patient outcomes and service planning, and also improves service planning for innovation.

SUMMARY RISK:

The key risks to delivering our plan and therefore our strategic objectives relate to new requirements which may mean moving staff to new Covid and essential services priorities and not filling vacancies in a timely manner.

PORTFOLIO REF	STRATEGIC OBJECTIVE	RISKS TO DELIVERING OUR STRATEGIC OBJECTIVES
ALL	ALL	NWIS 0259 **IF** DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff **THEN** this will impact on service deliverables and timescales **resulting** in delays to system support and new functionality for NHS Wales users. **Mitigation** A recruitment Task and Finish Group has been established to focus on all outstanding vacancies and put into action a plan to get staff into position. Extra help has been identified to help speed up the administration of the recruitment process.
ALL	ALL	NWIS 0237 **IF** new requirements for digital solutions to deal with Covid-19 and recovery of services continue to come in, **THEN** staff may need to be moved away from other deliverables in the plan **resulting in** non delivery of our objectives and ultimately a delay in benefits being realised by the service. **Mitigation** The 2021/22 DHCW Plan was approved by the DHCW Board in May subject to detailed feedback from Welsh Government. . Ongoing assessment of impact of new requirements being managed by the Planning and Performance Management group and Planning team.
03	**Sustainable Infrastructure:** Develop and maintain a high-quality national infrastructure, transitioning to the cloud for better availability, reliability, safety, security, speed and agility	NWIS 0268 **IF** the dates for the data centre physical transition need to moved from Quarter 2 into Quarter 3, **THEN** there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs. **Mitigation** Project team to liaise closely with other DHCW teams to take a holistic view to re-planning and to minimise the risk of disruption to the plan and keep costs to a minimum

Financial Management

The following section provides insights to organisational performance against key financial revenue & capital indicators inclusive of COVID 19 Response and Digital Priority Investment Fund initiatives. Financial risks and opportunities are also articulated.

CONTENTS

Highlights

REPORT

BOARD

DIGITAL HEALTH AND CARE WALES

DHCW is reporting achievement of the key financial indicators for the period	Achieved

DHCW is Reporting the following against its key Financial Performance Indicators:

- Revenue – Operational underspend as per forecast of £0.456m after applying savings target profile.
- Capital – Current Spend of £2.4m against plan
- PSPP   – Whilst meeting the target for non NHS invoices delays with the NHSWSSP scanner processing is impacting upon results (non NHS in particular).

INDICATOR	RESULT	SUMMARY
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)		Small operational surplus of £0.456m – The current forecast is for an end of year breakeven position.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)		£2.4m spend for period which represent an underspend pf £0.579m against plan for period.
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)		PSPP target not achieved. Target – 95%, Actual 95% (non NHS)
Bank Sufficient bank balances		Balance as at 31/8 £7.8m

SUMMARY:

- The organisation continues to recruit to key SHA and Covid related posts, particularly in the Engagement & Digital Transformation Services and Finance Directorates. Pressures of both pay and non-pay relating to ICT remain.

- Annual savings targets for each Directorate have been achieved through vacancies.

- Retrospective overtime payments in this months pay are £105k.

- Covid-19 forecast presents a reduced requirement for central funding.

- Recovery of the PSPP position to ensure it does not dip below the target will be undertaken via discussion with NHSWSSP to ensure the scanner issue is resolved and invoice turnaround times are optimised.

Summary

Task Force Update

Workforce

Workforce data is held in the Electronic Staff Record (ESR) and is overseen by the Workforce & Organisational Development Team (WFOD).

The following data provides insights to key performance indicators which are closely managed in all NHS Wales organisations. Our data compares each Digital Health and Care Wales directorate against these key areas:

- Sickness Absence
- Appraisals
- Statutory & Mandatory Training

DIGITAL HEALTH AND CARE WALES

REPORT

BOARD

SUMMARY INDICATORS	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG 21
Sickness Absence	3.09%	3.30%	3.23%	2.69%	1.98%	2.44%	1.93%	1.71%	1.53%	1.46%
Appraisals*	68.76%	65.03%	56.91%	59.05%	65.15%	^	^	^	52.7%	58.9%
Statutory and Mandatory Training*	90.03%	89.12%	88.57%	87.7%	89.1%	84.5%	82.9%	81.4%	79.0%	81.8%

* Welsh Government target = 85%
^ not available

SUMMARY:

- The overall **sickness** rate (**GREEN**) is below the NHS Wales threshold of 6%.

  - The overall recorded sickness absence has reduced further from last month to 1.46%.

  - Long term sickness has reduced by 0.03% from 0.97% to 0.95% whilst short term sickness has reduced by 0.04% from 0.56% to 0.51%.

  - There is one known Covid-19 related case.

  - Recorded sickness in relation to Anxiety/Stress/Depression has reduced from 8 cases in July to 6 cases in August.

- **Appraisal** completion rate (**RED**) is 58.9% which is below the Welsh Government target of 85% for NHS Wales.   Specific plans and targeted training will be undertaken with those areas of the organisation that need support to achieve compliance.

- **Statutory and Mandatory Training (AMBER)** has improved from last month by 2.8% to 81.8% which is still below the Welsh Government target of 85% for NHS Wales. 4 out of 7 directorates achieving the 85% target. This is expected to improve now that supplier technical issues relating to training modules are being resolved.

- **Turnover** is 6.48%, an increase of 0.38% from July.

- The **DHCW Recruitment Task Force** continues to focus on advertising vacancies.   Recruitment of staff numbers in the period fell below the target by 20 staff.

Recruitment Task Force weekly meetings are held and an update provided at the weekly Directors meeting.

FOCUS DURING AUGUST

- Increased social media advertising
- Reviewed progress from recruitment agencies and introduced SLA
- Started planning for ePrescribing recruitment campaign
- On-going projection of vacancies likely to be filled
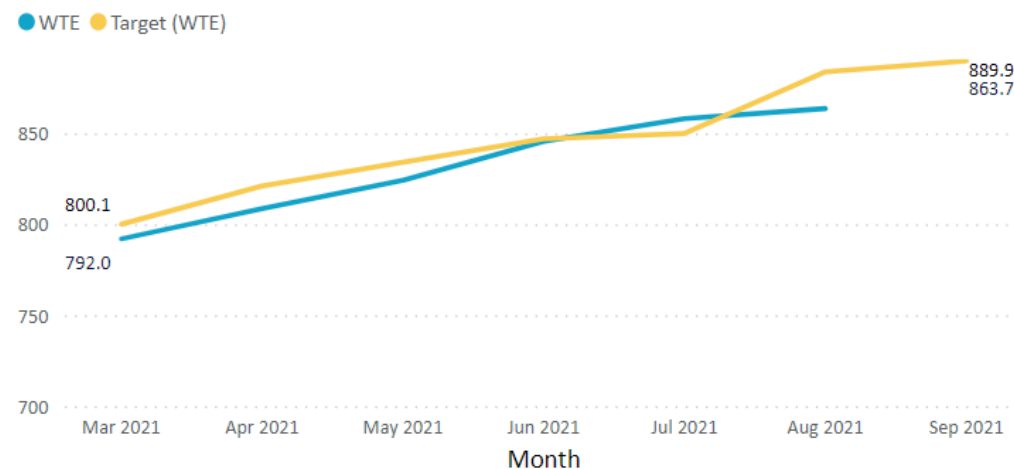- Recruitment process finalised and re-issued

PROGRESS TO DATE - WTE (6 SEPTEMBER 2021)

- 178 posts filled to date (67 internal and 111 external)
- 16 vacancies currently live on Trac
- 30 at shortlisting stage
- 37 at interview stage
- 42.5 Offer/PEC Stage
- 17 due to start – candidate working notice period

FOCUS NEXT MONTH

- Prepare for virtual open day on 7th October
- Increase 'bulk' advertising via agencies
- Finalise recruitment plan for ePrescribing and develop recruitment campaign

WTE and Target (WTE)

● WTE ● Target (WTE)

889.9
863.7

850

800.1

792.0

750

700

Mar 2021   Apr 2021   May 2021   Jun 2021   Jul 2021   Aug 2021   Sep 2021

Month

WTE = Whole Time Equivalent

Procurement Schedule

Commercial Services

Procurement and Contract Management are the domain of our Commercial Services department.

The team supports all internal procurements and contracts, as well as working with other NHS Wales organisations on major all-Wales initiatives relating to health informatics.

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BOARD

DIGITAL HEALTH AND CARE WALES

The following procurement contracts will be presented to the DHCW Board for approval as noted in the Schedule (those in grey approved on 29th July).

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM YRS	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
Digital Applications Partner	DHCW Internal	The Digital Application Partner will be required to develop an application (the Gateway Application) available for citizens to download on a mobile device (Apple phone or Android phones, tablets, notebooks etc.) to help them access information about their healthcare, access services (such as booking appointments), communicate with people involved in their care delivery and capturing information that they may wish to share with others (such as friends, relatives, carers, clinicians and other practitioners).	£4m	3+1+1	TBC	29/07/2021	Contract Award Approval was made in July Board.
Digital Development Partner	DHCW Internal	A Technical Development Partner is required to provide resources and expertise to set up and operate the data processes that underpin the range of Digital Services in Wales, including the Gateway Application, building the components of the technical eco-system that will be necessary to deliver the vision.	£4m	3+1+1	TBC	29/07/2021	Contract Award Approval was made in July Board.
Managed Print Services - GP Practices	All Wales	The managed print service provides reliable, supported printers for GP practices, who rely on printers for producing prescriptions to support patient care. The service also recognises when new printer cartridges are required and automatically issues new cartridges to the GP practice.	£8.2m	5+1+1	01/10/2021	30/09/2021	Progressing to plan – at DHCW Board 30/09/21
Development Resources for Test Trace Protect	All Wales	The development resources will support the evolution of the TTP system, these will be called off on a work package basis as and when specific development requirements emerge.	£2.6m	1+1	01/11/2021	30/09/2021	Progressing to plan – at DHCW Board 30/09/21
Laboratory Information Network Cymru	All Wales	Procurement of a national Laboratory Information System - an enterprise resource planning tool that manages multiple aspects of laboratory informatics, to support laboratory's key business operations, workflow and data tracking support, flexible architecture, and data exchange interfaces, which fully support its use in regulated environments.	£22.5m	9	TBC	14/10/2021	For sing-off at extraordinary Board 14th October. The Full Business Case has been finalised, submitted and has been approved by WG.
Citrix Licencing	DHCW Internal	Renewal of Citrix Licences with option to move to cloud based licences instead of on premise.	£1.4M	3	01/01/2021	25/11/2021	Procurement planning stage
Evidence Summaries	All Wales	Purchasing three (3) Evidence Summaries – BMJ Best Practice, Clinical Key and Clinical Key Nursing with the option to purchase BMJ Co Morbidities.	£2.6M	2+1	01/12/2021	25/11/2021	Progressing to plan

TITLE	ALL WALES / DHCW INTERNAL	OVERVIEW OF THE SCOPE	INDICATIVE CONTRACT VALUE	INDICATIVE TERM YRS	CONTRACT START DATE	SHA BOARD DATE	CURRENT STATUS
End of Year e-Journals	All Wales	E Journals for NHS Wales.	£1.7m	1	01/01/2022	25/11/2021	Progressing to plan
O365 Phase 3 Resources	All Wales	Provision of consultancy to support the continued roll out of the O365 suite of products across Wales.	£1.6M	2	01/01/2022	25/11/2021	Procurement planning stage
WPAS Hardware Refresh	DHCW Internal	Refresh of WPAS Hardware and ongoing support.	£875K	5	01/12/2021	25/11/2021	Procurement planning stage
Welsh Hospital e-Prescribing and Medicines Administration	All Wales	Provision of a framework for ePrescribing systems for Health Boards in NHS Wales.	TBC	4	01/04/2022	31/03/2022	Procurement planning stage
VMWare Enterprise License Agreement	DHCW Internal	Enterprise Licensing Arrangement to enable the organisation to run more applications using fewer physical servers i.e. on virtualised machines.	£800k	1+1	01/04/2022	31/03/2022	Progressing to plan
Data Quality System (DQS)	All Wales	Provision of a Data Quality System (DQS) to GP practices for data quality and reporting requirements for national and local initiatives. The software extracts, analyses and presents patient information that is derived from the data held in the practice clinical information system.	£3m	5	01/06/2022	May-22	Procurement planning stage
Microsoft Enterprise Agreement	All Wales	Enterprise Agreement to give over 100,000 NHS Wales staff access to Office 365 to enable organisations to have robust, modern tools and capabilities needed to enable new ways of working and better collaboration and secure sharing of information more easily within the NHS and the wider public sector in Wales using Office 365.	£80m	3+1	01/07/2022	2022-23	In plan
Dental Referral System	All Wales	Digital solution to facilitate and track dental referrals on a health board by health board basis across Wales.	£2.25m	3+1+1	01/06/2023	2022-23	In plan
Telephony Solution for Test Trace Protect	All Wales	Telephony solution which underpins the Test Trace Protect System to effectively manage the Covid Pandemic.	£1m	1+1+1	01/04/2022	TBC	Requirements being reviewed again with Local Authority and Welsh Government likely that a new procurement will be run to take effect in April 2022 at expiration of current agreement with Solgari.

Summary

Incidents and Service Requests

Significant IT Incidents

Service Desk

Operational Service Management

Operational services encapsulates the software and hardware that enable patient information to be captured, stored and made available to NHS Wales staff (when and where required, regardless of geographic boundaries), in the diagnosis and treatment of patients. Certain information is also available to patients and other users.

The majority of our resource is deployed to designing, building and making available the systems and services used to make this happen.

NB: In some cases the details of Significant IT Service Incidents in this section will be abridged or re-worded to make them more readable or to protect sensitive information, however the master records remain intact.

DIGITAL HEALTH AND CARE WALES

REPORT

BOARD

SUMMARY:

- Within the period operational service performance was in line with targets.

- A new approach for monitoring KPIs for Incident and Service Request is being developed.

- There were seven Significant IT Service Incidents in July and seven in August, all resolved within target Service Level Agreement resolution times.

- The Service Desk abandoned call rate is below 2%. The service desk team are working extended hours to support the services related to the COVID-19 pandemic.

PERFORMANCE AREA	METRIC	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21
National Services - Critical (excluding GP Systems)	Total Calls Logged as Incidents (% resolved within timescale)	1765 (97%)	2142 (97%)	1904 (95%)	2267 (95%)	1901 (87%)	1457 (91%)	1442 (93%)	1703 (95%)	1791 (92%)	1476 (94%)	1632 (95%)	1606 (96%)	1600 (95%)
	Total Calls Logged as Service Requests (% resolved within timescale)	5493 (98%)	6662 (98%)	7241 (97%)	6495 (100%)	5847 (94%)	6437 (95%)	5813 (96%)	5746 (97%)	5547 (97%)	5054 (96%)	5322 (97%)	5048 (97%)	5188 (97%)
National Services - Standard (excluding GP Systems)	Total Calls Logged as Incidents (% resolved within timescale)	316 (96%)	522 (99%)	460 (98%)	332 (99%)	300 (98%)	282 (98%)	288 (98%)	374 (98%)	474 (98%)	430 (97%)	441 (99%)	403 (99%)	455 (100%)
	Total Calls Logged as Service Requests (% resolved within timescale)	831 (98%)	961 (97%)	1128 (98%)	1089 (100%)	897 (97%)	1017 (96%)	1152 (98%)	2046 (99%)	1170 (98%)	1061 (96%)	1799 (96%)	1177 (97%)	1294 (98%)
Desktop Support Service - Critical	Total Incidents Resolved (% resolved within timescale - Target > 90%)	1227 (98%)	1636 (98%)	1645 (98%)	1,475 (98%)	1195 (98%)	1537 (98%)	1365 (97%)	1537 (97%)	1332 (98%)	1430 (97%)	1431 (97%)	1408 (98%)	1,227 (97%)
	Total Service Requests Resolved (% resolved within timescale - Target > 90%)	912 (98%)	1190 (98%)	1169 (99%)	1,050 (98%)	834 (98%)	1141 (99%)	987 (97%)	1267 (99%)	1115 (99%)	1042 (97%)	1060 (98%)	1083 (98%)	1,061 (99%)
National GP Services - Critical - Vision	Total Calls Logged as Incidents (% resolved within timescale)	631 (99%)	778 (99%)	797 (98%)	788 (99%)	482 (99%)	509 (99%)	482 (100%)	551 (100%)	649 (100%)	554 (99%)	540 (99%)	578 (99%)	*
	Total Calls Logged as Service Requests (% resolved within timescale)	305 (100%)	276 (100%)	258 (99%)	236 (99%)	166 (99%)	245 (100%)	231 (100%)	242 (100%)	249 (100%)	222 (100%)	180 (100%)	257 (99%)	*
National GP Services - Critical - EMIS	Total Calls Logged as Incidents (% resolved within timescale)	181 (96%)	212 (97%)	245 (95%)	202 (85%)	194 (93%)	133 (91%)	248 (92%)	219 (91%)	377 (94%)	238 (84%)	260 (99%)	316 (98%)	*
	Total Calls Logged as Service Requests (% resolved within timescale)	77 (99%)	93 (99%)	84 (99%)	67 (99%)	40 (95%)	36 (100%)	30 (100%)	30 (100%)	28 (100%)	37 (100%)	61 (98%)	43 (98%)	*

| Call Resolution	Target Definition
95% - 100%	Green denotes that the KPI target has been achieved.
80% - 94%	Amber denotes that the KPI target has been breached, but within tolerance.
<80%	Red denotes that the KPI target has been breached.

SUMMARY:

• KPIs on Incident & Service Request Management remain very good.

• A draft report for monitoring KPIs for Incident and Service Requests is under review.

* GP Service Desk call volumes are provided by GP System Suppliers a month in arrears.

	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21
Number of major Incidents	5	6	3	2	4	5	6	2	2	6	5	7	7
Number of major Incidents that breached	0	0	1	0	0	0	0	0	0	0	0	0	0

Significant Incidents
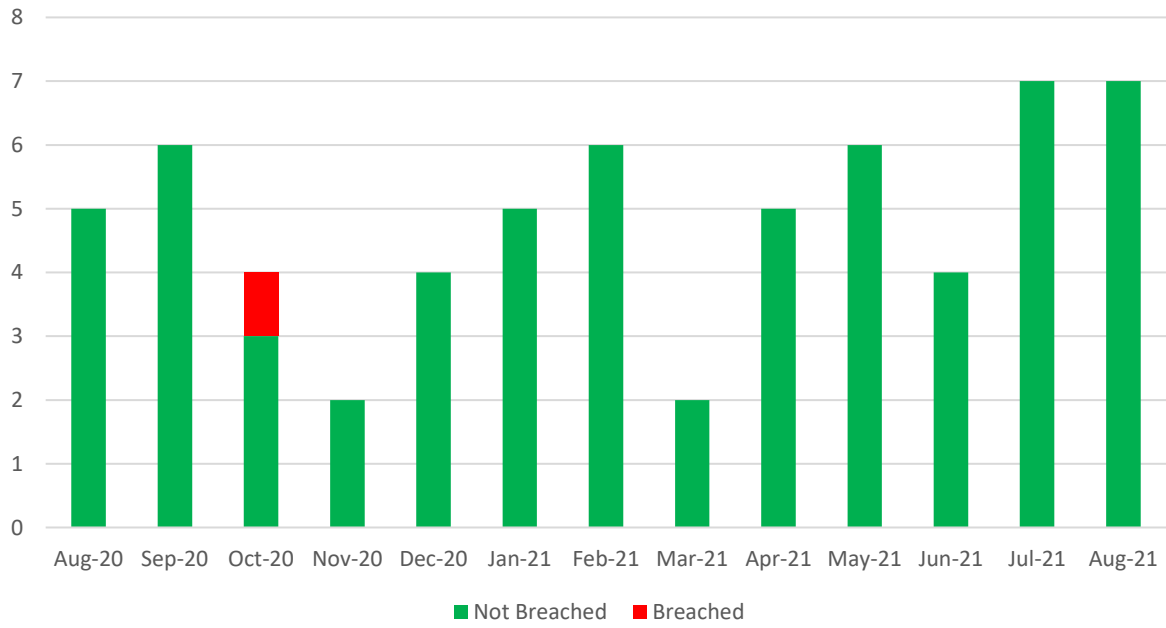
JULY SUMMARY:

- 1 My Health Online issue relates to loss of connectivity

- 2 Welsh PAS incidents; both Citrix related

- 1 Pharmacy incident

- 1 incident was linked to an issue related to stability with internet firewalls

- 1 incident related to delays in processing emails due a user sending a large file to a significant number of recipients

- 1 incident was caused by security updates combined with misconfiguration of client DNS settings

AUGUST SUMMARY:

- 1 incident related to a local failure affecting the Welsh Radiology Information System

- 1 incident related to a failure of legacy infrastructure

- 3 incidents related to failures as a result of Change Management

- 2 incidents related to failures following reboot of servers

SERVICE NAME	NETWORK SERVICES	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6821507
Start Date/Time	First Call received 09/07/2021 16:49		Time to resolution 1 hour : did not breach 8-hour SLA target	
Description	Some users in Hywel Dda reported that they were having intermittent issues with VPN and internet connectivity, affecting access to some internet sites. Logs are being analysed by the product manufacturer team. The supplier indicated the error message appears to be one which has been observed in earlier core dumps, when Route-D crashes. New loan equipment from the product manufacturer has been installed to move specific workloads to dedicated appliances which has provided stability.			

SERVICE NAME	WELSH PATIENT ADMINISTRATION SYSTEM (PAS)	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6833079
Start Date/Time	14/07/2021 21:46		Time to resolution 1 hour 13 minutes : did not breach 8-hour SLA target	
Description	Welsh PAS in Cwm Taf Morgannwg was unavailable to new users. Users already connected were not affected. New users were able to login to the Citrix storefront, however the application icon was unable to be located. An Active Directory group was missing from the delivery group when migrating to a new Citrix storefront. Adding the group allowed users to see the icons and they were able to access the system again.			

SERVICE NAME	AUTHENTICATION SERVICES	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6839719
Start Date/Time	19/07/2021 07:32		Time to resolution 2 hours 22 minutes : did not breach 8-hour SLA target	
Description	Some GP Practices and NHS Wales Shared Services Partnership users were unable to connect to the Domain Name Server, preventing access to systems. The route cause related to the unavailability of two Domain Controllers which failed to restart following a critical security patch update on the previous evening. There was also a further issue with the incorrect local Domain Name Server configuration of affected computers which resulted in the affected sites not using alternative Domain Controllers. Services were restored by correcting Domain Name Server settings in parallel to bringing the Domain Controllers back online. The scheduling of Domain Controller patch updates has now been revised to prevent the risk of a reoccurrence. In addition to this the guidance on the local Domain Name Server configuration of PCs has been updated to ensure correct configuration by technical staff.			

SERVICE NAME	WELSH PATIENT ADMINISTRATION SYSTEM (PAS)	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6865720
Start Date/Time	27/07/2021 20:14		Time to resolution 3 hours 16 minutes : did not breach 8-hour SLA target	
Description	Welsh PAS in Cwm Taf Morgannwg (CTM) was unavailable to users attempting log-in. The system was still usable for those logged in at all times. A change was made earlier in the evening to Citrix SQL Database mirroring (for CTM Welsh PAS) by the SQL team – this prevented new users from logging on. Restoration of the SQL mirror resolved the issue.			

SERVICE NAME	MY HEALTH ONLINE		SERVICE LEVEL: STANDARD	PRIORITY: 2	INCIDENT NO: 6869390
Start Date/Time	29/07/2021 00:10		Time to resolution SLA time 36 hours. did not breach 36-hour SLA target		
Description	My Health Online was unavailable to patients at several GP sites (Cegedim only) across Wales. Users were unable to log in, new users were unable to register. A workaround was applied to disable the primary link which restored connectivity. A permanent solution remains under investigation between DHCW and the supplier - Cegedim.				

SERVICE NAME	HOSPITAL PHARMACY SYSTEM (WELLSKY)		SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6875558
Start Date/Time	31/07/2021 09:10		Time to resolution SLA time 1 hour 54 minutes : did not breach 8-hour SLA target		
Description	Users across Wales reported that the printer selection box would time out causing the application to fail to start. On investigation all Citrix servers had a disabled print spooler, which was causing the issue. The print spooler had been disabled in error on Citrix application delivery servers, in response to a critical security vulnerability relating to and urgent out-of-cycle Microsoft patch. Pharmacy Gold Image servers were added to the exempt list, and print spooling was re-enabled.				

SERVICE NAME	MAIL ROUTING SERVICES		SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6866912
Start Date/Time	28/07/2021 10:39		Time to resolution 7 hours 22 minutes: did not breach 8-hour SLA target		
Description	Some users across multiple organisations reported that mail delivery was delayed, and that no emails were coming through from external contacts. Root cause was identified as a user attempting to send a large email attachment as part of a bulk mail, causing a backlog and eventual crash of the processing of all mail. The incident was resolved by removing the email from the queues folder which allowed mail to start processing again. The user was advised that bulk mails should be scheduled for quieter times. Work is continuing with the supplier to identify any potential optimisation can be made to improve the configuration.				

SERVICE NAME	WELSH RADIOLOGY INFORMATION SYSTEM (WRIS)	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6909270
Start Date/Time	First Call received 13/08/2021 08:04	Time to resolution was 2 hours 14 minutes: did not breach 8-hour SLA target		
Description	Some users reported that WRIS in Swansea Bay was unavailable. Investigations by WRIS support team confirmed an issue with availability of a database server. Servers are locally managed within Swansea Bay University Health Board who confirmed that there were issues with their server. The Health Board server team undertook a recover and restore of the web server.			

SERVICE NAME	MASTER PATIENT INDEX (MPI)	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6911094
Start Date/Time	First Call received 13/08/2021 13:47	Time to resolution was 13 minutes : did not breach 8-hour SLA target		
Description	Following migration to a new IP address of MPI Interface & MPI Live queries, some associated systems were encountering connection problems. Firewall rules from Azure to a new MPI load balancer had been incorrectly changed in preparation for a subsequent firewall change. Additional firewall rules were then required to resolve access issues for several sites.			

SERVICE NAME	DATA CENTRE SERVICES (DCS) HOSTING AND STORAGE	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6912935
Start Date/Time	First Call received 16/08/2021 07:41	Time to resolution was 3 hours 11 minutes: did not breach 8-hour SLA target		
Description	Some users reported issues accessing Electronic Transmission of Claims (ETC), QPulse, Ignite and some DHCW local network drives on one server. Electronic claims and other pharmacy jobs were unable to be processed. A storage failure was experienced and a restart of the platform was required to restore connectivity.			

SERVICE NAME	WELSH LABORATORY INFORMATION SYSTEM (WLIMS)	SERVICE LEVEL: CRITICAL	PRIORITY: 2	INCIDENT NO: 6923734
Start Date/Time	First Call received 19/08/2021 08:41	Time to resolution was 10 minutes : did not breach 8-hour SLA target		
Description	Some WLIMS users reported that they were unable to login and access the system. This relates to a problem with WLIMS which occurred on 17/08/2021 requiring a re-build of a primary node. The rebuild and patching of the primary node encountered a number of problems causing performance and system access issues, which required fail-over to the secondary node whilst the primary node is re-built – running on the secondary node does not cause degradation of service.			

SERVICE NAME	WELSH CLINICAL COMMUNICATIONS GATEWAY (WCCG)	SERVICE LEVEL: STANDARD	PRIORITY: 2	INCIDENT NO: 6931026
Start Date/Time	First Call received 23/08/2021 09:35	Time to resolution was 1 hour 27 minutes: did not breach 36-hour SLA target		
Description	Some GP practices reported that they were unable to log into WCCG Live. The issue also affected Welsh GP Record and GP Test Requesting. Human error caused a database table to become corrupted. The situation was resolved by restoring from a backup, and the job being rerun.			

SERVICE NAME	CHOOSE PHARMACY	SERVICE LEVEL: STANDARD	PRIORITY: 2	INCIDENT NO: 6935032
Start Date/Time	First Call received 24/08/2021 09:59	Time to resolution was 2 hours 5 minutes: did not breach 36-hour SLA target		
Description	Several stakeholders were unable to access the Choose Pharmacy application via the Citrix environment. This affected both independent and corporate pharmacies. The issues were triggered by a failed change. The team contacted Citrix support and restored service by switching over to the second data centre.			

| SERVICE NAME	HOSPITAL PHARMACY SYSTEM (WELLSKY)	SERVICE LEVEL: CRITICAL	PRIORITY:	INCIDENT NO: 6937774
Start Date/Time	First Call received 25/08/2021 07:32	Time to resolution was 2 hours 29 minutes : did not breach 8-hour SLA target		
Description	Some users reported that they were unable to launch WellSky. Investigations identified that there was a problem with the start-up scripts not being run on some Citrix servers following their reboot. The script was run, and users were advised to log off their Citrix session and log back on again which restored access.			

	MAY-20	JUN-20	JUL-20	AUG-20	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21
Total Number of calls logged	18053	20292	19730	17235	21434	21142	20238	17461	23337*	23033*	22545*	20044*	17749*	18473*	17786*	18017*
% All Abandoned Calls (Threshold 5%)	3.0%	4.0%	5.3%	4.0%	11.5%	5.9%	5.2%	4.0%	24.9%	19.2%	6.9%	3.1%	1.1%	4.5%	1.9%	1.4%

SUMMARY:

- The call abandoned rate remains below 2% for the second month in a row. The service desk team are working extended hours to support the services related to the COVID-19 pandemic.

- Plans are in place to improve fix rates and introduce targets.

*Figures updated to include all new direct calls to all teams.

First Contact and First Line Fix Rate
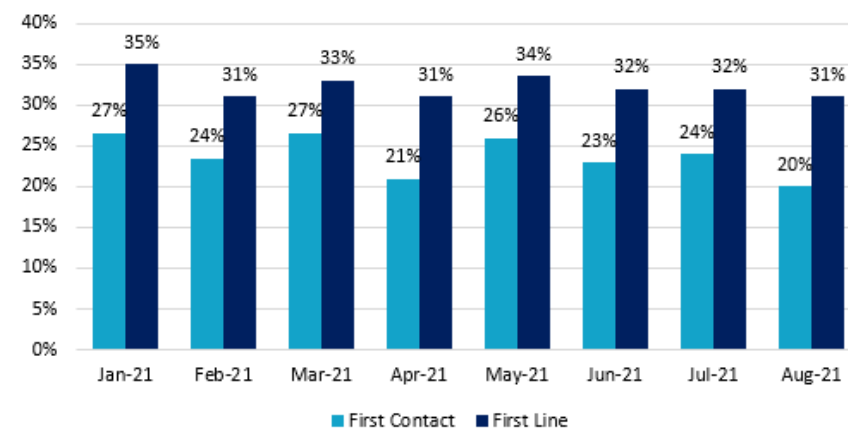
Incidents and Service Requests Received
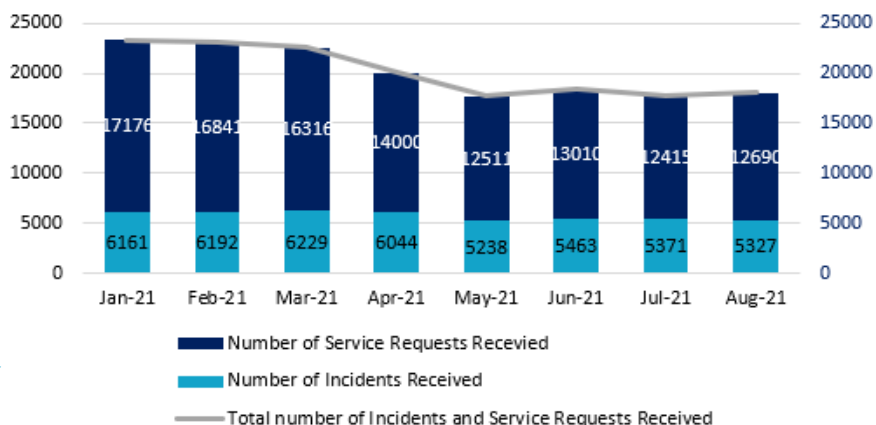
Telephone Abandoned Calls
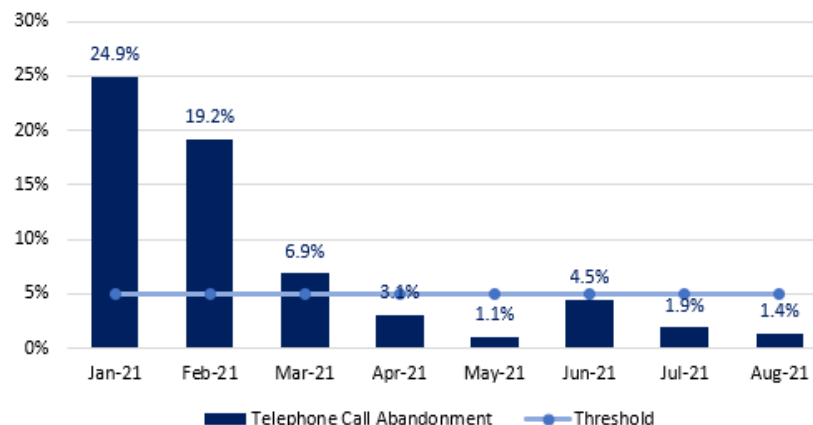
Abandoned Calls	Target Definition
<=5%	KPI target achieved.
6% - 7%	KPI target breached, but within tolerance.
>=8%	KPI target breached.

Clinical Assurance & Information Governance

Clinical Assurance and information Governance are overseen by the Clinical Informatics directorate, led by the Executive Medi cal Director.

The Clinical Assurance team is responsible for ensuring that services deployed into the live environment have been through a process of readiness across many domains, and to ensure that services have been assessed against patient safety criteria. The team also deals with clinical incidents and no surprise reporting, leading on root cause analysis, with the aim of putting in place practices to avoid re-occurrence of clinical incidents.

The Information Governance team is responsible for ensuring that all services meet Information Governance standards, and to m anage and respond to Information Governance incidents, ensuring that reviews are carried out to identify root cause and avoid re -occurrence. The team also deals with Freedom of Information and Subject Access requests from outside of the organisation.

DIGITAL HEALTH AND CARE WALES

CLINICAL ASSURANCE
Clinical Incidents/No Surprises

SUMMARY INDICATORS	SEP-20	OCT-20	NOV-20	DEC-20	JAN-21	FEB-21	MAR-21	APR-21	MAY-21	JUN-21	JUL-21	AUG-21
Clinical Scorecard												
Clinical Assurance												
Clinical Incident /No Surprise Management												
Clinical Risk Management												
Serious Incident Investigation Timescales												

CLINICAL INCIDENTS SUMMARY:

- One Clinical Incident was logged in the period.

- Five clinical incidents have been closed.

- No clinical incidents remain open.

INFORMATION GOVERNANCE SUMMARY:

- DHCW logged:
  - 6 Freedom of Information Act requests
  - 2 Subject Access requests
  - 1 Information Governance incident
- All requests were responded to within the statutory timescales.
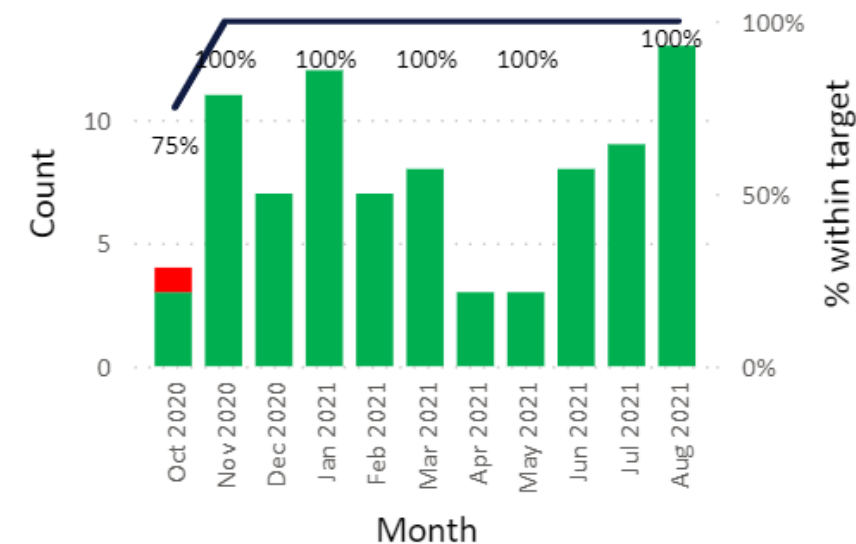
Diagram is for Freedom of Information Act requests.

Audit

Corporate Risk Management

Quality Standards

Governance and Quality

This highlight report provides an overview of matters relating to audit, quality, governance, risk (including corporate risk) incidents logged in Datix, and service recipient feedback.

Governance and Quality are overseen by the following groups who meet monthly and feed into the Audit & Assurance Committee:

- Risk Management Group
- Quality & Regulatory Compliance Group
- Safety, Health and Environmental Group

DIGITAL HEALTH AND CARE WALES

BOARD REPORT

NUMBER	RAG	STATUS
1		Complete
3		The action is on target for completion by the agreed date
0		The action is not on target for completion by the agreed date
0		The implementation date has passed, and management action is not complete
4	Open Actions	

Following advice from Internal Audit two actions dependent on third parties are now managed via a separate log where they will be tracked.

Since the last Committee meeting, an action from the outcome of the Resilience audit has been completed resulting in the current position of three actions on track and one action complete.

The three remaining actions relate to:
- LASPAR
- Data Centre Transition
- Cyber Incident Response Plan Testing

KEY MATTERS FOR CONSIDERATION OF THIS MEETING

Current/Planned Audit activity:
- *System Assurance (WRIS)*
- *Project Assurance*
- *System Development*

Over the course of the next year, Internal Audit have agreed to present All Wales Audit Reports to the Audit and Assurance Committee which will be of interest to DHCW. The following report was received by the July 2021 meeting:
- *Advisory Review of IM&T Controls and Risk Assessment*
Outcomes from the report have been considered by the Incident Review and Learning Group as best practice.

The next Audit and Assurance Committee meeting which takes place on 5th October 2021 will receive the following reports:
- 2020-21 Nationally Hosted IT Systems (Audit Wales)
- Transition Audit (NWSSP Internal Audit)
- WCCIS Programme Lessons (NWSSP Internal Audit)
- Welsh Language Standards Advisory Report

Counter Fraud awareness sessions are being rolled out to a range of audiences over the coming months.

Corporate Risk Profile
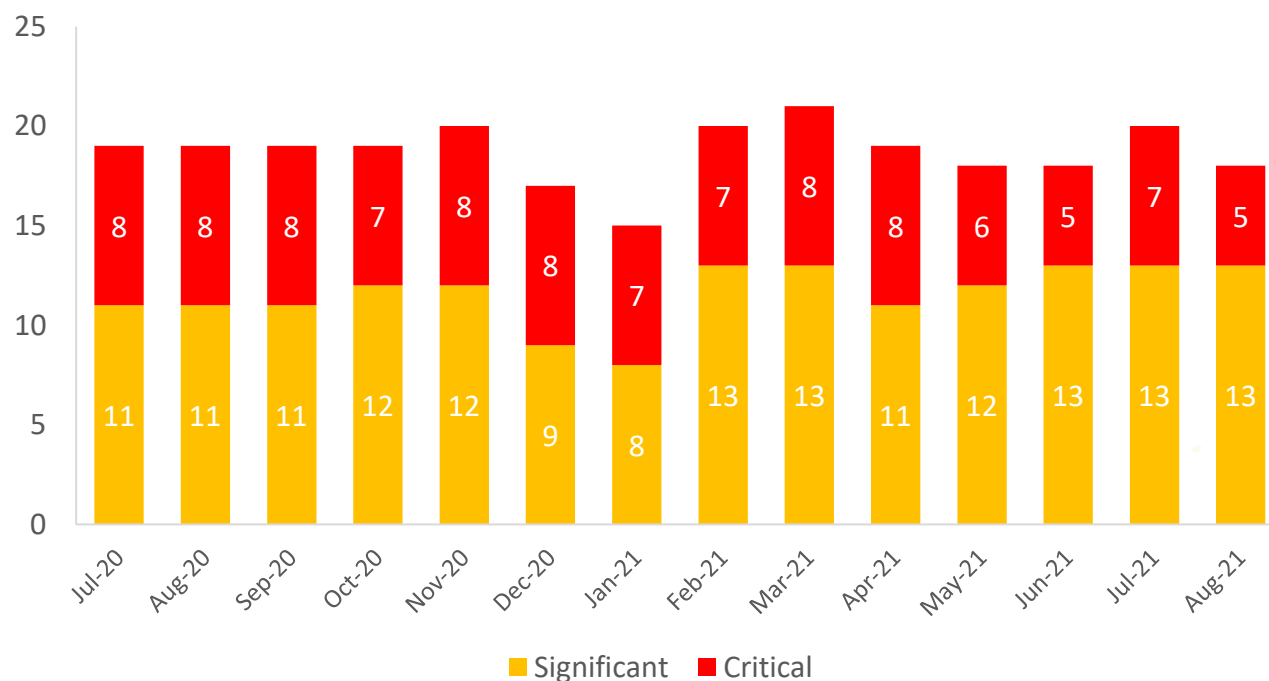
CORPORATE RISKS

In August 2021, there were 19 corporate risks identified, 5 of which were considered critical, 13 are significant and 1 is moderate.

One critical risk was **removed** from the risk register:

DHCW0271 – My Health Online - Following successful dialogue with the supplier, MHOL will continue to be supported up to July 2023. There is now sufficient time to establish a project for development and implementation of a replacement service as part of the Digital Services for Patients and the Public Programme.

One critical risk score was **reduced:**

DHCW0270 – Legacy Load Balancers - All services have now moved to new supported equipment, testing is being scheduled to ensure no unknown connections remaining. The risk likelihood and impact downgraded as a result, the current score is 6.

There were no other major changes to the Corporate Risk Register in August.

The Risk Management Group met on the 31st August to validate the corporate risks and any changes.

SUMMARY INDICATORS	MAR-21	APR -21	MAY-21	JUN-21	JUL -21	AUG -21
ISO 9001 Quality Management	🟨	🟨	🟨	🟨	🟨	🟨
ISO 14001 Environmental Management	🟨	🟨	🟨	🟨	🟩	🟩
ISO 20000 Service Management	🟨	🟨	🟨	🟨	🟩	🟩
ISO 27001 Information Security Management	🟨	🟨	🟨	🟨	🟩	🟩
BS 76000 /76005 Valuing People	🟨	🟨	🟨	🟨	🟩	🟩

Quality Management standards are overseen by the Quality and Regulatory Compliance Group which reports to the Audit & Assurance committee. The Group meets monthly.

An internal audit plan is in place to monitor progress against each standard.

Corrective actions from all audits are held on the Quality Improvements Action List (QIAL) which is also used to manage improvement actions as a result of reviews outside of the formal audit programme, such as Significant IT Service Incident reviews.

Summary:

- **Quality Portal:** New Validation section added. Medical Devices added and Cyber resilience link added. New 90001 tab added to create a "one stop shop" linking evidence to audit compliance. News section running and linked. Comment from 20000 Audit on the new portal was very positive and we are developing it further. New reporting via power BI to come.

- **Quality Improvements Action List (QIAL)** items have continued to improve over recent months from 204 open to 99 (147 Overdue to 40). Final focus on ADS to support closure and meeting with individuals to progress . Looking at further setting targets and measuring KPI more effectively.

- **Integrated Management System (IMS)** document reviews within IMS increased from 87% to 94%, due to overdue Business Continuity plans being approved – new system target is stated at 95%.

- DHCW acknowledges the **Health and Social Care (Quality and Engagement) (Wales) Act 2020**, and is reviewing how the Act best fits the organisation.

- **Summary Indicators key points:**

  - **ISO 9001: Quality Management - AMBER:** The internal audit programme needs additional development to ensure compliance. A consolidated schedule with specific auditing based on risk will be developed. Additional resource is in recruitment to improve our position.

  - **ISO 20000: Service Management - GREEN:** Successful audit and certificate renewal in September 2021.

  - **ISO 27001: Information Security Management - AMBER:** Areas of improvement identified, putting appropriate plans and resources in place.

  - **BS 76000 /76005: Valuing People - GREEN:** positive progress towards resolution of outstanding activities in advance of the next audit has moved the position to green.

Strategic Engagement

Service Recipient Feedback

Engagement

This section provides details of strategic engagement and user feedback gained via the Service Desk and other routes.

DIGITAL HEALTH AND CARE WALES

BOARD REPORT

STRATEGIC ENGAGEMENT MEETINGS:

DATE	ORGANISATION
7th July 2021	Aneurin Bevan University Health Board
19th July 2021	Welsh Ambulance Services Trust
26th July 2021	Betsi Cadwaladr University Health Board
14th Sept 2021	Swansea Bay University Health Board
6th October 2021	Hywel Dda University Health Board
Being scheduled	Powys Teaching Health Board
Being scheduled	Velindre University NHS Trust
Being scheduled	Health Education and Improvement Wales
Being scheduled	Cwm Taf Morgannwg University Health Board
Being scheduled	Cardiff & Vale University Health Board

SERVICE LEVEL AGREEMENT MEETINGS:

DATE	ORGANISATION
13th July 2021	NHS Wales Shared Services Partnership
15th July 2021	NHS Wales Health Collaborative
16th July 2021	Community Health Councils
22nd July 2021	Hywel Dda University Health Board
5th August 2021	Aneurin Bevan University Health Board
7th September 2021	GP Systems and Services Review
15th October 2021	Community Health Councils
18th October 2021	NHS Wales Health Collaborative
20th October 2021	GP Systems and Services Review
22nd October 2021	NHS Wales Shared Services Partnership
30th November 2021	GP Systems and Services Review
1st December 2021	GP Systems and Services Review
1st March 2022	GP Systems and Services Review
24th May 2022	GP Systems and Services Review
Being scheduled	Powys Teaching Health Board
Being scheduled	Cwm Taf Morgannwg University Health Board
Being scheduled	Betsi Cadwaladr University Health Board
Being scheduled	Swansea Bay University Health Board
Being scheduled	Velindre University NHS Trust
Being scheduled	Cardiff & Vale University Health Board
Being scheduled	Health Education and Improvement Wales
Being scheduled	Welsh Ambulance Services Trust
Being scheduled	Public Health Wales

OBJECTIVES:

- **Joint strategic planning** and review of national digital initiatives and implementations

- **Open and proactive dialogue** on prioritisation of projects and their implementation time lines across all frameworks of delivery set by Welsh Government and NHS Wales

- **Agreement of key activities** involving strategic use of digital health technologies to support system and service improvement

- **Understanding of local drivers** for change and opportunities to work together

- **Understand dependencies** on fundamental digital services, e.g. cyber security, client devices and infrastructure

- **Coordinated progress** via national governance structures

- Ensure that structures and processes are in place to **support a collaborative approach** to national system delivery and implementation

Summary:

Customer satisfaction remains above our 90% target at 94%.

Feedback Received:

"Promptly answered and dealt with quickly, excellent service.."

"Issues solved within minutes, also explanation given as to what happened..."

"Fast, polite, efficient..."

"Really quick service and resolved first time..."

"Always have an excellent service from your team..."

"Excellent support service..."

Service Desk Customer Satisfaction

DIGITAL HEALTH AND CARE WALES
RISK MANAGEMENT REPORT

Agenda Item	6.2

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Chris Darling, Board Secretary
Prepared By	Sophie Fuller, Corporate Governance and Assurance Manager
Presented By	Chris Darling, Board Secretary /Risk Owners

Purpose of the Report	For Noting
Recommendation	

The Board is being asked to:

NOTE the status of the Corporate Risk Register.
DISCUSS the Corporate Risks.
NOTE the Risk and Board Assurance Milestone Plan and progress to date.

Acronyms

DHCW	Digital Health and Care Wales	ISD	Information Services Directorate
BAF	Board Assurance Framework	SHA	Special Health Authority

1   SITUATION/BACKGROUND

1.1   The DHCW Risk Management and Board Assurance Framework (BAF) Strategy was endorsed by the Audit and Assurance Committee, Digital Governance and Safety Committee and approved formally at the SHA Board on the 27 May 2021. This outlined the approach the organisation will take to managing risk and Board assurance.

2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   Board members are asked to consider, in the context of delivering the DHCW strategic objectives 'what could impact on the Organisation being successful in the short term (1 – 12 months) and in the longer term (12 – 36 months)'.

2.2   The wider considerations regarding organisational factors have been previously stated but remain relevant. They include, sector, stakeholder, and system factors, as well as National and International environmental factors.

2.3   In considering environmental factors members should note the: Global landscapes 2020 – World Economic Forum Long Term Global Risks Landscape (2020), and the HM Government National Risk Register (2020 edition), more can be found as item 6.1i Appendix A.

2.4   In terms of DHCW's Corporate Risk Register, there are currently 19 risks on the Corporate Risk Register, 15 of which are detailed at item 6.1ii Appendix B. The other 4 are cyber related risks which are considered in detail at the private sessions of the Audit and Assurance and Digital, Governance and Safety Committees.

2.5   Board members are asked to note the following changes to the Corporate Risk Register (new risks, risks removed and changes in risk scores) for the period ending 31 August 2021:

One critical risk was **removed** from the risk register:

DHCW0271 – My Health Online - Following successful dialogue with the supplier, MHOL will continue to be supported up to July 2023. There is now sufficient time to establish a project for development and implementation of a replacement service as part of the Digital Services for Patients and the Public Programme.
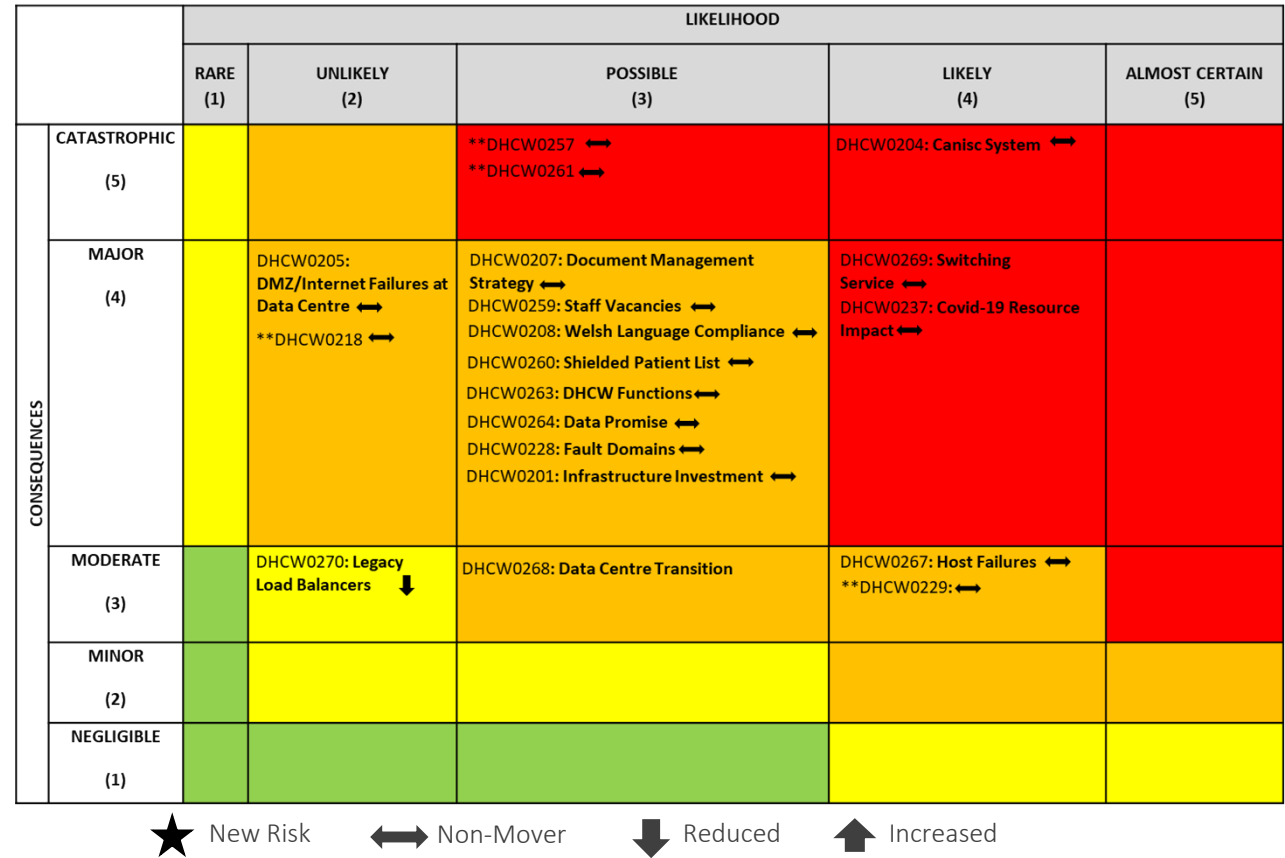
One critical risk score was **reduced:**

DHCW0270 – Legacy Load Balancers - All services have now moved to new supported equipment, testing is being scheduled to ensure no unknown connections remaining. The risk

likelihood and impact downgraded as a result; the score has moved from 20 to 6.

There were no other major changes to the Corporate Risk Register in August.

2.6 The Board are asked to consider the DHCW Corporate Risk Register Heatmap showing a summary of the DHCW risk profile. The key indicates movement since the last risk report.

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)			**DHCW0257 ⟷** **DHCW0261 ⟷**	DHCW0204: Canisc System ⟷	
	MAJOR (4)	DHCW0205: **DMZ/Internet Failures at Data Centre** ⟷ **DHCW0218** ⟷	DHCW0207: **Document Management Strategy** ⟷ DHCW0259: **Staff Vacancies** ⟷ DHCW0208: **Welsh Language Compliance** ⟷ DHCW0260: **Shielded Patient List** ⟷ DHCW0263: **DHCW Functions** ⟷ DHCW0264: **Data Promise** ⟷ DHCW0228: **Fault Domains** ⟷ DHCW0201: **Infrastructure Investment** ⟷	DHCW0269: **Switching Service** ⟷ DHCW0237: **Covid-19 Resource Impact** ⟷	
	MODERATE (3)	DHCW0270: **Legacy Load Balancers** ⬇	DHCW0268: **Data Centre Transition**	DHCW0267: **Host Failures** ⟷ **DHCW0229:** ⟷	
	MINOR (2)					
	NEGLIGIBLE (1)					

★ New Risk   ⟷ Non-Mover   ⬇ Reduced   ⬆ Increased

2.7 The Board are also asked to consider the DHCW current risk score in relation to target and risks that may be identified for further investigation and action.

Current risk score status compared to initial scoring	Number of risks
Decreased	7
Same	10
Increased	2
Total	19

Those highlighted with a red circle have a score higher than their initial scoring, those in green have reduced their current score below initial scoring.

INITIAL VS CURRENT VA TARGET
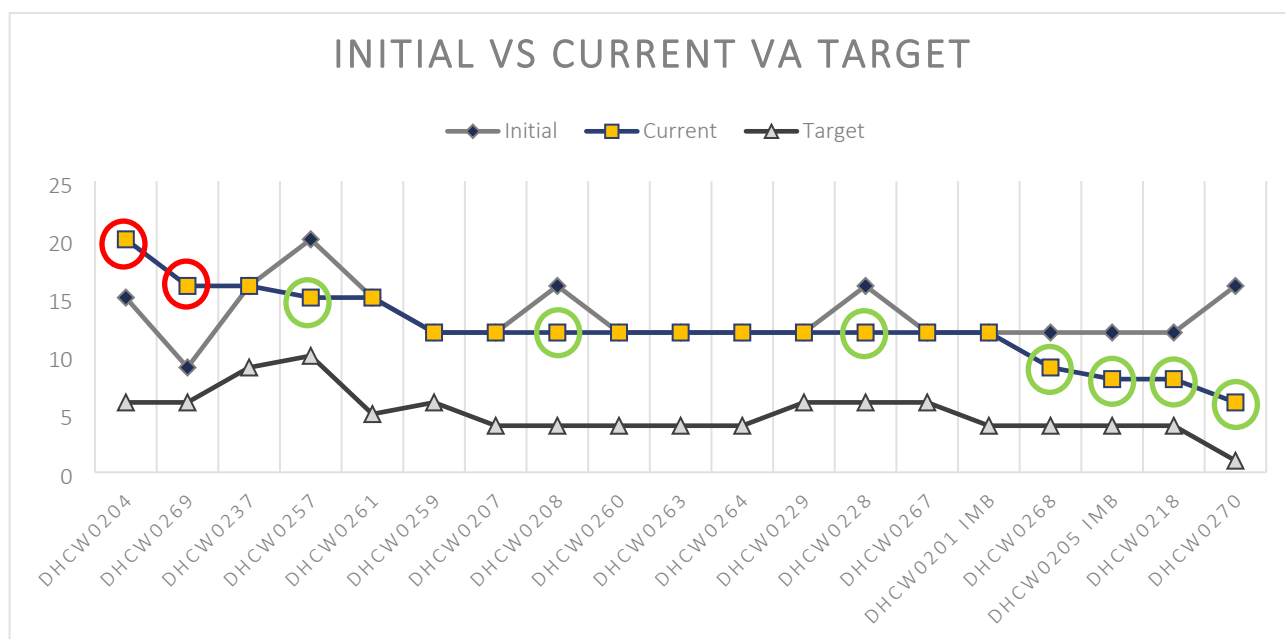
2.8   All the risks on the Corporate Risk log are assigned to a Committee as outlined in the Risk Management and Board Assurance Framework Strategy to provide the SHA Board with the necessary oversight and scrutiny. These include the private risks, which were all recently reviewed in detail by the Digital Governance and Safety Committee in a private session of the August meeting. The next Digital Governance and Safety Committee will receive deep dives into the Information Governance and Information Services risks on the Corporate Risk Register.

3   KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1   The Board is asked to note the changes in the risk profile during the reporting period as a result of the removal of one critical risk and reduction in score of another critical risk.

3.2   The Board are also asked to note the new layout of the Action Status of the Corporate Risks designed to provide a clearer overview of the actions taken to date and those planned to further mitigate the risk with the associated timeframe.

3.3   The Risk Management and Board Assurance Framework plan is included at item 6.1iii Appendix C which details the progress to date for the Risk Management and Board Assurance Framework Strategy implementation. A number of workshops to develop the Board Assurance Framework and define the risk appetite of the organisation have been undertaken, the next steps will include a session with Directors to progress this work. This will then be reviewed and discussed by the full Board in early November. Please note the amended timeframe for the implementation of the strategy and presentation of the Board Assurance Framework Report for SHA Board.

4   RECOMMENDATION

4.1 The Board is being asked to:

NOTE the status of the Corporate Risk Register.
DISCUSS the Corporate Risks.
NOTE the Risk and Board Assurance Milestone Plan.

5   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	All are relevant to the report

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	ISO 9001
If more than one standard applies, please list below: ISO 14001 ISO 20000 ISO 27001 BS 10008	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Safe Care Effective Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: Risk Management and Assurance activities, equally affect all. An EQIA is not applicable.	

APPROVAL/SCRUTINY ROUTE:		
Person/Committee/Group who have received or considered this paper prior to this meeting		
COMMITTEE OR GROUP	DATE	OUTCOME
Risk Management Group	31 August 2021	Discussed and Verified
Management Board	16 September 2021	Discussed
SHA Board	30 September	For Discussion

IMPACT ASSESSMENT	
QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Additional scrutiny and clear guidance as to how the organisation manages risk has a positive impact on quality and safety.
LEGAL IMPLICATIONS/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be legal implications
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	Should effective risk management not take place, there could be financial implications
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
	The members of the Management Board will be clear on the expectations of managing risks assigned to them.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

6.2i Appendix A: World Economic Forum Long Term Global Risks Landscape (2020)

Top 10 risks in terms of
Likelihood

1. Extreme weather
2. Climate action failure
3. Natural disasters
4. Biodiversity loss
5. Human-made environmental disasters
6. Data fraud or theft
7. Cyberattacks
8. Water crises
9. Global governance failure
10. Asset bubbles

Top 10 risks in terms of
Impact

1. Climate action failure
2. Weapons of mass destruction
3. Biodiversity loss
4. Extreme weather
5. Water crises
6. Information infrastructure breakdown
7. Natural disasters
8. Cyberattacks
9. Human-made environmental disasters
10. Infectious diseases

Categories

- Economic
- Environmental
- Geopolitical
- Societal
- Technological

Figure II: The Global Risks Landscape 2020

4.0 — Climate action failure, Weapons of mass destruction, Biodiversity loss, Extreme weather, Water crises, Information infrastructure breakdown, Cyberattacks, Natural disasters, Infectious diseases, Human-made environmental disasters, Interstate conflict, Global governance failure, Food crises, Financial failure, 3.47 average, Fiscal crises, Involuntary migration, Unemployment, Social instability, Asset bubbles, Data fraud or theft, Critical infrastructure failure, National governance failure, Terrorist attacks, State collapse, Adverse technological advances, Energy price shock, Unmanageable inflation, Failure of urban planning, Deflation, Illicit trade

Impact

2.5 — 3.0 — 3.5 — 4.0

Likelihood

3.31 average

5.0 plotted area

The HM Government National Risk Register (2020 edition)

Impact (of the reasonable worst case scenario using the impact indicators below)

	< 1 in 500	1 to 5 in 500	5 to 25 in 500	25 to 125 in 500
Level E			7 25†	
Level D	34*		12 13 29	
Level C		18 28 33* 36*	14 19 21 26† 27* 38	2 3 6* 15 16 17 20
Level B	30	24	35*	4 5 9* 10* 11* 23 32* 37
Level A			8* 22	31

Likelihood
(of the reasonable worst case scenario of the risk occurring

*Risk not plotted in the 2017 NRR | †COVID-19 is not included in the risk matrix and is the

Malicious Attacks
1. Attacks on publicly accessible locations
2. Attacks on infrastructure
3. Attacks on transport
4. Cyber attacks
5. Smaller scale CBRN attacks
6. Medium scale CBRN attacks
7. Larger scale CBRN attacks
8. Undermining the democratic process*

Serious and Organised Crime
9. Serious and organised crime – vulnerabilities*
10. Serious and organised crime – prosperity*
11. Serious and organised crime – commodities*

Environmental Hazards
12. Coastal flooding
13. River flooding
14. Surface water flooding
15. Storms
16. Low temperatures
17. Heatwaves
18. Droughts
19. Severe space weather
20. Volcanic eruptions
21. Poor air quality
22. Earthquakes
23. Environmental disasters overseas
24. Wildfires

Human and Animal Health
25. Pandemics†
26. High consequence infectious disease outbreaks†
27. Antimicrobial resistance*
28. Animal diseases

Major Accidents
29. Widespread electricity failures
30. Major transport accidents
31. System failures
32. Commercial failures*
33. Systematic financial crisis*
34. Industrial accidents – nuclear*
35. Industrial accidents - non nuclear*
36. Major fires*

Societal Risks
37. Industrial action
38. Widespread public disorder

6.2ii Appendix B DHCW Corporate Risk Register

Risk Matrix

		LIKELIHOOD				
		RARE (1)	UNLIKELY (2)	POSSIBLE (3)	LIKELY (4)	ALMOST CERTAIN (5)
CONSEQUENCES	CATASTROPHIC (5)	5	10	15	20	25
	MAJOR (4)	4	8	12	16	20
	MODERATE (3)	3	6	9	12	15
	MINOR (2)	2	4	6	8	10
	NEGLIGIBLE (1)	1	2	3	4	5

Key – Risk Type:

Critical	Significant	Moderate	Low

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0204	Security	Canisc System IF there is a problem with the unsupported software used within the Canisc system THEN the application will fail RESULTING IN disruption to operational service requiring workarounds.	08/02/2018	02/09/21	15	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Collaborative working with Programme Partners to deliver further development including the palliative care and Screening (colposcopy) work planned for Q4 21/22. ACTIONS TO DATE: The Canisc replacement MVP is in development in readiness for testing in September for Cancer services.	20	5	4	6	3	2	Medical Director	Non-Mover	Digital Governance and Safety Committee

1/8

236/272

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0269	Business & Organisational	Switching Service IF the current switching service fails THEN no data new will be acquired into the ISD Data Warehouse RESULTING IN the inability to provide updates to multiple reporting systems.	07/12/2020	02/09/21	9	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: ISD working with the National Data Resource project to ensure appropriate priority given to this work. ACTIONS TO DATE: Engagement with National Data Resource Team to consider acceleration of the switching service replacement as part of the wider requirement for the acquisition of data into NDR. Switching Service is now over 20 years old, running on old hardware and software with an increasing potential to fail. The impact of a failure of the switching service will also be greater now due to the increased dependency on data acquired through this route that is used for COVID-19 monitoring	16	4	4	6	3	2	Deputy Director of Information	Non-Mover	Digital Governance and Safety Committee
DHCW0237	Project	Covid-19 Resource Impact IF new requirements for digital solutions to deal with Covid 19 and recovery of services continue to come in, THEN staff may need to be moved away from other deliverables in the plan RESULTING in non-delivery of our objectives and ultimately a delay in benefits being realised by the service.	30/03/2020	02/09/21	16	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Actions from the Q1 lessons learned report will be managed by Planning and Performance Management Group. This includes strengthening any formal re-baselining expected emerging from Programme Boards as a result of new requirements. Impact of anticipated recruitment lags is being investigated further as this will impact ability to meet existing and new requirements. Still experiencing significant TTP new requirements. ACTIONS TO DATE: Lessons Learnt for Q1 was presented to Management Board for review and comment. -	16	4	4	9	3	3	Chief Operating Officer	Non-Mover	Digital Governance and Safety Committee

6.2ii Appendix B DHCW Corporate Risk Register

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0259	Business & Organisational	Staff Vacancies IF DHCW are unable to recruit to vacancies due to skills shortages and unavailability of suitable staff THEN this will impact on service deliverables and timescales RESULTING in delays to system support and new functionality for NHS Wales users.	11/12/2020	02/09/21	12	AIM: REDUCE Impact FORWARD ACTIONS: Continue to monitor the situation via the recruitment task force and support managers with the additional resources to increase the speed of the recruitment process. ACTIONS TO DATE: A recruitment task force was established including all areas of the organisation to focus on recruitment with support from a co-ordinated communications approach. Additionally, agency support was procured to aid with the volume of recruitment required and support managers with vacancies to ensure speed of appointment.	12	4	3	6	2	3	Chief Operating Officer	Non-Mover	Audit and Assurance Committee Local Partnership Forum
DHCW0207	Business & Organisational	Document Management Strategy IF DHCW do not update their Document Management Strategy in light of the adoption and roll-out of Microsoft 0365 THEN their processes may not be the most effective they can be RESULTING in sub-optimal use of resources.	05/06/2018	02/09/2021	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Final workshops to review the draft policy in preparation for review by Directors will be completed by the end of September. The next step will be to define the operational parameters for each technology in conjunction with the new policy. ACTIONS TO DATE: A number of workshops have been undertaken to date with Trustmarque to create a draft document management policy in conjunction with department leads across the organisation	12	4	3	4	4	1	Director of Finance & Business Assurance	Non-Mover	Audit and Assurance Committee

6.2ii Appendix B DHCW Corporate Risk Register

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0208	Business & Organisational	Welsh Language Compliance IF DHCW are unable to comply with Welsh Language Standards outlined in the Welsh Language Scheme under development THEN they would not be compliant with national legislation applicable to other public bodies RESULTING in the potential for reputational damage	21/05/2018	02/09/21	16	AIM: REDUCE Likelihood FORWARD ACTIONS: Advertise Welsh Language Services Manager by end of August Issue Scheme for consultation by end of September ACTIONS TO DATE: Welsh Language Scheme created in draft, now in consultation with the Welsh Language Commissioners Office in readiness for public consultation. Job Description for Welsh Language Services Manager matched, Job advert being translated in readiness for advertising. All Wales Welsh Language Preference System in development.	12	4	3	4	4	1	Board Secretary	Non-Mover	Audit and Assurance Committee
DHCW0260	Clinical Risk	Shielded Patient List IF ISD are required to maintain the Shielded Patient List using current processes with significant manual intervention THEN the inherent risk of human error will persist RESULTING IN the possible incorrect identification of patients on the list.	08/01/2021	02/09/21	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Review of the current approach and exploration of any on premise alterations available to minimise manual intervention. The work with the National Data Resource to automate the process has identified a clear dependency on DHCW's move to Cloud to be able to productionalise the data automation. This will be explored as part of the approach to cloud. ACTIONS TO DATE: Work with the National Data Resource Programme to create an automated process.	12	4	3	4	4	1	Deputy Director of Information	Non-Mover	Digital Governance and Safety Committee

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0263	Information Governance	DHCW Functions IF directions from Welsh Government do not provide a sound legal basis for the collection, processing and dissemination of Welsh resident data THEN (i) partners, such as NHS Digital, may stop sharing data, (ii) DHCW may be acting unlawfully if it continues to process data RESULTING IN (i) DHCW being unable to fulfil its intended functions regarding the processing of data, or, in the case of continued processing, (ii) legal challenge, or (iii) the need to submit a further application to the Confidentiality Advisory Group (which may not be successful) to assess the public interest in processing confidential data without a legal basis or consent.	26/01/2021	02/09/21	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the parameters of the functions. ACTIONS TO DATE: Actions set against Welsh Government to define a set of Directions that will enable DHCW to move forwards on BAU and to provide cover for important functions such as NDR	12	4	3	4	4	1	Deputy Director of Information	Non-Mover	Digital Governance and Safety Committee
DHCW0264	Information Governance	Data Promise IF the national conversation regarding the use of patient data (Data Promise) is delayed THEN stakeholders and patients will not be assured that the proposed uses of Welsh resident data include sufficient controls to ensure data is treated responsibly, handled securely and used ethically. RESULTING IN (i) potential challenges to proposed uses of data, and/or a loss of public/professional	26/01/2021	02/09/21	12	AIM: REDUCE Likelihood FORWARD ACTIONS: Continue discussions with Welsh Government colleagues to define the Data Promise. ACTIONS TO DATE: The specific responsibilities for implementation of the Data Promise have been given to the Head of Digital Strategy/Technology, Digital & Transformation, WG	12	4	3	4	4	1	Deputy Director of Information	Non-Mover	Digital Governance and Safety Committee

6.2ii Appendix B DHCW Corporate Risk Register

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
		confidence, and (ii) a failure to realise the desired outcomes regarding 'data and collaboration' (effective and innovative uses of data, joined up services, better outcomes for individuals) set out in Welsh Government's Digital Strategy.													
DHCW0228	Service Interruption	Fault Domains IF fault domains are not adopted across the infrastructure estate THEN a single infrastructure failure could occur RESULTING IN multiple service failures.	05/06/2019	02/09/21	16	AIM: REDUCE Likelihood and REDUCE Impact FORWARD ACTIONS: A Cloud Strategy Business Case is being drafted by December 21 which will means fault domains will be provided by the host for those services. Additional new equipment deployment will continue to increase the number of fault domains planned for the remainder of the year ACTIONS TO DATE: Fault domains installed in all new equipment installations. Additional new equipment installed to increase availability of hosted services. Fault domains were incorporated into new areas of infrastructure as part of the Data Centre Exit Project where cloud provisions is being utilised to provide some of the fault domains required.	12	4	3	6	3	2	Director of ICT	Non-Mover	Digital Governance and Safety Committee
DHCW0267	Service Interruption	Host Failures IF a host fails on one of the virtual server environments THEN some guests may fail to migrate seamlessly to other hosts RESULTING IN some servers failing to recover automatically and therefore service interruption to the end users.	23/03/2021	02/09/21	12	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Install new hardware and review system performance ACTIONS TO DATE: The periodic crashing issue continues. Previous recommendations from the manufacturer have not fixed the problem. Latest recommendation is to install some new hardware in	12	4	3	6	3	2	Director of ICT	Non-Mover	Digital Governance and Safety Committee

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
						the servers. This is on order and will be installed in a controlled way when they are delivered.									
DHCW0201 IMB	Service Interruption	Infrastructure Investment IF recurrent funding is not available to support the replacement of obsolete infrastructure THEN the risk of failure and under performance will increase RESULTING in service disruption.	10/08/2017	02/09/21	12	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: A revised infrastructure Business Case and Funding Requirement needs to be developed and submitted to secure additional funding for the longer term. ACTIONS TO DATE: A number of different funding streams have been identified to date to support the requirements for upgrading legacy infrastructure for 21/22. These include the Digital Priorities Investment fund with high priority risks being addressed first.	12	4	3	4	4	1	Director of ICT	Non-Mover	Digital Governance and Safety Committee
DHCW0268	Business & Organisational	Data Centre Transition IF the dates for the data centre physical transition need to moved from Quarter 2 into Quarter 3, THEN there may be a resource constraint in various teams RESULTING IN a risk of failing to deliver some items in the annual plan and the risk of increased costs.	06/05/2021	02/09/21	12	AIM: REDUCE Impact FORWARD ACTIONS: Reissue guidance on PPE by 20/08/21 Continue to have dedicated go/no-go meetings ahead of planned weekend transition activity to review and minimise risk to planned work. ACTIONS TO DATE: 31/08/21 Five batch transitions have been completed successfully, there are 3 of material risk to the organisation remaining to undertake. The key risks to the project remain Covid-19 infection within the technical workforce and service disruption due to unforeseen technical issues.	9	3	3	4	1	4	Director of ICT	Non-Mover	Digital Governance and Safety Committee

6.2ii Appendix B DHCW Corporate Risk Register

Risk Ref	Risk Title	Risk Description	Opened Date	Review Date	Risk Score (Initial)	Action Status	Risk Score (Current)	Current Impact score	Current Likelihood score	Risk Score (Target)	Target Impact score	Target Likelihood score	Risk Owner	Trend	Committee Assignment
DHCW0205 IMB	Service Interruption	DMZ/Internet Failure at Data Centre IF a failure of the DMZ network or Internet Circuit in Datacentre 1 occurred THEN DHCW patient facing digital services would be unavailable for users RESULTING in service downtime and reputational damage.	12/03/2018	02/09/21	12	AIM: REDUCE Impact FORWARD ACTIONS: Continue to identify the 'owners' of services in the DMZ in the new datacentre to raise the risk with a target date of end of December 2021 for that to be completed. ACTIONS TO DATE: All migrations of the planned services from Data centre 1 DMZ to Azure have now completed. Improvements have been made to resilience, so likelihood reduced to 'unlikely'.	8	4	2	4	2	2	Director of ICT	Non-Mover	Digital Governance and Safety Committee
DHCW0270	Service Interruption	Legacy Load Balancers If one of the legacy load balancers fails then there is a risk that Services would lose Load Balancing functionality and high availability for a protracted period resulting in service outages for end users and reputational damage for DHCW. Services are reliant on the legacy Load Balancers which are end of life, out of support and unable to support current good security practices.	28/04/2021	02/09/21	16	AIM: REDUCE Impact and REDUCE Likelihood FORWARD ACTIONS: Continue testing until all known connections are known and tested. ACTIONS TO DATE: All services moved to new supported equipment; tests are scheduled to ensure no unknown connections remaining. Risk likelihood and impact downgraded as a result.	6	3	2	1	1	1	Director of ICT	Reduced	Digital Governance and Safety Committee

6.2IIi APPENDIX C RISK MANAGEMENT & BAF MILESTONE PLAN

	TASK	TIMELINE	STATUS UPDATE
DHCW Approach to Risk Management and Board Assurance Framework	1. Develop Risk Management and Board Assurance Framework Strategy, to be considered via the Risk Management Group, Audit and Assurance Committee, Management Board, DHCW Board.	May 2021	Approved at Special Health Authority Board on 27th May 2021.
	2. Write and ask that new risks are articulated with; IF (this happens - cause) THEN (event) RESULTING IN (impact will be – effect). Ask that high risks and those on the corporate risk register are re-worded to use: IF, THEN, RESULTING IN.	May – July 2021	This approach has been discussed at the risk management group on the 1st June. The Corporate Risk Register will now be re-written using this approach.
	3. Arrange time on the Risk Group agenda to: • Review the draft Risk Management and BAF Strategy • Discuss/confirm proposed process to include triggers and hierarchy, how risks get into the corporate risk register and Principal risks onto the BAF (informed by the Annual Plan/IMTP) • The role of Management Board in owning the corporate risk register and initial identification of principle risks. • The role of the DHCW Board in overseeing the Principal risks and BAR • Review risk scores on risk registers • Consider how DHCW risks with potential impact on the wider health and care system are best communicated to partners	May – July 2021	The detail of the Risk and Board Assurance Framework Strategy was discussed at the risk management group on the 1st June. The risk narrative and scores were reviewed, and suggestions made at the risk management group on the 1st June for the owners of the risk to review and update where necessary.
	4. Board Risk Management and Board Assurance Training Provided. Amberwing to provide the training. *NB: DHCW Annual Plan to include Strategic Objectives to be reviewed/discussed at the Board Development Session on 01.07.2021*	1 July 2021	Session took place on 1st July 9am – 11am to include all Board member.
	5. The identification of principle risks to the organisation are considered at the Management Board (and the DHCW Risk Group) in June 2021. Facilitated by Amberwing.	22 July 2021 & 9 August	Facilitated sessions took place on 22nd July and 9th August, to include Management Board staff and Independent Board members. The output from the session was a draft principle risk analysis for each DHCW Strategic aim.
	6. Assurance and controls mapping exercise undertaken by Directorates based on the principle risks identified and agreed.	22 July – end of November 2021	Further work on the principle risks will be considered and taken forward over the coming months.
	7. Risk Management training to be provided to relevant DHCW staff / Directorates to cover (building on training provided to Board members): • The basics of risk management • The process for escalating risk • The triggers for escalating risk • How risk will be discussed and reviewed at the Management Board 8. The DHCW risk appetite and what this means for the organisation.	September 2021 – January 2022	Training dates being scheduled for all Directorates for once the work on the DHCW risk appetite has been commenced.
	9. Board Development session to consider and agree the DHCW Board risk appetite. Facilitated by Amberwing.	2 September 2021 – end of November	Session on the 2nd September as part of the Board Development day has taken place, addition session to take place on risk appetite with Directors on the 6 October before further discussion with the full Board to allow agreement of the risk appetite statement.
	10. Principle risks presented to DHCW Board at the November Board meeting, and first draft Board Assurance Report/update on Board Assurance Report.	25 November 2021	
	11. DHCW risk appetite statement to be presented to Board if ready to go to the November Board.	25 November 2021	See action point 9.
	12. Board Assurance Report to Board to be updated to include DHCW risk appetite	25 November 2021 or 27	

6.2IIi APPENDIX C RISK MANAGEMENT & BAF MILESTONE PLAN

	statement, and statement to be added to Risk Management and BAF Strategy.	January 2022	
	13. DHCW objectives agreed via the IMTP process for 2022/23 – 2024/25.	March 2022	
	14. Principle risks considered and agreed against the DHCW plan for 2022/23	March – May 2022	Included in the Annual Cycle of Business for the SHA Board.

DIGITAL HEALTH AND CARE WALES
FINANCE REPORT FOR THE PERIOD ENDED
31 AUGUST 2021

Agenda Item	6.3

Name of Meeting	SHA Board
Date of Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Executive Sponsor	Claire Osmundsen Little Executive Director of Finance & Business Assurance
Prepared By	Mark Cox, Deputy Director of Finance
Presented By	Claire Osmundsen Little Executive Director of Finance & Business Assurance

Purpose of the Report	For Discussion/Review
Recommendation	

The Board is being asked to:
DISCUSS the contents of this finance report for 31st August 2021 and NOTE the forecast year end achievement of key financial targets.

Acronyms

DHCW	Digital Health and Care Wales	DPIF	Digital Priority Investment Fund
SLA	Service Level Agreement	PSPP	Public Sector Payment Policy
S1	Statement of Non Current Assets to transfer (e.g. buildings, Infrastructure etc)	S2	Statement of Current Assets (e.g. Debtors, Creditors etc)
MMR	Welsh Government Financial Monthly Monitoring Returns	BDC	Datacentre 1
DSPP	Digital Services for Patients & Public	ICU	Digital Intensive Care Unit
WCCIS	Welsh Community Information Solution	KPI	Key Performance Indicator

1   SITUATION/BACKGROUND

1.1   Executive Summary

The purpose of this report is to present DHCWs financial position to date and assess the key financial projections, risks and opportunities for the financial year. The report advises the Board of DHCW's financial performance and issues for the period to 31 August 2021.

The report sets out the financial position as at the end of August 2021, reported against updated budgets. The delegated directorate budgets have been derived from the 2021/22 Resource Plan which was drawn from the 2021/22 Annual Financial Plan and further updated allocation adjustments from Welsh Government (DPIF & COVID-19 response) and commissioners (SLA changes). DHCW is required by statutory provision not to breach its financial duty (to secure that its expenditure does not exceed the aggregate of its resource allocations and income received). This duty applies to both capital and revenue resource allocations. In terms of key organisational financial performance indicators they can be brigaded as follows:

The two key statutory financial duties are:

- To remain within its Revenue Resource Limit
- To remain within its Capital Resource Limit

Additional financial targets for 21/22:

- **Public Sector Payment Policy (PSPP):** The objective for the organisation All NHS Wales bodies are required to pay their non NHS creditors in accordance with HM Treasury's public sector payment compliance target. This target is to pay 95% of non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

- **Cash:** Whilst there is no prescribed limit for cash held at the end of the month, WG encourages this to be minimised and a rule of thumb of 5% of monthly expenditure is used however given the significant all Wales contracts the organisation carries, a more significant threshold may be appropriate DHCW. The finance department will continue to work with Welsh Government representatives to determine the performance KPI.

1.2 General Performance

April – August position - Digital Health Care Wales is reporting achievement of all financial targets for the first quarter of the financial year with a presented revenue underspend of £0.456m and a capital underspend of £0.51m. The organisation has met the PSPP target (recording 95% of all invoices paid within the stipulated 30-day deadline) whilst of the £11.5m debt registered at August 31 none are required to be escalated for arbitration.

Savings - The current savings target is expected to be met, with no risk reported.

Forecast End of Year position - The organisation is forecasting a year end breakeven position for both revenue and capital with no identified unmitigated material 21/22 financial risks at the time of writing. The forecast is predicated upon any staff related underspends being used to procure 3rd party resource or other investment requirements. Should any gains accrue then these will be reflected within future forecast figures once identified.

Cash Management - Cash balances stood at £7.8m with the intention to reduce this as clarity around payments materialize.

SHA Transition Update - The work to decouple assets and liabilities from the Velindre NHS Trust balance sheet continues with DHCW and Trust finance teams working to complete the process to enable approval by September 30.

Financial Risk - A risk of £5.936m has been added representing the possible repatriation to Welsh Government of potential COVID-19 response related slippage. This will not affect the organisational net over/underspend position.

Opportunities - Any COVID-19 Related savings/slippage will be made available to the Digital Pathway Task Group (a multi organisational management group with Welsh Government representation) who will assess emerging requirement, reprioritisation or repatriation to Welsh Government.

1.3 Future Developments

The organisation has a number of digital pipeline investment schemes current in varying stages of development, review and approval to be funded via the Digital Priority Investment Scheme.

At present the indicative three funding requirement totals £11.2m (revenue & capital over three years). Further details on an individual scheme basis can be found in section 9.

1.4 High level performance against key targets

The following table presents a summary indicator of performance against key financial targets.

Movement indicators articulate a positive movement (upwards arrow), negative movement (downwards arrow) or no movement (sideways arrow). As this is the first reporting period no movement has been logged.

Key	RAG
Good Performance /On Target	
Management intervention required	
Target materially missed or at risk – Director intervention required	

Table 1:Performance against KPI's

INDICATOR	CUMULATIVE PERFORMANCE	FORECAST OUTLOOK	COMMENT
Revenue Breakeven (To secure that the organisations expenditure does not exceed aggregated income)	£0.456m Underspend ⬆ Movement	Breakeven ⬌ Movement	Small operational surplus of £0.456m an increase of £0.067m from the June position – The current forecast is for an end of year breakeven position.
Remain within Capital Expenditure Limit (To ensure net Capital Spend does not exceed the Capital Expenditure Limit)	£0.052m Underspend ⬆ Movement	Breakeven ⬌ Movement	£2.4m spend (£1.5m since last Board) which is £0.052m under the plan for the period. The current capital funding envelope of £12.5m. Capital spend is expected to accelerate during quarters the remainder of the financial year as material capital schemes (such as Digital Services for Patients & Public complete their procurement exercises).
Public Sector Payment Policy (To pay a minimum of all non NHS creditors within 30 days of receipt of a valid invoice)	95% ⬇ Movement	95% ⬌ Movement	PSPP target achieved. Target – 95%, Actual 95%. Whilst DHCW will instigate actions to ensure the efficient turnaround of payment we will also liaise with NHS Wales Shared Services to improve invoice scanning turnaround performance.
Cash Balances Appropriate balances to meet creditor requirements	£7.8m ⬆ Movement	Movement ⬌	Cash balance has increased from £6.4m to £7.8m. This is expected to decrease during September and November as the contingency acquired to support timely settlement of All Wales procurements (such as Microsoft) unwinds.

Finance Report for the Period Ended 31 August 2021

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2   SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1   SUMMARY OF PERFORMANCE AGAINST KEY FINANCIAL TARGETS

2.1.1   April to August Revenue Performance

DHCW is reporting a revenue surplus of £0.456m net of cost improvement targets for the period to August 31st. The underspend is still expected to increase over the next quarter and then reduce during quarter 4 as mid year spend plans are actioned to support pressures within ICT and further recruitment takes place and fixed term/3rd party appointments are used to address vacancy capacity gaps to ensure delivery of stated objectives the reported underspend is expected to decrease.

Income for both COVID-19 Response and Digital
Priority Investment continues to be received on an expenditure only basis meaning that any expenditure variances against plan will have balancing income variance resulting in a neutral effect on DHCW reported bottom line position.

Table 2: Summary of Revenue Performance by group

	Annual Forecast £000's	Period Budget £000's	Period Actual £000's	Underspend/-Overspend £000's
Income				
Core Organisational	97,852	38,691	38,877	186
COVID-19 Response	18,938	5,901	4,335	-1,566
Digital Priority Investments	19,546	5,344	4,906	-438
Total	136,336	49,936	48,118	-1,818
Expenditure				
Core Organisational	97,852	38,691	38,424	267
COVID-19 Response	18,938	5,901	4,335	1,566
Digital Priority Investments	19,546	5,344	4,903	441
Total	136,336	49,936	47,662	2,274
Period Surplus/(Deficit)	0	0	456	456

2.1.2   Revenue Forecast

The forecast revenue position is supported by anticipated Covid-19 response plan funding of £18.934m to support Test, Trace & Protect and the Mass Immunisation Programme (Vaccines) digital solutions. The final funding requirement will be offset by any non-recurrent operational financial gains

generated as a result of the pandemic (for example decrease in travel requirement).

2.2 Capital

For the financial year 2021/22, the organisation receives capital via 3 main funding routes:

1. Discretionary – Available for delegation by the organisation in line with priorities and infrastructure lifecycles.
2. Digital Priority Investment Fund (DPIF) – Ring fenced investment granted by Welsh Government for specific project activity.
3. COVID-19 – Investment applied to specific COVID-19 response initiatives.

Capital funding allocations will continue to flex in line with disbursements to other NHS Wales organisations as part of DPIF project arrangements.

2.2.1 April to August Capital Performance

DHCW has recorded £2.363m capital spend against an allocated allowance of £13.348m (£0.52m underspend against plan for period) leaving a residual balance of £10.985m to be completed before the end of the financial year.

Table 3: Capital Plan Performance

Scheme	Annual Forecast £000's	Period Plan £000's	Period Actual £000's	Under/-Overspend £000's	Residual Spend £000's
Discretionary					
Total Discretionary	**2,969**	**1,100**	**1,051**	**49**	**1,918**
Digital Priority Investment					
Digital Services for Patients & Public	2,790	309	309	0	2,481
Welsh Community Care Information System	183	0	0	0	183
Hospital Pharmacy	935	98	96	2	839
Digital Intensive Care Unit	2,183	122	122	0	2,061
CANISC	1,818	579	579	0	1239
National Data Resource	1,100	62	61	1	1,039
Total Digital Priority Investment	**9,009**	**1,170**	**1,167**	**3**	**7,842**
COVID-19					
Test, Trace & Protect	1,370	145	145	0	1,225
Total COVID-19	**1,370**	**145**	**145**	**0**	**1,225**
Total Capital Plan	**13,348**	**2,415**	**2,363**	**52**	**10,985**

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It should be noted that Digital Priority Investment Schemes disburse capital to organisations throughout the year in line with approved project milestones with a resulting adjustment in funding levels as appropriate.

Additional capital funding of £0.385 to support the Mass Immunisation vaccines scheduling COVID-19 response is expected before the next Board reporting cycle.

2.2.2   Capital Forecast

The current forecast is for the organisation to remain within its resource limit. There will be continuous engagement with key scheme and commercial leads via established processes throughout the year to risk assess delivery/emerging issues and plan mitigating approaches for consideration. At present no material supply chain or price risk has been identified but this will be continually monitored and reported as appropriate.

3   DETAILED PERFORMANCE

The following section presents the detailed financial performance for the organisation brigaded Directorate (encompassing recurrent activity) and non-recurrent areas such as Digital Investment Priority Fund Schemes and COVID-19 Response. Any variances against initial plan within non recurrent schemes will have a neutral effect on the organisational bottom line as cash is only drawn down to match expenditure.

3.1   DHCW Directorate Financial Performance

DHCW is currently organised into seven directorates are currently reporting a net underspend of £0.456m against plan for the first quarter. The underspend is predominately due to recruitment slippage and is after recovery of the cost improvement target for this financial year.

The underspends recorded within Board & Governance, Executive Team, Engagement & Transformation Services and Finance & Business Assurance Directorates continue to be predominately as a result of recruitment lag in new SHA functional roles. Application Development & Support and the Information Services Directorate also continue record general operational underspends.

The Information Communications Technology Directorate is reporting an overspend of £0.407m for the reporting period as a result of staffing requirement to support increased activity and non-pay maintenance and support items. The mitigation plan has been actioned to manage the any overspend this financial year and provide for a recurrent sustainable position.

3.2   COVID-19 Response Financial Performance

As part of the COVID-19 response DHCW provides digital solutions to support both the Test, Trace & Protect Programme and Mass Immunisation Vaccines scheduling digital solutions.

Cumulatively both schemes are reporting a £1.566m underspend to August 31st against indicative plan. In terms of Test, Trace & Protect Solgari licences continue to track down in terms of requirement whilst vaccines text scheduling volumes increase. These cost elements will continue to be monitored with changes factored into the end of year forecast, at time of reporting £5.9m has been identified as being available for reprioritization by Welsh Government should current trends continue. For both schemes meeting the planned recruitment profile will be key to managing the financial forecast. It should be noted that as COVID response funding is drawn down in line with spend (up to an agreed ceiling) there is no financial impact on the organisational bottom line.

Figure 1:TTP 15 Month User Licence Requirement
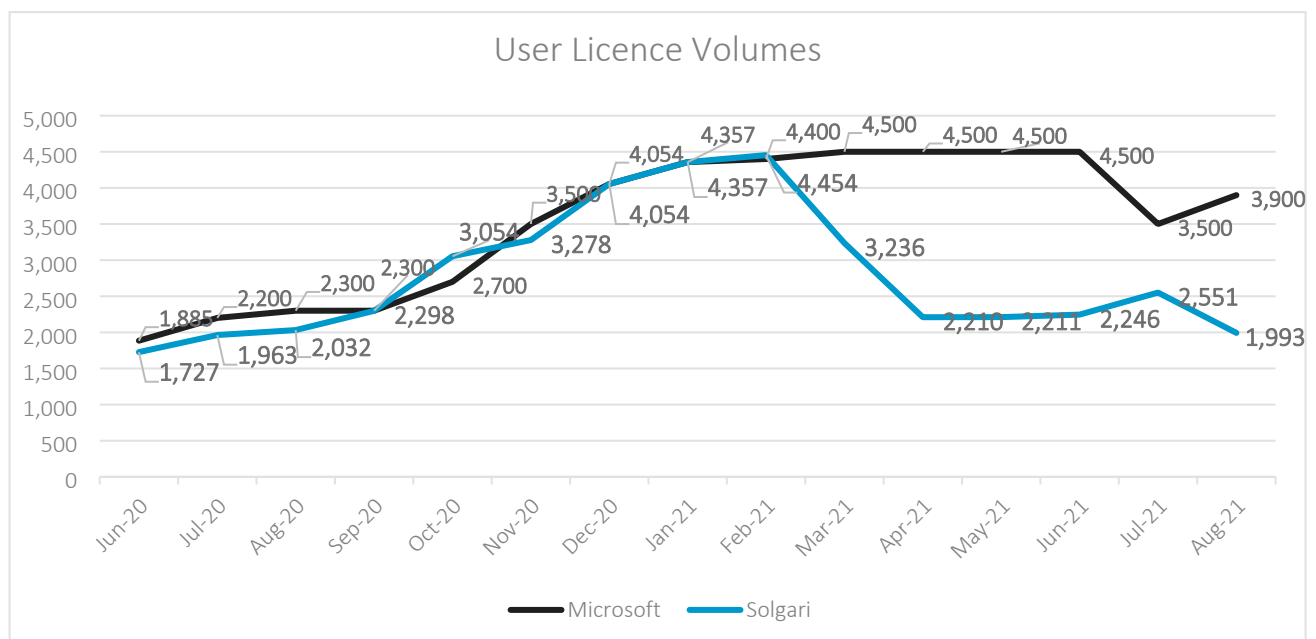
The current Solagri licence requirement continues to trend downwards (see figure 1) whilst supporting Microsoft CRM licencing requirement has increased by 400 licences from July but still remains 1600 less than forecast in January and provided for within the current funding envelope.

The volume impact on variable costs allied to recruitment slippage resulting in an underspend against plan totaling £0.486m is presented below.

	Annual Forecast £000's	Period Budget £000's	Period Actual £000's	Over/-Underspend £000's
Income	9,359	2,812	2,326	486
Pay	2,479	580	394	186
Non Pay	6,880	2,232	1,932	300
Surplus/(Deficit)	0	0	0	0
Capital	1,370	145	145	0

Figure 2: Vaccines Scheduling Text/Letter Volumes Profile
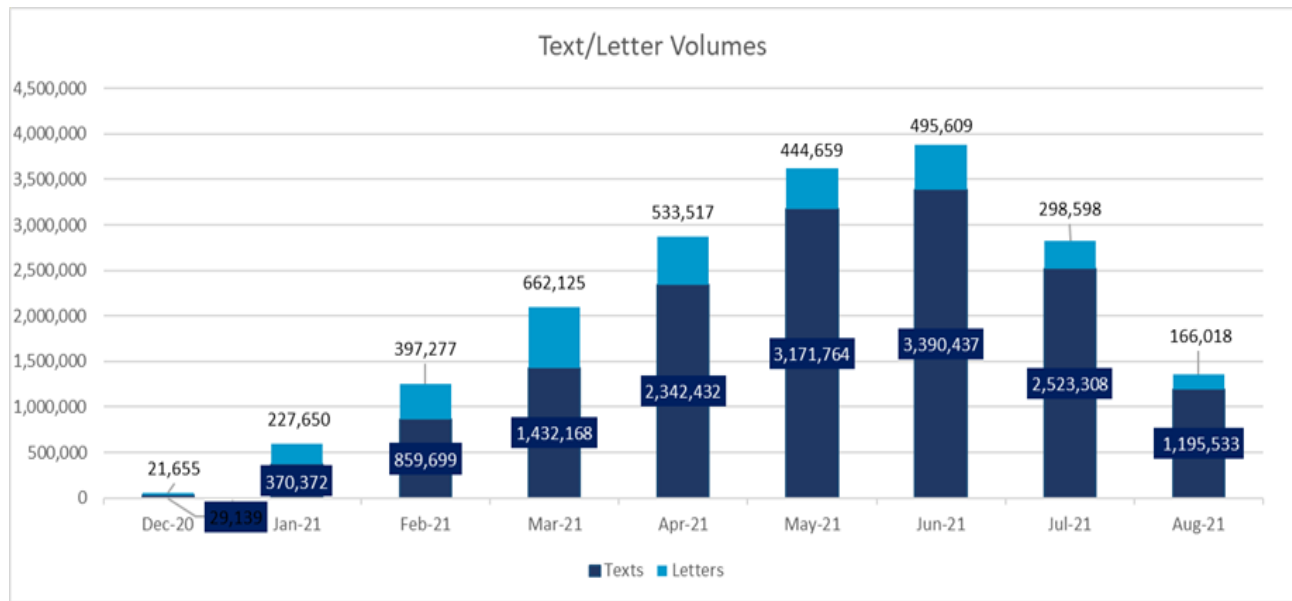
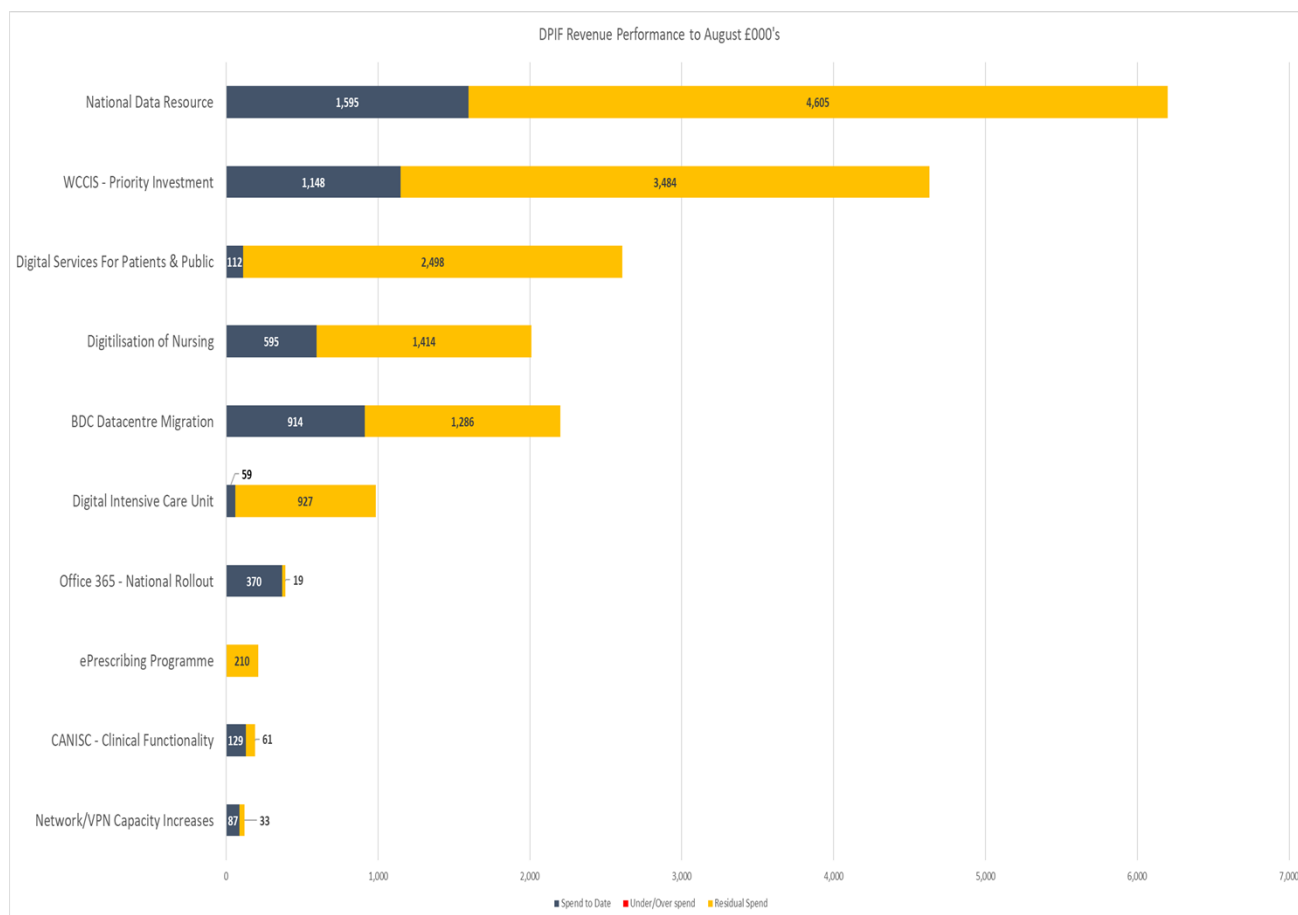|	Annual Forecast £000's	Period Budget £000's	Period Actual £000's	Over/-Underspend £000's
Income	9,579	3,089	2,009	1,080
Pay	2,798	403	329	74
Non Pay	6,781	2,686	1,680	1,006
Surplus/(Deficit)	**0**	**0**	**0**	**0**

Vaccines (WIS System) costs for profiled text/letter distribution lag being the main contributor to the £1.080m variance. Whilst there is expected to be an increase in volumes due to recent policy announcements regarding booster and vaccinations for children the financial impact will be assessed in partnership with Welsh Government leads during September and any revisions to funding requirement agreed and reflected with future forecasts.

3.3   Digital Priority Investment Fund (D.P.I.F)

A total of £19.546m has been allocated to support digital investment via DPIF and Digital Intensive Care Unit.

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DPIF Revenue Performance to August £000's

Category	Spend to Date	Residual Spend
National Data Resource	1,595	4,605
WCCIS - Priority Investment	1,148	3,484
Digital Services For Patients & Public	112	2,498
Digitilisation of Nursing	595	1,414
BDC Datacentre Migration	914	1,286
Digital Intensive Care Unit	59	927
Office 365 - National Rollout	370	19
ePrescribing Programme		210
CANISC - Clinical Functionality	129	61
Network/VPN Capacity Increases	87	33

Spend to Date ■ Under/Over spend ■ Residual Spend

4   SAVINGS

The annual plan articulated a savings target of £1.854m supported by a minimum 2% cost improvement target levied upon discretionary budgets as agreed as part of the budget allocation process. DHCW is currently meeting its savings target with no risk identified to date.

5   PUBLIC SECTOR PAYMENT POLICY (PSPP)

DHCW is reporting a figure of 95% achievement against a target of 95%. There are currently delays being experience due to backlog at the OCR scanner, whilst DHCW achieved its target in August, there are concerns that the number of invoices paid within 30 days will slip as a result of backlog.

6   CASH

The cash balances at the end of August amounted to £7.8m the balances will continue to be reviewed particularly in terms of marrying cash requirement with digital priority funded projects planned disbursements to other NHS organisations which can impact upon cashflow forecast should Health Boards not invoice to agreed timelines. A reminder is to be issued at the Deputy Directors of Finance Forum to be held on September 16th

As at August 31st the debtors total stood at £14.8m with no disputes lodged and no debt aged debt exceeding 3 months.

7   RISKS AND OPPORTUNITIES

7.1   Risks

A risk of £5.936m has been added representing the counter balance to potential COVID-19 response related slippage (see 7.2 opportunities) which may be repatriated to Welsh Government to fund alternate priority activity.

7.2   Opportunities

7.2.1   COVID-19 Staff Resource Efficiencies Pay Slippage: £1.300m

As part of the ongoing recruitment exercise, it is possible that some of the gains experienced within the early part of the year may not have to be deployed. DHCW has been approached to deliver a vaccine booking application and will resource meeting this deliverable via a third party as opposed to staff recruitment.

7.2.2   Test, Trace & Protect Licencing Volume Reductions £0.850m

Should the required amount of Microsoft CRM requirement continue to track below the planned level of 5,500 planned the associated revenue expenditure slippage will be declared to Welsh Government.

7.2.3   Test, Trace & Protect Text Messaging & Calls £1.945m

A reduction in forecast third party costs as a consequence of call and messaging volumes (due in part to policy changes and the impact of the mass immunisation Programme) will need to be managed by the Digital Pathway Governance group, with the appropriate reporting, escalation and agreement to return/re-prioritise.

Vaccines Text Messaging & Letter Distribution Volume Reduction £1.841m

A reduction in forecast third party costs as a consequence of decreased text and letter volumes has led to a significant estimated underspend should current level remain extant.

8   ADDITIONAL INFORMATION

8.1.1   Transfer on Current & Non-Current Assets from Velindre NHS Trust to Digital Health and Care Wales

This update presents the current status and actions required by DHCW and Velindre UNHS Trust

Finance Teams to enable the production of the formal documentation (termed S1 & S2[1]) required to action the transfer of balance sheet items (assets & liabilities) to DHCW for agreement and submission to Welsh Government by their deadline of 30th September 2021.

The substantive balances to initiate the transfer of assets and liabilities have now been reconciled. The Executive Directors of Finance will be called to approve and sign off final versions of the document and these will be presented to DHCW Audit Committee and SHA Board.

In readiness for the transfer of fixed assets DHCW has procured and implemented an online Capital Asset Management System configured to migrate data from Velindre NHS Trust the organisation.

Welsh Audit will review the process and documentation with an expected completion date of December 31 2021.

8.1.2   Microsoft Office 365 Enterprise Agreement Renewal

In July 2022, the current three-year agreement will end necessitating a re-procurement exercise. The Enterprise Agreement is transacted via a Licence Agreement Reseller which for Wales is Trustmarque, who were appointed as the NHS Wales Microsoft reseller following a competitive procurement in 2019.

The DHCW Executive Director of Finance has agreed to lead a multi-disciplinary negotiation team with a view to timely re-procurement and maximising cost avoidance.

The negotiating team will look to address possible price increase as a result of:
- Removal of previously negotiated discounts resulting in NHS Wales reverting to a standard (more expensive) tariff.
- Publicised increases across the Microsoft licencing offerings ranging from 8% to 22%.

Updates will be regularly supplied to the Board through established channels and meetings.

9   FUTURE DEVELOPMENTS

9.1   Pipeline Digital Investment

The following section presents pipeline digital investment schemes to be funded from the Welsh Government Digital Priority Investment Fund. Cases for investment are in various stages of completion or review and are awaiting approval by the Welsh Government Digital Scrutiny Panel. Costs are indicative three-year estimates until formally agreed. It is anticipated that those approved schemes (shaded green) will have funding confirmed and be added to the overall financial plan by closedown for September 30th.

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[1] S1 – Statement of Non Current Assets to transfer (e.g buildings, Infrastructure etc)
   S2 - Statement of Current Assets . (e.g. Debtors, Creditors etc)

Digital Priority Investment Fund Scheme	Indicative 3 Year Requirement			Description	Welsh Government Status
	Capital £000's	Revenue £000's	Grand Total £000's		
O365 Programme Completion and DHCW Centre of Excellence	0	3,368	**3,368**	The case details a requirement for funding the completion of O365 roll out, return on investment resource and the establishment of the Centre of Excellence to sustain and develop & support going forward.	Completion phase approved. Centre of Excellence pending
Welsh Emergency Department System Acceleration	830	0	**830**	This is a jointly funded WG/Health Board project that aims to improve the clinical and operational information available to clinical teams treating patients in Emergency Departments, and then make that information available elsewhere on the clinical pathway for the safer and more informed treatment of the patient. It will also improve the ability to record structured clinical data and re use that data for better operational management, audit and planning purposes.	Approved
Digital Maternity Cymru	0	142	**142**	This proposal sets out the approval for the costs associated with that discovery and scoping phase.	Approved
DHCW Welsh Patient Administration System (WPAS)	264	2,988	**3,252**	This case proposes changes to the Welsh PAS structure to align the team with a product approach which will include the consolidation of functions currently working across DHCW into an integrated team. In recognition of the WPAS product and team role in helping enable service transformation there is also a requirement for additional resources in all aspects of the team's specialist areas including architecture, development, implementation and support.	Approved
Digital Change Network	0	2,680	**2,680**	This case outlines a proposal to increase the capability and capacity of the National Business Change Team to drive forward, accelerated and effective roll out of digital solutions by supporting local resources to deliver, embed and sustain digital change/service transformation.	Under Consideration

Approver: Claire Osmundsen Little

Digital Priority Investment Fund Scheme	Indicative 3 Year Requirement			Description	Welsh Government Status
	Capital £000's	Revenue £000's	Grand Total £000's		
Powys Cross Border Pathways	0	606	**606**	This is a joint case with Powys THB that supports an enhanced multi-organisation digital solution to improve patient outcomes. It will allow NHS Wales patients who are treated in NHS England to have their administrative and clinical date managed and accessible through NHS Wales digital systems.	Under Consideration
DHCW Research and development	0	360	**360**	As part of the consultation for DHCW, a proposal for a Research & Innovation function was developed to incorporate existing commitments in this area alongside a refreshed ambition for improving the clinical and social care research environment through improved access to large scale data and advanced analytics.	Under Consideration
Infrastructure/Transition to Cloud	TBC	TBC	**TBC**	DHCW has now commissioned external expertise to draft recommendations relating to cloud strategy and transition. This will then be used to inform the 22/23 Integrated Medium Term Plan and subsequent business cases to be submitted to Welsh Government.	Pending Submission
Teledermoscopy – Discovery & Scoping Proposal	TBC	TBC	**TBC**	This proposal sets out the background for the implementation of a teledermoscopy service, the proposal intends to address this via a short discovery and scoping process and the costs associated. This proposal supports the Clinical Programme for Dermatology's "All Wales Teledermoscopy Service".	Pending Submission
Total	**1,094**	**10,144**	**11,238**		

10   RECOMMENDATION

The Board is being asked to:

DISCUSS the contents of this finance report for 31 August 2021 and **NOTE** the forecast year end achievement of key financial targets.

Finance Report for the Period Ended 31 August 2021

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Author: Mark Cox

Approver: Claire Osmundsen Little

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11   IMPACT ASSESSMENT

STRATEGIC OBJECTIVE	All Objectives apply

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Staff and Resources	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: N/A	

APPROVAL/SCRUTINY ROUTE:
Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Management Board	16th September	Endorsed

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL	No, there are no specific financial implication related to the activity outlined in this report

IMPLICATION/IMPACT	
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

DIGITAL HEALTH AND CARE WALES
DIGITAL GOVERNANCE AND SAFETY COMMITTEE CHAIR'S REPORT FOR BOARD

Date of Board Meeting	30 September 2021

Public or Private	Public
IF PRIVATE: please indicate reason	N/A

Name of Committee	Digital Governance and Safety Committee
Chair of Committee	Siân Doyle, Independent Member and Chair of Audit and Assurance Committee
Lead Executive Director	Rhidian Hurle, Executive Medical Director and Chris Darling, Board Secretary
Date of Last Meeting	11 August 2021
Prepared By	Laura Tolley, Corporate Governance Co-ordinator
Presented By	Siân Doyle, Independent Member and Chair of Digital Governance and Safety Committee

Purpose of the Report	For Noting
Recommendation	
The Board is being asked to: **NOTE** the content of the report.	

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Effective Care Safe Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A
No, (detail included below as to reasoning)	Outcome: N/A
Statement: There is no requirement for an EQIA.	

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Digital Governance and Safety Committee	11.08.2021	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	Yes, please see detail below
	Should the appropriate assurance not take place, there could be unforeseen quality and safety implications to the DHCW

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Approver: Chris Darling
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	services provided,
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	No, there are no specific financial implication related to the activity outlined in this report
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms

DHCW	Digital Health and Care Wales	NWIS	NHS Wales Informatics Service
SHA	Special Health Authority	DG&S	Digital Governance and Safety
IG	Information Governance	ISD	Information Service Directorate
NEAG	Notifiable Events Assurance Group	WIS	Welsh Immunisation System
DEA	Digital Economy Act	SAIL	Secure Anonymised Information Linkage

Summary of Key matters considered by the committee and any relevant decisions made:

Update from the Chair

The Committee Chair would like to make the SHA Board aware of the significant work that has been undertaken by all Committee members and officers to improve the quality and detail of the reports received by the Committee. Noting the Incident Review and Organisational Learning Report would be integral to helping develop and support the organisation's commitment to being a learning organisation.

The Committee have identified horizon scanning and the forward workplan as key items for discussion at the next meeting to ensure the scope of work is appropriate in providing assurance for the Board.

Additionally, as a new and evolving Committee, a Committee Development session has been scheduled for September 2021.

Forward Work Plan & Horizon Scanning
The Digital Governance and Safety Committee were **advised** that a number of items had been

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added to the Forward Work Plan for the November meeting. The Digital Governance and Safety Committee **noted** the Forward Work Plan and Horizon Scanning.

Velindre Quality, Safety and Performance Committee Minutes
The Digital Safety and Governance Committee **reviewed** and **noted** the Velindre Trust Quality, Safety and Performance Committee Minutes which were provided for completeness, noting the Velindre Committee thanked Digital Health and Care Wales for the comprehensive closure report.

Wales Informatics Assurance Report
The Digital Governance and Safety Committee were informed that 5 projects had been expedited due to COVID-19 requirements, the assurance for these 5 projects was undertaken at the time, and will therefore requiring retrospective documented assurance, the timelines for which are being finalised with the Project leads and the Chair of the Wales Informatic Assurance Group. The Digital Governance and Safety Committee **noted** the Wales informatics Assurance Report for **assurance.**

Information Governance Assurance Report
The Digital Governance and Safety Committee **noted** the Information Governance Assurance report for **assurance.**

Information Services Assurance Report
The Digital Governance and Safety Committee were **advised** work had been undertaken to gain accreditation by the UK Statistics Authority under the requirements of the Digital Economy Act. This accreditation provides additional assurance that DHCW can act as a trusted third party supplier in providing data flows to the Secure Anonymised Information Linkage (SAIL) database. The Corporate Risk regarding the Shielding Patient List was discussed by the Committee, the planned mitigating action was noted, and it was agreed the Risk Stratification Approach would be presented to the next Committee meeting. The NDR work-programme was identified as a dependency for the solution, this will also be presented to the Committee for review and assurance. The Committee **noted** the Information Services Assurance Report for **assurance.**

Incident Review and Organisational Learning Report
The Digital Governance and Safety Committee **welcomed** and **discussed** the Incident Review and Organisational Learning Report and are due to approve the group terms of reference at the next Committee meeting. This item was identified as a key focus for the Committee going forward.

Information Governance Toolkit Update
The Digital Governance and Safety Committee **discussed** the Information Governance Toolkit update and noted the benchmarking between DHCW, Health Boards, Trusts and Special Health Authorities at a future meeting would be received with interest. The Committee **supported** the management actions identified within the report and, and it was **agreed** updates on progressing these actions will come back to future Committee meetings.

Microsoft Office 365 / SharePoint Update Report
The Digital Governance and Safety Committee **noted** the Microsoft Office 365 / SharePoint Update report and **noted** that mitigating actions and organisational learning had been taken

forward, therefore no further Committee action was required, and the matter is considered closed.

Putting Things Right Update
The Digital Governance and Safety Committee **noted** the Putting Things Right update including the current status of DHCW in relation to the Putting Things Right Regulations and the work taking place with Welsh Government officials to review this.

Data Centre Transition Report
The Digital Governance and Safety Committee **noted** the Data Centre Transition Report and were pleased to note the main benefits of the project which included increased resilience, improved environmental impact and more financially economical for the organisation.

NHS Wales National Clinical Audit and Outcome Review Plan
The Digital Governance and Safety Committee **noted** and **endorsed** the NHS Wales National Clinical Audit and Outcome Review Plan which outlined the process for managing clinical audit data on behalf of Welsh Government.

Risk Management Report including Risk Register
The Committee **reviewed** and **discussed** the Risk Management Report in detail including Corporate Risks assigned to the Committee for scrutiny and oversight. There are planned deep dives on Information Governance and Information Services risks at the next Committee meeting.

The Committee received several reports via a *closed* session due to the sensitive nature of the content, including:

- Audit Wales All Wales Cyber Report was received for **noting.** Committee members welcomed the insightful and comprehensive report which led to significant discussion on system cyber security requirements. The Committee recognised the importance of cyber security to the overall NHS system and are committed to making this a priority of the Committee and DHCW Board. Dedicated Board Development time has been scheduled for further discussion and action planning.
- DHCW Cyber Security Report including Corporate Risk Register – Cyber Security Risks were reviewed in detail for **assurance.**

Key risks and issues/matters of concern of which the board needs to be made aware:
Further Board Development time required for cyber security.

Timeframes for the mitigating actions relating to the Shielded Patient List risk to be considered at the next Committee meeting.

Delegated action taken by the committee:

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The Digital Governance and Safety Committee **endorsed** the NHS Wales National Clinical Audit and Outcome Review Plan to go to the DHCW Board for formal approval.

Date of next committee meeting:

15th November 2021

DIGITAL HEALTH AND CARE WALES
LOCAL PARTNERSHIP FORUM CHAIR'S REPORT FOR BOARD

Date of Board Meeting	30 September 2021

Public or Private	Private
IF PRIVATE: please indicate reason	The Management Board is a Private Meeting

Name of Committee	Local Partnership Forum
Chair of Committee	Helen Thomas, Chief Executive Officer, Andrew Fletcher Associate Board Member (Trade Union)
Lead Executive Director	Helen Thomas, Chief Executive Officer and Chris Darling, Board Secretary
Date of Last Meeting	10 August 2021
Prepared By	Laura Tolley, Corporate Governance Co-ordinator
Presented By	Helen Thomas, Chief Executive Officer

Purpose of the Report	For Noting
Recommendation	
The Board is being asked to: **NOTE** the content of the report.	

STRATEGIC OBJECTIVE	Delivering High Quality Digital Services

CORPORATE RISK (ref if appropriate)	

WELL-BEING OF FUTURE GENERATIONS ACT	A healthier Wales
If more than one standard applies, please list below:	

DHCW QUALITY STANDARDS	N/A
If more than one standard applies, please list below:	

HEALTH CARE STANDARD	Governance, leadership and acccountability
If more than one standard applies, please list below: Effective Care Safe Care	

EQUALITY IMPACT ASSESSMENT STATEMENT	Date of submission: N/A	
No, (detail included below as to reasoning)		Outcome: N/A
Statement: There is no requirement for an EQIA.		

APPROVAL/SCRUTINY ROUTE:

Person/Committee/Group who have received or considered this paper prior to this meeting

COMMITTEE OR GROUP	DATE	OUTCOME
Local Partnership Forum	10.08.2021	The Chair summarised the key items to highlight at the end of the Committee meeting which were supported.

IMPACT ASSESSMENT

QUALITY AND SAFETY IMPLICATIONS/IMPACT	No, there are no specific quality and safety implications related to the activity outlined in this report.
LEGAL IMPLICATIONS/IMPACT	No, there are no specific legal implications related to the activity outlined in this report.
FINANCIAL IMPLICATION/IMPACT	Yes, please see detail below
	There are implications for how DHCW manages its financial allocation in-line with the financial control procedures approved by the Committee.
WORKFORCE IMPLICATION/IMPACT	No, there is no direct impact on resources as a result of the activity outlined in this report.
SOCIO ECONOMIC IMPLICATION/IMPACT	No. there are no specific socio-economic implications related to the activity outlined in this report

Acronyms

LPF	Local Partnership forum	DHCW	Digital Health and Care Wales
SHA	Special Health Authority		

Summary of Key matters considered by the committee and any relevant decisions made:

Annual Cycle of Business and Forward Workplan
The Local Partnership Forum **noted** the Forward Workplan and **approved** the Annual Cycle of Business.

Finalised Terms of Reference
The Local Partnership Forum **noted** finalised Terms of Reference.

Appointment of the Associate Member (Trade Union)
The Local Partnership Forum **noted** the formal appointment of the Associate Board Member (Trade Union) and **noted** the alternate chairing of the meeting between Helen Thomas and Andrew Fletcher.

Verbal Update from Trade Unions
Trade Union members advised the Local Partnership Forum that a new Regional Representative for Unison had been appointed and introduced in due course, in addition, the Local Partnership Forum were informed that ballots in relation to the NHS Pay Award would be sent to Unison and Unite members over the coming weeks. The Local Partnership forum **noted** the updates.

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Approver: Chris Darling
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Organisational Change

Executive Structure Proposal
The Local Partnership Forum **discussed** and **noted** the proposal update.

ADS Directorate Review Approach – Verbal Update
The Local Partnership Forum **noted** the ADS Directorate Review Approach.

New Ways of Working – Verbal Update
The Local Partnership Forum were advised that the wearing of masks and social distancing was being maintained at DHCW offices and staff were being given the choice to attend site or work from home. The Local Partnership Forum **noted** the New Ways of Working Update.

Risk Management Report
The Local Partnership Forum **discussed** the Risk Management Report and received an update from Workforce relating to risk DHCW0259 – Staff Vacancies. The Local Partnership Forum **noted** the update provided.

Policies
The Local Partnership Forum **reviewed** and **noted** the All-Wales Secondment Policy.

Welsh Language Scheme Update Report
The Local Partnership Forum were **advised** that a Welsh Language Officer would be recruited to support the Welsh Language Scheme. The Local Partnership Forum **noted** the Welsh Language Scheme Update Report.

Staff Survey (Staff Engagement) - Verbal Update
The Local Partnership forum **noted** the Staff Survey (Staff Engagement) Update and look forward to receiving feedback on the Vision and Values at the next meeting.

Workforce Performance Report / Dashboard
The Local Partnership forum **noted** the Workforce Performance Report / Dashboard and commented on the improvements seen within the report.

ESR Development – Verbal Update
The Local Partnership Forum were **advised** that there were no further issues with pay reported to date and issues relating to statutory and mandatory training had also been resolved. The Local Partnership Forum were **informed** that appraisals were an area of focus which workforce were supporting all directorates with. The Local Partnership Forum **noted** the ESR Development – Verbal Update.

Stakeholder Engagement Update
The Local Partnership Forum **noted** the Stakeholder Engagement Update and welcomed an invite between the Associate Board Member (Trade Union) and the Consultation Institute.

All-Wales Workforce Review – Verbal Update

The Local Partnership Forum were **advised** that DHCW were supporting Welsh Government by exploring how an All-Wales Workforce Review could be undertaken. The Local Partnership Forum **noted** the All-Wales Workforce Review – Verbal Update.

Key risks and issues/matters of concern of which the board needs to be made aware:

No items for escalation.

Delegated action taken by the Local Partnership Forum:

No delegated action taken by the forum.

Date of next committee meeting:

10th October 2021